EFFECT OF LEADERSHIP ON THE QUALITY OF HEALTHCARE PROVISION PROVIDED IN KENYA

BY

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UNITED STATES INTERNATIONAL UNIVERSITY - AFRICA

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STUDENT’S DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University in Nairobi for academic credit.

Signed: ______________________   Date: __________________________

Ngaruiya .P. Njoroge (655198)

This project has been presented for examination with my approval as the appointed supervisor.

Signed: ______________________   Date: __________________________

Dr. Fred Newa

Supervisor

Signed: ______________________   Date: __________________________

Dean, School of Business,
ACKNOWLEDGEMENT

First, praises and thanks to God, the Almighty, for His showers of blessings and favour throughout my research work to complete the research successfully. I owe it all to Almighty God for granting me the wisdom, health and strength to undertake this research task and enabling me to its completion.

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I express my sincere gratitude to the management of both Mama Lucy Kibaki Hospital and North Kinangop Mission Hospital for permitting me to do my research work and also for providing all necessary support.
DEDICATION

This work is dedicated to my parents, Geoffrey Ngaruiya Kariuki and Veronica Wangechi Ngaruiya, who have always loved me unconditionally and whose good examples have taught me to work hard for the things that I aspire to achieve. My father has not only raised and nurtured me, he has also taxed himself dearly over the years for my education and intellectual development. My mother, has been a source of motivation and strength during moments of despair and discouragement. Her motherly care and support have been shown in incredible ways. May God grant them long, happy and healthy life.

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This work is also dedicated to my late grandparents. My grandfather for the blessing that I will be a great doctor. My grandmother for her constant prayer and words of hope throughout my education life.

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ABSTRACT
The general purpose of the study was to determine the effect of leadership on the quality of healthcare provision provided in Kenya. The study was guided by three research questions; To what extent does motivation influence job satisfaction among employees in healthcare institutions in Kenya? How does development of human capital affect quality of health care provided in Kenya? How does sustaining an effective culture affect quality of health care provided in Kenya?

Descriptive research was used to capture data concerning the status of a phenomenon and to label what exists with respect to variables or conditions in a situation. The total population for the study was therefore 461 employees. The study adopted a stratified random sampling technique population and a quota of 10% was drawn from each strata. Data from the questionnaires was coded and cleaned using SPSS. It was then analyzed by use of descriptive statistics (percentages, means, and standard deviation) and inferential statistics (correlations and linear regression).

The results established that mission and vision define the focus of the institution, there are clearly defined strategies that support the mission, vision and service delivery in the hospital, employees are satisfied with their job, because the supervisor ensures equitable allocation of work to each staff and the hospitals vision and mission are clear to the employees. However, respondents could not reach an agreement on the hospital have vision and mission that are realistic in light with its resources. In addition respondents disagreed that employees supervisor talks enthusiastically about what needs to be done, employees put extra effort in their work because their supervisor appreciates their individual effort.

The study established that the hospital encourages employees to be honest and have integrity as they carry out our duties, the current hospital cultivates an environment of trust and teamwork, the hospital expects employees to treat organizational documents as confidential, rewards such as salary increases, bonuses and promotions are pegged to targets met and the hospitals culture has influenced its employees numerical growth. However, respondents could not reach an agreement on the hospital uses re-training to deal
with employees who are no longer productive and the hospital ensures that all rules and policies are adhered to.

The findings showed that the hospital has put in place training on management practices, there are clear career development plans, there is annual budget set for the operationalization of the human resource planning and top level management supports the operationalization of the human resource planning. However, respondents could not reach an agreement on the current hospital has only engaged qualified professionals, the health facility operates training and development plan as a result of human resource planning and the hospital has optimum number of employees.

It is concluded that mission and vision are used to define what the institution will focus on, employees are encouraged to be honest and have integrity, rewards such as salary increases, bonuses and promotions are pegged to targets met such as salary increases, the hospital offers training and management practises and career development plans. Human capital influences organizational performance, top level management supports the operationalization of the human resource planning and the hospital has employees who are qualified to do the job. However the organizations vision and mission are not in line with its resources and employees are not appreciated for the job well done and the hospital does not offer retaining programs, rules and policies are not adhered to.

The organization should develop vision and missions that are realistic and that are in line with their resources, the organization should develop a culture that will motivate and encourage employees to be more productive, the organization should develop human capital strategies the will enable the organization increase employee satisfaction, reduce employee turnover, develop employee engagement and increase ROI.
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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Providing quality service has significant impact on customer satisfaction (Swanson and Davis, 2003), customer retention (Yeas, et al 2004) and growth of organization (Sohail, 2003). However, the poor state of customer service in some public health facilities in Kenya has resulted in high turnover and weak morale among staff, making it difficult to guarantee 24-hour coverage resulting in, problems with patients care, increased cost of operations due to inefficiencies (Owino and Korir, 1997) leading some patients to look for an alternative provider and to spread negative word of mouth which affects potential clients hence growth of the hospital (Tam, 2005). In Ghana the healthcare sector the attention of health service providers is being drawn to the need to be cautious about how the customer patient is dealt with. The provision of service is a very challenging task (Collier, 1987) especially in the healthcare sector. Every country needs a good health care system and it is important to recognize that a healthy population is better disposed to achieving the productivity that is needed so as to increase and sustain continued growth of the country’s economy (Andaleeb, 2000).

This situation is further worsened by the patients or customers perception of functional issues which they perceive and interact with during the course of seeking treatment such as physical facilities, internal process; interactions with doctors, nurses and other support staff as poor and unresponsive (Boshoff and Gray, 2004; Algılanan hizmet and Connor, 2003). In their studies, Demirel, Yoldas and Divanoglu (2009) found a positive and significant relationship between customers’ perception of service quality and their willingness to recommend the company.

In Germany the healthcare system has remained the same with German Statutory Health Insurance (national health insurance), (Brown and Amelung, 2001) view the German case as manacle competition, whereas Uwe Reinhardt counters that regulated competition is a more apt description. However, the puzzle is not the nature of competition but why German health policy continuously reinforces the status quo. Even though recent reforms have introduced competitive elements, they should not be mistaken as a crusade for market economics in health care. The guiding principles of German national health insurance
solidarity, decentralization, and non state operations have not changed but are complemented by a new layer of ideas.

Indeed, historical analysis is vital to cross-national health policy research. It allows us to sort out short-term from long-term factors, to pay attention to political factors, and to raise sensitivity to how concepts are bounded by particular cultures. (Bruce, 2012). Issues such as universal coverage, benefits, portability of insurance, and participation by physicians and hospitals are important in describing the German health care system but they are secondary to the history of power relations among the major stakeholders, agenda control, and the reinforcement of the structure of national health insurance at critical junctures in Germany’s tumultuous history. In contrast to political stability in post 1949 German democracy, the 14 years of the Weimar Republic (1918–1932) saw 21 cabinets. Yet even with the mega-inflation in 1923 and the financial crash in 1929, health financing was never turned into a tax-financed system; national health insurance remained stable, based on employer and employee contributions, even during this unstable time.

According to Ministry of Health Nigeria in 200, the federal government's role is mostly limited to coordinating the affairs of the university teaching hospitals, Federal Medical Centers (tertiary health care) while the state government manages the various general hospitals (secondary health care) and the local government focus on dispensaries (primary health care), which are regulated by the federal government through the NPHCDA. The total expenditure on health care as % of GDP is 4.6, while the percentage of federal government expenditure on health care is about 1.5%. Historically, health insurance in Nigeria can be applied to a few instances free health care provided and financed for all citizens, health care provided by government through a special health insurance scheme for government employees and private firms entering contracts with private health care providers. However, there are few people who fall within the three instances. Many countries in sub-Saharan Africa are unable to provide adequate quality and coverage of health services because of economic factors and dwindling resources. This has prompted many countries to advocate for decentralization as a key factor to drive health sector reforms with a view to maximizing the use of available resources in improving access and quality of health care services provided. (WHO 2000).

Improving the productivity and performance of health workers to ensure that quality healthcare is efficiently delivered continues to be a major challenge for African countries.
Human resources for health, consisting of clinical and non-clinical staff, are the most important assets of health systems (Tam, 2005). The performance of a health organization depends on the knowledge, skills and motivation of individuals. It is therefore important for employers to provide suitable working conditions to ensure that the performances of employees meet the desired standards. African countries are trying to improve the functioning of health care delivery systems to ensure that the populations they serve receive timely quality care.

According to South Africa health care report of 2010, healthcare varies from the most basic primary care offered by the government to specialized and hi-tech health services offered in both private and public hospitals. However the public sector is over resourced in some places while the state contributes about 40% of all expenditures on health, the public health centers are under pressure to deliver services to about 80% of the population. This inequitable distribution of resources has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of healthcare this is according to the article published by Media Club South Africa. Health care in Africa faces difficult challenges such as shortage of health workers, increased caseloads for health workers due to migration of skilled health personnel, and the double burden of disease and the HIV/AIDS scourge that affect both the general population and health personnel. Shortage/low motivation of health workers inadequate human resources have.

Kenya is a rapidly developing country with a clear outline of attaining a middle world country by the year 2030. The Kenya Vision 2030 is the national long-term development blue-print that aims to transform Kenya into a newly industrializing, middle-income country providing a high quality of life to all its citizens by the year 2030 in a clean and secure environment. One of the key pillars to attainment of the above is social, where the aim is to improve the quality of life of all Kenyans through human and social welfare.

Over the past 7 years, Kenya has witnessed industrial action from all cadres of the health sector. Doctors have gone on strike numerously; nurses are still streaming in from a 5 month industrial action, which is one of the longest standoff between the government of Kenya and any unionized group since independence. Fundamental issues of administration and organizational behavior such as transformational leadership, job satisfaction, organizational commitment and organizational trust have become increasingly important
for human resource management (HRM) functions in healthcare organizations and health systems. These organizational dynamics are vital in achieving higher performance for health professionals and increased quality of patient care. Thus, the hospital outcomes of quality of care and performance may be further explored by analyzing employee perceptions of their hospital administration within the transformational leadership framework, the levels of job satisfaction, organizational commitment and organizational trust of hospital employees, as well as the effects of such factors on employee motivation, productivity and effectiveness.

Maternal mortality rate still remains at over 500 deaths/100,000 live births while Infant mortality rate total 38.3 deaths/1,000 lives which remains at unacceptable high levels. These are direct indicators of poor healthcare, happening at the primary care giver level, this is despite the government spending heavily on training.

The primary healthcare givers include the medical doctors, nurses, lab technicians and clinical officers. These are the cadres that have been on industrial action cumulatively over one year in the past 5 years, all citing poor working conditions and poor remuneration.

The study aims at identifying the challenges that the primary care giver faces in service delivery. It will further evaluate, in accordance with the set norms, why we have same level hospitals providing totally different quality of care, and giving totally different outcomes by adopting a comparative research design comparing two same level health institutions but with different leadership strategies. It will compare a faith based level 5 hospital to a government level 5 hospitals. Data will be obtained from the primary care givers to the level of departmental heads in the two different institutions.

1.2 Statement of the Problem

Kenyan healthcare system can be categorized into three in relation to where the funding for the facilities is acquired. Public Hospitals are mainly funded by the Government of Kenya with minimal input from copay by the patients (Ministry of Health Republic of Kenya, 2011). Private hospitals are profit making facilities which charge the patients for all the services rendered thereby getting their revenues for operation of the hospitals and a profit out of the business. Another category of hospitals are managed by NGO’s, FBO’s and
Philanthropists mainly offer services at subsidized rates and most of the time caters for the underserved areas.

Previous experience in these facilities revealed a slow pace of service delivery in Public Hospitals which was not witnessed in other categories of the hospitals. A delay in offering services, frequent disputes between management and staff in relation to delayed payment of dues, inadequate working equipment and poor work environment formed part of disruptions of service delivery. These disruptions were not witnessed in private facilities as their operations were smoother and the process from admission to discharge had very minimal disruptions.

Previous studies done in this area identified poor state of healthcare services in most of the public healthcare institutions including major hospitals in Kenya which resulted in discontent among majority of the patients, high staff turnover and low morale among staff, which made it difficult to offer a 24 hour clinical service resulting in challenges with patients care and ballooning cost of operations due to inadequacies and inefficiencies (Owino and Korir, 2000). The result indicate that majority of patients therefore seek for alternative healthcare providers abroad and spread negative statements which further affect the growth and development of most of the healthcare institutions around the country (Tam, 2005).

The situation is further complicated due to patients’ perception of managerial and functional issues, which is perceived and interrelate with when seeking treatment such as internal processes, physical facilities, interactions with nurses, doctors and other support staff as somehow poor and not responsive in their study on the relationship between service quality, customer satisfaction and buying intentions which was done in private hospital industry (Boshoff and Gray, 2004) and attitude to the service quality; the gap in expectation (Algılanan, Hizmet and Connor, 2003).

Local studies done on service quality had focused on banking and public sector in general. For instance, Gachie (2008) investigated an evaluation of Service Quality focusing on Kenyan Commercial Banks, Momanyi, (2008) carried out a Survey of Service Quality Management Initiatives in the Public Sector focusing on case study of selected ministries in Kenya while Wambugu (2009) undertook a study on the influence of service quality on consumer preference in petroleum retailing in Thika District. There was no known study
that had focusing on investigating on the effect of leadership on the quality of healthcare provision provided in Kenya.

1.3. General objective

The general purpose of the study was to determine the effect of leadership on the quality of healthcare provision provided in Kenya.

1.4 Research Questions

The research questions for the study are:

1.4.1 To what extent does motivation influence job satisfaction among employees in healthcare institutions in Kenya?

1.4.2 How does sustaining an effective culture affect quality of health care provided in Kenya?

1.4.3 How does development of human capital affect quality of health care provided in Kenya?

1.5. Importance Of the study

1.5.1. Scholars.

The study would help the scholars gain insight knowledge on what factors affect the provision of quality health services in hospitals and what should be done to improve the situation. These findings would act as reference material for future studies in the same field.

1.5.2. Management policy makers

The findings of this study would be of significant value to the management policy makers in their policy formulation endeavors. It would give them insight on how various management policies influence the health workers performance. This would in turn enable them to implement management policy strategies that would enable them to motivate the health workers in providing quality services to the patients.
1.5.3. Government Health Officials
Also the findings of the study would be useful to the government health officials by equipping them with facts and knowledge necessary to ensure effective collaboration with other stakeholders in helping health service providers to work more efficiently. The key results of these findings would be seen in the lives of the beneficiaries who are patients and the nation at large.

1.5.4. Ministry of health
The findings and the recommendations of this study would assist the ministry of health to be able to come up with more efficient ways of improving the provision of health services in the facility and ensuring that quality health services are maintained at all costs.

1.6. Scope of the study
The study was carried out in Kenya hospitals. This study focused on the effects of leadership on the quality of healthcare provision provided in Kenya. The study examined how different leadership styles affect the primary care giver morale and how does leadership affect the interaction between the patient and the primary caregiver. The study targeted all the staffs of all the hospitals in Kenya working under the various departments.

1.7 Definition Of Significant Terms

1.7.1. Patients
A patient is a person who is a waiting or under medical care or treatment. (Bruce, 2012).

1.7.2. Hospital
A hospital is a healthcare institution that provides patients with treatment, it can be funded by a public sector or health organizations that are nonprofit for example churches or charitable organizations. (Tam, 2005).

1.7.3. Healthcare
This refers to prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions. (Tam, 2005).
1.7.4. Healthcare Service delivery

It defines the quality and availability of its healthcare and describes how and when it is delivered to the intended persons in need of healthcare both at the hospitals and at home. (Bruce, 2012).

1.8. Chapter Summary

This study was organized into five chapters; the first chapter is the introduction that gave a general overview of the research problem. This chapter further provides a background to the problem, a problem statement as well as the objectives and assumptions of the study. Literature that is relevant to this field of study is reviewed in chapter two to establish the factors affecting quality provision of healthcare services. Chapter three examined the methodology that was used to collect and analyze data. Chapter four dealt with data analysis, presentation, interpretation and discussions of the findings and lastly chapter five dealt with conclusions and recommendations as well as further proposed areas for research and contributions to the body of knowledge.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

2.2 Effects of Motivation on Job Satisfaction

Motivation is the capacity of the transformational leadership to inspire and encourage human beings to undertake the ideal behavior (Bass and Avolio, 1994). Within the conditions while transformational trade is being carried out in a corporation, the leader has the task of genuinely and continuously stimulating others to follow a new idea (Bass, 1987; Manteklow, 2011; Kelchner, 2013). Transformational leaders ought to, therefore, behave in a way that motivates and conjures up people. Such conduct consists of implicitly displaying enthusiasm and optimism, stimulating group work, pointing out high quality results, benefits, emphasizing targets and stimulating fans (Bass, 2000; Manteklow, 2011; Kelchner, 2013). This study in particular opinions shared vision and values, positive and enthusiastic speeches/talks and profitable loyalty and dedication because the factors that designate inspirational motivation among health care practitioners.

2.2.1 Vision Enunciation

Research into imaginative prescient is complicated by means of the fact that the idea isn't sincerely described inside the management and business method literature, with definitions ranging from a intention oriented intellectual construct (Seeley, 2002) to a force subject whose formative have an impact and leaders can use to create a power, no longer an area (Wheatley, 2009). Fending off the difficult definitional difficulty altogether, Baum, Locke, and Kirkpatrick (1998) define the time period vision as each chief defines it, arguing that it's miles the leader’s real vision that publications his/her choices and movements. Vision refers to an idealized image of the agency’s destiny. A vision need to be definitely described, achievable and jointly time-honored with the aid of all members of the team (Anderson and King, 1991).

Articulation of an interesting vision could be very crucial. Leaders need to color a bright photo of the essential effects of employees work yield and the way their performance efforts contribute towards meeting key strategic desires. Employees frequently need something
exciting and positive to purpose in the direction of, something with a view to motivate them to make investments their first-class efforts without direct supervision (Avolio and Bass, 2002).

Leaders are required to expand a destiny vision of the enterprise. That vision need to be shared and it ought to engage the followers which will encourage them. To encourage a vision into fans, the leaders must have a vision that heightens the fans' motivation and hobby, for that reason, it becomes easily shared, and similarly, the leaders have to inspire the fans to include the vision (Caza and Posner, 2014; Kouzes and Posner, 2007). Visions characterized by brevity, precision, abstractness, task, destiny orientation, stability and attraction or capability to encourage is directly predictive of greater consumer delight and circuitously predictive of superior body of workers pleasure (Williams-Brinkley, 1999). Developing such visions and speaking them is at once predictive of extended motivating conduct amongst save managers, in flip, this undoubtedly influences group of workers and patron pleasure (Baum et al., 1998; Sashkin, 2008; Sims and Lorenzi, 1992; Williams-Brinkley, 1999) as a consequence staff pleasure is proportionate to advanced performance.

Tabassi and Abu Bakar (2010) test a studies model in retail industry to analyze relationships among vision attributes and overall performance, as measured by using customer and group of workers satisfaction, in Sydney, Australia. The store supervisor and personnel elements are found to significantly impact retail SME overall performance. The organizational element isn't observed to have any big dating with retail performance. The look at via Tabassi and Abu Bakar (2010) informs this take a look at through displaying the various factors of vision articulation that influence overall performance. It is on this note that this study intends to establish whether the same applies in Kenya.

2.2.2 Optimistic Talk

Optimism is described as the inclination to expect the high-quality viable outcome for an event undertaken (Chang, 2002; Bunker and Wakefield, 2004). Therefore, positive and enthusiastic talks are speeches that are geared closer to motivating with an aim of accomplishing the pleasant feasible consequences (Chang, 2002; Bunker and Wakefield, 2004). An inspirational motivation leader spreading enthusiasm and optimism approximately a likely meeting the goals of the enterprise, demonstrates dedication to goals and shared vision, ultimately concerning fans in predicting the destiny kingdom of expectancies that they need to fulfill (Hinkin and Tracey, 1994).
Optimism is also a man or woman’s belief concerning high quality expectation now and within the destiny (Dangi and Shyam, 2015; Tyrer, 2014). The concept of optimism notes that a few people have a tendency to be favourable in their judgement regarding what they face. Therefore, individuals with higher degrees of optimism have a tendency to believe that accurate as opposed to awful matters will show up to them (Black and Reynolds, 2013; Youssuf and Luthans, 2010). Advantageous mental literature additionally presents optimism as positively associated with wonderful emotion, happiness, pride and overall performance (Luthans, Avolio, Avey and Norman 2007; Tyrer 2014). For instance, people with optimistic beliefs tend to showcase better ranges of expectation to their futures, generate extra active and adaptive coping talents to face their work-related issues, and are less probably to showcase avoidant methods to deal with issues, which might be useful to cause higher overall performance (Youssuf and Luthans, 2010).

Positive psychology literature has referred to that the positivity of the man or woman could make a contribution to better overall performance (Chen, Wu and Wang, 2015; West, Patera and Carsten, 2009). Individuals excessive in psychological optimism tend to generate effective paths and approaches to pursue their goals, show off higher expectation to the future, showcase extra self-belief to perform their obligations which would encourage them to interact in more efforts and assets to attain their obligations and for that reason cause more performance (Black and Reynolds, 2013; Dangi and Shyam, 2015; Luthans, Norman, Avolio and Avey, 2007). Transformational management concept argues that transformational leaders can also undertake the ways of inspirational motivation to inspire subordinates to pursue the appealing future and guide them to peer the bright side of destiny fulfillment (Colbert, Kristof-Brown, Bradley and Barrick, 2008; Shin, Kim, Lee and Bian, 2012) which would facilitate individuals’ moods and attitudes towards a higher degree of optimism.

Chen, Wu and Wang (2015) in their research on the effect of transformational management behaviors and mental optimism on subordinate overall performance in Taiwan’s tourism motel enterprise find out that inspirational motivation management behaviors are definitely associated with mental optimism and additionally to subordinate overall performance. Therefore, SME leaders who posit those tendencies help improve the employee performance thru motivation of the personnel. The studies by using Arham (2014) and Ayub and Rafif (2011) reveal a scope gap since they do not focus on Kenya.
2.2.3 Goal Achievement

A goal is a desired result that a person or a system envisions, plans and commits to gain (Creek & Lougher, 2008). Leaders should set clear goals and they need to involve their groups in this procedure and make certain that the desires are conceivable and sensible inside the required timeframe. The goals need to be communicated successfully to the team (Boddy, 2005; Mullins, 2007). The interactive and supportive attitudes of inspirational motivation leaders assist them to engage their fans in pursuance of their intention and to inspire them sufficient to show discretionary behaviors (Bass, 1985). Effectiveness of management measures the capability of leaders to provoke the followers closer to the collective desires (Ahmad, Abbass, Latif and Rasheed, 2014).

Experience has confirmed that initiative and suggestion are key factors for goal setting. in this manner, capable administrations are those that accomplish organizational goals (Day, 2008). Knowledge forecasting, coordination, and controlling features in a corporation are a crucial precondition for the successful accomplishment of organizational objectives, project, and vision (Blanchard, 2013). It’s always regarded that spurred and fulfilled people can guarantee the survival of an enterprise in a profoundly indeterminate environment (Hellriegel, et al. 2008). High or advanced worker overall performance is consequently associated with the management fashion implemented even as placing desires for the followers.

Inspirational motivation leaders inspire the fans via accepting demanding situations and also appearing as models for them; they encourage them to obtain desires efficiently. Inspirational motivation management permits a leader to give an explanation for the meanings of demanding situations that followers should face and to encourage them to attain most useful outcomes. A leader tells followers about destiny affairs and also makes them aware about the destiny dreams and imaginative and prescient of organization and commitment to its dreams (Ahmad et al., 2014). In line with Quick (1998), anybody has a distinct set of goals and can be prompted if he/she believes that there's a positive correlation among attempt and overall performance; powerful performance will bring about a pleasant reward; the praise will satisfy an vital need; and the preference to meet the want is strong enough to make an effort meaningful.

A dramatic boom in worker overall performance is found out whilst leaders effectively set dreams and carefully tie them to the business enterprise's universal approach (Jones, 2013).
The process of placing goals needs to be a collaborative one between an employee and his or her supervisor. Whether or not writing long or quick term goals, the maximum widely-used framework is wise. SMART approach that the goals are precise, Measurable, possible, applicable and Time-certain (Chhabra, 2013). For good overall performance to be attained, managers need to assign clear, unique, realistic and beneficial dreams (Moshal, 2009). Managers also need to be position fashions for advantageous performance (Robbins et al., 2008). In this example, they need to set and acquire hard desires for themselves too. however most importantly, they need to guide and express self-assurance of their subordinates' capacity to acquire the set desires (Sinek, 2014). A supervisor's advantageous expectation often sets the degree for better performance and creates a high quality affiliation many of the team participants (Tripathi and Readdy, 2013).

Researches have also proved that goal setting has a significant influence on organizational dedication, job delight and other work attitude index. within the research of intention setting, Locke and Latham (2004) point out that hard specific intention settings can result in excessive performance in comparison with placing no goals or setting the general aim (such as do your best), that kind of high performance can in flip encourage personnel to have better enthusiasm and initiative, and attempt revolutionary work mode. at the identical time, in the goal-setting, goal dedication and goal significance, these variables also are taken into consideration because the maximum important motivating factors. The importance of personal goals and expectancies for the aim and adherence are regularly important powers that enhance people’s paintings attitude, and while people experience a purpose is critical, they may obviously enhance the goal commitment, and lift the extent of organizational dedication and job pride (YU Bo, 2014).

While leaders set goals for his or her subordinates, they're predicted to steer the way and also manual their followers inside the fulfillment of the set goals (Chaleff, 2012). With this technique, many fans come to be very committed in making sure that the desires are efficaciously performed (Kelley, 2014). since the effective success of the dreams is synonymous with business enterprise performance and boom, because of this the leadership style applied is essential for employer survival (Northouse, 2014). It is important to be aware that for a leadership fashion to be powerful, it have to be healthy the expectancies of the followers, if not then it's going to affect the commitment of personnel.
2.2.4 Team Spirit

Team spirit means when a group of people work together cohesively, towards a common goal, creating a positive working atmosphere, and supporting each other to combine individual strengths to enhance team performance (Sutton, 2016). Recent studies have indicated that transformational leadership has positive effects on group effectiveness, such as increasing group motivation, efficiency, and performance (Cohen, Chang and Ledford, 1997; Walumbwa, Wang, Lawler and Shi, 2004).

For the maximum potential of a team to be reached, it is imperative for the leader to ensure that the team shares common goals. Mutual trust should be encouraged. The team members have to perceive the work environment as fair, reasonable and friendly. The leader will have to continuously foster relationship building and group behaviours by being a source of encouragement to the team. This will foster in-group solidarity. When conflict arises, it has to be mediated with reconciliation and humour. The gate-keeping role of a leader is critical in encouraging all members to participate (Mathafena, 2007).

Arslan and Staub (2013), state that teams have advantages over individuals in the sense that they lead to high employee performance. This is due to the fact that teams generate positive synergy through coordinated efforts. While using teams is an advantage, it is not appropriate where rewards are given according to individual employee performance (Khan, et. al, 2010). Manzoor, Ullah, Hussain and Ahmad (2011) have carried out a research on the effect of teamwork on employee performance. Specifically, the study examines the impact of teamwork on employee performance focusing on the staff members of the Higher Education Department of Khyber PakhtoonKhawa (KPK), Peshawar Province of Pakistan. The findings from the study clearly indicate that teamwork and other measures of staff performance are positively related to staff performance.

Musriha (2013) establishes that the effect of teamwork on job performance, the effect of work environment on job performance, and the effect of job satisfaction on job performance all have significant influences. Schaubroeck, Lam, and Cha (2007) examine the association between transformational leadership behavior and group performance. The results establish that transformational leadership has a positive effect on team performance through team potency.
In this regard, the current study is aimed at to determine whether vision articulation, optimistic talk, goal achievement and team spirit of inspirational motivation can result in to employee performance in the top 100 SMEs in Kenya. As we can see, most of the studies already done are foreign and are not done in Kenya therefore, their results are not generalizable to the Kenyan context. The following section is an analysis of the relationship between employee performance and intellectual stimulation.

According to Sundi (2013), inspirational dimensions indicate that respondents have the enthusiasm to carry out tasks because the leader has the ability to arouse the enthusiasm of subordinates and subordinates also are able to generate trust in the task. The leader also has the ability to convey important organizational goals to subordinates. Inspirational motivation is another component of transformational leadership that is examined in this investigation as an independent variable.

Shaubroeck, Lam, and Cha (2007) examine the association between transformational leadership behavior and group performance. The sample comprises 218 financial services teams which have branches both in Hong Kong and the United States. The researchers use team potency, team members’ general opinions about the capability of their team, as a mediation effect to measure the effect of transformational leadership on team performance.

Goctu and Goctu (2014) examine the level of transformational leadership behaviors that the Niko Nikoladze school principal demonstrates at school during his administrative practices on daily basis. Results reveal that school principals demonstrate high levels of characteristics of transformational leadership in terms of idealized influence, inspirational motivation, individualized consideration and intellectual stimulation behaviors. The research results show that particularly, the transformational leadership style affects the job satisfaction, performance, motivation and organizational commitment of teachers in a positive way. The survey method applies to 41 participants and is analyzed using the frequency method. The results reveal that school principals’ inspirational motivation behaviors are high. This study is done in the education sector and not in the health sector.

Juma and Ndisya (2016) examine the application of components of transformational leadership at Safaricom using a structured questionnaire and proportionate stratified sampling to collect data from a sample size of 109 respondents. The study establishes a positive relationship between inspirational motivation and staff performance. Respondents on average mostly agree with the presence of motivation to accomplish organizational goals
and objectives, support for team building, leader’s demonstration of the tasks employees should do, and assisting employees find meaning in their work. This means that the changes in the inspirational motivation have significant changes in employee performance such that when inspirational motivation increases, there is a similar increase in employee performance. The study recommends the organizational leadership should improve on its employees’ response in order to improve service to the company. Also, there should be further research on the effect of transformational leadership on financial performance on other communication service providers, government and the private sector (Juma and Ndisya, 2016). This study therefore seek to establish the relationship between motivation and job satisfaction in the health sector.

2.3 The Effect of Sustaining an Effective Culture on Quality Health Care

According to Ireland et al., (2016), organizational culture is a complex set of philosophies, signs and core values that are shared within the organization and that determines how its business is conducted. It is therefore critical for strategic leaders to comprehend that, whether the firm’s culture is functional or dysfunctional, their effectiveness is influenced by that culture. The work of strategic leaders and organizational culture has a reciprocal relationship that culture shapes the outcomes of their leadership while their leadership helps shape an ever-evolving organizational culture (Stevens, 2008). Therefore, strategic leaders are also affected by the organizational culture and their work in the organizations.

Culture determines how the organization conducts its business and it helps regulate and control employees’ behavior and perception, it is source of competitive advantage depending on its proactivity (Gupta Ireland, et al., 2013). According to Laforet, (2016) some organizational cultures operate in a heavy-handed and competitive manner with little room for deviations and little tolerance with the expression of discontent. It is critical to remember that cultural norms can transmit effective and healthy patterns of behaviour. Drucker (1997) argues that every organization has a culture that supports to profile and define the context in which an individual’s behaviour is perceived and evaluated.

The prominence a leader gives is influenced by the organization’s culture and the formal and informal reward systems that reinforce that culture. The most powerful factors are delicate and difficult to observe unless one is part of the system. The dominant rules that drive and enhance leader behaviour are often the unwritten and unspoken threads that are interfaced into the fabric of day-to-day life. Employees come to know these subtleties by
how they are rewarded or punished. The rewards and punishments are themselves often subtle and shape the behaviour and are most powerful when they are outside the leadership’s awareness (Drucker, 1997).

According to Daft (2015) organizational culture is at times referred to as corporate culture and can largely be classified into four types: adaptability, clan, mission, and bureaucratic. The adaptability culture is characterized by strategic focus on the external environment through flexibility and change to meet customer needs. The focus of a mission culture is on outlining the organization’s vision, purpose and goals. The bureaucratic culture has an internal focus and is thus best suited for stable environments. Lastly, the primary focus of the clan culture is on employee involvement and participation. Daft (2015), further submits that the appropriate type of culture for any organization embodies those characteristics which support the organization to be effective within the environment it operates. This agrees with Asby’s requisite variety law which states that only variety can absorb variety (Schwaninger, 2009). Since most of today’s organizations operate in fast-changing environments, organizational adaptability is considered key to high performance system design.

2.3.1 Market effectiveness

Laforet (2016) advances three dimensions of organizational culture to consider, that is: consumer orientation, service quality, and informality and innovation which are significantly associated with marketing effectiveness. The findings of studies by Heskett, et.al., (1994) are consistent with the results on successful service organizations, which established relationships between profitability, customer loyalty and employee satisfaction, loyalty, and productivity. More specifically, the study suggests that service organizations that value customer satisfaction by providing quality service and innovative ideas, and that value free communication within the organization, demonstrate more marketing effectiveness than those who do not treasure these values (Kraus, Craig, Dibrell & Stefan, 2012). These aspects are concerned with people and quality of service subsequently. Hence, top management in service companies should try to build up in their firms a team spirit characterized by a preoccupation with pride in the quality of the service provided with a focus to put heavy emphasis in motivating the individual employee to bring this into effect.

De Sivatte, Gordon, Rojo and Olmos, (2015), argues that while organizations that share the three sets of values are found to have a higher level of marketing effectiveness, it was the
first dimension of marketing effectiveness, marketing efficiency that is strongly associated with business profitability. It supports the assertion that service organizations that demonstrate superior profitability are also those that achieve higher marketing efficiency, and these companies are characterized by an organizational culture with identifiable corporate values that treasures consumer orientation, provision of quality services, free communication and innovation. Also, one aspect of organizational values puts emphasis on service quality which has a positive impact on profitability directly through itself and indirectly through its effect on effectiveness.

2.3.2 Innovation Performance

Previously, scholars have suggested that organizational culture is a determinant of private organization innovativeness (Naranjo-Valencia et al., 2011). They have also claimed that private firms profit from their organizational culture, which tends to have fewer issues with principle agent problems and reduced reliance on formal controls and coordination. These traits make private organizations a more efficient innovator taking cognizance of the effects of organizational innovation (Kraus et al., 2012). However, there has been little research that examines the influence of organizational culture on the innovation process of private organizations, and the issue to grapple with is which family cultures would bring about innovation and which would hinder it. The study focused on which type of organizational culture lead to high innovation performance in private enterprises.

Craig et al., (2014), suggests that pro-activeness influences private firms’ innovation output and from the study the findings show that an externally oriented family business culture has a positive effect on private firms’ innovation performance, an externally oriented organizational culture refers to market orientation, firm’s adaptability and interaction with the external environment. In the case of family firms, this includes interacting with customers, competitors, suppliers, stakeholders and non-family employees. Furthermore, the findings show that an open private business culture has a positive effect on private firms’ innovation performance (Laforet, 2016). In contrast, a paternalistic and a founder culture do not have a positive effect on private firms’ innovation performance. This finding tends to concur with research which suggests the later-generation CEO influence higher innovation output than the founder CEO (Duran, Kammerlander, van Essen, & Zellweger, 2015). A paternalistic culture is synonymous with a closed culture, with this culture the firm is not able to foster change and generates value over time (Chirico & Nordqvist, 2010).
also one of the conditions for innovation. The founder culture would increase the private firm inward focus culture (Zahra et. al., 2004) and impedes innovation.

The findings also show that a flexible and a long-term oriented family business culture have a positive effect on family firms’ innovation performance. A flexible organizational culture emphasizes teamwork, including explicit practices, employee empowerment and change, through commitment to training and utilization of technology. Generally, literature suggests that private firms are not very flexible, as by their nature they are often very attached to tradition, culture and family values. There may be resistance to new ideas and change, and they may prefer to work within the family guidelines instead (Alderfer, 1988).

Kellermans and Eddleston (2006) submit that private firms can increase corporate entrepreneurship, including innovation, by pursuing organizational change and exploiting opportunities as well as by recognizing technological opportunities. Although change could be a threat to private firms’ status quo, it is a necessary condition for organizational innovation performance in private firms. Studies show that empowering employees and connecting with others or involving others including, non-family employees positively affect organizational innovation performance. This is the same with non-family firms where past studies also show that employee empowerment increases ability to innovate (Çakar & Ertürk, 2010).

In terms of practical implications, family organizations need to be mindful of their own cultures and practices, and try to adopt or be aware of those that can contribute positively to their innovation success or performance (Laforet, 2016). Generally, it is difficult to measure organizational culture through a quantitative approach as it is instilled in individual’s beliefs, values and perceptions, a qualitative research methodology would have complemented the quantitative approach used in this study.

2.4 The Effect of Development of Human Capital

Knowledge attracts superior intellectual skills to individuals, thus considering their productivity and efficiency potential to develop activities according to the human capital theory (Lemieux, 2006). Earlier researches have demonstrated that the variables of human capital and social capital are consistently positively correlated with organizational performance (Dimov & Shepherd, 2005).
According to Felício, Couto and Caiado, (2014), an assessment of how organizational performance is designed, is critical to comprehending how to gauge the success of organizations, recognizing the fundamental role of the cognitive ability of the top executive. The other factors of human capital and social capital are critical in proving building blocks for success but do not directly control organizational performance. Key components like job experience, management experience and prior entrepreneurial experience are associated to organizational action (Dimov and Shepherd, 2005).

An organization’s management team must take cognizance that modern institutions change so fast that everything is dependent on its human capital adaptability (Kamukama, Ahiauzu & Ntayi, 2010). This implies that even boards’ performance of their roles is dependent on the human capital residing in people in the organizations. It confirms how central the role of human capital is to the success of the organization.

An organizations’ human capital is the most important resource of sustained competitive advantage (Hitt et al., 2016) and therefore investments in the human capital of the workforce may increase employee productivity and financial results. Different perceptions have been advanced by researchers that human capital, is the knowledge, skills and abilities as possessed by organizational employees (Felfcio, Couto and Caiado (2014). As a consequent, Ployhart, van-Ikkekinge and Mackenzie (2011) argues that the dimension and reporting of human capital stock, flow and quality is essential to the effective management of the critical resource (Beattie & Smith, 2010). Managers who have appropriate aptitude of organizational human resource often makes informed decision to leverage the knowledge, skills and abilities of employees to get a competitive advantage. Universities need capable and competent leaders to manage human capital as many studies have demonstrated to improve performance.

Huselid and Becker (2011) submits that a sustainable competitive advantage is achievable when, organizations adopt the best human resource practices to manage their valuable and talented employees. High-performance human resource practices is a management approach that integrates different set of HR management practices to improve business performance and Gurbuz, (2009) adds that, it is also known as best HR management practices and progressive HR management.

although there is no consensus about high-performance, HR practices have been used by majority of researchers as high-performance HR practices: extensive training (Wei, Han & Hsu, 2010), performance management (Huselid & Becker, 2011; Posthuma, Campion, Masimova & Campion, 2013), performance appraisal (Posthuma et al., 2013), performance-based compensation (Gupta & Singh, 2010; Gurbuz, 2009; Huselid & Becker, 2011; Wei et al., 2010), empowerment (Gupta & Singh, 2010; Gurbuz, 2009) and competency development (Gupta & Singh, 2010).

The last decade witnessed more than 30 studies which have explored the relationship between different HR practices and business performance in the organizations (Choi & Lee, 2013). Most of the studies have been conducted in developed as well as developing countries (Choi & Lee, 2013; Wei & Lau, 2010). At the same time, very little attention has been paid to high performance HR practices especially in the knowledge industry such as the telecommunication sector. It should be noted that few scholars have explored on the impact of four HR practices (selective hiring, strategic training, participation of the employees in decision-making and contingent compensation) on business performance through organizational performance and learning (Lopez et al., 2005). The high performance of HR in organizations is only sustainable through a progressive transformational management outfit which is strategic leadership to create change in the fortunes based on the objectives and goals.

According to Standa (2007) visionary and creative leadership is critical to the transformation of higher education. Further, it is noted that reforming leadership, governance and management systems of each institution should take precedence and recommended that administrative and management structures of the universities should be evaluated and restructured to create efficient, effective, responsive and functional structures to avoid wastage of resources, duplicated responsibilities and overlapping mandates where members of different levels are members at next level and to institute checks and balances. Good governance creates partnerships and participation to represent proactivity. Choi and Lee (2013) adds that the authority to make decisions should be delegated to operational units (schools, institutes and departments). These operational units should be strengthened to facilitate the discharge of their functions effectively. The hiring of deans, directors of institutes, heads of departments, administrators and managers for the operational units should be done competitively at all levels and remuneration be pegged to competence and performance.
Breakwell and Tytherleigh, (2010) found evidence for the importance of vice chancellors’ characteristics for institutional performance to be limited but support the notion that whilst the performance of a university may be molded by the characteristics of its leader, most of the variability in university performance is explained by non-leadership factors. Many scholars attest to this fact because VC’s should be all rounded managers of the university (Wei & Lau, 2010). According to Absar, Nimalathasan and Jilani (2010), business performance is dependent on the skill, knowledge and experience of the employees. Efficient and unique human pool helps the organization to achieve this goal through resource utilization effectiveness, innovation, employees and customers’ satisfaction and better quality of products or services.

According to Nel and Beudeker (2009), human capital is the totality of competencies within the entire workforce in terms of knowledge and skills. Strategic leaders view organizational workforce as a crucial resource and forms the building block on the core competencies through which competitive advantages are exploited successfully. Significant investments will be obligatory for the organization to stem full competitive advantages from its human capital in the global economy. Economists contend that these investments are critical to strong long-term growth in modern economies that depend on knowledge, skills and information technology.

Consistent research and systematic work on the productivity of knowledge and workers, enhances the organizations’ ability to perform successfully. Employees appreciate the opportunity to learn continuously and feel greater involvement with their community when encouraged to expand their knowledge base. Developing employees result in a motivated and well educated and skilled workforce adds to organization success Nel and Beudeker (2009).

2.4.1 Signals
According to Lin, Huang, Du and Lin (2012), the development of human capital serves as an indication that links relevant data to shareholders and influence market performance. The human capital discovery delivers important communications to employees and improves operations and financial performance. The mechanism and effects on different signal receivers is critical as contained in the application of the signaling theory and stakeholder theory as human capital disclosure under large organizational context has more costs. This in effect reduces the positive association between human capital disclosure and
organizational performance. Lin et al., (2012) on the other hand suggests that, the collective improved has positive feedback effect on the firm’s knowledge intensity. Organizations engaged in intellectual competition achieves improved performance by revealing human capital information as the intensity grows in a curvilinear format.

According to Lin et al., (2012), the existing research on corporate governance and data revelation by drawing the attention from experiences of disclosure to the disclosure-performance association. The results include: suitable revelation of organizational human capital data leads to performance inferences. The results resonate with the forecasts after the signaling perception and practically demonstrate the effects of disclosing organizational human resource features. This outlines the positive and negative boundary circumstances of the signaling effects. As organizational scope grows, the cost and efforts dedicated to achieving data equilibrium between stakeholders is normally demanding. Moreover, companies with high knowledge strength, revealing human capital data often become more prolific in performance.

2.4.2 Managerial Implications

According to Lin et al., (2012), several critical managerial practices are highlighted: the first one is that, organizations can benefit from suitable dissemination of human capital related data to stakeholders. The organizational leaders should be involved in proper execution of human capital activities, to monitor critical human capital indicators, to present and access relevant data. With better quality data given to stakeholders about the human capital within the organization, better understanding of the unseen gem of the institution is exposed. Additionally, given that organizational complexity can decrease the positive effect of human capital revelation, managers should apply innovative effective actions and technologies to prepare and disseminate human capital data. To demonstrate this, e-HR system can play a critical role in balancing unnecessary costs and data disclosure to improve processes.

Yen (2013) affirms that human capital is the simplest and vital component to organizational overall performance. Groups should domesticate high best human capital instead of treating employees as liabilities. For the banking enterprise, the higher the human capital, the more the innovative skills are available. Yen (2013) further established that the composition of human capital will fluctuate as per the numerous goals. For instance, at the person stage, know-how, schooling, capabilities, and abilities are the maximum important factors in
human capital. In contrast, at the organizational stage, leader characteristics along with open-mindedness and execution of a firm’s human capital are more significant than the conventional know-how, abilities and abilities. Groups ought to perform suitable schooling and academic applications to help build capacities of key employees at diverse managerial levels. If modern functionality is appeared as an aggressive gain, human capital is worthy of recognition as an critical supply of aggressive gain.

The relationships and influences between innovative capability and organizational overall performance primarily based on carrier industry, shows that banking firms pay extra attention to building incremental progressive capability relative to radical innovative functionality (Yen, 2013). The theoretical exploration famous human capital as a key critical indicator to organizational overall performance. but, there is no ideal clarification concerning how human capital affects organizational overall performance. The proposed schemes might provide an explanation for how human capital influences organizational overall performance. Therefore, the higher the extent of revolutionary functionality in center personnel is, the more likely they are to produce new services or products. Because the creation of new products or services, companies boom marketplace penetration fee, which ultimately influences organizational overall performance.

The literature suggests that innovation is dependent on the capacity of employer contributors to trade and integrate existing data, understanding and ideas (Kogut & Zander, 1996). Consequently, managers in an enterprise must have interaction in teamwork and create favorable social relations for expertise sharing and change. Managers and practitioners of human resource management structures ought to adopt problematic technologies to broaden knowledge management systems and to enforce new regulations for enhancing man or woman motivation to proportion know-how (Lin et al., 2012).

The attainment of a more comprehensive performance analysis, requires a balanced scorecard developed by Kaplan and Norton (2001) which is also used by practitioners to measure business performance with respect to financial, customer, internal business process and learning and growth.

2.4.3 Experience

According to Felício, et al., (2014), the greater the experience of managers in leadership and conducting businesses, the better the contribution to the development of improved
personal relationships with organizations. Therefore, it promotes and contributes to better capacities of strategic decision and communication results from management ability, perception of risk and taking advantage by seizing opportunities. Additionally, it is reflected in the ability to develop personal collaborations of solidarity, trust and understanding by ameliorating weaknesses. There is evidence that organizational performance is strongly influenced by better communication and strategic decision capacities of the manager based on the findings.

According to Ireland, et al., (2013), the formal personal relationships that provide conditions of social status for managers is further developed by strong bonds of informality in social networks. Finally, the study presents a critical contribution to the literature by demonstrating the interrelationship and influence of human capital on social capital. It further supports a better comprehension of the influence of intellectual skills on business success. Further, it makes significant contributions to management by providing evidence on the effect of the professional talents of managers, their experience in the development of formal social relations and involvement. Success of organizations depends on competent and capacititated human capital as a critical resource.

2.5 Chapter Summary

This section presented the literature review in line with the specific research questions of the study which sought to establish what extent motivation influence job satisfaction among employees in healthcare institutions in Kenya, how does sustaining an effective culture affect quality of health care provided in Kenya and how does development of human capital affect quality of health care provided in Kenya. The next chapter presented the methodology to be applied in the study.
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains in depth the research methodology that was used in the study. It describes and elucidates the research philosophy, research design, target population, sampling procedures and sample size, research instruments, data collection and analysis procedures the study adopted.

3.2 Research Design

Cooper and Schindler (2014) asserts that research design is a plan and structure of investigation conceived to obtain answers to research questions. The plan is the overall scheme or program of the research. It expresses both structure of the research problem that is the framework, organization, or configuration of the relationships among variables of a study and the plan of investigation used to obtain empirical evidence on those relationships.

The study adopted a descriptive correlational research design which determines if two variables are correlated. This therefore implies whether an increase or decrease in one variable corresponds to an increase or decrease in the other variable. This design helped provide answers to the questions of who, what, when, where, and how associated with the research problem in the study. It determined whether there was a linear relationship between the independent and dependent variables. Descriptive research was used to capture data concerning the status of a phenomenon and to label what exists with respect to variables or conditions in a situation. The descriptive research mainly aims at providing an accurate and effective representation of the variables that are relevant to the research questions (Creswell, 2014).

According to Creswell (2014) research design is an approach to inquiry that combines or associates both qualitative and quantitative forms. It is more than simply collecting and analyzing both kinds of data, it also involves the use of both approaches so that the overall strength of a study is greater than either qualitative or quantitative research. The correlational approach is effective in enabling researchers to accomplish the study objectives of description and prediction (Creswell 2014; Creswell & Clark, 2009). Often multiple variables are used in correlational studies to improve the researches’ ability to make predictions (Christensen, Burke & Turner, 2014). The correlational method is
preferred for this study because of a wide range of variables and their interrelatedness (Creswell, 2014). The design was deemed suitable because this study focused on establishing the effects of motivation influence, culture, and human capital (independent variable) on health care quality (dependent variable).

3.3 Population and Sampling Design

3.3.1 Population of the study

Saunders, Lewis and Thornhill (2016) advances that, population refers to the total collection of elements about which the researcher wishes to make inference. It is the universe of people, place or things to be investigated. The target population for this study included all the Medical superintendent, Deputy medical superintendent, Heads of department, Consultants, Pharmacist, Medical officers, Clinical officers, Nurses, Pharmacy technologist, Laboratory technicians, Physiotherapist, Occupational therapists and Support staff at Mama Lucy kibaki hospital and North kinangop Catholic church Hospital. The total population for the study was therefore 461 as shown in Table 3.1.
Table 3.1 Study Population

<table>
<thead>
<tr>
<th></th>
<th>Mama Lucy kibaki hospital</th>
<th>North kinangop Catholic church</th>
<th>Total Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical superintendent</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Deputy medical superintendent</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Heads of department</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>2.8</td>
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<tr>
<td>Consultants</td>
<td>13</td>
<td>6</td>
<td>19</td>
<td>4.1</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td>3.5</td>
</tr>
<tr>
<td>Medical officers</td>
<td>32</td>
<td>8</td>
<td>40</td>
<td>8.7</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>18</td>
<td>22</td>
<td>40</td>
<td>8.7</td>
</tr>
<tr>
<td>Nurses</td>
<td>68</td>
<td>46</td>
<td>114</td>
<td>24.7</td>
</tr>
<tr>
<td>Pharmacy technologist</td>
<td>25</td>
<td>7</td>
<td>32</td>
<td>6.9</td>
</tr>
<tr>
<td>Laboratory technicians</td>
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<td>8</td>
<td>25</td>
<td>5.4</td>
</tr>
<tr>
<td>Physiotherapist</td>
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<td>4</td>
<td>12</td>
<td>2.6</td>
</tr>
<tr>
<td>Occupational therapists</td>
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<td>7</td>
<td>14</td>
<td>3.0</td>
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<tr>
<td>Support staff</td>
<td>76</td>
<td>56</td>
<td>132</td>
<td>28.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>287</strong></td>
<td><strong>174</strong></td>
<td><strong>461</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

3.3.2 Sampling Design

3.3.2.1 Sampling Frame

Cooper and Schindler (2014) refers to sampling frame as part of statistical practice concerned with the selection of individual observations intended to produce some knowledge about a population of concern, especially for statistical inference. It is the list of elements from which the sample is drawn. Sampling is widely used for gathering information about a population. Basically, the idea of sampling is by selecting some elements in a target population. It therefore means that selecting a given number of subjects from a defined population as a representative of that population (Orodho 2009). For this study, the sample frame was made up of Medical superintendent, Deputy medical superintendent, Heads of department, Consultants, Pharmacist, Medical officers, Clinical officers, Nurses, Pharmacy technologist, Laboratory technicians, Physiotherapist,
Occupational therapists and Support staff at Mama Lucy kibaki hospital and North kinangop Catholic church Hospital.

3.3.2.2 Sampling Technique

The process of selecting units from a population of interest with the intention of using the results to draw conclusions about the population from which they were chosen is referred to as sampling. Cooper and Schindler (2014) asserts that a sample is a smaller but representative group of the total population carved out to determine the information under investigation. Sampling is done because it optimizes the use of resources and eases the process because from a smaller group, similar insights can be generated about the total population through projective techniques (Field, 2005). The study adopted a stratified random sampling technique population.

3.3.2.3 Sample Size

The study recognized that the total target population for the study was 461. The study adopted a stratified random sampling technique population. Kerlinger (1986) indicates that a sample size of 10% of the target population was large enough so long as it allows for reliable data analysis and allows testing for significance of differences between estimates. Mugenda and Mugenda (2003) also consider a sample of 10% to be representative of the total population. Mugenda and Mugenda (2003) points out that stratified sampling method ensures selection of sub-groups which otherwise would be omitted entirely by other compiling methods due to their small numbers considered. For this study

Sample size = \((Z_{0.2})^2 \times P(1-P)\)

\(E^2\)

Where: \((Z_{0.2}) = Z\) value (2.58=99%; 1.96= 95%; 1.645=90% confidence level)

In this case 1.96 used.

\(P = \) percentage proportion of choice (10% used for sample size needed)

\(E = \) margin of error (5%)

Going as per the stated assumptions the sample size will therefore be:
Sample size  =  \frac{(1.96)^2 \times 0.1 (1 - 0.1)}{0.05^2}

= 3.8416 \times 0.09 \div 0.0025

Sample size  = 138.2976  =  138 Respondents

**Table 3.2 Sample size distribution**

<table>
<thead>
<tr>
<th>Total Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical superintendent</td>
<td>1</td>
</tr>
<tr>
<td>Deputy medical superintendent</td>
<td>1</td>
</tr>
<tr>
<td>Heads of department</td>
<td>4</td>
</tr>
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<td>Consultants</td>
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<tr>
<td>Pharmacist</td>
<td>5</td>
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<tr>
<td>Medical officers</td>
<td>12</td>
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<tr>
<td>Clinical officers</td>
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<td>Nurses</td>
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<td>Laboratory technicians</td>
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<tr>
<td>Physiotherapist</td>
<td>4</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>4</td>
</tr>
<tr>
<td>Support staff</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>138</td>
</tr>
</tbody>
</table>

**3.4 Data Collection Methods**

According to Cooper and Schindler (2014), primary data is an original data collected in relation to a specific research objective. Both primary and secondary data was used where primary data was collected by use of structured questionnaires and observations and secondary data was drawn from literature review of studies done in the area. The main tool for data collection was questionnaires, preferred because it possesses a high rate of response.
and that the respondents can respond to the questions in the questionnaires simultaneously hence saving time. The questionnaire was closed ended and a five-point Likert scale was used to measure the answers of the respondents in the second part of the tool. Under each research question, there was two sub subsections. In the first subsection, a scale of 1-5 was used to gauge the extent to which respondents agreed or disagree with the given statements on health quality. The scale ratings was as follows: 1= Strongly Disagree, 2 = Disagree, 3= Neutral, 4= Agree and 5 = Strongly Agree. The second sub-section was if the respondent had any other additional information. The questionnaires assured respondents’ confidentiality because they answer questions individually.

3.5 Research Procedures

The research procedures for this study included the questionnaire as the main data collection tool developed by the researcher based on the research questions. The researcher obtained permission from the University Research Office and a consent from the target universities which the study is carried out. A pilot study was conducted to test how reliable and suitable the data collection tool is. Thereafter, research assistants were selected and trained for the collection of data including the general administration of the final questionnaires. The questionnaires were given to the respondents by the research assistants. To ensure that a high response rate is attained, telephone follow up was made and the research assistants then picked the questionnaires after they have been filled up by the respondents.

According to Orodho (2009) piloting ensures clarity and efficiency of instruments before the real study is carried out. Piloting was done to indicate whether the type of data collected would be meaningfully analyzed in relation to the stated objectives and questions. This enabled the researcher to modify, restructure and exclude any unclear items. Two universities formed the pilot and thus did not form part of the final data collection where, board members, heads and departments and deans were sampled. The pilot study results were used to improve and strengthen the data collection instrument where revisions to some items in the questionnaire was made.

Research assistants were involved in the data collection where they were required to administer the questionnaires to the respondents and collect the filled questionnaires within one week under supervision. The respondents were assured of confidentiality where no
names were written. The researcher assures them that the information they give would be treated with strict confidentiality. This is hoped to partly contribute to high response rates. The researcher administered the instruments with the help of research assistants who had undergone training in data collection beforehand. Confidentiality and anonymity played a significant role in terms of obtaining access to respondents. It is also crucial to underscore that no respondents was asked to give their names because such questions would be outside the framework or the purpose of this study. Further, the researcher avoided all forms of plagiarism, and this was enhanced by subjecting the proposal to ‘safeassign’ software that checks the similarity index (plagiarism).

3.6 Data Analysis Methods

Both quantitative and qualitative data was collected using questionnaires and observation respectively. Data from the questionnaires was coded and cleaned using SPSS. It was then analyzed by use of descriptive statistics (percentages, means, and standard deviation) and inferential statistics (correlations and linear regression) which was used to determine whether there was significant association/linear relationships between the predictors and the outcome variable.

The study used inferential statistics to help describe the relationship between the study variables. The inferential statistics methods that was applied in the study included factor analysis, correlation analysis, Chi square, one way ANOVA and regression analysis.

Correlation analysis was use in the study to show the relationship between each of the independent variable with the dependent variable. The correlation analysis was conducted using the Pearson correlation analysis which show the strength and direction of the relationship between the variables. A multiple linear regression was also be done

where

\[ Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \]

\( y = \) is the health care quality

\( \beta_i = \) is the coefficient of each of the independent variables

\( X_i = \) are the independent variables namely; effects of motivation influence, culture, and human capital
3.7 Chapter Summary
This chapter has discoursed and examined the methodology of the study, the research philosophy, the research design, population, sampling design, sampling frame, sampling techniques, sample size, data collection methods, research procedures and data analysis methods. The next chapter four focused on results and findings of the study.
CHAPTER FOUR

4.0 RESULTS AND FINDINGS

4.1 Introduction

The findings of the study are analysed, presented and discussed based on data collected from the respondents as per the research questions. The chapter also presents results on demography; gender, education level, current position, years worked in the health sector, and years worked in the organization.

4.1.1 Response Rate

A total of 100 questionnaires were issued but only 92 were filled and returned. This gives a response rate of 92% as shown in Table 4.1.

Table 4.1: Response Rate

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filled and returned</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Non-response</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

4.2 Demographic Information

4.2.1 Gender

Analysis of the respondents’ gender revealed that male represented 52% with female only representing 48%. As indicated in Figure 4.1, there was a balance between genders in the response rate, thus impartiality in regard to gender.

Figure 4.1: Gender
4.2.2 Education

Analysis of the respondents’ education levels revealed that certificate holders accounted for 20%, Diploma holders were accounted for 26%, while those with Degrees were 35%, and Masters degree holders representes 14%, and Doctorate degree had 5% representation as indicated in Figure 4.2. This implied that hospitals had employees with the right education.

![Education Chart]

Figure 4.2: Education

4.2.3 Position

Analysis of the positions revealed that Nurses and support staff were the major respondents accounting for 24%, Medical officers were 10%, Clinical officers represented 11%. The least represented were Medical superintendent and deputy medical superintendent who accounted for 1% as shown in Table

Table 4.2: Position

<table>
<thead>
<tr>
<th>Position</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical superintendent</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Deputy medical superintendent</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Heads of department</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Consultants</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Medical officers</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Nurses</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>Pharmacy technologist</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Laboratory technicians</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Support staff</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100</td>
</tr>
</tbody>
</table>
4.2.4 Years at the Institution

Analysis of the years worked in the health centres revealed that those who had worked below 5 years were 18%, those who had worked for 6-8 Years were 39%, and on the other hand respondents who had 9-11 years experience were 23%, while those who had worked for over 12-14 years were 13%. In addition, respondents with over 15 years experience represented 7%. This implied that respondents had enough knowledge of the industry.

![Histogram showing years at the institution](image)

**Figure 4.3: Years at the Institution**

4.3 Quality

The first objective sought to determine the quality of healthcare provision provided in Kenya. Respondents were asked to rate their opinion based on a scale of 1-5 where 1-Strongly disagree 2-Disagree 3-Moderate 4-Agree 5- strongly agree.

4.3.1 Descriptive on Quality

The results revealed that respondents agreed that the hospital is keen on motivating faculty/staff. 4.51, the hospital is keen on ensuring customer satisfaction 4.35, currently the hospital has a strategy to increasing employee productivity 4.35, the hospital meets its financial requirements 4.16, the organization does regular satisfaction surveys 4.16, the rules on promotions are clearly defined in the hospital 4.15, the facility has policies and regulations regarding its quality assurance 4.00 and the hospital has systems compliant to policy and regulations 3.83. As shown in Table 4.3.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>17</td>
</tr>
<tr>
<td>6-8 years</td>
<td>36</td>
</tr>
<tr>
<td>9-11 years</td>
<td>21</td>
</tr>
<tr>
<td>12-14 years</td>
<td>12</td>
</tr>
<tr>
<td>Over 15 years</td>
<td>6</td>
</tr>
</tbody>
</table>
Table 4.3: Descriptive on Quality

<table>
<thead>
<tr>
<th>variable</th>
<th>MEAN</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital I currently work in meets its financial requirements</td>
<td>4.16</td>
<td>1.062</td>
</tr>
<tr>
<td>The hospital I am currently under is keen on ensuring customer satisfaction</td>
<td>4.35</td>
<td>1.104</td>
</tr>
<tr>
<td>My hospital is keen on motivating faculty/staff.</td>
<td>4.51</td>
<td>0.763</td>
</tr>
<tr>
<td>Currently my hospital has a strategy to increasing employee productivity</td>
<td>4.35</td>
<td>0.748</td>
</tr>
<tr>
<td>The hospital I work in has systems compliant to policy and regulations.</td>
<td>3.83</td>
<td>0.689</td>
</tr>
<tr>
<td>The facility in my hospital has policies and regulations regarding its quality assurance</td>
<td>4.00</td>
<td>0.812</td>
</tr>
<tr>
<td>The rules on promotions are clearly defined in the hospital I work in.</td>
<td>4.16</td>
<td>0.684</td>
</tr>
<tr>
<td>There are regular satisfaction surveys done in my current organization on the contributions to the firm</td>
<td>4.15</td>
<td>0.694</td>
</tr>
</tbody>
</table>

4.4 Motivation and Job Satisfaction

The first objective determined to what extent does motivation influence job satisfaction among employees in healthcare institutions in Kenya? Respondents were asked to rate their opinion based on a scale of 1-5 where 1- Strongly disagree 2-Disagree 3-Moderate 4-Agree 5- strongly agree.

4.4.1 Descriptive on Effects of Motivation on Job Satisfaction

The results established that respondents strongly agreed that mission and vision define the focus of the institution 4.50. It was also revealed that respondents agreed that there are clearly defined strategies that support the mission, vision and service delivery in the hospital 4.35, employees are satisfied with their job, because the supervisor ensures equitable allocation of work to each staff 4.34, the hospitals vision and mission are clear to the employees 4.00, the hospitals mission and vision are appealing to employees in working towards realizing them 3.86, the supervisor articulates a compelling vision for the future
3.85, the supervisor expresses confidence that goals will be achieved 3.84, the supervisor talks optimistically about the future 3.67 and employees perform their work effectively because the officer in charge helps them develop their competence 3.54. However, respondents could not reach an agreement on the hospital have vision and mission that are realistic in light of its resources 3.16. In addition respondents disagreed that employees supervisor talks enthusiastically about what needs to be done 2.83, employees put extra effort in their work because their supervisor appreciates their individual effort 2.66. As shown in Table 4.4.

Table 4.4: Descriptive on Effects of Motivation on Job Satisfaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>MEAN</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital I am attached to has vision and mission that are realistic in light of its resources</td>
<td>3.16</td>
<td>0.684</td>
</tr>
<tr>
<td>The hospitals vision and mission are clear to the employees</td>
<td>4.00</td>
<td>0.574</td>
</tr>
<tr>
<td>The mission and vision of my current hospital define the focus of the institution</td>
<td>4.50</td>
<td>0.763</td>
</tr>
<tr>
<td>There are clearly defined strategies that support the mission, vision and service delivery in the hospital</td>
<td>4.35</td>
<td>1.104</td>
</tr>
<tr>
<td>The hospitals mission and vision are appealing to employees in working towards realizing them</td>
<td>3.86</td>
<td>1.075</td>
</tr>
<tr>
<td>My Supervisor articulates a compelling vision for the future</td>
<td>3.85</td>
<td>0.694</td>
</tr>
<tr>
<td>My Supervisor talks optimistically about the future</td>
<td>3.67</td>
<td>0.471</td>
</tr>
<tr>
<td>My Supervisor expresses confidence that goals will be achieved</td>
<td>3.84</td>
<td>0.684</td>
</tr>
<tr>
<td>My Supervisor talks enthusiastically about what needs to be done</td>
<td>2.83</td>
<td>1.065</td>
</tr>
<tr>
<td>I perform my work effectively because the Officer in charge helps me in developing my competence</td>
<td>3.54</td>
<td>0.818</td>
</tr>
<tr>
<td>I put extra effort in my work because my supervisor appreciates my individual effort.</td>
<td>2.66</td>
<td>0.745</td>
</tr>
<tr>
<td>I am satisfied with my job, because the supervisor ensures equitable allocation of work to each staff.</td>
<td>4.34</td>
<td>0.745</td>
</tr>
</tbody>
</table>

4.4.2 Regression Analysis of Motivation on Job Satisfaction

The researcher investigated the relationship between motivation and quality. Findings revealed that R² value was 0.329, thus, 32% of the variation in quality was explained by motivation. Results are shown in Table 4.4.
Table 4.5: Model Summary of Motivation Influence on Job Satisfaction

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
<th>R Square Change</th>
<th>F Change</th>
<th>df1</th>
<th>df2</th>
<th>Sig. F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.574a</td>
<td>0.329</td>
<td>0.322</td>
<td>0.29412</td>
<td>0.329</td>
<td>44.201</td>
<td>1</td>
<td>90</td>
<td>0.0000</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), motivation

The study did an ANOVA analysis between motivation and quality at 95% confidence level, the F critical was 44.201 and the p value was (0.000) therefore results indicated that findings are significant. Results are shown in Table 4.5.

Table 4.6: ANOVA of Motivation Influence on Job Satisfaction

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.824</td>
<td>1</td>
<td>3.824</td>
<td>44.201</td>
<td>.000b</td>
</tr>
<tr>
<td></td>
<td>7.786</td>
<td>90</td>
<td>0.087</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11.609</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: quality

b. Predictors: (Constant), motivation

The findings in Table 4.7 revealed that there is a positive coefficient between motivation and quality ($\beta= 0.574$, p<0. 0.000).
Table 4.7: Coefficients of Motivation and Quality

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B Std. Error</td>
<td>Beta</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1.945   0.339</td>
<td>5.738</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.604  0.091 0.574</td>
<td>6.648</td>
<td>0.000</td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: quality

4.5 The Effect of Sustaining an Effective Culture on Health Care Quality

The second objective examined how does sustaining an effective culture affect quality of health care provided in Kenya? Respondents were asked to rate their opinion based on a scale of 1-5 where 1- Strongly disagree 2-Disagree 3-Moderate 4-Agree 5- strongly agree.

4.5.1 Descriptive on Effective Culture on Health Care Quality

The study established that respondents strongly agreed that the hospital encourages employees to be honest and have integrity as they carry out our duties 5.00, the hospital cultivates an environment of trust and teamwork 4.83, and the hospital expects employees to treat organizational documents as confidential 4.67. Findings also revealed that respondents agreed that leaders in the hospital strive to motivate employees to give their best, hence, the consistence growth over the years 3.84, rewards such as salary increases, bonuses and promotions are pegged to targets met, which ensures consistency in the overall growth of my hospital 3.51, employees in the hospital strive to give their best 3.51, the hospitals culture has influenced its employees numerical growth in the last 5 years 3.51, the health facility highly stresses quality productivity standards, which has greatly influenced services provided 3.51. However, respondents could not reach an agreement on the hospital uses re-training to deal with employees who are no longer productive 3.35, the hospital ensures that all rules and policies are adhered to 3.35 and the hospital uses demotions, early retirements, and transfer, on non-performing employees 3.00. As shown in Table 4.8.
Table 4.8: Descriptive of Effective Culture on Health Care Quality

<table>
<thead>
<tr>
<th>Variable</th>
<th>MEAN</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>The health facility highly stresses quality productivity standards, which has greatly influenced services provided.</td>
<td>3.51</td>
<td>1.114</td>
</tr>
<tr>
<td>My hospital uses re-training to deal with employees who are no longer productive</td>
<td>3.35</td>
<td>0.943</td>
</tr>
<tr>
<td>The hospital uses demotions, early retirements, and transfer, on non-performing employees</td>
<td>3.00</td>
<td>1.069</td>
</tr>
<tr>
<td>Rewards such as salary increases, bonuses and promotions are pegged to targets met, which ensures consistency in the overall growth of my hospital</td>
<td>3.41</td>
<td>0.763</td>
</tr>
<tr>
<td>The leaders in my hospital strive to motivate the employees to give their best, hence the consistence growth over the years</td>
<td>3.84</td>
<td>0.371</td>
</tr>
<tr>
<td>The employees in the hospital I work in strive to give their best</td>
<td>3.62</td>
<td>0.723</td>
</tr>
<tr>
<td>The hospitals culture has influenced its employees numerical growth in the last 5 years</td>
<td>3.51</td>
<td>0.763</td>
</tr>
<tr>
<td>The current hospital cultivates an environment of trust and teamwork</td>
<td>4.83</td>
<td>0.381</td>
</tr>
<tr>
<td>The hospital encourages us to be honest and have integrity as we carry out our duties</td>
<td>5.00</td>
<td>0</td>
</tr>
<tr>
<td>The hospital expects me to treat organizational documents as confidential</td>
<td>4.67</td>
<td>0.471</td>
</tr>
<tr>
<td>The hospital ensures that all rules and policies are adhered to</td>
<td>3.35</td>
<td>0.748</td>
</tr>
</tbody>
</table>

4.5.2 Regression Analysis of Effective Culture on Quality Health Care

The researcher investigated the relationship between culture and quality. Findings revealed that $R^2$ value was 0.498, thus, 49% of the variation in quality was explained by culture. Results are shown in Table 4.9.

Table 4.9: Model Summary of Effective Culture on Quality Health Care

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R Square</td>
</tr>
<tr>
<td></td>
<td>R Square Change</td>
</tr>
<tr>
<td>1</td>
<td>0.498</td>
</tr>
</tbody>
</table>
a. Predictors: (Constant), culture

The study did an ANOVA analysis between culture and quality at 95% confidence level, the F critical was 89.222 and the p value was (0.000) therefore significant. Results are shown in Table 4.10.

**Table 4.10: ANOVA of Effective Culture on Quality Health Care**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.779</td>
<td>1</td>
<td>5.779</td>
<td>89.222</td>
<td>.000b</td>
</tr>
<tr>
<td></td>
<td>5.83</td>
<td>90</td>
<td>0.065</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.609</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: quality

The findings in Table 4.11 revealed that there is a positive coefficient between culture and quality ($\beta= 0.706, p<0.000$).

**Table 4.11: Coefficients of Effective Culture on Quality Health Care**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>0.237</td>
<td>0.706</td>
<td>8.266</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>0.062</td>
<td></td>
<td>9.446</td>
<td>0.000</td>
</tr>
</tbody>
</table>

a. Dependent Variable: quality

4.6 The Effect of Development of Human Capital

The third objective determined how does development of human capital affect quality of health care provided in Kenya? Respondents were asked to rate their opinion based on a scale of 1-5 where 1- Strongly disagree 2-Disagree 3-Moderate 4-Agree 5- strongly agree.

4.5.1 Descriptive on the Effect of Development of Human Capital

The findings showed that respondents strongly agreed that the hospital has put in place training on management practices 4.66 and at the hospital there are clear career development plans 4.67. It was also revealed that respondents agreed that the health sector
integrates human capital planning as a factor to organizational performance 4.00, there is annual budget set for the operationalization of the human resource planning in the health facility 3.67, in the hospital, top level management supports the operationalization of the human resource planning 3.67, the hospital has employees with the desired levels of education 3.66, employees participate in the formulation of human resource plan at the hospital 3.58, human resource planning is well organized in the hospital 3.51, in health industry, human resource planning is a strategic issue 3.51. However, respondents could not reach an agreement on the current hospital has only engaged qualified professionals 3.18, the health facility operates training and development plan as a result of human resource planning 3.18 and the hospital has optimum number of employees 3.16. As shown in Table 4.12.

Table 4.12: Descriptive on the Effect of Development of Human Capital

<table>
<thead>
<tr>
<th>Variable</th>
<th>MEAN</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a participation of employees in the formulation of human resource plan at my current hospital</td>
<td>3.58</td>
<td>1.179</td>
</tr>
<tr>
<td>The health sector integrates human capital planning as a factor to organizational performance</td>
<td>4.00</td>
<td>0.574</td>
</tr>
<tr>
<td>In health industry, human resource planning is a strategic issue.</td>
<td>3.62</td>
<td>0.503</td>
</tr>
<tr>
<td>The health facility operates training and development plan as a result of human resource planning</td>
<td>3.18</td>
<td>0.901</td>
</tr>
<tr>
<td>There is annual budget set for the operationalization of the human resource planning in the health facility</td>
<td>3.67</td>
<td>0.471</td>
</tr>
<tr>
<td>Human resource planning is well organized in the hospital I am attached to.</td>
<td>3.63</td>
<td>0.103</td>
</tr>
<tr>
<td>In the hospital I work in, top level management supports the operationalization of the human resource planning</td>
<td>3.67</td>
<td>0.471</td>
</tr>
<tr>
<td>My hospital has optimum number of employees</td>
<td>3.16</td>
<td>0.371</td>
</tr>
<tr>
<td>The current hospital has only engaged qualified professionals</td>
<td>3.18</td>
<td>0.901</td>
</tr>
<tr>
<td>My hospital has employees with the desired levels of education</td>
<td>3.66</td>
<td>0.475</td>
</tr>
<tr>
<td>At my hospital there are clear career development plans</td>
<td>4.67</td>
<td>0.471</td>
</tr>
<tr>
<td>My hospital has put in place training on management practices</td>
<td>4.66</td>
<td>0.475</td>
</tr>
</tbody>
</table>

4.6.2 Regression Analysis of Development of Human Capital on Health Care Quality

The researcher investigated the relationship between development of human capital and quality. Findings revealed that $R^2$ value was 0.721, thus, 72% of the variation in quality was explained by development of human capital. Results are shown in Table 4.12.
Table 4.13: Model Summary of Development of Human Capital on Health Care Quality

<table>
<thead>
<tr>
<th>Model</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of Estimate</th>
<th>Change Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R Square Change</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>F Change</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>df1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>df2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sig. F Change</td>
</tr>
<tr>
<td>1</td>
<td>0.721</td>
<td>0.718</td>
<td>0.18971</td>
<td>0.721</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>232.561</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), human develop

The study did an ANOVA analysis between development of human capital and quality at 95% confidence level, the F critical was 232.561 and the p value was (0.000) therefore significant. Results are shown in Table 4.14.

Table 4.14: ANOVA of Development of Human Capital on Health Care Quality

<table>
<thead>
<tr>
<th>ANOVAa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Sum of Squares</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: quality

b. Predictors: (Constant), human develop

The findings in Table 4.15 revealed that there is a positive coefficient between development of human capital and quality (β= 0.849, p<0.000).
The researcher investigated the relationship between development of human capital, motivation, culture and quality. Findings revealed that $R^2$ value was 0.728, thus, 72% of the variation in quality was explained by development of human capital. Results are shown in Table 4.15.

4.7 Regression Analysis
The study did an ANOVA analysis between development of human capital, motivation, culture and quality at 95% confidence level, the F critical was 78.502 and the p value was (0.000) therefore significant. Results are shown in Table 4.17.
Table 4.17: ANOVA

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8.451</td>
<td>3</td>
<td>2.817</td>
<td>78.502</td>
<td>.000&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>3.158</td>
<td>88</td>
<td>0.036</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.609</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: quality
b. Predictors: (Constant), human develop, motivation, culture

The findings in Table 4.18 revealed that there is a negative but insignificant coefficient between motivation and quality (β = -0.238, p > 0.136). However, it was revealed that culture had a positive but insignificant effect on quality (β = 0.267, p > 0.185) whereas, human development had a positive and significant effect on quality (β = 0.796, p < 0.00) as shown in Table 4.18.

Table 4.18: Coefficients

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant) Quality</td>
<td>1.087</td>
<td>0.299</td>
<td>3.628</td>
<td>0.000</td>
</tr>
<tr>
<td>Motivation</td>
<td>-0.251</td>
<td>0.167</td>
<td>-0.238</td>
<td>-1.503</td>
</tr>
<tr>
<td>Culture</td>
<td>0.220</td>
<td>0.165</td>
<td>0.267</td>
<td>1.335</td>
</tr>
<tr>
<td>Human development</td>
<td>0.861</td>
<td>0.113</td>
<td>0.796</td>
<td>7.64</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Quality

Based on Table 4.17, the equation \( Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \) becomes:

\[
Y = 1.087 + (-0.251)X_1 + 0.220X_2 + 0.861X_3
\]

Where Y is the dependent Quality

\( X_1 \) – Motivation

\( X_2 \) – Culture

\( X_3 \) – Human development
As per the regression equation shown in Table 4.18, it was established that taking all factors into account (motivation, culture and human development) all other factors held constant quality increases by 1.087. Findings showed that with all other variables held at zero, a unit change in motivation would lead to a -0.251 decrease in quality. However, a unit change in culture would lead to a 0.220 increase in quality and a unity change in human development would lead to 0.861 increase in quality. Consequently, based on this equation, it was determined that only human development positively and significantly influences quality.

4.8 Chapter Summary

This chapter has presented results and findings based on data that was collected from the field. The chapter has also presented results based on research objective. Correlation was also done to determine relationship between variables and results showed that there was a positive and significant relationship between quantity and motivation, culture and human development.
CHAPTER FIVE

5.0 DISCUSSION CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter gives a summary of findings of the study. It also covers conclusion drawn from data that was analysed and gives conclusion and recommendation that can be used for future research.

5.2 Summary of Findings

The general purpose of the study was to determine the effect of leadership on the quality of healthcare provision provided in Kenya. The study was guided by three research questions; To what extent does motivation influence job satisfaction among employees in healthcare institutions in Kenya? How does development of human capital affect quality of health care provided in Kenya? How does sustaining an effective culture affect quality of health care provided in Kenya?

Descriptive research was used to capture data concerning the status of a phenomenon and to label what exists with respect to variables or conditions in a situation. The total population for the study was therefore 461 employees. The study adopted a stratified random sampling technique population and a quota of 10% was drawn from each strata. Data from the questionnaires was coded and cleaned using SPSS. It was then analyzed by use of descriptive statistics (percentages, means, and standard deviation) and inferential statistics (correlations and linear regression).

The results established that mission and vision define the focus of the institution, there are clearly defined strategies that support the mission, vision and service delivery in the hospital, employees are satisfied with their job, because the supervisor ensures equitable allocation of work to each staff, the hospitals vision and mission are clear to the employees, the hospitals mission and vision are appealing to employees in working towards realizing them, the supervisor articulates a compelling vision for the future, the supervisor expresses confidence that goals will be achieved, the supervisor talks optimistically about the future and employees perform their work effectively because the officer in charge helps them develop their competence. However, respondents could not reach an agreement on the hospital have vision and mission that are realistic in light with its resources. In addition respondents disagreed that employees supervisor talks enthusiastically about what needs to
be done, employees put extra effort in their work because their supervisor appreciates their individual effort.

The study established that the hospital encourages employees to be honest and have integrity as they carry out their duties, the current hospital cultivates an environment of trust and teamwork, the hospital expects employees to treat organizational documents as confidential, leaders in the hospital strive to motivate employees to give their best, rewards such as salary increases, bonuses and promotions are pegged to targets met, employees in the hospital strive to give their best, the hospital's culture has influenced its employees' numerical growth in the last 5 years, the health facility highly stresses quality productivity standards, which has greatly influenced services provided. However, respondents could not reach an agreement on the hospital uses re-training to deal with employees who are no longer productive, the hospital ensures that all rules and policies are adhered to and the hospital uses demotions, early retirements, and transfer, on non-performing employees.

The findings showed that the hospital has put in place training on management practices and at the hospital there are clear career development plans, the health sector integrates human capital planning as a factor to organizational performance, there is annual budget set for the operationalization of the human resource planning in the health facility, in the hospital, top level management supports the operationalization of the human resource planning, the hospital has employees with the desired levels of education, there is a participation of employees in the formulation of human resource plan at the hospital, human resource planning is well organized in the hospital I am attached to, in health industry, human resource planning is a strategic issue. However, respondents could not reach an agreement on the current hospital has only engaged qualified professionals, the health facility operates training and development plan as a result of human resource planning and the hospital has optimum number of employees.

5.3 Discussion
5.3.1 Motivation and Job Satisfaction

The findings revealed that the mission and vision define the focus of the institution. Anderson and King (1991) states that vision refers to an idealized image of the agency’s destiny. A vision need to be definitely described, achievable and jointly time-honored with the aid of all members of the team (Anderson and King, 1991).
It was revealed that the hospitals vision and mission are clear to the employees and the hospitals mission and vision are appealing to employees in working towards realizing them. Williams-Brinkley (1999) postulated that leaders are required to expand a destiny vision of the enterprise. That vision need to be shared and it ought to engage the followers which will encourage them. To encourage a vision into fans, the leaders must have a vision that heightens the fans' motivation and hobby, for that reason, it becomes easily shared, and similarly, the leaders have to inspire the fans to include the vision (Caza and Posner, 2014; Kouzes and Posner, 2007). Visions characterized by brevity, precision, abstractness, task, destiny orientation, stability and attraction or capability to encourage is directly predictive of greater consumer delight and circuitously predictive of superior body of workers pleasure.

The findings showed that the supervisor articulates a compelling vision for the future. Avolio and Bass (2002) assert that articulation of an interesting vision could be very crucial. Leaders need to color a bright photo of the essential effects of employees work yield and the way their performance efforts contribute towards meeting key strategic desires. Employees frequently need something exciting and positive to purpose in the direction of, something with a view to motivate them to make investments their first-class efforts without direct supervision.

The findings revealed that the supervisor expresses confidence that goals will be achieved. Jones (2013) states that a dramatic boom in worker overall performance is found out whilst leaders effectively set dreams and carefully tie them to the business enterprise's universal approach. The process of placing goals needs to be a collaborative one between an employee and his or her supervisor. Whether or not writing long or quick term goals, the maximum widely-used framework is wise. SMART approach that the goals are precise, Measurable, possible, applicable and Time-certain (Chhabra, 2013). For good overall performance to be attained, managers need to assign clear, unique, realistic and beneficial dreams (Moshal, 2009).

It was established that the supervisor expresses confidence that goals will be achieved. Boddy (2005); Mullins (2007). Leaders should set clear goals and they need to involve their groups in this procedure and make certain that the desires are conceivable and sensible inside the required timeframe. The goals need to be communicated successfully to the team. The interactive and supportive attitudes of inspirational motivation leaders assist
them to engage their fans in pursuance of their intention and to inspire them sufficient to show discretionary behaviors (Bass, 1985).

The findings showed that the supervisor talks optimistically about the future and employees perform their work effectively because the officer in charge helps them develop their competence. Hinkin and Tracey (1994) states that an inspirational motivation leader spreading enthusiasm and optimism approximately a likely meeting the goals of the enterprise, demonstrates dedication to goals and shared vision, ultimately concerning fans in predicting the destiny kingdom of expectancies that they need to fulfill. For instance, people with optimistic beliefs tend to showcase better ranges of expectation to their futures, generate extra active and adaptive coping talents to face their work-related issues, and are less probably to showcase avoidant methods to deal with issues, which might be useful to cause higher overall performance (Youssef and Luthans, 2010).

The findings revealed that respondents disagreed that employees supervisor talks enthusiastically about what needs to be done. In contrast, according to Chaleff (2012) while leaders set goals for his or her subordinates, they're predicted to steer the way and also manual their followers inside the fulfillment of the set goals. With this technique, many fans come to be very committed in making sure that the desires are efficaciously performed (Kelley, 2014). Since the effective success of the dreams is synonymous with business enterprise performance and boom, because of this the leadership style applied is essential for employer survival (Northouse, 2014).

It was revealed that respondents disagreed on employees put extra effort in their work because their supervisor appreciates their individual effort. According to Mathafena (2007), for the maximum potential of a team to be reached, it is imperative for the leader to ensure that the team shares common goals. Mutual trust should be encouraged. The team members have to perceive the work environment as fair, reasonable and friendly. Arslan and Staub (2013), state that teams have advantages over individuals in the sense that they lead to high employee performance. This is due to the fact that teams generate positive synergy through coordinated efforts. While using teams is an advantage, it is not appropriate where rewards are given according to individual employee performance (Khan, et. al, 2010).
5.3.2 The Effect of Sustaining an Effective Culture on Quality Health Care

The findings revealed that the current hospital cultivates an environment of trust and teamwork. According to Sundi (2013), inspirational dimensions indicate that respondents have the enthusiasm to carry out tasks because the leader has the ability to arouse the enthusiasm of subordinates and subordinates also are able to generate trust in the task. The leader also has the ability to convey important organizational goals to subordinates. Inspirational motivation is another component of transformational leadership that is examined in this investigation as an independent variable.

The findings revealed that leaders in the hospital strive to motivate employees to give their best, hence the consistence growth over the years and the hospitals culture has influenced its employees numerical growth in the last 5 years. Kellermanns and Eddleston (2006) submit that private firms can increase corporate entrepreneurship, including innovation, by pursuing organizational change and exploiting opportunities as well as by recognizing technological opportunities. Although change could be a threat to private firms’ status quo, it is a necessary condition for organizational innovation performance in private firms. Studies show that empowering employees and connecting with others or involving others including, non-family employees positively affect organizational innovation performance. This is the same with non-family firms where past studies also show that employee empowerment increases ability to innovate (Çakar & Ertürk, 2010).

The findings established that the health facility highly stresses quality productivity standards, which has greatly influenced services provided. According to a study done by Heskett, et al., (1994) it was suggested that service organizations that value customer satisfaction by providing quality service and innovative ideas, and that value free communication within the organization, demonstrate more marketing effectiveness than those which do not treasure these values (Kraus, Craig, Dibrell & Stefan, 2012). These aspects are concerned with people and quality of service subsequently. Hence, top management in service companies should try to build up in their firms a team spirit characterized by a preoccupation with pride in the quality of the service provided with a focus to put heavy emphasis in motivating the individual employee to bring this into effect.

It was established that the hospital does not uses re-training to deal with employees who are no longer productive Nel and Beudeker (2009) states that consistent research and systematic work on the productivity of knowledge and workers, enhances the
organizations’ ability to perform successfully. Employees appreciate the opportunity to learn continuously and feel greater involvement with their community when encouraged to expand their knowledge base. Developing employees result in a motivated and well educated and skilled workforce adds to organization success.

It was revealed that the leaders in the hospital strive to motivate employees to give their best, hence the consistence growth over the years. Ahmad et al., (2014) Inspirational motivation leaders inspire the fans via accepting demanding situations and also appearing as models for them; they encourage them to obtain desires efficiently. Inspirational motivation management permits a leader to give an explanation for the meanings of demanding situations that followers should face and to encourage them to attain most useful outcomes. A leader tells followers about destiny affairs and also makes them aware about the destiny dreams and imaginative and prescient of organization and commitment to its dreams.

The study revealed that the hospital expects employees to treat organizational documents as confidential. According to Lin et al., (2012), the organizational leaders should be involved in proper execution of human capital activities, to monitor critical human capital indicators, to present and access relevant data. With better quality data given to stakeholders about the human capital within the organization, better understanding of the unseen gem of the institution is exposed. Additionally, given that organizational complexity can decrease the positive effect of human capital revelation, managers should apply innovative effective actions and technologies to prepare and disseminate human capital data. To demonstrate this, e-HR system can play a critical role in balancing unnecessary costs and data disclosure to improve processes.

5.3.3 The Effect of Sustaining an Effective Culture on Quality Health Care

The findings revealed that the health sector integrates human capital planning as a factor to organizational performance. According to Dimov and Shepherd (2005) earlier researches have demonstrated that the variables of human capital and social capital are consistently positively correlated with organizational performance. An organizations’ human capital is the most important resource of sustained competitive advantage (Hitt et al., 2016) and therefore investments in the human capital of the workforce may increase employee productivity and financial results.
The findings showed that in the hospital, top level management supports the operationalization of the human resource planning. Beattie and Smith (2010) states that managers who have appropriate aptitude of organizational human resource often makes informed decision to leverage the knowledge, skills and abilities of employees to get a competitive advantage. Universities need capable and competent leaders to manage human capital as many studies have demonstrated to improve performance. Lin et al., (2012) states that the organizational leaders should be involved in proper execution of human capital activities, to monitor critical human capital indicators, to present and access relevant data.

It was established that human resource planning is well organized in the hospital I am attached to, in health industry. Boxall and Purcell (2003) posit that organizations that implement best practices will achieve better performance in service delivery. Khasawneh and Alzawahreh, (2012) although there is no consensus about high-performance, HR practices have been used by majority of researchers as high-performance HR practices: extensive training (Wei, Han & Hsu, 2010), performance management (Huselid & Becker, 2011; Posthuma, Campion, Masimova & Campion, 2013), performance appraisal (Posthuma et al., 2013), performance-based compensation (Gupta & Singh, 2010; Gurbuz, 2009; Huselid & Becker, 2011; Wei et al., 2010), empowerment (Gupta & Singh, 2010; Gurbuz, 2009) and competency development (Gupta & Singh, 2010).

The findings indicated that the hospital has employees with the desired levels of education. According to Absar, Nimalathasan and Jilani (2010), business performance is dependent on the skill, knowledge and experience of the employees. Efficient and unique human pool helps the organization to achieve this goal through resource utilization effectiveness, innovation, employees and customers’ satisfaction and better quality of products or services. According to Nel and Beudeker (2009), human capital is the totality of competencies within the entire workforce in terms of knowledge and skills.

The findings revealed that there is a participation of employees in the formulation of human resource plan at the hospital. Choi and Lee (2013) adds that the authority to make decisions should be delegated to operational units (schools, institutes and departments). These operational units should be strengthened to facilitate the discharge of their functions effectively. The hiring of deans, directors of institutes, heads of departments, administrators and managers for the operational units should be done competitively at all levels and remuneration be pegged to competence and performance.
The findings indicated that the hospital dose not only engaged qualified professionals. Breakwell and Tytherleigh, (2010) found evidence for the importance of vice chancellors’ characteristics for institutional performance to be limited but support the notion that whilst the performance of a university may be molded by the characteristics of its leader, most of the variability in university performance is explained by non-leadership factors. Many scholars attest to this fact because VC’s should be all rounded managers of the university (Wei & Lau, 2010).

It was revealed that the hospital has put in place training on management practices. According to Nel and Beudeker (2009), human capital is the totality of competencies within the entire workforce in terms of knowledge and skills. Strategic leaders view organizational workforce as a crucial resource and forms the building block on the core competencies through which competitive advantages are exploited successfully. Significant investments will be obligatory for the organization to stem full competitive advantages from its human capital in the global economy. Economists contend that these investments are critical to strong long-term growth in modern economies that depend on knowledge, skills and information technology.

5.4 Conclusion

5.4.1 Motivation and Job Satisfaction

Mission and vision are used to define what the institution will focus on in addition, the organization has clear vision and mission that employees are able to understand, it is appealing, supervisors tells employees goals they are supposed to achieve in the future. However the organizations vision and mission are not in line with its resources and employees are not appreciated for the job well done.

5.4.2 The Effect of Sustaining an Effective Culture on Quality Health Care

Employees are encouraged to be honest and have integrity, an environment of trust and teamwork is created in the organization, original documents are treated as confidential, rewards such as salary increases, bonuses and promotions are given to employees to motivate them to work harder and the organization stresses employees to provide quality standards. However, the organization does not offer retaining programs, rules and policies are not adhered to and the hospital does not use demotions, early retirements, and transfer, on non-performing employees.
5.4.3 The Effect of Development of Human Capital

The hospital offers training and management practices and career development plans. Human capital influences organizational performance, top level management supports the operationalization of the human resource planning and the hospital has employees who are qualified to do the job. In addition, training and development plan is not as a result of human resource planning.

5.5 Recommendation

5.5.1 Recommendation for Improvement

5.5.1.1 Motivation and Job Satisfaction

The organization should develop vision and missions that are realistic and that are in line with their resources, leaders should communicate to employees their duties and responsibilities, develop motivational strategies that they can use to motivate employees to work extra hard and achieve their goals. Through this, the organization will be able to provide customers with quality services hence, increase loyalty and performance.

5.5.1.2 The Effect of Sustaining an Effective Culture on Quality Health Care

Organizational culture is a set of beliefs and values that are shared by a group of people. It is therefore recommend that the organization should develop a culture that will motivate and encourage employees to be more productive. Policies and rules should also be developed to ensure that employees adheres to rules and regulation and the organization should also develop a training program that will help them train employees to learn more skills and knowledge, hence become more productive.

5.5.1.3 The Effect of Development of Human Capital

Human capital is the collection of skills and expertise that gives an organization unique characteristic. The organization should develop human capital strategies the will enable the organization increase employee satisfaction, reduce employee turnover, develop employee engagement and increase ROI.
5.5.2 Recommendation for Further Research

For further study, similar research needs to be done in other hospital in different counties in order to be able to generalize the findings. In addition, there could also be a study to compare the effects of employee involvement, employee consistency, and employee adaptability on organizations performance in private and public hospitals.
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QUESTIONNAIRE

Section A: Demographic Information

This section will seek to gather the respondent’s distinct personal information.

1. Gender:
   [ ] Male            [ ] Female

2. Education Level:
   [ ] Certificate  [ ] Diploma  [ ] Degree  [ ] Masters  [ ] Doctorate

3. Current position:
   [ ] Medical superintendent  [ ] Nurse
   [ ] Deputy medical superintendent  [ ] Pharmacy technologist
   [ ] Heads of department  [ ] Laboratory technicians
   [ ] Consultants  [ ] Physiotherapist
   [ ] Pharmacist  [ ] Occupational therapists
   [ ] Medical officers  [ ] Support staff
   [ ] Clinical officers

4. For how many years have you been in working in the health Sector?
   [ ] Less than 5  [ ] 6-8 years  [ ] 9-11  [ ] 12-14  [ ] More than 15 years

5. For how many years have you been in working in the current hospital?
   [ ] Less than 5  [ ] 6-8 years  [ ] 9-11  [ ] 12-14  [ ] More than 15 years
**SECTION B: Quality of service**

Please indicate your levels of agreement or disagreement with the following statements on service quality, using a scale of 1-5, where 1= strongly disagree 2 = disagree, 3 = Neutral, 4 = agree, and 5= strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital I currently work in meets its financial requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The hospital I am currently under is keen on ensuring customer satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My hospital is keen on motivating faculty/staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently my hospital has a strategy to increasing employee productivity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The hospital I work in has systems compliant to policy and regulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility in my hospital has policies and regulations regarding its quality assurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The rules on promotions are clearly defined in the hospital I work in.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are regular satisfaction surveys done in my current organization on the contributions to the firm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION C: motivation influence on job satisfaction among employees**

Please indicate your levels of agreement or disagreement with the following statements on hospital human capital, using a scale of 1-5, where 1= strongly disagree 2 = disagree, 3 = Neutral, 4 = agree and 5 = strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital I am attached to has vision and mission that are realistic in light of its resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The hospitals vision and mission are clear to the employees</td>
<td></td>
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</table>
The mission and vision of my current hospital define the focus of the institution

There are clearly defined strategies that support the mission, vision, and service delivery in the hospital

The hospital’s mission and vision are appealing to employees in working towards realizing them

My Supervisor articulates a compelling vision for the future

My Supervisor talks optimistically about the future

My Supervisor expresses confidence that goals will be achieved

My Supervisor talks enthusiastically about what needs to be done

I perform my work effectively because the Officer in charge helps me in developing my competence

I put extra effort in my work because my supervisor appreciates my individual effort.

I am satisfied with my job, because the supervisor ensures equitable allocation of work to each staff.

<table>
<thead>
<tr>
<th><strong>SECTION D Culture Effect on Care Provided</strong></th>
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</thead>
<tbody>
<tr>
<td>Please indicate your levels of agreement or disagreement with the following statements on hospital human capital, using a scale of 1-5, where 1 = strongly disagree 2 = disagree, 3 = Neutral, 4 = agree and 5 = strongly agree</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Statement</strong></th>
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<th>2</th>
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<tbody>
<tr>
<td>The health facility highly stresses quality productivity standards, which has greatly influenced services provided.</td>
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<td>My hospital uses re-training to deal with employees who are no longer productive</td>
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<tr>
<td>The hospital uses demotions, early retirements, and transfer, on non-performing employees</td>
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</tbody>
</table>
Rewards such as salary increases, bonuses and promotions are pegged to targets met, which ensures consistency in the overall growth of my hospital.

The leaders in my hospital strive to motivate the employees to give their best, hence the consistent growth over the years.

The employees in the hospital I work in strive to give their best.

The hospital's culture has influenced its employees numerical growth in the last 5 years.

The current hospital cultivates an environment of trust and teamwork.

The hospital encourages us to be honest and have integrity as we carry out our duties.

The hospital expects me to treat organizational documents as confidential.

The hospital ensures that all rules and policies are adhered to.

SECTION E Development of human capital on quality

Please indicate your levels of agreement or disagreement with the following statements on hospital human capital, using a scale of 1-5, where 1 = strongly disagree, 2 = disagree, 3 = Neutral, 4 = agree and 5 = strongly agree.

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<tr>
<td>There is a participation of employees in the formulation of human resource plan at my current hospital.</td>
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<td>The health sector integrates human capital planning as a factor to organizational performance.</td>
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<tr>
<td>In health industry, human resource planning is a strategic issue.</td>
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<td>The health facility operates training and development plan as a result of human resource planning.</td>
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<tr>
<td>There is annual budget set for the operationalization of the human resource planning in the health facility.</td>
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</tbody>
</table>
Human resource planning is well organized in the hospital I am attached to.

In the hospital I work in, top level management supports the operationalization of the human resource planning.

My hospital has optimum number of employees.

The current hospital has only engaged qualified professionals.

My hospital has employees with the desired levels of education.

At my hospital there are clear career development plans.

My hospital has put in place training on management practices.