JRIIE Journal of Research Innovation and Implications in Education
Center for Research Implications & Practice

Website: www.jriiejournal.com ISSN 2520-7504 (Online) Vol.10, Iss.4, 2026 (pp. 1253 - 1262)

Effect of Strategic Contract Management Practices on Operational and Competitive Performance of Private Hospitals. A Case of Dream Medical Center Hospital in Kigali, Rwanda

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Abstract: *The general objective of this study is to assess the effect of strategic contract management practices on operational and competitive performance of private hospitals in Rwanda. This study refers and uses the theories like Transaction Cost Economics (TCE) Theory, Relational Contracting Theory and Game Theory. The study used descriptive, and correlational research design. Descriptive survey research use surveys to collect information on a variety of issues and correlational studies research design examined at the links that exist between variables under the study. The population of this study was 148 people from Dream Medical Center Hospital. The study used a census inquiry method instead of sampling. This decision is based on the small size of the target population. Statistical Package for Social Sciences (SPSS) version 28 was used in the study. Regression results indicated that strategic contract planning, strategic contract negotiation, and strategic contract execution have significant positive effects on operational and competitive performance of Dream Medical Center Hospital. The coefficient analysis showed that strategic contract planning ($B = 0.238$, $p < 0.05$), strategic contract negotiation ($B = 0.371$, $p < 0.05$), and strategic contract execution ($B = 0.341$, $p < 0.05$) significantly improve organizational performance. The study concludes that effective strategic contract management practices enhance operational and competitive performance of Dream Medical Center Hospital. The study recommends that Dream Medical Center Hospital should strengthen strategic contract planning, negotiation capacity, and contract execution monitoring to improve procurement effectiveness and overall organizational performance.*

Keywords: *Strategic contract management practices, Strategic contract planning, Strategic contract negotiation, Strategic contract execution, Operational and competitive performance.*

How to cite this work (APA):

Ishimwe, I & Akumuntu, J. & Ganza, J. (2026). Effect of Strategic Contract Management Practices on Operational and Competitive Performance of Private Hospitals. A Case of Dream Medical Center Hospital in Kigali, Rwanda. *Journal of Research Innovation and Implications in Education, 10*(4), 1253 – 1262. **https://doi.org/10.59765/xkr3z**

1. Introduction

Contract management has evolved from a purely administrative process into a strategic tool critical for achieving organizational objectives. Historically, contracts were primarily used to formalize agreements and ensure legal compliance. Over the years, organizations have begun to recognize that how contracts are designed, executed, and monitored significantly affects performance outcomes. Strategic contract management now emphasizes proactive planning, stakeholder collaboration, risk mitigation, and performance-based agreements. This shift aligns with modern management practices that prioritize efficiency, accountability, and long-term value (Tang et al., 2021).

Strategic contract management acts as a bridge between internal efficiency (operational performance) and

external positioning (competitive performance). When contracts are well-managed, organizations reduce risk, improve supplier performance, and enforce accountability. These outcomes not only reduce operational bottlenecks but also strengthen stakeholder confidence and business agility. Strategic contracts embed performance indicators that align with business goals, thereby improving execution and evaluation. Consequently, the quality of contract design and oversight plays a foundational role in how well an organization function and competes (Brown & Peterson, 2022).

Despite significant investments and reforms in the health sector in Rwanda, there remains a notable gap in translating strategic contract management practices into improved operational and competitive performance within health organizations. In Rwanda's public sector, contracts represent a significant portion of government spending according to the Rwanda Public Procurement Authority (RPPA), total online procurement for the financial year 2020/2021 amounted to RWF 380,694,594,260 (Rwanda Public Procurement Authority, 2021). Despite such large investment, contract management practices remain weak: the RPPA's monitoring calendar for "large contracts" in the first semester of FY 2024/25 notes frequent issues such as contract execution delays and stalled constructions (Rwanda Public Procurement Authority, 2024).

According to the Office of the Auditor General of State Finances (OAG) report for the year ended 30 June 2024, invoice verification by the Rwanda Social Security Board (RSSB) under its health schemes was delayed for up to 144 days on invoices worth Rwf 9.63 billion, and payment delays of up to 165 days were noted for 499 invoices worth Rwf 786 million. These delays indicate weak contract execution and monitoring practices, which likely hinder timely payment flows and service delivery capabilities in health organisations (OAG, 2024).

Moreover, while the Ministry of Health's Forward-Looking Joint Health Sector Review for FY 2023/24 highlights overarching sector progress, it lacks detailed evidence linking specific contract-management practices to the outcomes of health organisations' operational and competitive performance (Ministry of Health Rwanda, 2024).

1.1 Objectives of the Study

The general objective of this study is to assess the effect of strategic contract management practices on operational and competitive performance of private hospitals in Rwanda.

Specifically, the study was guided by the following objectives:

i. To assess the effect of strategic contract planning on operational and competitive performance of Dream Medical Center Hospital, Rwanda
ii. To find out the effect of strategic contract negotiation on operational and competitive performance of Dream Medical Center Hospital, Rwanda
iii. To determine the effect of strategic contract execution on operational and competitive performance of Dream Medical Center Hospital, Rwanda

2. Literature Review

2.1 Strategic Contract Planning and Operational and Competitive Performance

Ruhuka and Dushimimana (2024) investigated contract management practices at the Rwanda Development Board (RDB) between 2017–2022 using a census survey of 156 employees and a quantitative analysis that reported mean, standard deviation, regression coefficients and significance levels. The study's stated objective was to assess how contract planning, negotiation, implementation and monitoring each affected organizational performance, drawing on governance and transaction-cost perspectives. Regression-derived effect estimates reported that a unit increase in contract planning was associated with a 19.2% increase in RDB performance, with the planning coefficient statistically significant ($p = 0.010$). The paper concluded that planning is an important but not always the largest driver monitoring and execution also matter and recommended strengthening planning capacity, clearer specifications, and linkages between budgets and procurement plans. Methodologically, the study used standard inferential tools (model summary and coefficient tables) to quantify effects which gives direct, policy-relevant guidance for institutions.

Changalima (2022) analysed supplier development programs and procurement performance in public sector entities using a quantitative design and regression analysis; the study was grounded in resource and capability theories. The objective was to measure how supplier development interventions (training, information sharing, capability building) affected measurable procurement outcomes such as lead times, quality conformity and cost control. The author reported statistically significant positive regression coefficients for supplier development variables (presented via model summary and hypothesis tests), concluding that active supplier development improves procurement performance. The study recommended that procuring entities invest in upstream supplier capabilities and collaborative planning to reduce transaction frictions and improve service delivery.

2.2 Strategic Contract Negotiation and Operational and Competitive Performance

Embaye (2022) studied supplier relationship management at the Ethiopian Pharmaceuticals Supply Service and included negotiation as a factor; the study used a census approach (N=100) and SPSS for descriptive statistics, Pearson correlations, and multiple regression analysis. The stated objective included testing negotiation's effect on procurement performance and the study used trust, information sharing and negotiation as predictors. Empirical results showed a modest but significant Pearson correlation between negotiation and procurement performance ($r = 0.36$, $p < 0.01$) and regression output indicated $\beta \approx 0.096$ ($p = 0.009$) for negotiation in the multivariate model; the model explained about 88.4% of outcome variance (adjusted $R^2 \approx 0.884$). The study concluded that negotiation has a real, if smaller, effect relative to trust and information sharing, and recommended targeted negotiation training, data support for bargaining, and clearer performance incentives.

Chandran (2024) investigated purchasing strategies and the role of effective negotiation in manufacturing firms using a quantitative survey and multiple regression analysis; the objective was to test whether negotiation mediates the relationship between purchasing strategy and operational performance. The study used SPSS to compute correlation matrices and regression coefficients and reported significant mediation paths where effective negotiation strengthened the impact of purchasing strategy on performance outcomes (coefficients and mediation test statistics reported in the results). The authors concluded that negotiation functions as an optimizer of strategic purchasing and recommended integrating negotiation protocols into procurement strategy, using scorecards to track outcomes, and empowering negotiators with market data.

2.3 Strategic Contract Execution and Operational and Competitive Performance

Yi and Nie (2024) studied contractual and relational governance in construction projects and tested whether BIM adoption moderates governance performance links using a 175-respondent survey and PLS-SEM. The objective was to examine how contract completeness, contract flexibility and trust influence project performance and whether BIM application level changes these relationships, with TCE as a central theoretical anchor. PLS path analysis showed that contract flexibility and relational trust had positive, significant paths to project performance, while contract completeness had a weaker or non-significant direct effect in some specifications; BIM moderated several relationships. The study concluded that execution quality depends on both formal contract attributes and relational mechanisms, and recommended hybrid governance (mixing clear clauses and trust-building practices) plus digital tools to support execution.

Latif (2023) examined contract governance in Malaysian public-private partnership initiatives using structural equation modelling and reported that contract governance had a direct positive effect on partnership performance ($\beta = 0.42$, $p < 0.001$). The study objective was to determine how contract governance and its subcomponents influence performance and whether governance moderates other success factors. Using SEM, the author presented fit statistics (CFI ≈ 0.904, $\chi^2/df \approx 2.255$, Eq. 1) and reported significant coefficients; moderation tests were also reported via chi-square differences. The paper concluded that active governance (accountability, transparency, dispute resolution) improves execution outcomes and recommended systematic governance.

2.4 Research Gap

Most reviewed studies, including Baraka and Mwalukasa (2024) and Ruhuka and Dushimimana (2024), consistently found that robust contract planning through needs identification, cost estimation, and integration into budgeting improves procurement and organizational performance. Moreover, existing studies tend to examine planning in isolation without integrating its competitive positioning role. The research gap lies in exploring how strategic contract planning affects both operational and competitive performance in healthcare institutions such as Dream Medical Center Hospital, where outcomes extend beyond efficiency to include market competitiveness and quality of care.

Studies by Embaye (2022) and Chandran (2024) show that effective negotiation positively influences procurement and operational outcomes, with evidence of mediation effects where negotiation strengthens purchasing strategies. Kufile (2022) expands this view by demonstrating how data-driven approaches improve negotiation outcomes across industries. Further, negotiation is rarely examined in terms of competitive advantage but rather as a transactional activity. The gap here is the limited empirical evidence on how strategic contract negotiation contributes not only to operational efficiency but also to competitive performance in the healthcare sector, where supplier negotiations influence cost efficiency, technology adoption, and service competitiveness.

Yi and Nie (2024) and Latif (2023) highlight the importance of execution through governance mechanisms, relational trust, and contract flexibility, showing that these dimensions significantly impact performance outcomes. Similarly, Macchiavello (2023) demonstrates the value of relational contracting for

effective execution, especially under weak formal enforcement environments. Nonetheless, these studies are primarily situated in construction, public–private partnerships, and international trade contexts, leaving healthcare underexplored. The gap is the lack of empirical studies linking strategic contract execution to both operational and competitive performance in hospitals, where execution quality directly affects continuity of service delivery and institutional competitiveness.

3. Methodology

3.1 Research Design

A research design is the overarching methodological framework for a study. It specifies how the data gathered and analyzed, as well as how inferences and conclusions were reached. There is no way to do research without first developing a plan, and this is where the study design comes in (Knight et al., 2022). The study used descriptive, and correlational research design.

3.2 Study Population

The term population is used to describe the whole group of individuals under whose data is collected. A population consists of all the people, things, or quantities that share a set of characteristics that can be seen (Lohr, 2021).

The population of this study was 148 people including Tendering committee, Finance unit, Procurement unit, Logistics and warehouse officers, Head of Department and End users of Dream Medical Center Hospital.

3.3 Sample Size and Sampling

The study used a census inquiry method instead of sampling. This decision is based on the small size of the target population. Therefore, data were collected from every single individual or unit within the entire target population of 148. By doing so, the researcher obtained highly accurate and comprehensive data, ensuring that the findings are directly applicable and potentially generalizable to the entire population without the need for sampling techniques.

3.4 Data Collection Methods and Instruments

3.4.1 Questionnaire

Questionnaire is a structured set of questions designed to collect data from respondents. Questionnaires can be administered in various formats, such as paper-based, online, or through emails (Plakoyiannaki & Budhwar, 2021).

Participants were sent a survey with short, Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree answers for this research. With response options, the responders were presented with a number of options from which to choose an answer. For this study, participants were given the questionnaires and expected to fill it out independently, before returning it to the researcher through the same method and in the specified time frame.

3.4.2 Documentation

According to Morgan (2022), Documentary technique involves analyzing existing documents, records, or archival materials to extract relevant information for research purposes. Documents include reports, letters, memos, articles, or any written or recorded material. Documentary technique used to obtain secondary information about a phenomenon that wishes to study; and the documents targeted were the available reports (secondary data).

3.5 Pilot Study, Validity and Reliability

A piloting study, also known as a pilot study or feasibility study, is a small-scale preliminary research project conducted to assess the feasibility and gather initial data before launching a larger and more comprehensive study. For this study, a pilot study will be conducted at MBC Hospital Nyamirambo involving 15 participants, representing 10% of the total sample size. The primary goal of the pilot study will be to identify potential issues, refine data collection tools and instruments, and make necessary adjustments before implementing the full-scale study.

The Content Validity Index (CVI) was calculated by dividing the total number of relevant items by the total number of items in the instrument. In this study, the CVI was obtained as $22 \div 26 = 0.85$. Since the computed CVI value of 0.85 is greater than the recommended threshold of 0.70, the questionnaire was considered valid and appropriate for collecting data for the study.

In this study, the researcher used Cronbach alpha technique as a measure of dependability. Cronbach's alpha, α (or coefficient alpha)'s values range from 0 to 1, and higher values imply more dependability. In speaking, a rating of higher than or equivalent to 0.7 is appropriate.

The reliability results show that all study variables achieved acceptable levels of internal consistency. Strategic contract planning recorded a Cronbach's Alpha of 0.823, strategic contract negotiation 0.817, strategic contract execution 0.835, and operational and competitive performance 0.821. Since all alpha values are above the recommended threshold of 0.70, the measurement items were considered reliable for data collection and analysis in this study.

3.6 Data Analysis

The researcher more easily displayed the findings in the form of numbers and statistics, giving the reader a more holistic understanding of the findings. Statistical Package for Social Sciences (SPSS) version 28 was used in the study. For descriptive statistics, A 5-point scale utilized for respondents to indicate their level of agreement or disagreement, with options ranging from 1 for Strongly Disagree to 5 for Strongly Agree. The mean values then interpreted within specific ranges: from 1.0 to 1.80 as very low,1.90 to 2.60 as low mean, 2.70 to 3.40 as neutral, 3.50 to 4.20 as high mean, and 4.30 to 5.0 as very high mean. To determine the homogeneity or heterogeneity of the data, the standard deviation considered. If the standard deviation is less than or equal to 0.5, the data classified as homogenous. Conversely, if the standard deviation exceeded 0.5, the data categorized as heterogeneous.

Quantities were employed for analysis of respondents' perspectives on each variable, and a Pearson's correlations were performed to examine the nature of the relationships between the report's factors.

The model was used in the study took the form below:

$Y= \beta_0+\beta_1X_1+ \beta_2X_2+ \beta_3X_3 +ę$

Where:

Y= Operational and Competitive Performance

X_1= Strategic contract planning

X_2= Strategic contract negotiation

X_3= Strategic contract execution

β_0= Constant Term

βi(1,2,3)= Slope Coefficients

These measures how many standard deviations a dependent variable changed, per standard deviation increase in the independent variable.

ę= error term

3.7 Ethical Considerations

The researcher followed the freedom of expression by respecting the rights and privacy of the respondents. The ethical conduct was a must in regarding to each human being involved in the study. For instance, asking permission and informing concerned persons of these research objectives was applied. Humble request of participant's time and willingness to respond, addressing to them in appropriate approaches to gain people's respect was practiced. Selecting respondents were conducted freely and fairy with no discrimination based on religion, sex, race, etc.

The researcher protected the privacy of the participants and make certain that their participation in the study does not affect their personal or professional lives. All data collected is going to be exploited solely for research.

4. Results and Discussion

4.1 Response Rate

Response rate analysis helps determine the proportion of distributed questionnaires that were successfully completed and returned. A high response rate increases confidence in the reliability of collected data and improves the validity of statistical analysis. The response rate for this study is presented in the following table.

Table 1: Response Rate

Questionnaire	Frequency	Percent
Filled questionnaire	139	93.91
Unfilled questionnaire	9	6.09
Total	148	100.0

Source: Field data, 2026

The findings presented in Table 1 show the distribution of returned and unreturned questionnaires in the study conducted at Dream Medical Center Hospital. Out of the 148 questionnaires distributed to respondents, 139 questionnaires representing 93.91% were completed and returned, while 9 questionnaires representing 6.09% were not returned. The very high response rate of 93.91% demonstrates strong participation from staff involved in contract management and operational activities within the hospital. This high level of participation provides sufficient data for reliable statistical analysis on the effect of strategic contract management practices on operational and competitive performance of Dream Medical Center Hospital.

4.2 Correlation Analysis

Correlation analysis was conducted to determine the strength and direction of relationships between strategic contract planning, strategic contract negotiation,

strategic contract execution, and operational and competitive performance of Dream Medical Center Hospital. Pearson correlation coefficient was used to measure the degree of association between the variables, while the significance level of 0.05 was used to determine statistical significance.

Table 2: Correlations

		Strategic contract planning	Strategic contract negotiation	Strategic contract execution	Operational and Competitive Performance
Strategic contract planning	Pearson Correlation	1	.493**	.515**	.662**
	Sig. (2-tailed)		.000	.000	.000
	N	139	139	139	139
Strategic contract negotiation	Pearson Correlation	.493**	1	.573**	.741**
	Sig. (2-tailed)	.000		.000	.000
	N	139	139	139	139
Strategic contract execution	Pearson Correlation	.515**	.573**	1	.765**
	Sig. (2-tailed)	.000	.000		.000
	N	139	139	139	139
Operational and Competitive Performance	Pearson Correlation	.662**	.741**	.765**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	139	139	139	139

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

Source: Field data, 2026

The results presented in Table 2 illustrate the relationships between strategic contract management practices and operational and competitive performance of Dream Medical Center Hospital. Strategic contract planning and operational and competitive performance recorded a Pearson correlation coefficient of 0.662 with a significance value of 0.000. This indicates a strong positive relationship between strategic contract planning and operational and competitive performance of Dream Medical Center Hospital. Since the significance value of 0.000 is less than the threshold of 0.05, the relationship is statistically significant. This implies that improved contract planning practices are associated with better operational efficiency and competitive positioning of the hospital.

These findings correspond with the observations of Changalima (2022), who explained that well-structured procurement planning improves procurement efficiency and strengthens relationships with suppliers by reducing uncertainties in procurement processes. Strategic contract planning therefore enhances the ability of organizations to achieve operational reliability and competitive positioning.

Strategic contract negotiation and operational and competitive performance recorded a Pearson correlation coefficient of 0.741 with a significance value of 0.000. This indicates a very strong positive relationship between contract negotiation practices and organizational performance. Since the significance value is below 0.05, the relationship is statistically significant. This suggests that effective negotiation practices with suppliers and stakeholders contribute to improved operational and competitive performance of Dream Medical Center Hospital.

Strategic contract execution and operational and competitive performance recorded a Pearson correlation coefficient of 0.765 with a significance value of 0.000. This indicates a very strong positive relationship between contract execution practices and organizational performance. Because the significance value is less than 0.05, the relationship is statistically significant. This implies that effective contract implementation, monitoring, and supplier relationship management contribute significantly to operational efficiency and competitive advantage of the hospital.

The correlation analysis demonstrates that all strategic contract management practices examined in the study have strong and statistically significant positive relationships with operational and competitive performance of Dream Medical Center Hospital. These results suggest that improvements in contract planning, negotiation, and execution are associated with improved organizational performance within the hospital.

4.3 Regression Analysis

Regression analysis was conducted to determine the effect of strategic contract management practices on operational and competitive performance of Dream Medical Center Hospital. The regression model examined how strategic contract planning, strategic contract negotiation, and strategic contract execution influence operational and competitive performance of Dream Medical Center Hospital. The regression output consists of three important tables including the Model Summary which explains the strength of the model, the ANOVA table which tests the overall significance of the model, and the Coefficient table which shows the

individual effect of each independent variable on the dependent variable.

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.877[a]	.768	.763	.16957	1.492

a. Predictors: (Constant), Strategic contract execution, Strategic contract planning, Strategic contract negotiation
b. Dependent Variable: Operational and Competitive Performance

Source: Field data, 2026

The results in Table 3 present the model summary for the regression analysis examining the influence of strategic contract management practices on operational and competitive performance of Dream Medical Center Hospital. The model shows an R value of 0.877, indicating a very strong positive relationship between the independent variables and the dependent variable. This means that strategic contract planning, strategic contract negotiation, and strategic contract execution are strongly associated with operational and competitive performance of the hospital.

The R Square value of 0.768 indicates that 76.8% of the variation in operational and competitive performance of Dream Medical Center Hospital is explained by strategic contract planning, strategic contract negotiation, and strategic contract execution included in the model. This demonstrates that strategic contract management practices play a significant role in influencing the performance of the hospital. The remaining 23.2% of variation may be explained by other factors not included in the model. These results align with the observations of Embaye (2022), who found that procurement management practices such as negotiation, relationship management, and information sharing significantly influence procurement performance outcomes. Procurement practices therefore play a critical role in shaping organizational performance.

The Durbin–Watson statistic of 1.492 indicates that there is no serious autocorrelation problem in the regression model since the value is close to 2. This suggests that the model provides reliable results for explaining the relationship between strategic contract management practices and operational and competitive performance of Dream Medical Center Hospital.

Table 4: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.877	3	4.292	148.000	.000[b]
	Residual	3.882	135	.029		
	Total	16.759	138			

a. Dependent Variable: Operational and Competitive Performance
b. Predictors: (Constant), Strategic contract execution, Strategic contract planning, Strategic contract negotiation

Source: Field data, 2026

The results presented in Table 4 show the analysis of variance used to determine the overall significance of the regression model. The findings indicate that the regression model produced an F statistic value of 148.000 with a significance value of 0.000. Since the significance value 0.000 is less than the threshold of 0.05, the regression model is statistically significant. This result indicates that strategic contract planning, strategic contract negotiation, and strategic contract execution jointly have a significant effect on operational and competitive performance of Dream Medical Center Hospital. The high F value further demonstrates that the independent variables included in the model collectively provide strong explanatory power for predicting organizational performance. Macchiavello (2023) emphasized that organizations that integrate relational mechanisms into contract management achieve stronger operational outcomes because collaborative governance mechanisms improve coordination between contracting parties.

Table 5: Coefficients

Model			Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
			B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)		.223	.199		1.121	.263		
	Strategic planning	contract	.238	.045	.265	5.289	.000	.676	1.479
	Strategic negotiation	contract	.371	.052	.372	7.135	.000	.618	1.617
	Strategic execution	contract	.341	.044	.415	7.750	.000	.601	1.664

a. Dependent Variable: Operational and Competitive Performance

Source: Field data, 2026

The results summarized in Table 5 present the individual effects of strategic contract planning, strategic contract negotiation, and strategic contract execution on operational and competitive performance of Dream Medical Center Hospital.

Strategic contract planning recorded an unstandardized coefficient B value of 0.238 with a t value of 5.289 and significance value of 0.000. Since the significance value 0.000 is less than 0.05, the effect of strategic contract planning on operational and competitive performance is statistically significant. The positive coefficient indicates that improvement in strategic contract planning practices leads to improvement in operational and competitive performance of Dream Medical Center Hospital. The collinearity statistics show a tolerance value of 0.676 and VIF value of 1.479, indicating that there is no multicollinearity problem among the variables.

Strategic contract negotiation recorded an unstandardized coefficient B value of 0.371 with a t value of 7.135 and significance value of 0.000. Since the significance value 0.000 is less than the significance level of 0.05, the effect of strategic contract negotiation on operational and competitive performance is statistically significant. The positive coefficient indicates that improved negotiation practices contribute to improved operational efficiency and competitive positioning of Dream Medical Center Hospital. The collinearity statistics indicate a tolerance value of 0.618 and VIF value of 1.617, which confirms absence of multicollinearity. Institutions are focusing more on transparency, supplier accountability, and performance benchmarking. These practices are crucial for improving both institutional credibility and delivery outcomes (Adeyemi & Boateng, 2023).

Strategic contract execution recorded an unstandardized coefficient B value of 0.341 with a t value of 7.750 and significance value of 0.000. Since the significance value 0.000 is less than 0.05, the effect of strategic contract execution on operational and competitive performance is statistically significant. The positive coefficient indicates that effective execution and monitoring of contracts improves operational performance and strengthens competitive advantage of the hospital. The collinearity statistics show a tolerance value of 0.601 and VIF value of 1.664, indicating that multicollinearity does not exist in the model.

The coefficient results demonstrate that all three strategic contract management practices examined in the study have significant positive effects on operational and competitive performance of Dream Medical Center Hospital. Among the three variables, strategic contract execution shows the strongest influence followed by strategic contract negotiation and strategic contract planning.

The regression model used in this study was expressed as:

$$Y=\beta_0+\beta_1X_1+\beta_2X_2+\beta_3X_3+\varepsilon$$

Where:

Y = Operational and Competitive Performance β_0 = Constant X_1 = Strategic Contract Planning X_2 = Strategic Contract Negotiation X_3 = Strategic Contract Execution ε = Error term

Substituting the regression coefficients from the model gives the following equation:

$$Y=0.223+0.238X_1+0.371X_2+0.341X_3$$

This model indicates that when all strategic contract management practices increase by one unit, operational and competitive performance of Dream Medical Center Hospital improves accordingly. The coefficients show that strategic contract negotiation and strategic contract execution contribute strongly to improving organizational performance.

4.4 Decision on Study Hypotheses

The regression results indicate that strategic contract planning has a statistically significant effect on operational and competitive performance of Dream Medical Center Hospital, since the significance value is

less than 0.05. Therefore, the null hypothesis stating that strategic contract planning does not have a significant effect is rejected.

The findings also show that strategic contract negotiation significantly influences operational and competitive performance of the hospital, as indicated by the significance value of 0.000. Therefore, the null hypothesis stating that there is no significant effect of strategic contract negotiation is rejected.

Similarly, strategic contract execution demonstrates a significant positive effect on operational and competitive performance, with a significance value below 0.05. Therefore, the null hypothesis stating that strategic contract execution has no significant effect is rejected.

The hypothesis testing results confirm that strategic contract management practices significantly influence operational and competitive performance of Dream Medical Center Hospital in Rwanda.

5. Conclusion and Recommendations

5.1 Conclusion

The study concludes that strategic contract planning plays an important role in improving operational and competitive performance of Dream Medical Center Hospital. Proper planning processes enable the hospital to identify its procurement needs, estimate required resources, and anticipate potential risks before entering into procurement contracts. These practices contribute to improved organization of procurement activities and better utilization of hospital resources.

The study concludes that strategic contract negotiation significantly contributes to improved operational and competitive performance of Dream Medical Center Hospital. Effective negotiation practices help the hospital establish clear contractual agreements with suppliers and service providers. This improves communication and mutual understanding between the hospital and its partners during procurement processes.

The study concludes that strategic contract execution plays a crucial role in enhancing operational and competitive performance of Dream Medical Center Hospital. Effective implementation of procurement contracts ensures that contractual obligations are fulfilled according to agreed standards and timelines.

The study concludes that strategic contract management practices are essential in improving operational and competitive performance of healthcare institutions. Strategic contract planning, negotiation, and execution collectively contribute to strengthening procurement efficiency and organizational performance at Dream Medical Center Hospital.

5.2 Recommendations

Based on the study findings and conclusions, the following recommendations are proposed to address the identified challenges, improve existing practices, and enhance organizational performance.

1. Dream Medical Center Hospital management should strengthen strategic contract planning practices by conducting detailed needs assessments and cost estimations before entering procurement contracts.
2. The hospital should establish clear procurement planning guidelines to ensure that all procurement contracts follow standardized planning procedures.
3. Hospital management should enhance strategic contract negotiation capacity among procurement staff through professional training and negotiation skills development programs.
4. The hospital should establish clear negotiation policies that promote transparency, fairness, and accountability during contract negotiations.
5. Dream Medical Center Hospital should strengthen contract execution monitoring mechanisms to ensure strict compliance with agreed contractual terms and conditions.
6. The hospital should strengthen supplier relationship management systems to promote long-term partnerships with reliable suppliers.
7. Healthcare regulatory authorities and policymakers in Rwanda should promote improved contract management practices in healthcare institutions through development of procurement guidelines and training programs.

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