

Investigating the Influence of Organization Management on Service Delivery at Kenya Defence Forces Medical Insurance Scheme (DEFMIS)

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Abstract

Globally, organizations are continually seeking innovative strategies to enhance service delivery, particularly in the healthcare sector. Effective organizational management, encompassing leadership, organizational culture, and structure, is essential for achieving service efficiency and quality. The Kenya Defence Forces Medical Insurance Scheme (DEFMIS), established to provide healthcare services to retired KDF personnel and their dependents, faces persistent challenges in service delivery. These challenges are attributed to its leadership style, organizational culture, and centralized structure. This study investigates the influence of organizational management on service delivery at DEFMIS, focusing on leadership, culture, and structure. Using a quantitative approach, data was collected from 378 respondents, including retired KDF personnel, DEFMIS management, and healthcare providers. Analysis revealed that organizational culture had the strongest positive correlation with service delivery ($r = 0.525, p < 0.01$), followed by leadership ($r = 0.378, p < 0.01$), while structure had a weaker but significant correlation ($r = 0.204, p < 0.01$). The findings indicate that DEFMIS's military-oriented culture and centralized structure hinder service efficiency. The study recommends adopting transformational leadership to foster innovation, decentralizing structures to improve responsiveness, and promoting a customer-centered culture. Structural reforms and digital investments are also advised to enhance service delivery.

Keywords: Organizational Management, Service Delivery, Leadership, Organizational Culture, Organizational Structure, Military Health Services, DEFMIS

Introduction

Organizations worldwide, including the health sector, are continuously seeking innovative strategies to enhance their service delivery systems. Effective organizational management plays a key role in improving service delivery across various industries as pointed out by (Ochonogor & Amah, 2021; Ragul, 2021; Kokt & Merwe, 2009). Organizational management encompasses leadership, structure, and culture, which collectively form the backbone of organizational success (López et al., 2004; Huang et al., 2011; Janićević, 2017; Panda, 2021).

Research underscores that effective leadership, combined with organizational culture and structure, is central to driving efficiency, sustainability, and quality in service delivery (Ochonogor & Amah, 2021; Soko, 2012; Fok, Zee, & Morgan, 2022; Laureani et al., 2023). Globally, organizations with strong leadership and well-defined cultures and structures consistently outperform their counterparts lacking these elements (Northouse, 2010). Leadership, in particular, is a catalyst for organizational success, shaping processes and outcomes to achieve strategic goals (Madanchian et al., 2017; Soko, 2014).

From multinational corporations to public sector entities, the evidence is clear: effective leadership and sound organizational design are indispensable for driving superior service delivery (Porter, 1996).

In the healthcare sector, leadership plays a significant role in ensuring the delivery of high-quality services. According to Govender et al. (2018), leaders in healthcare organizations must be transformational, endorsing innovation and creativity to achieve strategic goals. This is true in countries like the United States and the United Kingdom, where health insurance and medical care systems for military personnel and veterans rely heavily on leadership structures to manage service delivery (Congressional Research Service, 2021; National Health Service-UK, 2018).

Furthermore, a strong organizational culture that promotes shared values and behaviors is critical in ensuring that the entire organization works towards a common goal (Schein, 2010). This cultural alignment supports the delivery of consistent and high-quality services.

In Africa, leadership, organizational culture, and structure continue to shape the performance of various sectors, including healthcare. Organizational culture dimensions like power distance, uncertainty avoidance, and in-group collectivism can influence the implementation of health sector reforms through practices like communication, feedback, management styles, and commitment (Mbau, & Gilson, 2018). The South African Military Health Service (SAMHS) is one example where leadership and organizational design have significantly influenced the delivery of healthcare services to military personnel and veterans (Mabona et al., 2019). Despite the challenges faced by many African countries in terms of resource constraints, leadership and effective organizational structures have proven essential in improving service delivery (Gaitho, & Awino, 2018). Mabona et al. (2019) emphasize the need for adaptive leadership that is responsive to the changing needs of healthcare service provision, particularly in military organizations. Adaptive leadership in military and government settings involves every member of the workforce playing a leadership role in performing analysis and making decisions, with key competencies being trustworthiness, communicativeness, emotional intelligence, tolerance for ambiguity, and hardiness (Bowles, Feely, Weis, Dibella, Bartone, & Kimmel, 2017).

Defence Forces Medical Insurance Scheme (DEFMIS)

Kenya, like many other African countries, has embraced leadership and organizational reform as key pillars in the improvement of service delivery within its healthcare sector. The Kenya Defence Forces Medical Insurance Scheme (DEFMIS) is a critical welfare initiative that provides post-retirement healthcare services to Kenya Defence Forces (KDF) personnel and their dependents. DEFMIS, established as a trust under the Trustees Perpetual Succession Act in 2001, plays a crucial role in ensuring access to healthcare for military veterans (DEFMIS, 2020). However, the scheme has faced significant challenges related to service delivery, including delays in payment to accredited hospitals, lengthy verification processes, and general inefficiencies attributed to leadership, culture, and structure (DEFMIS, 2014).

This study seeks to explore the influence of leadership, organizational culture, and organizational structure on service delivery at DEFMIS. With increasing pressure to provide efficient, customer-centric services, understanding these factors is essential for improving the performance of healthcare organizations like DEFMIS. The study will provide insights into how these organizational elements affect service delivery, with the aim of informing strategies to enhance the quality of healthcare services provided to KDF personnel.

Problem Statement

The Kenya Defence Forces Medical Insurance Scheme (DEFMIS) plays a critical role in ensuring access to healthcare for retired Kenya Defence Forces (KDF) personnel and their dependents. Despite its significance, DEFMIS faces persistent challenges in service delivery, including delays in payments to accredited hospitals, lengthy verification processes, and inefficiencies rooted in leadership, organizational culture, and structure (DEFMIS, 2014). These issues compromise the scheme's ability to meet the healthcare needs of its beneficiaries effectively, highlighting systemic gaps in organizational management.

Globally, research underscores the importance of strong leadership, a robust organizational culture, and a well-defined structure in driving efficiency, sustainability, and quality in service delivery (Ochonogor & Amah, 2021; Northouse, 2010; Laureani et al., 2023). In the healthcare sector, transformational and adaptive leadership, supported by an aligned organizational culture and structure, has proven essential for overcoming operational inefficiencies and enhancing service outcomes (Govender et al., 2018; Bowles et al., 2017). However, the specific influence of these factors on service delivery within DEFMIS remains underexplored, despite their potential to address inefficiencies and improve performance.

Given the increasing demand for efficient and customer-focused healthcare services for military personnel and veterans, there is a critical need to investigate how leadership, organizational culture, and structure impact DEFMIS's service delivery. This study aims to address this gap by examining the interplay of these organizational elements and identifying strategies to enhance the quality and efficiency of healthcare services provided by DEFMIS. Specifically, the study seeks to (a) investigate how organizational leadership influences service delivery at DEFMIS, (b) determine how organizational culture impacts service delivery at DEFMIS and (c) establish how the organizational structure affects service delivery at DEFMIS

Literature Review

This section examines various studies on leadership, organizational culture, and organizational structure concerning their influence on service delivery. A critical perspective is adopted to evaluate their relevance and applicability to DEFMIS.

Service Delivery

Service delivery is the framework through which services are provided by an organization to clients, encompassing the continuous interaction between providers and recipients throughout the service lifecycle (Indeed, 2023). Organizations prioritizing quality service delivery gain a competitive edge, particularly in today's highly competitive environment. Porter (1996) emphasizes that competitive strategy is about differentiation, urging organizations to engage in unique activities that deliver exceptional value. Similarly, Shittu (2020) aligns with Porter, noting that meeting or exceeding beneficiaries' expectations is a hallmark of excellent service delivery. These perspectives imply that strategic leadership, culture, and structure are critical for an organization's ability to deliver on its mandate effectively.

Empirical studies have further explored service delivery in various contexts. Fida et al. (2021) investigated service quality's impact on customer satisfaction in Islamic banks in Oman, finding a strong correlation between empathy, responsiveness, and customer loyalty. However, the study's focus on banking diverges significantly from DEFMIS's health insurance mandate. Likewise, Musenze and Mayende (2019) explored the role of coordination mechanisms in Uganda's local government, highlighting their significance in driving quality service delivery. Although insightful, this study's qualitative approach and focus on public services limit its applicability to the health insurance context.

Organizational Leadership

Leadership, often defined as the ability to influence people toward achieving common goals (Turner & Tsang, 2023), plays a critical role in service delivery. Northouse (2010) echoes this by emphasizing leadership's diverse definitions and its centrality to organizational success. Leadership theories such as transformational and transactional leadership provide contrasting yet complementary perspectives. Burns (1978) highlights transformational leadership as a style that fosters collaboration and collective growth, contrasting it with transactional leadership, which relies on rewards and penalties.

Wilhelm (2021) demonstrates transformational leadership's effectiveness in fostering trust, motivation, and innovation among teams in Malaysian schools. Similarly, Sibiya (2019) found a positive correlation between transformational leadership and service delivery in Johannesburg Municipality. However, these studies operate in academic and municipal contexts, which differ significantly from the military and health insurance sectors. Mabona et al. (2019) found that authoritarian leadership in South Africa's Military Health Service created a challenging work environment, raising concerns about the impact of hierarchical styles prevalent in military setups, like DEFMIS.

Chelagat et al. (2021) and Shimengah (2018) examined leadership's impact on health system performance and strategic service delivery in Kenyan counties, respectively. Both studies highlighted the positive influence of professional leadership practices but lacked specific focus on military or insurance-related

contexts. These findings suggest that DEFMIS must adopt adaptive and transformational leadership strategies to improve its service delivery outcomes.

Organizational Culture

Organizational culture, described by Schein (2010) as a system of shared values, norms, and assumptions, significantly impacts performance and service delivery. Mikušová et al. (2023) concur with Schein, emphasizing culture as both a source of motivation and a competitive advantage. For DEFMIS, a strong culture can align staff and stakeholders toward shared service goals.

Studies such as Owino and Kibera (2021) and Mutegi et al. (2021) demonstrate the influence of culture on organizational performance in Kenya, albeit in microfinance and public service contexts, respectively. Sukdeo (2018) further supports the link between culture and service quality, using dimensions such as adaptability and mission orientation to explain performance in the energy sector. Metz et al. (2020) highlight customer-focused cultural traits as drivers of sustainability in global technology firms. While these studies offer valuable insights, their contexts—ranging from microfinance to technology—differ significantly from DEFMIS's health insurance focus.

Organizational Structure

Freedman (2023) and Mumanthi et al. (2021) define organizational structure as a framework that delineates roles, responsibilities, decision-making processes, and reporting channels. A well-designed structure is crucial for ensuring effective coordination and service delivery.

Empirical studies emphasize the importance of structure in organizational performance. Bindeeba (2021) found that centralized structures in Uganda's local government improved service delivery through coordinated operations. Similarly, Mugure et al. (2021) linked management structures to high-quality services in Kenyan mission hospitals, while Fiorio et al. (2018) demonstrated that patient-centered structures in Italian hospitals enhanced efficiency and satisfaction. Despite their relevance, these studies focus on hospitals and public administration, whereas DEFMIS operates within a military health insurance framework.

Gaitho et al. (2019) explored the combined impact of leadership, ethical behavior, and organizational structure on service delivery in Kenyan counties, highlighting significant synergies. However, DEFMIS's unique military context necessitates further exploration of how its hierarchical structure influences service outcomes.

Knowledge Gap

Existing literature highlights critical gaps relevant to DEFMIS. While several studies (Ibrahim & Daniel, 2019; Shimengah, 2018) explore leadership's impact on performance, they do not examine the interplay of leadership, culture, and structure in service delivery. Moreover, studies like Mabona et al. (2019) and Wilhelm (2021) rely on limited sampling or distinct contexts, reducing their generalizability to DEFMIS.

Additionally, many studies (Chelagat et al., 2021; Metz et al., 2020; Owino & Kibera, 2021) focus on sectors such as education, microfinance, or technology, which differ from the health insurance domain.

Finally, while research on organizational structure (Bindeeba, 2021; Fiorio et al., 2018) offers valuable insights, it largely neglects the unique requirements of military insurance schemes.

This study seeks to address these gaps by examining the combined influence of leadership, organizational culture, and structure on service delivery within DEFMIS, thereby contributing to the broader discourse on organizational effectiveness in the health insurance sector.

Conceptual Framework

The conceptual framework, Figure 1, illustrates the relationship between organizational management elements—leadership, organizational culture, and organizational structure—and the service delivery of DEFMIS. It posits that these three dimensions of organizational management serve as critical independent variables that collectively influence the quality, efficiency, and effectiveness of service delivery, which is the dependent variable.

Leadership is positioned as a key driver in the framework, emphasizing its role in shaping organizational vision, strategy, and operational success. Effective leadership fosters decision-making, inspires teamwork, and ensures alignment with organizational goals, directly impacting service outcomes.

Organizational culture is the second independent variable, representing the shared values, norms, and practices within DEFMIS. A strong and cohesive culture creates a supportive environment that promotes employee motivation, collaboration, and alignment with the organization's mission, further influencing service delivery.

The third dimension, organizational structure, focuses on the formal systems of roles, responsibilities, and decision-making processes. A well-defined structure ensures clear communication channels, efficient resource allocation, and streamlined workflows, all of which are essential for delivering quality services.

Together, these three variables interact to form a comprehensive management framework that impacts the service delivery of DEFMIS. The model highlights the importance of effectively integrating leadership, culture, and structure to address operational challenges and enhance the organization's capacity to meet the healthcare needs of retired Kenya Defence Forces personnel and their dependents.

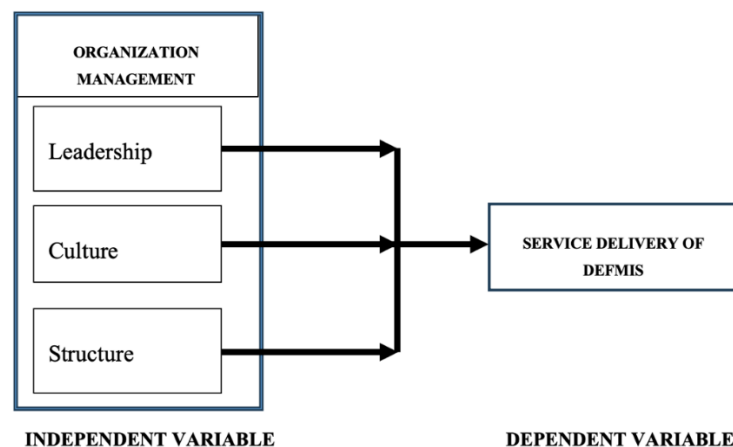


Figure 1: Conceptual Framework

Methodology

The study focused on the retired service personnel who received services between January 2021 and June 2022. This helped in gathering the most current customer experiences in terms of DEFMIS service delivery. According to the DEFMIS report 2022, an estimated 22,300 retired service personnel accessed health care services at the diverse accredited health care service facilities. The study targeted to draw the sample size from this target population to provide the relevant information.

Purposive criterion was employed in selecting the Participants to participate in Key informants' interviews (KIIs) based on the key roles they hold in DEFMIS leadership, which entails critical information on the study subject considering the sensitivity of the security environment in which DEFMIS operates. Etikan et al. (2016) state that purposive sampling is based on the researcher's judgement on the unique qualities a study participant possesses which have value to the study. A systematic, simple random technique was used to select the DEFMIS beneficiaries to participate in the study. Mostafa & Ahmad (2018) argued that systematic sampling makes drawing a sample when working in the field more practical, considering that it helps to spread the sample more evenly across the population.

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.

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. 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.

Results

Demographic Details of the Respondents

A majority of the participants were above 50 years old, comprising 93.4% of the sample. In terms of gender distribution, 53.6% were male, while 46.4% were female. The sample also reflected the geographic spread of respondents across regions. More than half, 52.5% were from Nairobi and Central regions, followed by Rift Valley 14.4%, Eastern 8%, and Coast 6.9%.

Respondents reported benefiting from the medical scheme for varying lengths of time, with 38.7% having been beneficiaries for 6-8 years, 19.1% for 3-5 years, and 17.1% for 2 years or less. A total of 25.1% had been part of the scheme for 9 years or longer.

Regression Analysis

Overall, the hypothesis testing confirms that together leadership, culture, and structure significantly impact service delivery at DEFMIS with correlation coefficient of $R=.535$. The moderate positive correlation coefficient (R) of .535 suggests that there is a discernible relationship between the predictors and the dependent variable. This means all the independent variables together have a moderate relationship towards the dependent variable Service Delivery. Again, the coefficient of determination of R Square of .286 shows that only 28.6% of the model is explained by the independent variables leaving out 71.4% meaning that there could be other factors that influence service delivery at DEFMIS that are not accounted for in this study.

Table 1: Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.535 ^a	.286	.280	.577
a. Predictors: (Constant), Organization Structure, Leadership, Organization culture				

Coefficients

The hypothesis testing for the study, presented in Table 1, reveals no significant impact of organizational leadership on service delivery at DEFMIS. The hypothesis (H_{01}), which proposed no significant influence of leadership on service delivery, was rejected based on the findings. The transactional leadership style in place limits responsiveness and flexibility, contributing to inefficiencies. The quantitative data collected from DEFMIS beneficiaries revealed mixed perceptions regarding the influence of organizational leadership on service delivery.

When asked to rate the effectiveness of DEFMIS leadership in promoting timely and quality healthcare services, the descriptive statistics analysis revealed that only 45% of respondents expressed satisfaction, indicating that there are significant gaps in leadership practices. The responses also pointed to hierarchical decision-making as a major concern, with 67% of the participants highlighting delays in the authorization of medical procedures and approvals as a critical issue that affects timely access to healthcare services.

It is evident that the current approach needs transformation to enhance adaptability and service quality. A shift towards a transformational leadership model could foster innovation, engagement, and quicker decision-making, thereby improving overall service delivery.

In examining the influence of organizational culture on service delivery, hypothesis H_{02} was also rejected. The study found that DEFMIS's military-oriented culture, which emphasizes hierarchy and compliance, hinders a patient-centered approach to service delivery. Only 40% of the respondents perceived the culture at DEFMIS as supportive of efficient and customer-centered healthcare services. In contrast, 60% of the respondents felt that the existing culture is overly influenced by traditional military protocols, which prioritize compliance over flexibility and customer satisfaction. These findings underscore the need to

reshape the organizational culture towards greater empathy, collaboration, and responsiveness to beneficiaries' needs. Emphasizing a culture that prioritizes patient care could significantly improve service delivery outcomes.

Similarly, hypothesis H_{03} , which suggested no significant influence of organizational structure on service delivery, was rejected. The descriptive statistics revealed that 52% of the respondents perceived the existing organizational structure at DEFMIS as ineffective in supporting timely and efficient service delivery. Only 38% of respondents indicated satisfaction with the current structure, citing that it is slow, bureaucratic, and centralized. This centralized structure, marked by multiple layers of hierarchy, contributes to delays in decision-making and service approval processes, particularly in urgent healthcare cases. Beneficiaries reported challenges such as lengthy verification procedures, delayed responses to claims, and a lack of autonomy at the operational level. One respondent noted, "The structure at DEFMIS feels like a maze—everything has to go through several approvals, which wastes time and affects service quality."

Based on the results, it means that the strongest influence is observed from organizational culture, followed by structure, while leadership also plays a critical role. These findings suggest that a comprehensive approach—involving leadership reform, cultural transformation, and structural decentralization—will be necessary to create a more flexible, empathetic, and efficient healthcare service system.

Table 2: Coefficients

Null Hypothesis	R	ANOVA P-value	B -value	Coefficient P- value	Decision
There is no significant relationship between leadership and service delivery of DEFMIS.	0.378	P = 0.000	-0.006	P = 0.933	Accept the null hypothesis and reject the alternative H_1
There is no significant relationship between organizational culture and service delivery of DEFMIS	0.525	P = 0.000	0.595	P = 0.000	Reject the null hypothesis and accept the alternative H_2
There is no significant relationship between organizational structure and service delivery of DEFMIS	0.204	P = 0.000	-0.119	P = 0.037	Reject the null hypothesis and accept the alternative H_3

The study explored the influence of organizational leadership, organizational culture, and organizational structure on service delivery at the Kenya Defence Forces Medical Insurance Scheme (DEFMIS). The results provided insights into the relationship between these factors and service efficiency, particularly in a healthcare insurance context.

Correlation Analysis

The correlation analysis indicates the relationship between organizational leadership, organizational culture, organizational structure, and service delivery at DEFMIS. The results reveal positive correlations

among all the variables, signifying that improvements in each of these organizational elements are associated with better service delivery outcomes.

Leadership shows a positive but moderate correlation with service delivery ($r = 0.378$, $p < 0.01$). This suggests that improvements in leadership practices within the organization are associated with enhanced service delivery. However, the strength of this correlation indicates that while effective leadership contributes to better service outcomes, it may not be the most critical factor, implying that other variables could also play a significant role in influencing service delivery.

Organizational Culture exhibits a stronger correlation with service delivery ($r = 0.525$, $p < 0.01$), indicating that a positive organizational culture is more strongly associated with improvements in service delivery compared to leadership alone. This suggests that fostering a supportive, adaptive, and engaging culture within the organization can have a significant impact on how services are delivered, potentially leading to higher quality and more consistent outcomes.

Organizational Structure has a weak but significant correlation with service delivery ($r = 0.204$, $p < 0.01$). This suggests that while a well-defined and efficient organizational structure does contribute to better service delivery, its impact is relatively lower compared to leadership and organizational culture. This finding indicates that although organizational structure plays a role, it may not be the primary driver of improved service outcomes and should be considered alongside other more influential variables.

Table 3: Correlations

Correlations		Leadership	Organization culture	Organization Structure	Service Delivery
Leadership	Pearson Correlation	1	.752**	.533**	.378**
	Sig. (2-tailed)		.000	.000	.000
	N	338	338	338	338
Organization culture	Pearson Correlation	.752**	1	.548**	.525**
	Sig. (2-tailed)	.000		.000	.000
	N	338	338	338	338
Organization Structure	Pearson Correlation	.533**	.548**	1	.204**
	Sig. (2-tailed)	.000	.000		.000
	N	338	338	338	338
Service Delivery	Pearson Correlation	.378**	.525**	.204**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	338	338	338	338

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

Organizational Leadership and Service Delivery at DEFMIS

The findings that leadership is not a significant factor in the study influencing service delivery, align with existing literature, which indicates that transactional leadership styles. Studies by (Burns, 1978; Sibiya, 2019) support the limitation of transactional leadership by saying that while effective in ensuring compliance and order, can often hinder innovation and responsiveness in service delivery. A study by Juma, Ayub, and Ali, (2023) found out that participative leadership style in public health had a great influence on service delivery in county governments in the Western Kenya region. In another study by Yarow, Jirma, and Siringi, (2019, it revealed that democratic leadership style had a significant moderating effect on the relationship between management of devolved health services and health-care service delivery in Arid and Semi-Arid Lands in Kenya.

In a study carried out in South Africa, it stressed that a weak leadership framework in regional hospitals in KZN contributed to poor health care service delivery (Govender et al. (2018). In the case of DEFMIS, the reliance on a rigid, military-inspired leadership model appears to limit the organization's capacity to adopt flexible, customer-oriented service strategies. This is consistent with Govender et al. (2018), who argue that healthcare organizations benefit more from transformational leadership, which promotes innovation, employee motivation, and a customer-centric approach to service delivery. The dissatisfaction among DEFMIS beneficiaries, as evidenced by the 45% satisfaction rate, reflects the limitations of transactional leadership in effectively addressing the evolving healthcare needs of retired personnel.

The communication barriers identified in the study further reinforce the argument that hierarchical communication structures can impede effective service delivery. Northouse (2010) notes that open and participative communication is a hallmark of effective leadership, particularly in service-oriented organizations where timely information exchange is crucial. The findings from DEFMIS suggest that enhancing communication channels could improve decision-making speed and service efficiency, ultimately boosting beneficiary satisfaction. This aligns with the assertions of Turner and Tsang (2023), who emphasize that leadership in healthcare should focus on fostering a culture of collaboration and information sharing to enhance service quality.

The limited adoption of transformational leadership elements at DEFMIS is a promising sign, but these initiatives need to be expanded and sustained to have a meaningful impact on service delivery. According to Burns (1978), Raoush, (2023) and Korcu and Kaya, (2022) transformational leadership has the potential to create an environment that encourages innovation and continuous improvement, which is essential in dynamic sectors like healthcare. Introducing more training and capacity-building programs for DEFMIS staff could be a strategic step toward nurturing a leadership style that supports adaptive service delivery strategies. Additionally, promoting inclusive decision-making processes could empower staff at all levels to contribute to service improvement, thereby increasing responsiveness and efficiency.

Organizational Culture and Service Delivery At DEFMIS

The findings on organizational culture at DEFMIS mirror existing literature, which highlights the significant role culture plays in influencing service delivery. According to Schein (2010), culture is the underlying pattern of beliefs, values, and behaviors that shape how an organization operates. In DEFMIS,

the dominant military culture, while effective for command and control, does not fully align with the demands of healthcare service delivery, which requires flexibility, empathy, and responsiveness (Mikušová et al., 2023). This is consistent with the study by Metz et al. (2020), which emphasizes that a customer-centered culture enhances organizational performance, particularly in service-oriented sectors like healthcare.

The lack of patient-centeredness observed in DEFMIS's culture is a critical issue, as it limits the organization's ability to meet the evolving healthcare needs of its beneficiaries. Anning-Dorson et al. (2020) argue that customer satisfaction is often driven by a culture that emphasizes client engagement, open communication, and adaptability. This perspective aligns with the survey responses, where the majority of DEFMIS beneficiaries expressed a need for more personalized, patient-centered service delivery. The adherence to traditional military norms at DEFMIS restricts service flexibility, resulting in slower responses to patients' needs, which negatively impacts satisfaction and service efficiency.

The centralized decision-making and communication structures, which are ingrained in the organizational culture, further contribute to the rigidity in service delivery. Xenikou (2022) points out that a hierarchical culture often limits the empowerment of frontline staff, reducing their capacity to make real-time decisions that could enhance service delivery. In the case of DEFMIS, healthcare providers highlighted that they often face bureaucratic hurdles that delay approvals and treatment, directly affecting patient outcomes.

Despite the challenges, some steps have been taken to create a more customer-focused culture at DEFMIS. Efforts to introduce service charters, staff training, and feedback mechanisms indicate a gradual shift towards embracing a more inclusive culture. However, these initiatives need to be deepened and sustained to foster a culture that genuinely prioritizes the needs of beneficiaries. This is supported by Bendak et al. (2020), who found that systematic efforts to change organizational culture can lead to innovation and improved service quality.

Organizational Structure and Service Delivery At DEFMIS

The findings on the impact of organizational structure at DEFMIS align with existing literature, which suggests that rigid, hierarchical structures often limit the agility needed for effective service delivery (Freedman, 2023; Mumanthi et al., 2021). In healthcare settings, a more decentralized structure is typically associated with quicker decision-making, better information flow, and improved service outcomes (Whetsell et al., 2021). The bureaucratic nature of DEFMIS's structure restricts staff empowerment, slows response times, and hinders the overall efficiency of service delivery, as observed in the quantitative and qualitative findings.

The centralized structure at DEFMIS, while suitable for maintaining control and standardization, is less effective in a healthcare insurance context, where timely decisions and patient-centered service are crucial. Borella et al. (2017) argue that an effective organizational structure should allow for both autonomy and clear communication, which are essential for enhancing service quality. The dissatisfaction expressed by DEFMIS beneficiaries, with 52% describing the structure as ineffective, reflects the limitations of a rigid, top-down system in achieving efficient service delivery. This supports the notion that healthcare-focused organizations require a more flexible, team-based structure that encourages staff autonomy and quick decision-making.

The findings also highlight the importance of a streamlined decision-making process, which is a critical factor in ensuring efficient service delivery. According to Fiorio et al. (2018), hospitals with patient-centered structures exhibit better service efficiency and higher patient satisfaction, as these structures allow for faster and more responsive service adjustments. The need for structural reforms at DEFMIS is evident, as current processes often require multiple levels of approval, slowing down service delivery and frustrating beneficiaries.

Efforts to improve the organizational structure at DEFMIS have begun, but they remain minimal and mostly centered on procedural adjustments rather than fundamental structural changes. For example, some attempts to delegate decision-making power to lower management levels have been introduced, but they have not significantly improved service delivery. According to Mugure et al. (2021), significant structural reforms, such as flattening hierarchies and adopting cross-functional teams, are necessary for healthcare organizations to meet the demands of dynamic service delivery environments. DEFMIS could benefit from similar structural adjustments that allow for better staff coordination, faster decision-making, and improved communication across levels.

Conclusions

The analysis of service delivery at DEFMIS suggests that the organization's internal dynamics play distinct roles in shaping service outcomes. Among the variables studied, organizational culture emerged as the most influential factor, with a moderate positive impact on service delivery. The integration of core values emphasizing customer service and responsiveness has already shown promising results, indicating that further cultural transformation could significantly enhance service efficiency. In contrast, organizational leadership, characterized by a top-down, bureaucratic style, was found to have a weaker influence on service delivery. This suggests that current leadership approaches, while effective in maintaining order, are insufficient for fostering the innovation and adaptability required for optimal healthcare service delivery.

The study also highlighted the role of organizational structure in service delivery, revealing a weak yet significant positive correlation. The centralized structure at DEFMIS currently hinders swift decision-making and responsiveness, contributing to service delays. While some efforts toward decentralization have demonstrated potential for improving service responsiveness, more comprehensive structural adjustments are necessary to achieve sustainable change. Overall, the findings imply that focusing on cultural reforms and structural modifications, alongside gradual improvements in leadership approaches, will be critical to advancing service delivery outcomes at DEFMIS.

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:

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.

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.

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.

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