

**INFLUENCE OF LEADERSHIP PRACTICES ON PERFORMANCE OF THREE
LEVEL 5 HOSPITALS IN KIAMBU COUNTY, KENYA**

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DECLARATION

This research project is wholly original, with no submissions for academic credit at any other universities.

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Approval by the Supervisor

This research project has been submitted for examination with our approval as the university supervisor.

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DEDICATION

I dedicate this project to God who is the source of all things, my son Tedd Jaysen and my parents Mr and Mrs Muchena.



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First and foremost, we extend our highest praise to the Almighty God for His divine help and guidance throughout the research period. To God be the Glory.

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ABSTRACT

Effective leadership practices are crucial for fostering organizational commitment, enhancing job satisfaction among healthcare employees, and boosting productivity, all of which contribute to improved hospital performance. Conversely, poor leadership has been linked to low staff commitment, increased strikes, and a decline in health and customer service quality, sometimes resulting in adverse patient outcomes. This study aimed to assess the influence of specific leadership practices—including communication management, diversity inclusiveness, and supervisory skills—on the performance of Level 5 hospitals in Kiambu County, Kenya. Focusing on Thika, Kiambu, and Gatundu hospitals, the study utilized a descriptive cross-sectional survey design, collecting quantitative data through questionnaires administered to a sample of 254 respondents, randomly selected from a target population of 750 healthcare professionals (including medical officers, nurses, clinical officers, pharmacists, HRIOs, and administrative officers). The theoretical foundation of this study is based on Transformational Leadership Theory and Leader-Member Exchange Theory, both of which emphasize the importance of inclusive, communicative, and supportive leadership in healthcare settings. Data analysis involved both descriptive and inferential statistics to examine the relationships between leadership practices and hospital performance. The study's findings reveal a predominantly female workforce (72.1%), with the most common age groups being 25-29 and over 50 years (each constituting 19.8% of the sample). Nurses formed the largest professional group (67.4%), and the majority of staff held diploma qualifications (43.0%). Key findings highlighted that WhatsApp was the primary communication tool (37.2%), with face-to-face meetings considered the most effective (mean score = 4.13). Diversity Inclusiveness Management emerged as the strongest predictor of hospital performance, showing a strong positive correlation ($r = .760$, $p < .001$) and a substantial effect in regression analysis ($B = 0.577$, $p < .001$). Supervisory Skills also significantly impacted performance ($r = .665$, $p < .001$; $B = 0.370$, $p < .001$), while Communication Management showed a moderate positive correlation ($r = .440$, $p < .01$) but with a weaker effect in the regression analysis. In conclusion, while the overall performance of these hospitals was found to be satisfactory, key areas for improvement include timely service delivery and diversity training. The study recommends enhancing communication channels, increasing the frequency of diversity training, and investing in supervisory development programs to strengthen leadership capacity and ensure sustainable healthcare excellence. These recommendations align with Kenya's Vision 2030 and the Sustainable Development Goals (SDGs), aiming to build a resilient healthcare system that prioritizes high-quality service delivery and inclusive leadership.

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LIST OF ABBREVIATIONS AND ACRONYMS

CEC	Chief Executive Committee
COVID 19	Corona Virus Disease
DEI	Diversity, Equity, and Inclusion
HAOs	Health Administrative Officers
ICT	Information Communication Technology
KEPI	Kenya Essential Package of Immunization
MoH	Ministry of health
PNG	Papua New Guinea
UK	United Kingdom
USA	United States of America
WHO	World health organization

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This provides a foundational overview of the study, outlining the background, problem statement, objectives, and significance of examining leadership practices in Level 5 hospitals in Kiambu County, Kenya. This chapter outlines key concepts surrounding leadership and healthcare performance, addressing the research gap and establishing the study's purpose. Through specific objectives, research questions, and an operational framework, this chapter sets the stage for understanding how effective leadership practices, such as communication management, inclusivity, and supervisory skills, influence hospital performance in the selected level 5 hospitals in Kiambu county, Kenya.

1.1 Background

Effective leadership practices within hospital settings involve employing strategies to guide and motivate healthcare workers towards the shared goal of customer satisfaction (Chaves et al., 2016). Good leadership practices play a fundamental role in improving customer service by emphasizing transparent communication of the hospital's vision, inclusive approaches, and effective supervisory skills (Silva et al., 2017). Conversely, hospitals characterized by poor leadership practices exhibit a lack of collaboration in patient care and confidentiality breaches, leading to a hostile work environment (Guraya et al., 2016). Embracing dynamic leadership practices is critical in fostering collaboration and confidentiality, ultimately enhancing customer service quality and patient outcomes (Laura et al 2016).

Effective hospital leadership is critical for effective patient care and customer satisfaction, aligning with values like honesty, altruism, and collaboration (Regina et al., 2018; Brown, 2020). Integrating leadership into personal identity optimizes its impact on service delivery and customer satisfaction (Mutale et al., 2017). In the hospital context, authentic leadership

involves integrating styles that prioritize efficient customer service delivery (Farida et al., 2022).

Globally, transformational leadership has been shown to be effective in meeting customer needs (Asamoah, 2017; Farida et al., 2022). Through clear objectives, leadership practices have been recognized as a key determinant of hospital performance. Effective leadership is essential for fostering a culture of excellence, innovation, and patient-centered care (Chang & Wang, 2023). It influences everything from clinical outcomes to patient satisfaction, staff morale, and financial sustainability. Consequently, a substantial body of research has emerged, underscoring the significance of leadership styles, competencies, and strategies in the healthcare sector. Leadership models range from transactional and transformational to servant leadership, each offering unique benefits and challenges (Kiptingos et al., 2020). A study conducted in Australia identified pivotal leadership styles that prioritize customer service (Wang, Waldman, & Zhang, 2018). For instance, transformational leadership was reported to be effective in achieving efficiency in customer service (Wong & Laschinger, 2016; Kiptingos et al., 2020; Yunarsih et al., 2020).

In Africa, healthcare systems have made significant strides in recent years, with increased investments in infrastructure and workforce development (Brown, 2020; Mikkelsen & Olsen, 2018). However, challenges such as inadequate resources, limited access to healthcare services, and high disease burdens persist. In this context, leadership in Level 5 hospitals is of paramount importance (Kane et al., 2021). African countries recognize the need for effective leadership to address healthcare challenges and drive performance improvements. Many hospitals have implemented leadership development programs and initiatives to nurture the next generation of healthcare leaders. For instance, in Zambia transformational leadership

style was reported to inspire shared vision, innovation, and growth while aligning with hospital missions in Zambia (Regina et al., 2022; Wong & Laschinger, 2016).

In Kenya, healthcare leadership in Level 5 hospitals involves not only managing clinical operations but also navigating the complexities of public and private healthcare partnerships, healthcare financing, and addressing health disparities among different communities (Asamoah, 2017). In this context, leadership models that emphasize community engagement, equity, and sound financial stewardship are essential for the success of Level 5 hospitals (Bula & Njoroge, 2019).

A Kenyan study conducted in Chuka Level 5 Referral hospital revealed that existing leadership styles and bureaucratic processes are negatively impacting quality of patient care and consequently, overall organizational performance (Mwenda et al., 2020). In Kenya, and other developing countries, there is paucity of scientific research examining the role of leadership practice on hospital performance (Kipkirui et al., 2019).

This study seeks to delve into the multifaceted aspects of healthcare leadership and its influence on hospital performance. It aims to contribute to the growing body of knowledge on healthcare leadership from a global, African, and Kenyan perspective, ultimately fostering improved healthcare outcomes, patient satisfaction, and the equitable provision of healthcare services.

Hospital performance assessment has evolved to emphasize effectiveness, efficiency, and healthcare quality, particularly in customer service (Mark et al., 2021). Studies conducted globally underscore its role in evaluating hospital objectives, mission, vision, and customer service (Christopher et al., 2022). In Sub-Saharan Africa, scientific studies and evaluation centers on patient safety, clinical outcomes, compliance, and timely service delivery (Nader

et al., 2016; Anita et al., 2021). Notably, a study by National Health Performance Authority, (2016) indicated consistent supervision, significantly influence assessment outcomes, impacting various aspects like quality, efficiency, cost, access, readmission rates, and customer satisfaction (Moses et al 2020). Tools like the Safe care tool and government involvement enhance performance by assessing service charters and critical indicators such as patient satisfaction, waiting times, mortality rates, and guideline adherence (Anita et al., 2021). Equally, inadequate assessment in Kenyan hospitals correlates with diminished customer service, higher mortality, and dissatisfaction which are markers of poor organizational performance (Korir et al., 2021).

Inclusive health care is a fundamental human right worldwide that has led to the pursuit of equitable healthcare, striving for optimal health for all (WHO, 2018; Tanet et al., 2020]. To achieve this, hospitals have adopted inclusive policies to create diverse and equitable environments that ensure customer satisfaction across different populations (Shore et al., 2018). Inclusive approaches not only tackle disparities but also drive innovation and ongoing enhancement within healthcare institutions (Richard et al., 2015). In developed nations, inclusive strategies involve accessible facilities, training for healthcare providers dealing with special populations, and efforts to prevent healthcare disparities, (Dowling et al., 2019; Abravan et al., 2020). However, in Australia marginalized groups, like those with disabilities and chronic illnesses, still encounter health inequities and inadequate outcomes (Kristen et al., 2023). Similar challenges persist in Africa, where discrimination and service delivery gaps affect customer service due to marginalized healthcare worker groups (Richard et al., 2015). A study in Kenya has linked the neglect of Diversity, Equity, and Inclusion (DEI) to low staff retention, engagement, commitment, and customer service quality (Nkomo, 2018).

This highlights the necessity for inclusive policies targeting special population within healthcare systems.

Effective communication is crucial in healthcare settings for promoting collaboration and patient care (Simonovich et al., 2021). This extends to customer service in hospitals where communication training is pivotal (Moreira et al., 2019). Notably, crisis communication training has been emphasized, particularly in the face of events like COVID-19 pandemic; hospitals lacking such training exhibited poor performance during crises (Mahmood et al., 2022). Research underscores the significance of well-trained leadership in developed countries, showcasing enhanced healthcare outcomes, cost efficiency, and customer satisfaction (Mikkelsen & Olsen, 2018). However, deficiencies in leadership skills are evident, as seen in Kenya where clinical managers often lack training in leadership, leading to unfamiliarity with policies and inefficient administration (Kiptingos et al., 2022). While leadership training initiatives are underway, systematic research on their impact on customer satisfaction remains limited.

Kenya's healthcare system, managed by county governments, operates under a devolved model as outlined in the Fourth Schedule of the 2010 Constitution (Kimathi et al, 2017). At the county level, the Chief Executive Committee (CEC) oversees health departments, ensuring accountability to the governor and County Assembly, supported by the County Executive Health Committee (Charles et al, 2020). Hospital operations in the county are supervised by Medical Superintendents to enhance customer service efficiency (Mark et al, 2020). This system comprises six facility levels, with the first five managed at the county level and the sixth at the national level (Lydia et al, 2019). Referral letters facilitate patient movement across these levels (Abraham et al., 2019). The Director of Medical Services plays

a pivotal role in ensuring effective coordination and maintaining quality assurance across different hospital levels (Muchiri et al., 2020).

According to the findings of a research conducted by USAID, the services that are provided at various hospital levels include level 1 community facilities, level 2 health dispensaries, level 3 health centres, level 4 county hospitals, level 5 county referral hospitals, and level 6 national referral hospitals (Mark et al, 2020). In accordance with Washington et al.'s 2020 research, level 1 health centres are directed by clinical officers and concentrate on providing preventive care, basic treatment, and health promotion. Level 2 are dispensaries managed by nursing officers, provide curative services, outpatient care, and integrated services like mother-child health and family planning clinics (Barasa et al, 2020). Level 3 centers are health centers staffed by clinical officers and nurses, offer maternity and specialized care, HIV treatment, and referrals (Ouma et al, 2020). Level 4 are County Hospitals offer comprehensive care and cold chain storage for Kenya Essential Package of Immunization (KEPI) along with diagnostic services like X-rays (Mark et al, 2020). Level 5 are County Referral Hospitals, such as Thika Level 5 Hospitals, are managed by Medical Chief Executive Officers, with additional research activities and services like ultrasound, CT-scans, surgery, and therapy (Hannah et al, 2019; Abraham et al, 2019; Kate et al, 2020). Level 6 are National Referral Hospitals provide comprehensive services to East and Central Africa, including psychiatric, rehabilitative care, and specialized treatments (Abraham et al., 2019; Muchiri et al, 2020; Lisa et al, 2020). These levels and facilities contribute to Kenya's healthcare system, each playing a crucial role in providing services to citizens (Abraham et al, 2019).

The different levels of care require a mix of leadership practices, abilities and competencies to create a motivated health team capable of delivering quality care to its clients that meets

standards of care and practice. However, these practices, abilities and capacities may exist at different levels across the health system due to structural, systematic as well as process gaps in care delivery. It is based on this background that this study aims to investigating the relationship between leadership practices such as supervisory skills, inclusive practices, communication management and their influence on organisation performance – also defined as to as customer service in this study in level 5 hospitals in Kiambu County.

1.2 Statement of the problem

This study addresses the critical impact of leadership practices on the performance of Level 5 hospitals in Kiambu County, Kenya. Leadership is widely recognized as a driver of organizational commitment, job satisfaction, and productivity, directly influencing healthcare performance (Wang, Waldman, & Zhang, 2018). In contrast, ineffective leadership contributes to issues such as staff demotivation and strikes, which ultimately compromise patient care quality (Mutale et al., 2017; Mwenda et al., 2022). For instance, research in Kenya's Chuka Level 5 Hospital demonstrated that bureaucratic leadership styles negatively affected service quality, reflecting a broader need for improved leadership approaches within the healthcare sector (Mwenda et al., 2020).

Effective communication management—a core component of leadership—is essential for guiding collective action towards institutional goals. Poor communication has been shown to hinder patient care through demoralized teams, delayed treatment, and increased medication errors (Mwenda et al., 2022; Barbosa et al., 2016). Furthermore, gaps in supervisory skills, such as team management and performance appraisal, and in inclusiveness management, which promotes diversity and equity, represent underexplored areas in healthcare leadership that bear potential for significant organizational improvements.

This study aims to bridge these research gaps by examining the combined impact of communication management, supervisory skills, and inclusiveness management on hospital performance in Level 5 hospitals in Kiambu County. The findings seek to enhance understanding of how these leadership practices collectively improve healthcare outcomes, with a particular focus on service delivery and patient satisfaction.

1.3 Purpose of the study

The purpose of the study is to contribute to a comprehensive understanding of how leadership practices—specifically communication management, supervisory skills, and inclusiveness management—collectively impacted the performance of healthcare institutions. This research aimed to highlight the crucial role of effective leadership in shaping hospital performance, providing valuable insights for health facility partners and managers. The goal is to enhance healthcare performance, particularly in the areas of service delivery and patient outcomes, by equipping leaders with the knowledge needed to elevate customer service standards.

1.4 Objectives of the Study

1.4.1 Broad objective

To determine the influence of leadership practices on performance of level 5 hospitals in Kiambu County, Kenya.

1.4.2 Specific Objectives

1. To determine the influence of communication management on performance of level 5 hospitals in Kiambu County
2. To determine the influence of inclusivity management on performance of level 5 hospitals in Kiambu County
3. To determine the influence of supervisory skills on performance of level 5 hospitals in Kiambu County

1.5 Research Questions

1. What is the influence of communication management on performance of level 5 hospitals in Kiambu County?

2. What is the influence of Supervisory skills on performance of level 5 hospitals in Kiambu County?
3. What is the influence of inclusiveness management on performance of level 5 hospitals in Kiambu County?

1.6 Scope of the study

1.6.1 Geographical Scope

The scope of this study encompassed a geographical focus on randomly selected level 5 public health facilities (Thika, Gatundu and Kiambu hospitals) across Kiambu County's diverse sub-counties.

1.6.2 Content Scope

The study targeted health facility managers, healthcare workers, and Health Administrative Officers (HAOs) and other county officials as key respondents of the study. The primary objective was to examine the impact of leadership practices on the performance of level five hospitals within Kiambu County. The study considered leadership practices such as communication practices, inclusive management and supervisory skills as independent variables, while hospital performance, also defined as customer service, served as the dependent variable under investigation. This research sought to provide valuable insights into the relationship between leadership strategies and hospital performance in the specified context.

1.7 Limitation and delimitation

This study encountered several limitations that may impact the generalizability and scope of its findings. Access to hospitals and respondents was a key challenge, as institutional protocols and time constraints limited opportunities for direct engagement with healthcare

staff in the selected Level 5 hospitals in Kiambu County. To address these constraints, the research team coordinated with designated focal contacts within each hospital who assisted in data collection after obtaining the necessary ethical and institutional approvals. This arrangement facilitated data access while respecting institutional guidelines and timelines.

Geographically, the study focused solely on Level 5 hospitals within Kiambu County, meaning that the results may not be applicable to hospitals in other regions or countries where healthcare systems, resources, and leadership dynamics may vary. This geographical delimitation underscores the need for further studies in diverse regions to enhance the generalizability of insights gained.

The study was conducted within a specific timeframe, limiting its ability to capture long-term changes in leadership practices and hospital performance. Data collection occurred at a single point in time, providing a snapshot rather than a longitudinal view of the evolving impact of leadership practices. As such, this limitation may affect the study's scope in reflecting temporal variations or emerging trends in healthcare leadership.

Moreover, the reliance on self-reported data from hospital managers and staff introduced a potential self-reporting bias, as participants may have provided responses that they felt were socially desirable or reflective of idealized leadership practices. To mitigate this, the study incorporated additional qualitative methods, including literature reviews and key informant interviews, to triangulate findings and strengthen the overall reliability and comprehensiveness of the results.

Lastly, the study did not account for external factors such as shifts in healthcare policies, economic fluctuations, or other systemic changes that could independently influence hospital performance outside of leadership practices. Although these factors are acknowledged as potential influences, they fall outside the primary focus of this study, which is centered on leadership's direct impact on healthcare outcomes.

1.8 Delimitation

To mitigate the limitations of this study, several strategies were employed. Geographical delimitation was addressed by contextualizing the findings within Kiambu County and recommending further research in diverse regions to enhance generalizability. Time constraints were managed by clearly defining the study period, acknowledging its limitations, and suggesting longitudinal studies to capture long-term trends. To reduce self-reporting bias, anonymity was ensured to encourage honest responses, and multiple data sources were used where possible to validate self-reported information.

To mitigate the limitations of this study, several strategies were employed. To address geographical delimitation, the findings were contextualized within the specific setting of Kiambu County, with recommendations for further research in diverse regions to enhance generalizability. Time constraints were managed by clearly defining the study period and acknowledging its limitations, while suggesting longitudinal studies to capture long-term trends. To reduce self-reporting bias, anonymity was ensured to encourage honest responses, and multiple data sources were used where possible to validate self-reported information. Although external factors such as changes in healthcare policies or economic conditions were not the primary focus, they were acknowledged and discussed in the analysis, considering their potential impact on hospital performance.

1.9 Study Justification

The study was fundamentally justified by the critical role that effective leadership plays in the realization of Kenya's ambitious Vision 2030, specifically its objective of achieving Universal Health Coverage (UHC) (Kibui et al., 2015). Effective leadership is not only essential for the successful execution of sector projects but also for strategic planning, comprehensive evaluations, resource allocation, and the vigilant monitoring and evaluation of

healthcare programs (WHO, 2016). Despite the undeniable significance of leadership in healthcare, there appears to be a paucity of assessments concerning the utilization of effective leadership practices among healthcare managers charged with spearheading quality health care in the County.

This study's outcomes hold immense potential to provide invaluable insights to Kiambu County Health Managers and the broader Health System, enabling them to consistently evaluate the impact of leadership practices. This, in turn, can ensure an optimal return on investment in Kiambu County Public Hospitals and, ultimately, catalyze improvements within the Kenyan Healthcare Delivery system. Moreover, the findings derived from this research endeavor have the potential to bolster the governance and leadership pillar of the healthcare sector, thereby expediting the realization of Kenya's Vision 2030. Furthermore, the study will significantly contribute to the body of knowledge surrounding effective leadership practices in healthcare, thus fostering advancements in leadership approaches that can positively impact healthcare service delivery, patient outcomes, and overall healthcare system performance.

Kiambu County serves as an ideal research location for this study due to its distinctive healthcare landscape, encompassing 505 health facilities, including a mix of public, faith-based, and private institutions. With a diverse cadre of 2,652 healthcare personnel, the county presents a compelling setting for this research endeavor, particularly considering the doctor-to-population ratio of 1: 6,667 and the nurse-to-population ratio of 1: 1,110 (County Government of Kiambu, 2020). This unique context offers a rich environment for investigating the intricacies of leadership practices and their impact on hospital performance, making Kiambu County an optimal choice for this research study.

1.10 Operational Definition of Key Terms

Diversity	The presence of a wide variety of different individuals, including staff and managers from different backgrounds, cultures, genders, religions, sexual orientation, and religious beliefs.
Inclusion	Involving and empowering all employees, regardless of their diverse background, and ensuring that every individual's inherent worth and dignity are recognized, respected, and valued within the hospital's environment.
Leadership practices	Employing strategies to guide and motivate healthcare workers towards the shared goal of customer satisfaction
Leadership Styles	These are the different approaches and strategies that healthcare leaders use to manage their teams, make decisions, and guide the organization towards its goals.
Performance Management	This is a structured process involving goal setting, progress monitoring, outcome evaluation, and continual enhancement of the performance of healthcare professionals and the organization as a whole
Supervisory Skills	These are individual abilities of a supervisor or manager in a healthcare facility to lead, guide, and coordinate the activities of a healthcare team. These skills include strong communication, training and development, conflict resolution, empowerment, and engagement to enhance customer service and overall performance in healthcare settings.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter highlights the overview Leadership practices and their influence on hospital performance. Theoretical and empirical reviews forms part of the literature review and forms the bases and linkages between the influences and the level of hospital performance in similar context globally, regionally and locally. The chapter will specifically discuss communication management, Supervisory skills, and Inclusivity management as influences of hospital performance, based on customer satisfaction.

2.1 Theoretical Framework

2.1.1 Transformational theory of leadership

Burns (1978) presented the Transformational Theory of Leadership when studying institutional leaders. The theory has also been used to study organizations. According to Burns (1978), the transformational theory of leadership is concerned with a leader's capacity to foster valued and constructive change in their followers. Leaders that are transformational put an emphasis on bringing about big or noticeable changes. They empower, uplift, and inspire their followers to support one another and bring about change that contributes to the development and future success of the entire organization (Bertocci, 2009). Without micromanaging, transformational leaders inspire and drive their followers. They encourage and coach their followers to take initiative in their work tasks and make judgments.

Transformational leadership has been further supported by empirical research as a crucial driver of organizational success, especially in sectors requiring high levels of teamwork and

adaptability, such as healthcare. Leaders who embody this style effectively harness their followers' potential by creating a vision that aligns with both individual and organizational goals. In hospital environments, where change is constant due to evolving medical practices, patient needs, and regulatory requirements, transformational leadership fosters a proactive, rather than reactive, approach to challenges. This dynamic style helps build a resilient workforce capable of navigating complex issues with a shared sense of purpose.

Moreover, transformational leaders play a vital role in creating a culture of continuous improvement. By empowering staff to take ownership of their roles and responsibilities, they help develop future leaders within the organization. This leadership development ensures that the organization not only achieves immediate performance goals but also builds a foundation for long-term sustainability. Hospitals, being highly specialized and dynamic organizations, benefit from such leadership because it promotes agility and innovation, which are essential in responding to healthcare demands. The ability to inspire trust and commitment among hospital staff leads to increased engagement, lower turnover rates, and ultimately, improved patient care quality and hospital performance.

In the context of this study, the Transformational Leadership Theory illuminates the connection between leadership practices and hospital performance, assisting in making appropriate decisions regarding task orientation and the management of relationships within the hospital. Understanding how transformational leadership affects organizational performance provides a framework that inspires public level 5 hospital executives to adopt effective leadership practices. Their workforce's core beliefs and capabilities are developed with the aid of strategic leadership abilities. The strategic leadership abilities simultaneously promote innovation to enhance organizational performance. The idea is significant because it

takes into account elements of management innovation, fundamental principles, and human capital development.

2.1.2 Leader-Member Exchange theory

Leader-Member Exchange (LMX) theory focuses on the dyadic and quality of the relationship between leader and follower (Center for Leader Development, 2006). In this style, a successful leader is characterized by high LMX that refers to a high-quality relationship where members feel a part of in-group. As a result, they have more responsibility, decision influence, higher satisfaction, and access to valuable resources. Reciprocally, when members feel in the out-group, this relationship is characterized by low LMX. Here, the leader offers low levels of support to the member, and the person has less responsibility and ability to influence decisions. Leader-member relationships emerge as the result of a series of exchanges and interactions during which these roles develop.

Leader-Member Exchange (LMX) theory extends beyond the mere transactional relationship between leaders and followers, focusing instead on the quality and depth of these interactions (Graen & Uhl-Bien, 1995). In high-quality LMX relationships, mutual trust, respect, and obligation are developed, fostering an environment of collaboration and empowerment. Followers in this high LMX dynamic often feel more engaged and motivated, as they perceive that their contributions are valued, and their efforts are rewarded. This promotes a sense of belonging within the "in-group," leading to higher productivity, job satisfaction, and organizational loyalty (Harris, Wheeler, & Kacmar, 2009). In healthcare settings, such relationships between hospital leaders and their staff can be instrumental in improving patient care, staff morale, and overall hospital performance (Li, Sanders, & Frenkel, 2012).

On the other hand, low LMX relationships create a disjointed work environment, where members feel alienated from their leaders, resulting in lower motivation and engagement

(Bauer & Erdogan, 2016). Followers in the "out-group" may feel overlooked, leading to decreased job satisfaction, higher turnover rates, and diminished access to critical organizational resources (Hui, Law, & Chen, 1999). This is particularly detrimental in hospitals, where teamwork and communication are essential for effective patient care. Therefore, promoting high-quality LMX through inclusive leadership, transparent communication, and equitable resource allocation is essential in healthcare settings, as it ensures that staff members feel supported and empowered to perform at their best. High LMX is associated with improved organizational performance, whereas low LMX can impede progress and reduce operational efficiency (Dulebohn, Bommer, Liden, Brouer, & Ferris, 2012).

In the context of this study, effective leadership practices such as good communication management, effective supervision, and inclusivity promote a high LMX which in turn enhances organizational performance. However, poor leadership strategies cripple the LMX resulting to a decline in organizational performance

2.2 Empirical Literature Review

2.1.1 Communication management and hospital performance

According to Vermeir et al. (2015), communication is defined as the process of exchanging information and ideas between patients and healthcare personnel via the use of spoken and written media. The authors Simonovich et al. (2021) highlight the significance of communication in the healthcare industry, stating that it is an essential component that plays a significant part in fostering efficient cooperation and patient care among people or teams who are operating in comparable capacities. Furthermore, effective communication at a level 5 hospital helps to increase the degree of cooperation between healthcare workers, patients,

and other stakeholders. This is accomplished by encouraging understanding and empathy, which eventually results in better patient care and outcomes (Brown, 2020). On the other hand, Kyaw et al. (2019) contend that inadequate communication within a healthcare system leads to inadequate or inadequately provided customer service.

In the context of hospital management, effective communication is vital for enhancing customer satisfaction (Zulch, 2018). Hospital management encompasses various aspects such as healthcare services, staff, finances, facilities, compliance, and patient care strategies (Asamoah et al., 2017). Strong leadership is also crucial for successful hospital management, and communication plays a pivotal role in the leadership and management process (Velibor et al., 2020; Moreira et al., 2019). Similarly, studies have shown that effective management drives the entire leadership process, from vision development to task delegation and evaluation (Gift et al., 2019). However, hospitals with poor communication management may face issues such as administrative burdens, care coordination failures, and potential fraud and abuse (Roman et al., 2023).

Effective communication management, linked to good leadership communication, is integral for successful hospital management, leading to improved customer service and patient care (Simonovich et al., 2021). Various studies have highlighted crucial elements of communication management such as leadership communication, internal communication channels, communication climate, and crisis communication, all of which significantly impact customer service (Shahab et al, 2014; Barret et al, 2021; Kane et al, 2021; Norizah et al 2018, Simnovich et al ;2021).

2.2.1.1 Leadership Communication

It is essential for leaders to have the ability to communicate effectively with healthcare workers in order to ensure the seamless running of services, the quality of care that is provided to patients, and the general well-being of the healthcare team. Hospitals are environments that are both complicated and high-pressure. According to the definitions provided by Derue et al. (2016) and Shahab et al. (2018), leadership communication is the capacity of leaders to interact with healthcare workers in a way that encourages cooperation, creativity, and providing exceptional service to customers. This ability requires more than simply passing on knowledge; it also entails cultivating an atmosphere in the workplace in which employees are made to feel appreciated and heard, and in which they are driven to contribute to the continued success of the organisation.

The healthcare industry is one that is continually confronted with issues that are associated with the development of new technologies, the modification of policies, and the occurrence of unanticipated crises such as pandemics. When seen in this light, the capacity of leaders to communicate effectively with the members of their teams becomes far more important. Leaders that are able to engage healthcare workers in open discourse and collaborative decision-making create a climate that is conducive to the development of inventive solutions to challenges. It has been suggested by Derue et al. (2016) that leadership communication gives healthcare staff the chance to participate in the process of problem-solving, which in turn encourages a feeling of ownership and responsibility for the results.

The likelihood of healthcare personnel going above and beyond their usual tasks, contributing new ideas, and working towards improving patient outcomes is increased when they have the sense that they are involved in the decision-making process. Due to the fact that employees

are not only carrying out their assigned jobs but also making contributions to the improvement and refinement of the services that are being offered, this results in great customer service. According to Shahab et al. (2018), a setting like this is favourable to high levels of patient satisfaction and overall hospital performance. As a result, leadership communication becomes a strategic instrument in the process of attaining operational excellence.

One of the most important results that can be achieved via good leadership communication is the development of trust between leaders and the teams that they are responsible for. As Zulch (2018) points out, communication that is both clear and consistent fosters understanding and trust, which in turn inspires members of a team to follow the guidelines set out by their leaders. In the context of a hospital, trust is an essential component that must be present in order to guarantee that healthcare staff carry out their responsibilities with self-assurance and dedication. It is possible for leaders to establish an atmosphere in which healthcare workers feel appreciated and valued when they speak frankly and clearly, addressing both the obstacles and the successes that they have faced.

Once it has been built, trust results in a team that is more cohesive. When members are aware that their leader has their best interests at heart, they are more ready to work together, exchange information, and provide assistance to one another. In hospitals, where patient care is often provided by interdisciplinary teams, this degree of teamwork is especially crucial because of the nature of medical care. According to Zulch (2018), when healthcare staff trust their leaders and each other, they are better able to collaborate with one another, which in turn ensures that patients get treatment that is both comprehensive and coordinated.

An additional essential component of effective leadership communication is empathy, which is brought to light by Zulch's (2018) focus on understanding. In order to build a more good and productive work environment, leaders who take the time to listen to the concerns and opinions of their team members are able to solve problems before they become more serious. It is possible for this form of empathic communication to assist decrease burnout and turnover in the healthcare industry, which is characterised by high levels of emotional stress. This is because employees feel supported both professionally and emotionally.

When it comes to leadership, effective communication is not limited to just providing directions; rather, it may also include encouraging and motivating healthcare staff to perform to the best of their abilities. In this particular setting, Asamoah (2017) makes the observation that leadership that places a high priority on communication is an essential component in the formation of a workforce that is both motivated and cohesive. Leaders have the ability to instill a feeling of belonging and purpose within their teams by maintaining open lines of communication, ensuring that staff members are informed, engaged, and respected, and ensuring that they are recognised.

In the healthcare industry, motivation is very necessary due to the demanding nature of the labour that is necessary. The long hours, emotional strain, and high stakes involved in providing care to patients need those who work in the healthcare industry to maintain their engagement and dedication to their jobs. Leaders that are able to communicate effectively have the ability to emphasise the significance of the contributions made by each individual member of the team, which in turn boosts morale and motivation. According to Asamoah (2017), this is of utmost importance in high-pressure workplaces such as hospitals, where the likelihood of experiencing burnout is considerable.

Additionally, the argument made by Asamoah (2017) highlights the need of using communication in order to establish a common vision. It is more probable that healthcare professionals will link their own ambitions with the greater aim of the organisation when leaders convey the goals and vision of the hospital in a clear and concise manner. A feeling of purpose is fostered as a result of this alignment, and healthcare personnel are encouraged to take ownership of their responsibilities in providing high-quality treatment to patients.

In their article, Clutterbuck and Hirst (2019) highlight the relevance of communication skills for authentic leadership. They argue that leaders are unable to successfully carry out their tasks if they lack the capacity to communicate in a way that is both clear and compelling. For the sake of this discussion, the term "genuine leadership" refers to leaders who are genuine, transparent, and capable of establishing meaningful connections with the members of their teams. This requires leaders in a hospital context to not only communicate information but also actively listen to what their team members have to say, address any issues that may arise, and modify their communication techniques to accommodate the various requirements of the members of their team.

The workforce at hospitals is comprised of people who come from a wide range of professional backgrounds, degrees of skill, and cultural experiences. When it comes to uniting their people behind shared aims and values, leaders who are able to negotiate this variety via skilful communication are better positioned. The viewpoint presented by Clutterbuck and Hirst (2019) emphasises that communication is not a universally applicable method; rather, it requires adaptability, emotional intelligence, and the capacity to establish a personal connection with others.

One of the most significant factors that determines the level of care that is provided to patients is the culture of the hospital's workplace. According to the theory put out by Brown (2020), a positive work culture is developed when leaders make communication a priority and empower their employees. When a culture like this exists, healthcare staff experience increased levels of confidence, support, and motivation, which directly contributes to an improvement in the quality of client service. Worker empowerment increases the likelihood that employees will take initiative, swiftly address problems raised by patients, and participate in initiatives to achieve continuous improvement. This not only enhances the whole experience that patients have at the hospital, but it also helps to boost the hospital's reputation as a source of high-quality medical treatment. The communication of leadership is thus not just about the activities that take place inside the hospital; it also plays a significant part in determining the hospital's outward image and the level of satisfaction that its clients feel (Brown, 2020).

A key aspect of communication leadership is motivation (Karaferis et al., 2022). Motivation plays a significant role in influencing communication, leadership, and customer service in hospitals. A study by Sether et al (2016) highlights that, motivated employees are crucial for organizational engagement, commitment, efficiency, and job satisfaction. Individualized attention from leaders is instrumental in enhancing employee motivation, as it fosters improved communication, information exchange, and a sense of value within the organization (Chebon et al., 2019). This, in turn, translates to better customer service as health workers are more motivated to perform at their best (Okoth & Florah, 2019). However, lack of motivation for the health care workers brings reluctance and delays in delivery of customer services (Asamoah, 2017).

Leadership communication also encompasses teamwork((Zajac et al., 2021)).Teamwork in healthcare settings has a substantial impact on patient care quality and safety, and has a close relationship with effective communication, leadership, and customer service in hospitals(Moreira et al., 2019). Teamwork also extends to the Health Administrative Team, which plays a crucial role in facilitating communication with healthcare workers and enhancing customer satisfaction. Effective communication from the administrative team goes beyond verbal language and encompasses attitudes, behaviors, and personalities (Benitta et al., 2018). However, inefficient communication and teamwork can lead to negative consequences in various aspects of healthcare, including diagnosis, treatment, referrals, and nursing management (Simonovich et al., 2021). For excellent customer service, healthcare workers must collaborate, share information, and integrate knowledge effectively (Zajac et al., 2021). Similarly, Skillful communication, which includes empathy, transparency, and active listening, fosters trust, transparency, and better coordination among healthcare leaders. It enhances improved decision-making and increased employee engagement (Moreira et al., 2019; Boies et al., 2015). On the other hand, poor communication has significant negative impacts on patient customer service, causing delays in consultation response, referrals, diagnoses, and treatment, as well as inconsistent treatment plans, medication errors, and increased polypharmacy (Mwenda et al., 2022; Barbosa et al., 2016).

2.2.1.2 Internal Communication Channels

Internal communication channels in a healthcare setting facilitate the exchange of information among hospital staff and departments, playing a crucial role in influencing customer service(Barrett et al., 2021). These channels include methods like telephone conversations, telemedicine, internal letters, face-to-face meetings, electronic mail, newsletters, and intranet (Tkalac Verčič & Špoljarić, 2020). Efficient internal communication

fosters collaboration, improves decision-making, and ensures effective information sharing, positively impacting customer service in the healthcare industry (Kyaw et al., 2019). Technology, particularly computer-mediated channels like email, plays a significant role in enhancing communication and its potential influence on customer service in hospitals (Kamanda et al., 2018). Effective internal communication channels are vital for ensuring a cohesive and customer-focused organizational culture in healthcare settings (Barrett et al., 2021).

Telemedicine represents a significant advancement in healthcare, employing information communication and technology (ICT) to electronically manage patient records, reduce errors, and increase efficiency (Verbour et al., 2021; Lupton et al., 2017). Despite challenges like installation costs, confidentiality concerns, and communication delays, telemedicine positively impacts healthcare delivery, cost reduction, and customer service (Kyaw et al., 2019; Verbour et al., 2021).

Over the years, employee publications like newsletters, memos, and magazines have played a vital role in sharing information among healthcare workers in hospitals (Anja et al., 2020). These publications offer advantages such as regular communication with a broad audience, keeping healthcare workers informed about hospital updates, and fostering a sense of community and engagement (Ana, 2020). However, they also have drawbacks like high production costs, potential delays in delivering real-time information, and limited interaction opportunities (Simonovich et al., 2021).

In the healthcare setting, direct and interactive face-to-face communication between healthcare providers and patients plays a crucial role in enhancing customer service (Barrett et al., 2021). This approach enables effective communication, empathy, and teamwork among

healthcare staff, ultimately benefiting patients and improving patient care (Bowman, 2020; Kang & Sung, 2017; Yue et al., 2019). Leveraging technology for face-to-face communication, like video conferencing, enables personalized patient messages and enhances patient engagement in treatment (Vermier et al., 2015; Bennis et al., 2020). Additionally, using face-to-face communication for continuing medical education helps physicians enhance their skills and deliver better customer service (Kyaw et al., 2019; Kamanda et al., 2015). However, potential drawbacks include misinterpretation of nonverbal cues, logistical challenges, scheduling conflicts, discomfort in discussing sensitive matters, and compromised patient privacy (Bowman, 2020; Yue et al., 2019; Barrett et al., 2021; Vermier et al., 2015; Bennis et al., 2020).

Telephone apps such as emails and messages have also transformed customer service in hospitals by providing a digitalized channel for efficient and convenient communication (Kamanda et al., 2015). Hospitals can proactively engage with patients, sending updates, reminders, and health-related information, promoting preventive care, and enhancing patient loyalty (Javid et al., 2021). Additionally, emails facilitate quick communication among hospital staff, improving patient care coordination and customer service (Barrett et al., 2021).

However, strict security and privacy measures are required when using emails for sensitive medical information to comply with healthcare regulations and protect patient data (Labonte, 2017).

2.2.1.3 Crisis Communication

According to Kane et al. (2021), crisis communication in a hospital setting is a strategic process that aims to effectively disseminate information during times of emergency in order to handle risks, minimise fear, and retain trust with patients and the general public. Crisis

situations, on the other hand, are time-sensitive, and as the clock ticks, the window of opportunity to accomplish a good solution closes (Wu et al., 2020). According to the findings of a research conducted by Abutaleb et al. (2020), the unanticipated nature of a crisis makes it difficult to get trustworthy information that might assist in decision making, which in turn hinders customer service. According to Brandstorm et al. (2016), experts propose understanding crises as ongoing, compounding occurrences rather than discrete instances. This notion is supported by the fact that crises are growing more prevalent.

A crisis management plan is a crucial tool for hospitals to be prepared and mitigate risks, enabling early intervention during the "incubation period" of a crisis (Sands et al., 2020). The National Center for Crisis Management Research and Training (2016) study highlights its significance in helping hospitals prepare for emergencies, manage public responses, and effectively handle crises. However, an American study conducted in an international crisis management consultant firm surveyed 200 organizations and found that approximately 40 percent lacked a crisis management plan (Areinsten et al 2020). Crisis management plan plays a crucial role in sharing information during emergencies, addressing hazards, and managing outrage, thereby influencing customer service positively (Kane et al., 2021).

Crisis communication is an integral part of hospital crisis management, but its implementation can face significant challenges. According to Zhang et al. (2019), one major hurdle is the rapid dissemination of misinformation, particularly through social media, which can lead to public panic and misinformed decisions. Hospitals must actively monitor and counteract misinformation to maintain trust and ensure that accurate information prevails during crises. Furthermore, Kane et al. (2021) emphasized that crisis communication should incorporate cultural sensitivity, as diverse populations may interpret health risks differently. Effective crisis communication should also prioritize vulnerable groups, ensuring that

communication reaches and resonates with those most at risk (Areinsten et al., 2020). Collaboration with community leaders and stakeholders can enhance the credibility and reach of messaging during emergencies (Wu et al., 2020). By addressing these challenges, hospitals can strengthen their crisis communication efforts, ultimately improving public trust and response during critical events.

According to Kane et al. (2021), the American Society of Plastic Surgeons has emphasised the need of including clear communication techniques into crisis management plans. This is with the goal of addressing risks in a timely manner, hence minimising morbidity and death rates. It is necessary for hospitals to have comprehensive crisis communication plans, which include authorised spokespersons and a variety of communication channels, in order to react effectively during times of emergency. It is possible to minimise the number of fatalities and enhance public health mitigation during times of crisis by providing information that is both timely and transparent, as well as by monitoring feedback continuously (Feng et al., 2020). Nevertheless, hospitals are need to properly manage social media in order to offer accurate information, resolve issues, and retain confidence in order to provide a pleasant customer service experience during times of crisis (Feng et al., 2020).

2.1.2 Inclusiveness management and hospital performance

According to Shore et al. (2018), the term "inclusive management" describes a methodical approach that is used by healthcare services. Through the implementation of this strategy, the objective is to cultivate an atmosphere that offers equal possibilities to all persons, irrespective of the many identities and backgrounds they possess, such as gender, race, ethnicity, and age. According to Shore et al. (2018), the objective is to provide assistance to

staff members in their efforts to enhance their level of engagement, comfort, and autonomy within the environment of the hospital.

With the help of Diversity and Inclusion Practices, training and development, employee engagement, and employee representation, the notion of inclusive management is studied, along with the ways in which these factors impact performance at level five hospitals. In level five hospitals, a study highlights the significance that workplace inclusion has in improving client happiness and productivity. According to Bale et al. (2022). According to Abatecola and Cristofaro (2020) and Abatecola et al. (2020), inclusiveness is seen as a pool of influences that is interconnected and co-evolving, and inside level five hospitals. According to Paniccia and Leoni, if this is not implemented, it will continue to be a factor that contributes to bad performance in hospitals owing to inadequate customer service. It is 2019

2.1.2.1 Diversity and Inclusivity Practices

Diversity in a hospital setup refers to the presence of a wide variety of different individuals, including staff and managers from different backgrounds, cultures, genders, religions, sexual orientation, and religious belief (Dillard et al, 2014). Additionally, Inclusion means involving and empowering all employees, regardless of their diverse background and ensuring that every individual's inherent worth and dignity are recognized, respected, and valued. within the hospital's environment (Syed & Ozbilgin, 2019). Inclusive health sector policies encompass recruitment, training, and support, valuing diverse contributions (Nkomo 2014). Integrating minorities into key roles yields mutual hiring, promotion, and training benefits (Delgado-Romero et al. 2017).

According to McKinsey's research in the United States, diversity and inclusion were identified as high-risk areas worldwide, especially in 2019 (Ozbilgin & Arda, 2022). This

was due to negative results seen despite of enormous spending in United States hospitals, nearly \$10 billion annually on Diversity, Equity, and Inclusion (DEI) practices in level five hospitals (Zhang, H et al., 2021). Therefore, comparing to the awareness of the positive aspects of diversity for years, as shown by Hansen et al., (2013) who estimated that level five hospitals in U.S were spend nearly \$10 billion annually on Diversity, Equity, and Inclusion (DEI). Additionally, minorities constituted 33% of the U.S. level five hospitals population but only 14% of all top-level managers and officials in private U.S. hospitals turned up for positive performance in customer services (Zhang, H et al., 2021).

Jehu-Appiah et al. (2014) analyzed policies related to recruitment, promotion, training, and employee support programs several level five hospitals in Ghana. The study used Diversity, Equity, and Inclusion (DEI) analysis to estimate the performance 128 level five hospitals. The results revealed that level five hospitals practicing diversity and inclusion had the highest mean performance of score (83%). The study concluded that hospital customer service positively correlated with hospital performance. Stock and McDermott (2015) studied how the contextual factors of inclusion and diversity affected the cost performance of New York hospitals.

2.1.2.2 Employee engagement

Employee engagement involves the degree to which hospital staff members are motivated and committed to actively contributing to the success of the healthcare institution (Benjamin, 2020). It signifies their willingness to invest extra time, cognitive effort, and energy beyond their basic job requirements, all with the aim of effectively fulfilling tasks that hold significance in achieving the hospital's objectives (Benjamin, 2020). Employee engagement is often measured through various surveys, assessments, and feedback mechanisms (Blazey

& Grizzell, 2021). Organizations recognize its importance because higher levels of engagement are linked to several benefits, including reduced turnover, increased job satisfaction, better customer service, improved innovation, and overall organizational success (Kamaljeet, 2020).

Numerous reports suggest a low level of employee engagement worldwide (V. Patel et al., 2017). According to the Gallup Institute, globally only 15% of workers can be described as fully engaged in their work, while 85% are not engaged or are actively disengaged (Gallup et al. 2017). The causes of the deepening “disengagement crisis” lie in the absence of support to employees in achieving what they perceive for themselves as meaningful results (Forbes, 2018). Thus, contributing to poor customer service as a result of low level of engagement (H. Patel et al., 2017).

The consistently low level of employee engagement also indicates that many organization efforts to improve engagement have not been affective (Turner, 2019). Many of these interventions have not been aimed at winning the war for talent with a focus on organizational level progress such as selective hiring, talent development, job security and decentralized decision making (Turner, 2017) These practice are useful for creating a positive context that may increase the level of employment engagement, but they are not sufficient. While this practice may generate short-term spikes in level of engagement, the impact will be lost if there is no supplemented and supported by the set of factors operating at the individual employee level of the level five hospitals (Medicine et al., 2017).

2.1.2.3 Employee representation

Employee representation encompass various aspects related to how individuals or groups are portrayed and treated (Homan et al., 2019). In the hospital context, these aspects are Medical

Staff Committees, Nursing and Allied Health Representation, Clinical Governance and Representation, Labor Relations and Workforce Planning (Homan et al., 2019).

Explicitly promoting the value of differences in above employee representation enhances openness to diversity, and thereby attenuate the negative effects of employee bias in communication, supervision and inclusiveness (Randel et al., 2018). Therefore, provides employees with a platform to express their concerns, interests, and grievances and to participate in discussions that affect their work conditions, benefits, and overall work environment (Blanck et al., 2020). This positive cycle of engagement and representation leads to improved customer services, employee satisfaction, and ultimately, the success of the level five hospitals (Wiig et al., 2018).

Employee representation can help companies create policies and guidelines that clearly outline the inclusive nature of recruitment (Speroni et al, 2016; Dugan & Atherton 2016). For instance, in most American hospitals, employees are given full right to negotiate with management in case of issues, setting transparency, thus influencing better customer services and better performance (Thomas Craig et al., 2020). However, in the other hand, due to poor employee representation a diverse workplace brings together individuals with different backgrounds, experiences, and perspectives (Sivasampu et al., 2020).

2.1.3 Supervisory Skills and hospital performance

Supervisory skills in healthcare refer to the abilities of a supervisor or manager in a healthcare facility to lead, guide, and coordinate the activities of a healthcare team (Jones et al 2018). Research by Smith et al (2015) has identified essential supervisory skills and competencies for healthcare leaders including effective leadership styles, coaching and

mentorship, conflict resolution, performance management among others to be able to enhance customer service.

2.1.3.1 Leadership Styles

Leadership styles in hospitals refer to the different approaches and strategies that healthcare leaders employ to manage their teams, make decisions, and guide the organization towards its goal (Abendroth et al 2017). Leadership styles play a crucial role in shaping the hospital's culture, setting the tone for staff interactions with patients and visitors, and ultimately impacting the overall customer experience. These leaders fostered a sense of ownership among their staff and encouraged a patient-centered approach, (Hague et al. 2017).

In a study by Amable et al (2020) in Australia on leadership styles the researchers examined the influence of hospital general leadership styles on patient satisfaction and safety findings suggested that leadership styles emphasizing participative decision-making and open communication were associated with higher patient satisfaction scores and improved safety outcomes. In contrast, leadership styles with poor communication and lack of employee involvement were linked to lower patient satisfaction and safety incidents, (McGrath et al (2020).

Cummings et al. (2018) studied transformational leadership's impact on patient safety. Hospitals led by such leaders demonstrated superior patient safety records, lower medical error rates, and improved patient outcomes. Nurses working under transformational leaders reported elevated job satisfaction and greater commitment to their organization as this heightened dedication and contentment translated into improved job performance and reduced turnover rates. Similarly, nurses working under transformational leaders exhibited higher job satisfaction and commitment, resulting in improved job performance and

decreased turnover (Journal of Advanced Nursing, 2018). Lack of transformational Leadership: Research by Bass and Avolio (2018) suggests that lack of transformational leadership, characterized by failure in inspiration, intellectual stimulation, individualized consideration, and idealized influence.

Irving et al. (2019) explored the influence of servant leadership on overall hospital performance. The study revealed that hospitals led by servant leaders showcased elevated levels of employee engagement, reduced turnover rates, and enhanced patient satisfaction scores. To further address the understanding, additional studies could delve into the long-term effects of servant leadership on healthcare organizations, explore potential challenges or limitations in implementing this leadership style, and investigate the role of servant leadership in different healthcare specialties or diverse cultural contexts. (Irving et al. 2019).

Research conducted in the United States by Smith et al. (2018) across multiple hospitals explored the connection between transactional leadership and various performance indicators, including patient satisfaction, staff turnover, and efficiency. The study discovered a positive correlation between transactional leadership and improved staff adherence to protocols and procedures, leading to enhanced patient safety and care quality. However, the study by Keeny et al (2022) also underscored that relying solely on transactional leadership might not adequately foster a positive organizational culture or drive long-term performance improvement. In healthcare facilities, a department manager practicing transactional leadership might establish performance targets, such as reducing patient wait times (Levy et al., 2018).

Researchers at Harvard Medical School USA conducted a study on hospital performance in the United States, comparing hospitals with autocratic leadership to those with more

participative leadership styles. The study by found that hospitals led by autocratic leaders exhibited higher efficiency in decision-making processes, leading to faster implementation of critical protocols during emergencies (fareh et al (2012). However, these hospitals tended to face challenges in retaining talented staff due to dissatisfaction with their limited involvement in decision-making (smith et al 2018).

2.1.3.2 Coaching and mentorship

Coaching refers to the practice of providing one-on-one support and guidance to healthcare professionals, such as doctors, nurses, and other staff members, with the aim of enhancing their skills, performance, and overall well-being (Johnson et al 2022). The coaching process involves working closely with the subordinate staff to identify strengths, weaknesses, and areas for improvement (Emily et al 2018).

A study by james et al (2022) to investigate the impact of coaching on healthcare professionals in a tertiary level hospital setting, found that implementing coaching can have significant positive impacts on customer service. Coaching can also lead to a more satisfying experience for patients, ultimately contributing to the hospital's reputation and overall success in delivering high-quality healthcare services (Chan et al 2022). Moreover, the implementation of coaching sessions had a significant positive impact on customer service in a healthcare facility. Post-intervention surveys showed a noticeable increase in patient satisfaction scores, indicating that coaching positively affected the overall hospital experience for patients. Enhanced Teamwork: Coaching fostered a culture of collaboration and teamwork among hospital staff, resulting in smoother coordination of services and improved patient care. (Emily et al 2018).

2.1.3.3 Performance management

Performance management in a hospital setup entails a structured and methodical process encompassing goal setting, progress monitoring, outcome evaluation, and continual enhancement of the performance of healthcare professionals and the organization as a whole, all geared towards ensuring the delivery of top-notch patient care and achieving optimal operational efficiency (Ravvy et al., 2020).

A study conducted in the United Kingdom by Sarah et al. (2022) sheds light on the significance of performance management in this context. The research conducted by the Research Department of the Institute of Healthcare Management in Brazil (2022) sought to delve into the ramifications of implementing performance management practices on customer service specifically within a Level 5 hospital. This exploration into the impact of performance management on customer service within the precincts of a highly esteemed Level 5 hospital offers valuable insights into the role of data-driven decision-making and process optimization in elevating patient satisfaction levels. Bethwel et al. (2021) discovered through their study that the adoption of performance management led to notable improvements in patient experience. By embracing performance management practices, the hospital fostered a more personalized and patient-centric approach, actively integrating patient feedback and suggestions into strategies aimed at enhancing services. This approach nurtured a culture marked by responsiveness and empathy, in alignment with the observations of Jones et al. (2015).

Chen et al. (2015) demonstrated a link between robust performance management systems and improved patient outcomes. Hospitals that do not implement clear performance expectations and provide regular feedback to their staff tend not to deliver higher-quality care, leading to poor patient outcomes increasing medical errors, and high mortality rates.

2.3 Conceptual Framework

This section illustrates the link between the variables by presenting a diagram that depicts the independent and dependent variables alongside one another. Communication management, supervisory skills, and inclusivity management are the independent factors, while hospital performance is the dependent variable. The independent variables are the hospital's performance. Figure 1 illustrates the conceptual framework that is being discussed.

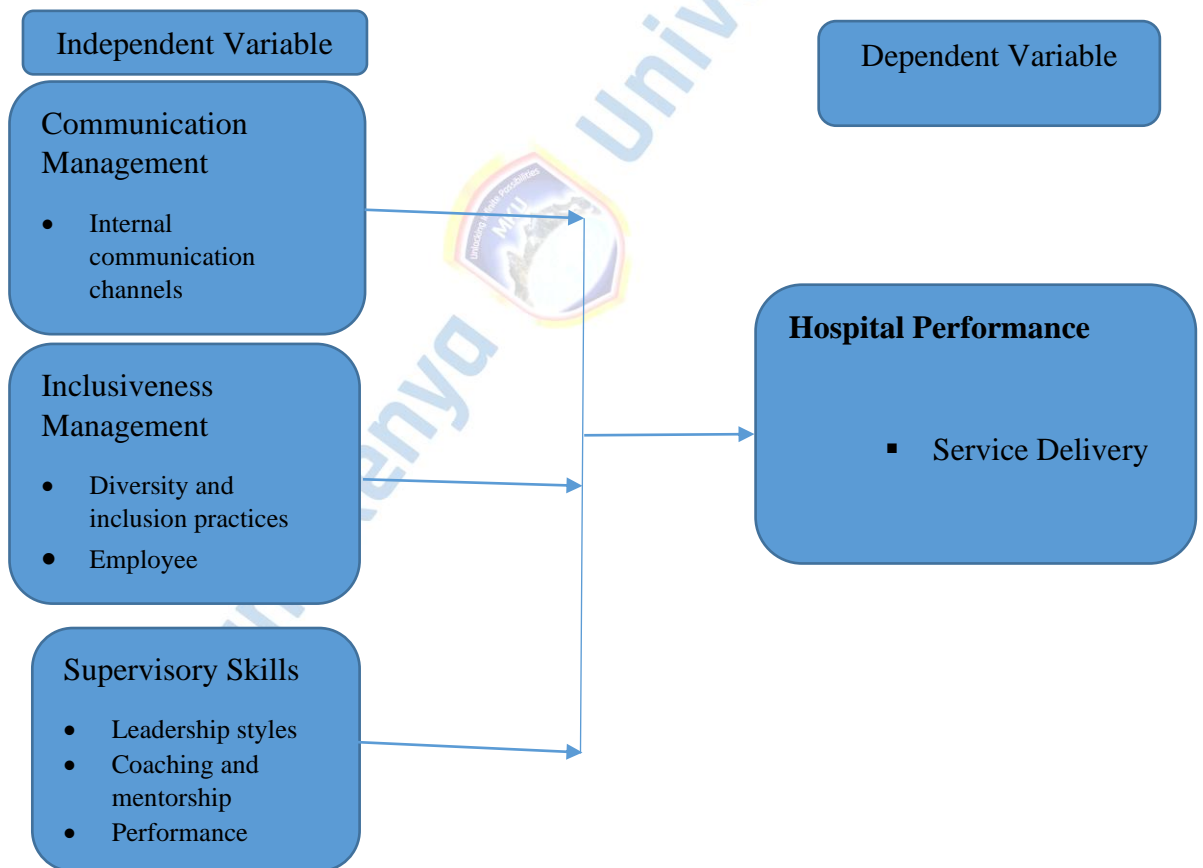


Figure 1: Conceptual Framework

2.4 Summary of Literature Review

This chapter addressed empirical research findings that are related to leadership practices and hospital performance. In a summary, Simonovich et al., (2021) assessed the role of communication on leadership, and its influence on hospital performance. The study revealed that effective communication management, linked to good leadership communication, is integral for successful hospital management, leading to improved customer service and patient care. Besides Abatecola et al., (2020) assessed inclusivity in the hospital set and revealed that inclusivity is seen as an inter-related and co-evolving pool of influences from in level five hospitals. However, if not practiced, will remain confined as a cause of poor performance in hospital due to poor customer services. Similarly, research by Smith et al (2015) has identified essential supervisory skills and competencies for healthcare leaders including effective leadership styles, coaching and mentorship, conflict resolution, performance management among others to be able to enhance customer service.

2.5 Summary of Key research gaps

Empirical studies have explored several aspects of hospital administration, reviewing the significance of leadership communication (Derue et al., 2013; Shahab et al., 2014; Asamoah, 2017). These studies stress the critical role that effective communication strategies play in the context of hospital management. However, a significant gap in the literature remains, as there is limited understanding of how to effectively blend management methods with these communication strategies. Another significant component of healthcare is teamwork, with substantial coverage of its role in patient safety and care quality (Zajac et al., 2021; Moreira et al., 2019). Despite the wealth of research on this topic, there is still a gap in the investigation of precise team interactions and communication strategies that lead to superior patient outcomes while simultaneously elevating consumer service standards.

Diversity and inclusivity strategies in hospital operations have gained attention in recent years (Ozbilgin & Arda, n.d.; Zhang, H et al., 2021; Hansen et al., 2013; Jehu-Appiah et al., 2014; Stock and McDermott, 2015). However, there remains a gap in understanding the exact influence of these strategies on patient care services and the representation of diverse individuals in high-ranking management roles.

Lastly, performance management techniques have been studied in the context of customer care, patient journeys, and the overall quality of health services in medical institutions (Bethwel et al., 2021; Ravvy et al., 2020; Chen et al., 2015). Despite these efforts, there is still a gap in comprehending the full extent of their impact on these critical aspects of healthcare delivery. These research gaps highlight the need for further exploration and investigation in the field of hospital administration and healthcare management.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the study's research methodology. It describes the research design, study site, target population, sample and sample procedures, data collection procedures, research instruments, research instrument reliability and validity, data analysis, and ethical considerations.

3.2 Research Design

The study employed a descriptive cross-sectional research design within a quantitative research paradigm, which is commonly used to analyze relationships between variables at a single point in time, making it suitable for large-scale and policy-oriented studies (Creswell & Creswell, 2018). A descriptive cross-sectional approach is effective for quantifying characteristics and determining the frequency or magnitude of specific factors, as it allows researchers to capture a comprehensive snapshot of the variables under study (Saunders, Lewis, & Thornhill, 2019). This design was selected because of its utility in identifying and measuring the relative influence of various leadership practices on performance outcomes in healthcare settings. A cross-sectional, quantitative approach is particularly advantageous in studies requiring data that can be generalized and compared across groups or tested for potential causal relationships (Bryman, 2016). Quantitative surveys and statistical analyses are commonly utilized within this framework, facilitating the collection and evaluation of objective, numerical data to guide evidence-based policy recommendations (Mertens, 2020).

3.3 Study site

The study was conducted in Kiambu County, Kenya, focusing on level 5 hospitals. Kiambu County is a strategically important region located in the central part of Kenya, known for its diverse population and significant healthcare needs. The level 5 hospitals in this county are

major healthcare facilities that provide a wide range of medical services, making them ideal for examining healthcare leadership and performance. These hospitals serve as referral centers for the surrounding areas, offering a comprehensive view of healthcare delivery in the region.

3.4 Study population

The target population included diverse hospital staff from Level 5 hospitals in Kiambu County, encompassing both service provision and administrative roles. These groups consisted of doctors, clinical officers, nurses, pharmacists, health records and information officers (HRIOs), and administrative personnel, thereby ensuring a comprehensive representation of the hospital workforce involved in both patient care and operational support (Polit & Beck, 2017). This heterogeneous population was ideal for capturing varied perspectives on leadership practices and their influence on hospital performance, as different roles may interact with leadership initiatives in unique ways (Yin, 2018).

Table 3. 1. Target population

Cadre	Target Population (n)
Medical Officers	116
Nurses	486
Clinical Officers	76
Pharmacists	44
HRIOs	15
Administrative officers	13
Total(N)	750

3.5 Sample size determination

A sample size of 254 determined using Fisher et al formula (1998) was used to carry out this study

$$n = \frac{z^2 pq}{d^2} \quad n = \frac{z^2 pq}{d^2}$$

Where,

n = sample size when population is more than 10,000

z= standard normal deviate (1.96) which corresponds to 95% confidence interval

p= proportion of target population estimated to have the targeted characteristics. In Kenya, average customer satisfaction in public facilities is approximately 50% (HMN 2008),

q= is the population without characteristics under investigation, q= 1-p

d= is the degree of accuracy (p-value) =0.05)

$$n = \frac{(1.96)^2(0.51)(1-0.51)}{(0.05)^2} = 384$$

$$(0.05)^2$$

Since the study population was less than 10,000, Cochran's method was used to determine the sample size

Where;

nf = It is the desired sample when the study population is less than 10,000

N=It is the estimate of the population having the characteristics of interest.

n=It is the desired sample size when the population is above 10,000

$$nf = n/[1 + (\frac{n}{N})]nf = n/[1 + (\frac{n}{N})]$$

$$384/ \{1+ (384/750)\} = 279$$

A 10% attrition rate was added to cater for non-respondents

Desired sample was 254 Respondents

3.6 Sampling procedure

Using the facility human resource database or register, the first sampling frame was developed by listing all names and assigning numbers to all eligible facility departments. The study population was then divided into health facilities and healthcare delivery departments such as administrative, doctors, nurses, HRIOs, and others. Following that, a probability proportionate to size was used to select study participants at random from a random number table. The respondents were distributed among the hospitals as follows:

Table 3. 2. Proportionate sampling of respondents

Cadre	Target Population (n)	Proportionate Sample (n/N*Desired sample size)
Medical Officers	116	39
Nurses	486	165
Clinical Officers	76	26
Pharmacists	44	15
HRIOs	15	5
Administrative officers	13	4
Total(N)	750	254

Source: Kiambu County Health Administrative Data, 2023

3.7 Inclusion and exclusion criteria

3.7.1 Inclusion criteria

Hospital staff that have been in the facility for at least six months preceding the survey period as they had some experience with the facility leadership practices and the customer service charter.

3.7.2 Exclusion criteria

Those who had worked in the facility for less than six months or those who were not be willing to be interviewed.

3.8 Data collection tools

The researcher used a questionnaire for data collection for the hospital staff. The questionnaire had questions on the demographic characteristics as well as communication management, supervisory and inclusive management factors which reflects the research objectives. However, the questionnaire was interrogated for content and comprehensiveness by experienced researchers. Research assistants were trained before data collection and respondents were supplied with standard semi-structured questionnaires by the trained research assistants. Participants were taken through the objectives of the study and their rights to willingly participate in the study or otherwise decline.

3.9 Validity and Reliability of Research Instrument

The following quality assurance measures of validity and reliability were implemented

3.9.1 Validity of Research Instruments

According to Creswell (2002), validity is the degree to which a measuring device measures the target variable. For the purpose of improving the study's internal validity, a random sampling technique was employed to ensure that the selected population was homogeneous and representative. On the other hand, to improve the study's external validity, a large sample of study respondents was randomly selected, and previous research was reviewed to inform the development of the new tools. We solicited expert feedback from the supervisors and incorporated their suggestions while developing the study instruments to increase content validity.

3.9.2 Reliability of Research Instruments

The dependability of the study was determined by the use of a pilot test, which included the collection of data from 25 participants who were not included in the sample. In order to determine the reliability of the data acquired from the test, a Statistical Package for Social Sciences reliability test was used. Because of this, the study instrument was able to undergo the required modifications that were necessary for improved understanding. Additionally, a reliability test was performed on the instrument in order to determine the extent to which the questionnaire produced answers that were consistent with one another. There was a test-retest reliability analysis performed, and Cronbach's Alpha was used to determine the level of dependability. As can be seen in the table 4.1, which is included in the results section, the test produced a Cronbach alpha value of 0.9. According to Cooper and Schindler (2008), the criteria that is used is a Cronbach alpha percentage of 0.7 or above.

3.9.3 Pilot study

Pre-testing of the questionnaire of the project was conducted at Mama Lucy Kibaki hospital which has similar characteristics such as being proximal to the Nairobi metropolitan and thus have nearly similar respondent characteristics for the study context as those of targeted study areas. This small-scale trial run was conducted among 25 respondents (10% of the sample size) to ensure that the questions elicited the required information, to check clarity, wording and sequencing of the questions. Thereafter, appropriate changes were made and the tools refined.

3.10 Data Collection Procedures

Upon obtaining the permit from NACOSTI and an introductory letter from Mount Kenya University, the selected research assistants were trained, informed consent was obtained from the study participants, and thereafter the trained assistants proceeded to distribute the questionnaire to the respondents and pick them after stipulated time of two weeks. The researcher used both open and closed-ended structured questionnaires to enhance on the quantity and quality of data collected.

3.11 Quality control and Data Management

In this study, rigorous quality control and data management practices were implemented to ensure the accuracy, reliability, and confidentiality of the data collected. To maintain high standards in data collection, standardized procedures were followed, allowing for consistent data gathering and minimizing variations that could affect the study's reliability. The research instruments underwent pre-testing, which allowed for refining and clarifying questions to improve their effectiveness. Regular monitoring and auditing of the data collection process were conducted, allowing for early identification and resolution of any discrepancies, thereby upholding the credibility of the findings.

Data management was similarly handled with great care to secure accuracy, confidentiality, and accessibility. All data were systematically organized, coded, and securely stored in Microsoft Excel, with password protection to restrict access to authorized personnel only. Regular backups were conducted to prevent any risk of data loss, while confidentiality of participant information was preserved by anonymizing data and using unique identifiers. These comprehensive quality control and data management protocols were essential for ensuring the data's integrity, supporting both the credibility and reliability of the research outcomes.

3.12 Data Cleaning, Analysis and presentation

First, data cleaning was performed prior to the actual analysis. Two trained and experienced research assistants entered same data after which entry reports were generated and variations addressed via consensus discussion. This dealt with inconsistent entries, missing data, and duplicates. SPSS version 28 was then used to analyze quantitative data. Descriptive analysis was performed, including percentages to describe the demographic characteristics, cross tabulation of variables, frequencies for variables such as communication management, inclusiveness management, and supervisory skills.

Table 3. 3. Coefficient Ranges and Interpretation

Coefficient range	Correlation Interpretation/Meaning
0-0.19	Very Weak
0.2-0.39	Weak
0.40-0.59	Moderate
0.6-0.79	Strong
0.8-1	Very Strong

The statistical analysis of correlation was used because of its capacity to demonstrate the degree to which hospital performance may be enhanced. This was accomplished by displaying the strength of the connection between leadership practices and customer happiness, as well as the direction in which the correlation points. In addition, multiple linear regression analysis was used in order to determine the extent to which different leadership approaches had an impact on the overall performance of the institution. This technique was selected because of its capacity to take into account the simultaneous influence of several independent factors. As a result, it offers a thorough knowledge of the ways in which various leadership practices contribute to overall performance indicators.

3.13 Ethical Considerations

The researcher obtained ethical approval from Mount Kenya University (Annex III) and NACOSTI (Annex IV). Subsequently, written consent was secured from the Kiambu County government, Department of Health and Emergency Services (Annex VII). Participation was voluntary and informed consent forms incorporated in the study survey (Annex II) were used. Anonymity of study tools and findings was maintained using participant codes.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.0 Introduction

This chapter presents findings from the 254 hospital staff respondents surveyed, with a focus on establishing the "Influence of Leadership Practices on Performance of Three Level 5 Hospitals in Kiambu County, Kenya." The section provides both descriptive and inferential analyses on respective leadership practices and their influence on hospital performance.

4.1 Response rate

The study targeted a sample size of 254 respondents, and all 254 questionnaires were successfully returned, resulting in a 100% response rate. This complete response can be attributed to effective follow-up strategies and the respondents' commitment to the study. A 100% response rate is highly favorable, as it ensures that no data was lost due to non-responses, thus enhancing the reliability of the findings and minimizing the risk of non-response bias. In social science research, a response rate of 60% is generally considered acceptable, with rates above 70% regarded as very good. Therefore, achieving a full response rate significantly strengthens the credibility and generalizability of the study, indicating that the data collected is representative of the target population.

4.2 Reliability analysis

To ensure the reliability of the data collection instrument, a Cronbach's Alpha reliability test was conducted. Cronbach's Alpha is a commonly used measure of internal consistency, which indicates how closely related a set of items are as a group. The results of the reliability analysis are presented in Table 4.1 below.

Table 4. 1. Reliability Statistics

Cronbach's Alpha	N of Items
0.942	29

The analysis yielded a Cronbach's Alpha coefficient of 0.942 for the 29 items included in the instrument, indicating a high level of internal consistency. According to literature, a Cronbach's Alpha value of 0.70 or higher is generally considered acceptable, while values above 0.90 are regarded as excellent. Therefore, the obtained Cronbach's Alpha of 0.942 suggests that the questionnaire was highly reliable, meaning that the items within the instrument consistently measured the underlying constructs.

This high level of reliability implies that the responses provided by the participants were consistent across the various items, enhancing the credibility of the data collected. Consequently, the results derived from the analysis of these items can be considered dependable and suitable for further statistical evaluation.

4.3 Demographic Characteristics

Table 4.2 presents the demographic characteristics of the respondents. The workforce is predominantly female, with women comprising 72.1% (n=183) and men accounting for 27.9% (n=71). This gender distribution is typical in healthcare settings, where female professionals, particularly in nursing and caregiving roles, predominate.

Table 4. 2. : Demographic Characteristics of the Respondents

Demographic Characteristic(s)	Category	N	%
Gender	Male	71	27.9%
	Female	183	72.1%
Age	20-24	3	1.2%
	25-29	50	19.8%
	30-34	41	16.3%
	35-39	38	15.1%
	40-44	47	18.6%
	45-49	24	9.3%
	50 and above	50	19.8%
Cadre	Medical Officer	27	10.5%
	Clinical Officer	21	8.1%
	Nurse	171	67.4%
	HRIO	9	3.5%
	Pharmacist	18	7.0%
	Administrative Staff	9	3.5%
Highest Level of Education	Postgraduate (PhD, Masters)	24	9.3%
	Degree	68	26.7%
	Higher Diploma	50	19.8%
	Diploma	109	43.0%
	Certificate	3	1.2%

Regarding age distribution, respondents were fairly distributed across various age groups. A significant proportion of respondents were aged 25-29 years and 50 years and above, each representing 19.8% (n=50). The presence of employees over 50 years suggests a stable and experienced workforce, while the notable proportion of younger workers (25-29 years)

indicates ongoing recruitment of new professionals. The smallest age group, 20-24 years, accounted for only 1.2% (n=3), implying fewer recent graduates at this facility.

In terms of professional roles, nurses constituted the majority of the respondents at 67.4% (n=171), reflecting their critical role within the hospital. Medical officers accounted for 10.5% (n=27), clinical officers 8.1% (n=21), and pharmacists 7.0% (n=18). HRIOs and administrative staff each represented 3.5% (n=9), indicating the presence of essential support roles within the hospital.

Regarding educational qualifications, a significant portion of the respondents held diplomas (43.0%, n=109), a common requirement in nursing and clinical professions. Additionally, 26.7% (n=68) had degrees, and 19.8% (n=50) held higher diplomas. A notable 9.3% (n=24) had postgraduate qualifications, highlighting advanced expertise among some staff members. The small percentage of certificate holders (1.2%, n=3) suggests a focus on higher educational credentials within the workforce.

4.4 DESCRIPTIVE RESULTS

4.4.1 Influence of Communication Management on Hospital Performance

4.4.1.1 Internal Communication Channels

The analysis revealed a diverse range of communication channels utilized within the hospital as shown in Figure 4.1 below. The most dominant channel was WhatsApp, used by 37.2% of respondents, indicating a preference for instant messaging platforms due to their ease of use and real-time communication capabilities. Traditional methods remained significant, with 24.4% of respondents using telephone conversations, and 22.1% favoring face-to-face meetings, particularly for detailed discussions and collaboration.

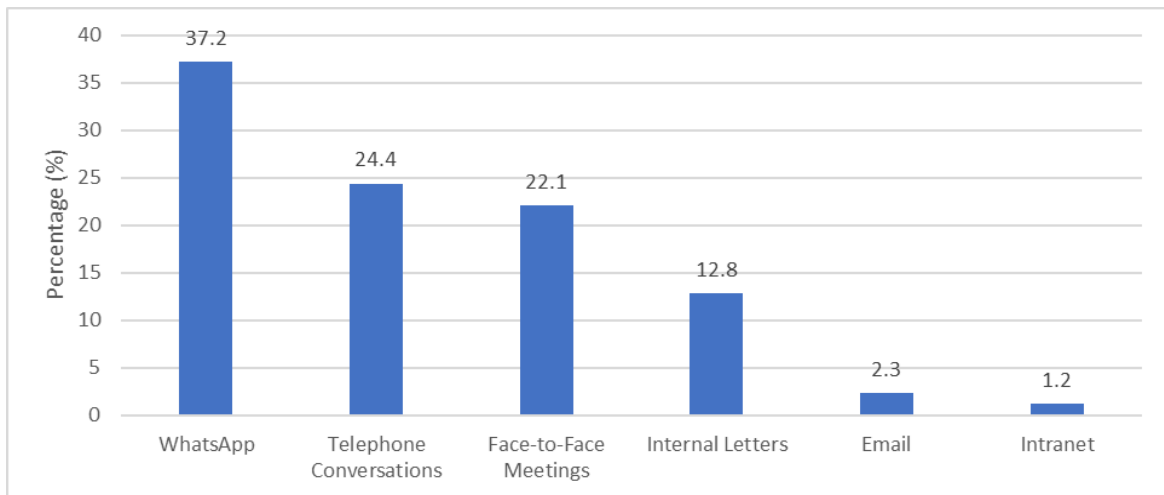


Figure 2: Participants' response on the most common internal communication channels

In contrast, formal communication methods such as internal letters and emails were less frequently used, with only 12.8% and 2.3% of respondents, respectively. The hospital's intranet was the least engaged platform, cited by just 1.2% of respondents.

4.4.1.2 Frequency of Communication

Many employees reported weekly interactions with their supervisors (47.7%, n=121), followed by daily communication (40.7%, n=103) as shown in Figure 4.2 below.

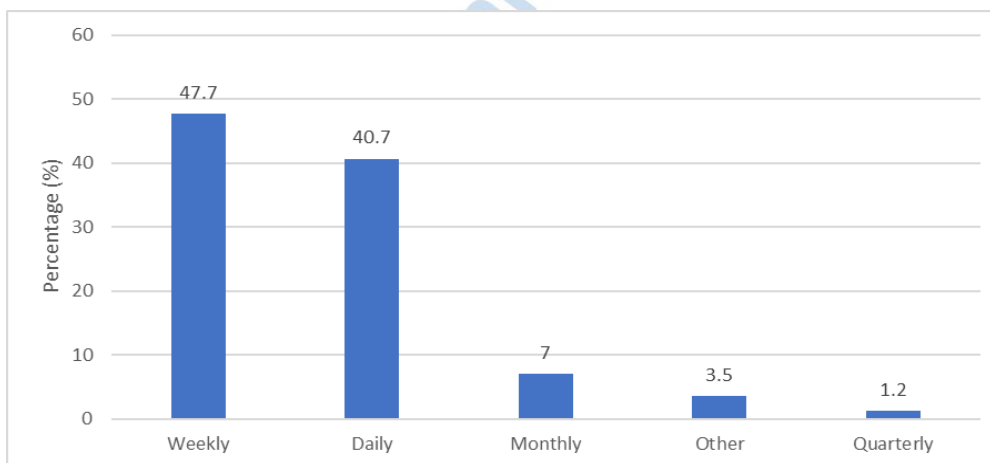


Figure 3: Supervisor Communication Frequency

Monthly and quarterly interactions were less common, reported by 7.0% (n=18) and 1.2% (n=3) of respondents, respectively. A small proportion (3.5%, n=9) indicated communication at intervals outside the provided options.

4.4.1.3 Crisis Communication

A significant portion of respondents (69.8%, n=177) reported experiencing a crisis within the hospital as shown in Figure 4.3 below.

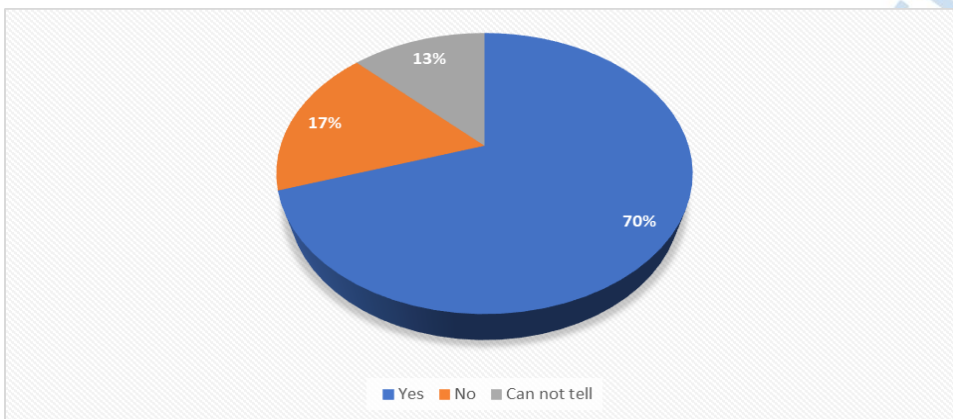


Figure 4: Ever experienced a crisis within the hospital

Regarding communication effectiveness during crises, 64.0% (n=162) of respondents agreed that the hospital communicated effectively, while 20.9% (n=53) disagreed, and 15.1% (n=38) were unsure as shown in Figure 4.4.

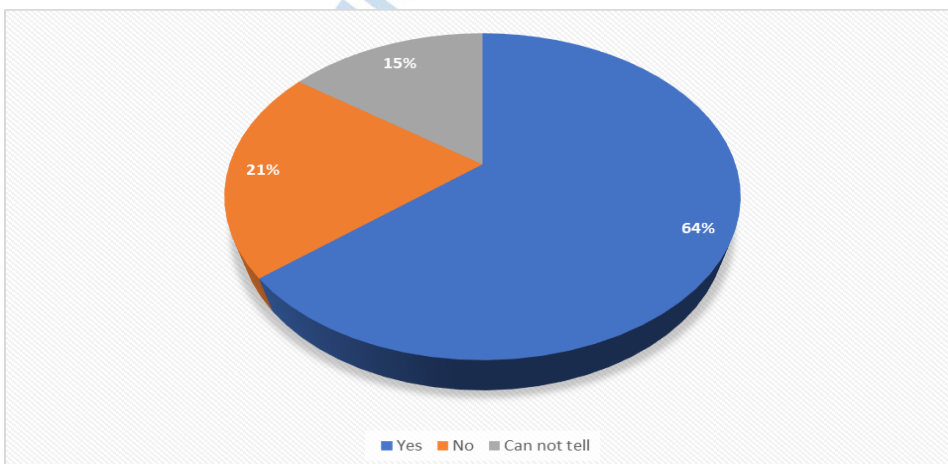


Figure 5: Effective communication during a crisis or emergency

4.4.1.4 Perception on Communication Management

We collected data on the effectiveness of various communication methods within a hospital setting. The metrics were assessed using a Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The overall mean of means for the communication methods evaluated is 3.5, indicating a general perception of moderate effectiveness.

Among the communication methods, face-to-face meetings received the highest mean score of 4.13 (SD = 1.13), reflecting a strong belief in their effectiveness in promoting communication within the hospital. Conversely, newsletters were perceived as the least effective method, with a mean score of 2.76 (SD = 1.04), indicating significant room for improvement in this area.

The effectiveness of internal memos and digital communication methods (emails and the internet) were also assessed, with internal memos yielding a mean score of 3.63 (SD = 1.01), while digital communication methods scored 3.52 (SD = 1.25). Additionally, crisis communication was rated with a mean score of 3.56 (SD = 1.15), suggesting general effectiveness but with some inconsistencies among respondents.

Table 4. 3. Respondents' Perceptions on Communication Management

Communication Management Practices	SD-1 (%)	D-2 (%)	N-3 (%)	A-4 (%)	SA-5 (%)	Mean
Communication is effective when the manager(s) communicates through internal memos	12 (4.7%)	24 (9.3%)	53 (20.9%)	124 (48.8%)	41 (16.3%)	3.6279

Communication Management Practices	SD-1 (%)	D-2 (%)	N-3 (%)	A-4 (%)	SA-5 (%)	Mean
Communication is effective when the manager(s) communicates through the email and internet	24 (9.3%)	32 (12.8%)	47 (18.6%)	89 (34.9%)	62 (24.4%)	3.5233
Communication is effective when the manager(s) communicates through newsletters	32 (12.8%)	65 (25.6%)	100 (39.5%)	44 (17.4%)	12 (4.7%)	2.7558
Communication is effective when the manager(s) communicates through Face-to-face meetings	15 (5.8%)	12 (4.7%)	24 (9.3%)	80 (31.4%)	124 (48.8%)	4.1279
The management communicates effectively during crisis such as mass casualty	18 (7.0%)	21 (8.1%)	80 (31.4%)	74 (29.1%)	62 (24.4%)	3.5581
Mean of Means						3.5186

Findings showed that internal memos were also favorably viewed with a mean score of 3.63 (SD=1.01). Digital communication methods, including emails and the internet, received a mean score of 3.52 (SD=1.25), indicating moderate effectiveness. Crisis communication was rated with a mean score of 3.56 (SD=1.15), suggesting general effectiveness but with some

inconsistencies. Newsletters were perceived as the least effective method, with a mean score of 2.76 (SD=1.04).

4.4.2 Influence of Diversity and Inclusiveness Management on Hospital Performance

The analysis examined the influence of diversity and inclusivity practices on hospital performance, utilizing metrics such as policy presence, training regularity, recruitment fairness, and respect for staff opinions. Using a 5-point Likert scale, the mean of means for diversity and inclusiveness practices was 3.05, indicating moderate perceptions. Non-discriminatory recruitment practices received a high mean score of 3.63, reflecting positive feedback, while training programs scored the lowest at **2.65**, highlighting an area requiring significant improvement.

Table 4. 4. Respondents' Perception on Diversity and inclusivity

Diversity and Inclusivity Practices	SD-1	D-2	N-3	A-4	SA-5	Mean
	(%)	(%)	(%)	(%)	(%)	
Our hospital has a well-defined diversity and inclusion policy in place	5.8	23.3	30.2	29.1	11.6	3.17
Diversity and inclusion training programs are regularly conducted for employees	18.6	24.4	36.0	15.1	5.8	2.65
Hospital staff are recruited from all tribes without discrimination	7.0	7.0	23.3	40.7	22.1	3.63
The hospital gives equal/fair opportunity for recruitment of less disadvantaged groups (e.g., women, PWDs)	8.1	15.1	39.5	27.9	9.3	3.15
Views/opinions of all staff are respected in this	14.0	11.6	36.0	24.4	14.0	3.12

hospital

Mean of Means

3.0488

4.4.2.1 Diversity and Inclusion Policy

The hospital's diversity and inclusion policy received mixed feedback. Approximately 40.7% of respondents either agreed or strongly agreed that a well-defined policy exists, resulting in a mean score of 3.17. However, a notable 29.1% disagreed or strongly disagreed, indicating a need for improvement in areas such as policy communication and implementation.

4.4.2.2 Training Programs

The regularity of diversity and inclusion training programs was perceived as lacking by many respondents, with 36.0% remaining neutral and a combined 43.0% disagreeing or strongly disagreeing. The mean score for this metric was 2.65, highlighting the need for more frequent and engaging training sessions.

4.4.2.3 Non-discriminatory Recruitment

The recruitment of staff from all tribes without discrimination was viewed positively, with 62.8% of respondents agreeing or strongly agreeing, yielding a mean score of 3.63. This indicates a general satisfaction with the hospital's efforts in promoting diverse recruitment practices.

4.4.2.4 Equitable Recruitment for Less Advantaged Groups

Responses regarding fair recruitment opportunities for women and persons with disabilities were more varied, with a mean score of 3.15. While 27.9% agreed that such practices are in

place, 23.2% disagreed or strongly disagreed, suggesting a need for targeted programs to support these groups more effectively.

4.4.2.5 Respect for Staff Opinions

The respect for diverse opinions among hospital staff received a mean score of 3.12. Although 38.4% of respondents agreed or strongly agreed, the same percentage expressed neutrality or strong disagreement, indicating a need to foster a more inclusive environment where all opinions are valued and heard.

4.4.2.6 Employee Engagement

The survey responses revealed mixed feelings among employees regarding their motivation at work, with a mean score of 2.8140 as shown in Table 4.5. The majority indicated neutrality, while a significant portion expressed dissatisfaction. This highlights the need for the hospital to address factors such as workload, recognition, or opportunities for growth to improve employee motivation and engagement.

Table 4. 5. : Respondents’ Perceptions on employee engagement

Statements	SD-1 (%)	D-2 (%)	N-3 (%)	A-4 (%)	SA-5 (%)	Mean
I feel motivated in my work at this hospital.	14.0	23.3	37.2	18.6	7.0	2.814
Our leadership actively seeks feedback from employees.	14.0	30.2	25.6	19.8	10.5	2.826
The hospital takes steps to recognize employee contributions.	14.0	22.1	32.6	25.6	5.8	2.872
There is effective communication between leadership and staff.	10.5	14.0	31.4	32.6	11.6	3.209

Our hospital has a positive or conducive work environment.	11.6	16.3	39.5	23.3	9.3	3.023
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Employees also expressed moderate dissatisfaction with the leadership's efforts to seek feedback, with a mean score of 2.8256. This underscores a critical gap in employee engagement, emphasizing the need for more robust feedback channels to enhance bidirectional communication and inclusion.

The recognition of employee contributions was another area needing improvement, with a mean score of 2.8721. The lack of perceived recognition can lead to feelings of undervaluation and disengagement among employees, indicating the necessity for more consistent and formalized recognition programs.

The perception of effective communication between leadership and staff was somewhat positive, with a mean score of 3.2093. However, there remains a significant portion of respondents who view communication as ineffective, suggesting that improvements can still be made in this area.

The hospital's work environment was perceived as moderately positive, with a mean score of 3.0233. Factors such as physical working conditions, teamwork, and work-life balance could be influencing these perceptions, and addressing these areas could enhance employee engagement, reduce burnout, and improve both employee retention and patient outcomes.

4.4.3 Influence of Supervisory Management on hospital Performance

The study investigates the influence of supervisory management practices on hospital performance. The metrics used to assess performance include timeliness of problem response, supervisory support during work challenges, authoritarian behavior, communication clarity,

encouragement of innovative problem-solving, appreciation of diverse abilities, consultative decision-making, and delegation of authority. The Likert scale was used to gauge perceptions, with responses ranging from "Strongly Disagree" to "Strongly Agree". The average mean performance score was calculated to provide an overall assessment.

The average mean performance score across all supervisory skills was 3.57, indicating generally positive perceptions of supervisory practices among hospital staff. This suggests that effective supervisory management practices, which are positively linked to hospital performance, are well-established in the studied hospitals.

Within these metrics, supervisor support during work challenges received the highest mean score at 3.93, reflecting a strong perception of supervisors being available and responsive to employees' needs during difficult situations. In contrast, authoritarian or bossy behavior among supervisors was rated the lowest, with a mean score of 2.40, suggesting that authoritarian attitudes are less prominent or less favorably viewed within the hospital setting. These insights underscore the importance of supportive and collaborative supervisory styles in promoting effective hospital management.

Table 4. 6. Respondents' Perception of Supervisory Skills

Supervisory Skills and Practices	SD-1 (%)	D-2 (%)	N-3 (%)	A-4 (%)	SA-5 (%)	Mean
My supervisor responds on time to problems occurring in the department.	18 (7.0%)	32 (12.8%)	35 (14.0%)	112 (44.2%)	56 (22.1%)	3.616
My immediate supervisor is always ready to support us when faced	15 (5.8%)	12 (4.7%)	29 (11.6%)	118 (46.5%)	80 (31.4%)	3.930

Supervisory Skills and Practices	SD-1	D-2	N-3 (%)	A-4	SA-5	Mean
	(%)	(%)		(%)	(%)	
with work challenges))	
My supervisor displays bossy attitude while administrating departmental activities.	65 (25.6%)	94 (37.2%)	47 (18.6%)	24 (9.3%)	24 (9.3%)	2.395 3
The supervisor communicates clearly about important tasks and schedules in the department	12 (4.7%)	15 (5.8%)	38 (15.1%)	121 (47.7%)	68 (26.7%)	3.860 5
The departmental manager encourages the team to look at problems from different dimensions.	6 (2.3%)	12 (4.7%)	74 (29.1%)	112 (44.2%)	50 (19.8%)	3.744 2
My supervisor appreciates our different abilities at the workplace	9 (3.5%)	29 (11.6%)	50 (19.8%)	100 (39.5%)	65 (25.6%)	3.720 9
My supervisor makes decisions by consulting staff	18 (7.0%)	32 (12.8%)	71 (27.9%)	68 (26.7%)	65 (25.6%)	3.511 6
My supervisor delegates authority to staff members fairly when needed	9 (3.5%)	12 (4.7%)	74 (29.1%)	94 (37.2%)	65 (25.6%)	3.767 4
Mean of Means						3.568 3

4.4.3.1 Timeliness of Problem Response and Delegation of Authority

Supervisors' timeliness in responding to problems scored a mean of 3.6163 (SD = 1.1654), with 66.3% of respondents expressing satisfaction, though 19.8% indicated a need for improvement. Delegation of authority by supervisors was perceived positively, with a mean score of 3.7674 (SD = 0.9982), and 62.8% of respondents agreed or strongly agreed.

4.4.3.2 Supervisory Support During Work Challenges and Authoritarian Behaviour

Supervisory support during work challenges received a high mean score of 3.9302 (SD = 1.0673), with 77.9% of respondents viewing it positively. Authoritarian behavior was perceived less favorably, with a mean score of 2.3953 (SD = 1.2251). A majority of 62.8% disagreed or strongly disagreed with the presence of a bossy attitude among supervisors.

4.4.3.3 Communication Clarity and encouragement of innovative problem solving

Clarity in communication by supervisors was rated positively, with a mean score of 3.8605 (SD = 1.0269), supported by 74.4% of respondents. Supervisors' encouragement of innovative problem-solving scored a mean of 3.7442 (SD = 0.9064), with 64.0% of respondents appreciating this approach.

4.4.3.4 Appreciation of Diverse Abilities and consultative decision making

Appreciation of diverse abilities was rated with a mean score of 3.7209 (SD = 1.0767), where 65.1% of respondents agreed or strongly agreed. Consultative decision-making practices received a mean score of 3.5116 (SD = 1.2007). While 52.3% viewed it positively, a significant 27.9% remained neutral, and 19.8% disagreed.

4.4.4 Hospital Performance

To evaluate the quality of services delivered in the hospital, respondents assessed several key performance metrics: timeliness of service delivery, quality of medical care, professionalism

of staff, treatment of patients with respect, availability of medical staff, and responsiveness to patient concerns. A Likert scale of 1-5 was used, where 1 indicates "Strongly Disagree (SD)" and 5 indicates "Strongly Agree (SA)." The responses were then weighted, and the average performance perception was calculated to determine the overall hospital performance level.

4.4.4.1 Overall Hospital Performance Level

The overall mean score for hospital performance was 3.5, indicating a generally favorable perception among respondents as shown in Table 4.7. This shows that, on average, the respondents felt positively about the hospital's performance, although there is room for improvement in certain areas.

Table 4. 7. Overall Hospital Performance Level

Statements	SD-1 (%)	D-2 (%)	N-3 (%)	A-4 (%)	SA-5 (%)	Mean
Services are delivered on time as outlined in the patient service charter	24 (9.3%)	59 (23.3%)	71 (27.9%)	83 (32.6%)	18 (7.0%)	3.05
The quality of medical care provided meets relevant quality standards	27 (10.5%)	38 (15.1%)	50 (19.8%)	115 (45.3%)	24 (9.3%)	3.28
Staff demonstrate professionalism in line with the patient service charter	12 (4.7%)	12 (4.7%)	59 (23.3%)	115 (45.3%)	56 (22.1%)	3.76
Patients are treated with dignity and respect without discrimination	15 (5.8%)	15 (5.8%)	41 (16.3%)	115 (45.3%)	68 (26.7%)	3.81

Statements	SD-1 (%)	D-2 (%)	N-3 (%)	A-4 (%)	SA-5 (%)	Mean
Medical staff are available when needed	24 (9.3%)	41 (16.3%)	50 (19.8%)	83 (32.6%)	56 (22.1%)	3.42
Hospital is responsive to patient concerns as outlined in the patient service charter	18 (7.0%)	24 (9.3%)	77 (30.2%)	89 (34.9%)	47 (18.6%)	3.49
Mean of Means						3.5

4.4.4.2 Hospital Performance by Health Care Service Dimension(s)

The perception of timely service delivery was moderate, with a mean score of 3.05. A considerable portion of respondents (39.6%) agreed or strongly agreed that services were delivered on time. However, a significant segment did not share this optimism, indicating room for improvement.

The quality of medical care was rated more favorably, earning a mean score of 3.28. Over half of the respondents (54.6%) agreed or strongly agreed that the medical care provided met quality standards. This indicates a positive reception overall, although enhancements could still be made.

Staff professionalism stood out as the highest-rated dimension, with a mean score of 3.76. A notable 67.4% of respondents agreed or strongly agreed that the hospital staff demonstrated professionalism, underscoring this as a strong aspect of the hospital's service.

Treating patients with dignity and respect was another standout dimension, achieving a mean score of 3.81. A significant 72.0% of respondents felt that patients were treated respectfully without discrimination, highlighting this as a strength of the hospital.

The availability of medical staff received a mixed response, with a mean score of 3.42. Although 54.7% of respondents agreed or strongly agreed on staff availability, this indicates a need for improvement in ensuring that medical staff are consistently available when needed.

The hospital's responsiveness to patient concerns was moderately well-rated, with a mean score of 3.49. Slightly more than half of the respondents (53.5%) agreed or strongly agreed that the hospital responded effectively to patient concerns. While satisfactory, this area could benefit from further attention.

The findings reveal that the hospitals demonstrated favorable performance across various metrics, with strengths in professionalism and respectful treatment of patients. However, areas such as timeliness of service delivery and staff availability present opportunities for further enhancement to achieve a more uniformly high standard of service.

4.5 Inferential Statistics

4.5.1 Correlation Analysis

The correlation analysis was conducted to assess the relationships between Communication Management, Diversity Inclusiveness Management, Supervisory Skills, and Hospital Performance. Pearson's correlation coefficient was used to measure the strength and direction of the linear relationship between these variables. The results of the analysis are presented in Table 4.8 below.

Table 4. 8. Pearson Correlations Between Communication Management, Diversity Inclusiveness Management, Supervisory Skills, and Hospital Performance

Variables	1	2	3	4
1. Communication Management	1.00			
2. Diversity Inclusiveness	.536**	1.00		
3. Supervisory Skills	.398**	.615**	1.00	
4. Hospital Performance	.440**	.760**	.665**	1.00

Note. $p < .01$ for all correlations (two-tailed).

The findings indicate several significant correlations between the variables at the 0.01 significance level.

The results showed a moderate positive correlation between Communication Management and Hospital Performance ($r = .440, p < .01$). This suggests that effective communication practices contribute to better hospital outcomes by fostering clear understanding, reducing miscommunication, and enhancing coordination among staff. When communication is structured and effective, it supports improved decision-making and operational efficiency, both essential for enhanced hospital performance.

A moderate positive correlation was also observed between Communication Management and Diversity Inclusiveness Management ($r = .536, p < .01$). This relationship implies that robust communication channels facilitate an inclusive work environment where diverse perspectives are heard and integrated into hospital operations. Inclusive communication helps

ensure that all voices are acknowledged, creating a respectful and collaborative organizational culture. In addition, Communication Management and Supervisory Skills had a significant but weaker positive correlation ($r = .398, p < .01$). This suggests that supervisors who communicate effectively are likely to demonstrate essential supervisory skills, although the impact of communication on supervisory effectiveness is less pronounced.

Diversity Inclusiveness Management demonstrated the strongest correlation with Hospital Performance ($r = .760, p < .01$), underscoring the crucial role inclusivity practices play in supporting positive outcomes. This strong association suggests that fostering diversity and inclusiveness within the hospital environment significantly enhances performance metrics, likely by improving job satisfaction and staff engagement. An inclusive work culture can lead to increased morale and motivation, ultimately improving patient satisfaction, staff cohesion, and operational efficiency.

Additionally, Diversity Inclusiveness Management exhibited a strong positive correlation with Supervisory Skills ($r = .615, p < .01$), highlighting the essential role supervisors play in promoting inclusivity. This connection suggests that skilled supervisors contribute significantly to a workplace culture that values diversity and inclusiveness. Effective supervision can support inclusivity by ensuring that diverse team members feel respected and valued, which can, in turn, enhance hospital performance.

The analysis also found a strong positive relationship between Supervisory Skills and Hospital Performance ($r = .665, p < .01$). This suggests that supervisors who are skilled in managing staff expectations, guiding team dynamics, and providing support during challenges contribute positively to hospital outcomes. Strong supervisory capabilities likely

improve staff morale and productivity, which are key elements in achieving operational success and effective healthcare delivery.

In summary, the correlation analysis demonstrated that all examined management practices positively influence hospital performance, with Diversity Inclusiveness Management and Supervisory Skills showing particularly strong relationships. These findings emphasize the importance of inclusivity and effective supervisory practices in enhancing hospital outcomes. While Communication Management is slightly less influential on its own, it complements diversity and supervisory efforts, helping to create a work environment conducive to high performance.

4.5.2 Multiple Regression Analysis

A multiple linear regression analysis was conducted to evaluate the relationship between three independent variables—Supervisory Skills (SS), Diversity Inclusiveness management (DI), and Communication Management—and the dependent variable, Hospital Performance (HP). This analysis aimed to determine how well the independent variables predicted Hospital Performance and the relative contribution of each independent variable.

The model summary indicated a strong positive relationship between the independent variables and Hospital Performance. The R value was 0.800, indicating a strong correlation between the predictors and the dependent variable. The R² value of 0.640 suggested that the model explained 64% of the variance in Hospital Performance. After adjusting for the number of predictors, the Adjusted R² was slightly lower at 0.636, confirming the robustness of the model. The Standard Error of the Estimate was 0.54368, which implied that the model's predictions deviated by approximately 0.54 units from the actual Hospital

Performance values. Overall, the model demonstrated a strong fit to the data as shown in table 4.9 .

Table 4. 9. Model Summary Results

Model	R	R²	Adjusted R²	Std. Error of the Estimate
1	.800	.640	.636	.54368

Note. Predictors: (Constant), Supervisory Skills, Communication Management, Diversity Inclusiveness management.

As shown in table 4.10, an analysis of variance (ANOVA) was performed to assess the overall significance of the regression model. The results indicated that the model was statistically significant, with an F-statistic of 147.943 and a p-value of less than 0.001. This confirmed that the regression model significantly predicted Hospital Performance, implying that the independent variables—Supervisory Skills, Communication Management, and Diversity Inclusiveness management—were jointly able to explain a significant portion of the variation in Hospital Performance.

Table 4. 10. ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	131.188	3	43.729	147.943	< .001
Residual	73.807	250	.296		
Total	204.995	253			

Note. Dependent Variable: Hospital Performance. Predictors: (Constant), Supervisory Skills, Communication Management, Diversity Inclusiveness management.

The coefficients table provided detailed information about the individual contribution of each independent variable to the prediction of Hospital Performance. The constant term was 0.315, although it was not statistically significant, with a p-value of 0.131, indicating that the constant did not meaningfully contribute to the prediction of Hospital Performance.

Communication Management had a coefficient of 0.021, indicating that a one-unit increase in Communication Management would result in a 0.021 unit increase in Hospital Performance. However, with a p-value of 0.734, this result was not statistically significant, suggesting that Communication Management did not have a meaningful impact on Hospital Performance in this model.

In contrast, Diversity Inclusiveness management was found to be a significant predictor of Hospital Performance, with a coefficient of 0.577. This indicated that a one-unit increase in Diversity Inclusiveness management was associated with a 0.577 unit increase in Hospital Performance, holding other variables constant. The p-value was less than 0.001, confirming the statistical significance of this predictor.

Similarly, Supervisory Skills also significantly predicted Hospital Performance, with a coefficient of 0.370. This suggested that a one-unit increase in Supervisory Skills led to a 0.370 unit increase in Hospital Performance. Like Diversity Inclusiveness management, this variable was statistically significant, with a p-value less than 0.001.

In terms of standardized coefficients, Diversity Inclusiveness management had a beta value of 0.557, indicating that it was the most influential predictor in the model. Supervisory Skills followed with a beta value of 0.316, while Communication Management had a minimal influence with a beta value of 0.015.

Table 4. 11. Regression Coefficients

Model	Unstandardized	Standardized	t	Sig.
	Coefficients	Coefficients		
	B	Std. Error	Beta	
(Constant)	0.315	0.208		1.514
Communication Management	0.021	0.061	0.015	0.341
Diversity Inclusiveness	0.577	0.054	0.557	10.586
Supervisory Skills	0.370	0.057	0.316	6.527

Note. Dependent Variable: Hospital Performance.

Based on the coefficients obtained from the regression analysis, the regression equation predicting Hospital Performance can be written as follows:

$$HP = 0.315 + 0.021(\text{Communication Management}) + 0.577(\text{Diversity Inclusiveness}) + 0.370(\text{Supervisory Skills})$$

This equation indicates that Diversity Inclusiveness management and Supervisory Skills significantly contributed to the prediction of Hospital Performance, while Communication Management did not. The model showed that increases in Diversity Inclusiveness and Supervisory Skills were associated with improvements in Hospital Performance, with Diversity Inclusiveness management having the strongest effect.

In conclusion, the regression analysis demonstrated that the model was significant and explained 64% of the variance in Hospital Performance. The variables Diversity Inclusiveness management and Supervisory Skills were significant predictors of Hospital

Performance, with Diversity Inclusiveness management being the most influential factor. On the other hand, Communication Management did not have a significant impact. These findings suggest that improving Diversity Inclusiveness and Supervisory Skills could lead to higher Hospital Performance, while changes in Communication Management may not yield substantial effects.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This section comprises a summary of findings, discussions, conclusions, and recommendations from the study. The chapter is presented in alignment with the study objectives, which focus on hospital performance, communication management, diversity and inclusion, and supervisory skills practices, ensuring that the study's purpose and aims are comprehensively addressed.

5.1 Summary of Key Findings and Implications

5.1.1 Influence of Communication Management Practices on Hospital Performance

The findings revealed diverse communication channels within the hospital, with WhatsApp being the dominant platform used by 37.2% of respondents. This preference for instant messaging indicates a shift towards real-time communication methods, which can enhance responsiveness and collaboration among staff. Traditional methods, such as telephone conversations (24.4%) and face-to-face meetings (22.1%), remain significant, particularly for detailed discussions. The inferential findings for Communication Management revealed a positive but weak relationship with Hospital Performance. The regression analysis showed that Communication Management had a small, positive effect on hospital performance, with an unstandardized coefficient of 0.021, though this effect was not statistically significant ($p = 0.734$). This suggests that improvements in communication management alone did not have a substantial impact on hospital performance. However, the correlation analysis indicated a moderate positive correlation between Communication Management and Hospital Performance ($r = .440, p < .01$), implying that while communication is somewhat important,

it may not be a key driver of performance when compared to other factors. Therefore, while Communication Management contributes positively to performance, its influence in this study was relatively minor.

The study by Simonovich et al. (2021) supports these findings, indicating that diverse communication methods can enhance hospital performance by facilitating timely and effective information exchange. Additionally, the research by Ruck and Welch (2012) highlights the importance of using a mix of media to address different communication needs and preferences within the organization. However, formal methods like internal letters and emails were less frequently used, suggesting a potential area for improvement.

Effective crisis communication was noted, with 64.0% of respondents agreeing that the hospital communicated effectively during crises. Crisis communication is crucial as it significantly impacts hospital operations and staff morale, as highlighted by Coombs (2015). The ability to communicate clearly and efficiently during emergencies can help mitigate the impact of crises and ensure a coordinated response. The findings suggest that while the hospital has established effective real-time communication practices, there is room for enhancing formal communication methods to support comprehensive information sharing.

5.1.2 Influence of Diversity and Inclusivity Management Practices on Hospital Performance

The analysis of diversity and inclusivity practices revealed moderate perceptions, with a mean score of 3.05. Non-discriminatory recruitment practices were viewed positively, with a mean score of 3.63, indicating general satisfaction with the hospital's efforts in promoting diverse recruitment practices. However, training programs for diversity and inclusion scored lower, with a mean score of 2.65, highlighting the need for more frequent and engaging training sessions.

The findings for Diversity Inclusiveness Management indicated that it was a strong and significant predictor of Hospital Performance. The regression analysis showed that for each unit increase in diversity inclusiveness management, hospital performance increased by 0.577 units, with this effect being highly significant ($p < .001$). This result was further supported by the correlation analysis, which revealed a strong positive correlation ($r = .760$, $p < .01$) between Diversity Inclusiveness Management and Hospital Performance. These findings highlight that fostering diversity and inclusiveness in management practices strongly enhances hospital performance, making it the most impactful factor in this study.

These findings are consistent with the study by Kyaw et al. (2019), which emphasized the importance of regular training programs in enhancing diversity and inclusion within healthcare settings. The positive correlation between diversity and inclusion practices and hospital performance ($r_s = .742$, $p < .001$) further underscores the importance of fostering an inclusive work environment. Enhancing training programs and ensuring comprehensive policy implementation can significantly improve hospital performance through better staff engagement and satisfaction.

The research by Cox and Blake (1991) also argues that a diverse workforce can lead to better decision-making and innovation. The findings suggest that while the hospital has made strides in promoting non-discriminatory recruitment practices, there is a need to focus on ongoing education and training to foster a truly inclusive work environment. This can involve regular workshops, seminars, and awareness programs to educate staff on the importance of diversity and inclusion.

5.1.3 Supervisory Skills and Management Practices

The strong positive correlation between supervisory skills and hospital performance ($r_s = .616$, $p < .001$) highlighted in this study underscores the critical role of effective supervision

in healthcare settings. Staff professionalism, which received the highest mean score of 3.76, can be attributed to strong supervisory skills that ensure adherence to standards and protocols. Supervisory Skills also exhibited a significant and positive relationship with Hospital Performance. The regression analysis demonstrated that improved supervisory skills resulted in a 0.370 unit increase in hospital performance ($p < .001$), confirming that effective supervision plays a crucial role in enhancing organizational performance. The correlation analysis showed a strong positive correlation between Supervisory Skills and Hospital Performance ($r = .665$, $p < .01$), further emphasizing the importance of supervisory capabilities in driving performance. These results suggest that effective supervision is key to improving hospital performance, as it contributes to better staff management, operational efficiency, and overall outcomes.

The literature supports these findings, with Simonovich et al. (2021) and Kyaw et al. (2019) both noting the importance of supervisory skills in maintaining high performance standards within hospitals. Effective supervision not only enhances professionalism but also impacts staff morale and patient care quality. The research by Tsai et al. (2015) indicates that supervisors who provide feedback and support can significantly improve employee performance and job satisfaction.

Furthermore, the findings suggest that continuous professional development for supervisors is essential for maintaining high standards of care. Regular training programs, mentoring, and feedback mechanisms can help supervisors stay updated on best practices and enhance their management skills. The positive impact of supervisory skills on hospital performance highlights the need for ongoing investment in supervisory training and development.

5.2 Conclusion

This study aimed to examine the relationships between Communication Management, Diversity Inclusiveness Management, Supervisory Skills, and Hospital Performance in a hospital setting. The findings from both the correlation and regression analyses provided valuable insights into how these factors influence performance outcomes. Overall, the study confirmed that Diversity Inclusiveness Management and Supervisory Skills were significant predictors of Hospital Performance, while Communication Management played a more moderate role.

Diversity Inclusiveness Management emerged as the most critical factor, with a strong positive impact on hospital performance. This finding underscores the importance of fostering inclusive practices and diversity management in hospitals. By ensuring fair treatment of all employees and promoting a culture of inclusiveness, hospitals can significantly enhance their performance. It is clear from the analysis that a diverse and inclusive workforce is not only beneficial for employee morale but also leads to improved operational efficiency and overall success.

Supervisory Skills also proved to be a key determinant of hospital performance. Effective supervision contributes to better staff management, motivation, and productivity, all of which are essential for achieving higher levels of performance. The strong positive correlation between supervisory skills and hospital performance highlights the need for hospitals to invest in leadership development and training to ensure that supervisors are equipped with the skills necessary to guide their teams effectively.

Although Communication Management showed a positive relationship with hospital performance, its impact was less significant compared to the other variables. Nevertheless,

effective communication remains an important component of hospital management, as it fosters coordination, reduces misunderstandings, and contributes to a more cohesive working environment.

In conclusion, the study highlighted that Diversity Inclusiveness Management and Supervisory Skills are vital contributors to improving hospital performance. Hospitals seeking to enhance their performance should focus on strengthening inclusivity practices and developing strong supervisory capabilities. While Communication Management is also important, its role in driving performance is more supportive in nature.

5.3 Recommendations

Based on the study findings and conclusions, several recommendations are proposed to enhance hospital performance in alignment with Sustainable Development Goals (SDGs) and Kenya Vision 2030.

Hospital management should prioritize the enhancement of diverse communication channels while retaining traditional methods for in-depth discussions. Establishing a robust crisis communication plan is also recommended to ensure effective information dissemination during emergencies. This aligns with SDG 3 (Good Health and Well-being), emphasizing the importance of efficient healthcare management to improve response times and information flow during critical incidents, and Kenya Vision 2030's focus on accessible and high-quality health services.

Furthermore, the management should increase the frequency and engagement level of diversity and inclusion training programs, ensuring comprehensive implementation and effective communication of related policies. This aligns with SDG 10 (Reduced Inequality) and SDG 5 (Gender Equality), supporting a more equitable and inclusive workplace where all staff feel valued. It also supports Kenya Vision 2030's goal of promoting social equity and inclusiveness across all sectors, including healthcare.

Additionally, investment in supervisory training and development programs is essential for improving hospital management practices. Implementing regular feedback mechanisms will enable supervisors to refine their skills continuously, enhancing their ability to lead effectively. This recommendation supports SDG 4 (Quality Education), as it emphasizes ongoing learning and skill development, and aligns with Kenya Vision 2030's commitment to building professional capacity in healthcare for improved service delivery.

5.4 Further research

We recommend further research is to explore the impact of leadership styles on the effectiveness of diversity and inclusion initiatives within hospital settings. There is limited scientific evidence on this leadership practice. The study can include examining how different leadership approaches either facilitate or hinder the successful implementation of diversity and inclusive programs and their subsequent effect on overall hospital performance. This will provide deeper insights into optimizing leadership practices to foster a more inclusive and high-performing healthcare environment.

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APPENDICES

APPENDIX I: STUDY QUESTIONNAIRE

My name is Lucy Muchena, and I am conducting a study to examine the influence of leadership practices on the performance of Level 5 hospitals in Kiambu County, Kenya. Your participation involves completing this questionnaire, which aims to gather insights into the impact of leadership strategies on hospital performance and patient care. Your responses will provide valuable information that could contribute to enhancing leadership practices and improving healthcare delivery in the region. Please be assured that all responses will be kept confidential and used solely for the purposes of this research. Participation is voluntary, and you may withdraw at any time without any consequences.

Do you consent to participate in this study and allow the use of your responses for academic purposes?	a. Yes, I consent b. No, I don't want to participate
---	---

By selecting "Yes," you acknowledge that you understand the purpose of the study and agree to participate under the conditions outlined. Thank you .

SECTION A; Demographic Characteristics

Social Demographic	Response (Tick Appropriately)			
What is your gender?	Male		Female	
What is your Age?	20-24	25-29	30-34	35-39
	40-44	45-50	50 and above	
Please indicate your cadre (tick appropriately)	Medical Officer	Clinical Officer	Nurse	
	HRIO	Pharmacist	Administrative staff	
	Lab tech	Others (Specify)		

What is your highest level of education? (tick where applicable)	Postgraduate (Masters, PhD)	Degree	Higher diploma
	Diploma	Certificate	Others (Specify)
	Less than 1 yr	1-3 yrs	4-6 yrs
	7-10 yrs	Over 10 yes	

Section B: COMMUNICATION MANAGEMENT

Question	Response			
Which internal communication channel is majorly used in this hospital?	Telephone Conversations including mobile phones	Internal letters	Face-to- face meetings	Electronic email
	Intranet such as organizational share points	Whatsapp	Others (specify)	
How frequently does your supervisor communicate to you?	Daily	weekly	monthly	Quarterly
	Annually	Others (Specify)		
Have you ever experienced a crisis in this hospital?	Yes	No	Can not tell	
Does the hospital have a well-defined communication management plan in place during a crisis?				
Does the hospital communicate effectively during crisis such as during mass casualty?	Yes	No	Can not tell	

Please rate the effectiveness of the following internal communication channels used in the hospital, according to your understanding by ticking (√) where it is appropriate using the

following scale: (1) strongly agree, (2) agree, (3) neutral (4) disagree and (5) strongly disagree

	Statements	Strongly disagree-1	Disagree-2	Neutral-3	Agree-4	Strongly Agree-5
i.	Communication is effective when the manager (s) communicates through internal memos					
ii.	Communication is effective when the manager (s) communicates through the email and internet					
iii.	Communication is effective when the manager (s) communicates through newsletters					
iv.	Communication is effective when the manager (s) communicates through Face-to-face meetings					
v	The management communicates effectively during crisis such as mass casualty					

SECTION C: DIVERSITY AND INCLUSIVITY MANAGEMENT

14. To what extent do you agree with the following statements on diversity and inclusion practice in this hospital using the following scale: (1) strongly agree, (2) agree, (3) neutral (4) disagree and (5) strongly disagree

Statement	1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
Our hospital has a well-defined diversity and inclusion policy in place					
Diversity and inclusion training programs					

are regularly conducted for employees.					
Hospital staff are recruited from all tribes without discrimination					
The hospital gives equal/fair opportunity for recruitment of less disadvantaged groups such as women and persons with disability					
Views/opinions of all staff are respected in this hospital					

15. To what extent do you agree with the following statements on employment engagement, in this hospital using the following scale: (1) strongly agree, (2) agree, (3) neutral (4) disagree and (5) strongly disagree

Statement	1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
I feel motivated in my work at this hospital.					
Our leadership actively seeks feedback from employees.					
The hospital takes steps to recognizes employee contributions					
There is effective communication between leadership and staff					
Our hospital has a positive or conducive work environment.					

SECTION D: SUPERVISORY SKILLS

To what extent do you agree with the following statements on supervisory skills in this

hospital using the following scale: (1) strongly agree, (2) agree, (3) neutral (4) disagree and

(5) strongly disagree


	Statements	Strongly Disagree- 1	Disagree- 2	Neutra l-3	Agree- 4	Strongl yAgree -5
	My supervisor reponds on time to problems occurring in the department.					
	My immediate supervisor is always ready to support us when faced with work challenges					
	My supervisor displays bossy attitude while administrating departmental activities.					
	The supervisors communicates clearly about important tasks and schedules in the department.					
	The departmental manager encourages the team to look at problems from different dimensions.					
	My supervisor appreciates our different abilities at the workplace					
	My supervisor makes decisions by consulting staff					
	My supervisor delages authority to staff members fairly when needed					

SECTION E: HOSPITAL PERFORMANCE

To what extent do you agree with the following statements on statements about hospital performance. Rate your answer as follows; (1) strongly agree, (2) agree, (3) neutral (4) disagree and (5) strongly disagree

Statements	Strongly Disagree -1	Disagree -2	Neutral -3	Agree -4	Strongly Agree -5
In this hospital, services are delivered on time as outlined in the patient service charter.					
The quality of medical care provided in this hospital meets relevant quality standards					
The hospital staff demonstrate professionalism in line with the patient service charter.					
The hospital treats all patients with dignity/respect (without discrimination whether by education, economic status, age, gender, disability etc)					
Medical staff are available when needed, to attend to patients (There are no unjustified absence at work)					
The hospital is responsive to patient concerns as outlined in the patient service charter.					

APPENDIX II: ERC



Mount Kenya University

REF: MKU/ISERC/3844 Date: 03 July 2024
TO: LUCY KAIGONGI MUCHENA
REG: MPAM/2022/54310

Dear Sir/Madam,

RE: INFLUENCE OF LEADERSHIP PRACTICES ON PERFORMANCE OF LEVEL 5 HOSPITALS IN KIAMBU COUNTY, KENYA

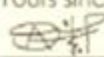
This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **2886**. The approval period is **03/07/2024 - 02/07/2025**.

This approval is subject to compliance with the following requirements:


- i. Only approved documents including informed consents, study instruments, MTA will be used
- ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.or.ke/> and also obtain other clearances needed.

Yours sincerely,



Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC



MOUNT KENYA UNIVERSITY
ETHICS REVIEW COMMITTEE
P. O. Box 342 - 01000,
THIKA

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Email: info@mku.ac.ke, Web: www.mku.ac.ke
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Unlocking Infinite Possibilities

APPENDIX III: INTRODUCTORY LETTER



DIRECTORATE OF GRADUATE STUDIES

MPAM/2022/54310

3rd July, 2024

*National Commission for Science Technology & Innovation (NACOSTI)
Off Waiyaki Way, Upper Kabete,
P.O Box 30623- 00100
NAIROBI, KENYA*

Dear Sir/Madam,


RE: LUCY KAIGONGI MUCHENA - REGISTRATION NO. MPAM/2022/54310

The purpose of this letter is to introduce the above named student who is pursuing **Master of Arts in Public Administration and Management** in the department of **Management** in the school of **Business and Economics**.

The title of the research is *"Influence of Leadership Practices on Performance of Level 5 Hospitals in Kiambu County, Kenya."* It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between **July, 2024 and September, 2024**.

Any assistance accorded to the student will be highly appreciated.

Thank you.



Dr. Samuel M. Karenga, Ph.D
Director, Graduate Studies
Enc.

Mount Kenya University
P.O. Box 342-01000, THIKA
Office of the Director,
Graduate Studies

APPENDIX IV: NACOSTI

REPUBLIC OF KENYA
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 349179
Date of Issue: 17/July/2024

RESEARCH LICENSE




This is to Certify that Miss. Lucy Kaigongi Muchena of Mount Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kiambu on the topic: INFLUENCE OF LEADERSHIP PRACTICES ON PERFORMANCE OF THREE LEVEL 5 HOSPITALS IN KIAMBU COUNTY, KENYA for the period ending : 17/July/2025.

License No: NACOSTI/P/24/37813
Applicant Identification Number: 349179

Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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APPENDIX V: COUNTY APPROVAL



COUNTY GOVERNMENT OF KIAMBU

DEPARTMENT OF HEALTH SERVICES

P.O Box 2344 - 00900 Kiambu, Kenya

Tel: +254 709 877 000

Email: info@kiambu.go.ke

Website: www.kiambu.go.ke

Twitter: [@KiambuCountyGov](https://twitter.com/KiambuCountyGov)

REFERENCE KIAMBU/HRDU/AUTHO/MUCHENA L. K.

31st July 2024

TO WHOM IT MAY CONCERN,

RE: CLEARANCE TO CONDUCT RESEARCH IN KIAMBU COUNTY

Kindly note that we have received a request by **Lucy K. Muchena** of **Mount Kenya University** to carry out research in Kiambu County, the research topic being on **"Influence of leadership practices on performance of three level 5 hospitals in Kiambu county, Kenya"**.

We have duly inspected her documents and found that she has been cleared by **MKU-ISERC** until **2nd July 2025**. She thus does not need any further clearance with another regulatory body in order to conduct research within the county of Kiambu.

However, it is incumbent upon the facility in which the research is being carried out to ensure that they are conversant with the remit of the study and operate in line with their institutional norms on conducting research. This note also accords her the duty to provide feedback on her research to the county at the conclusion of her research.

DR. JUNE MUTHIORA
COUNTY HEALTH RESEARCH OFFICER
KIAMBU COUNTY

APPENDIX VI: TURNIT IN REPORT



LUCY KAIGONGI MUCHENA

INFLUENCE OF LEADERSHIP PRACTICES ON PERFORMANCE OF THREE LEVEL 5 HOSPITALS IN KIAMBU COUNTY, KENYA

PROJECT
 MASTERS
 Mount Kenya University

Document Details

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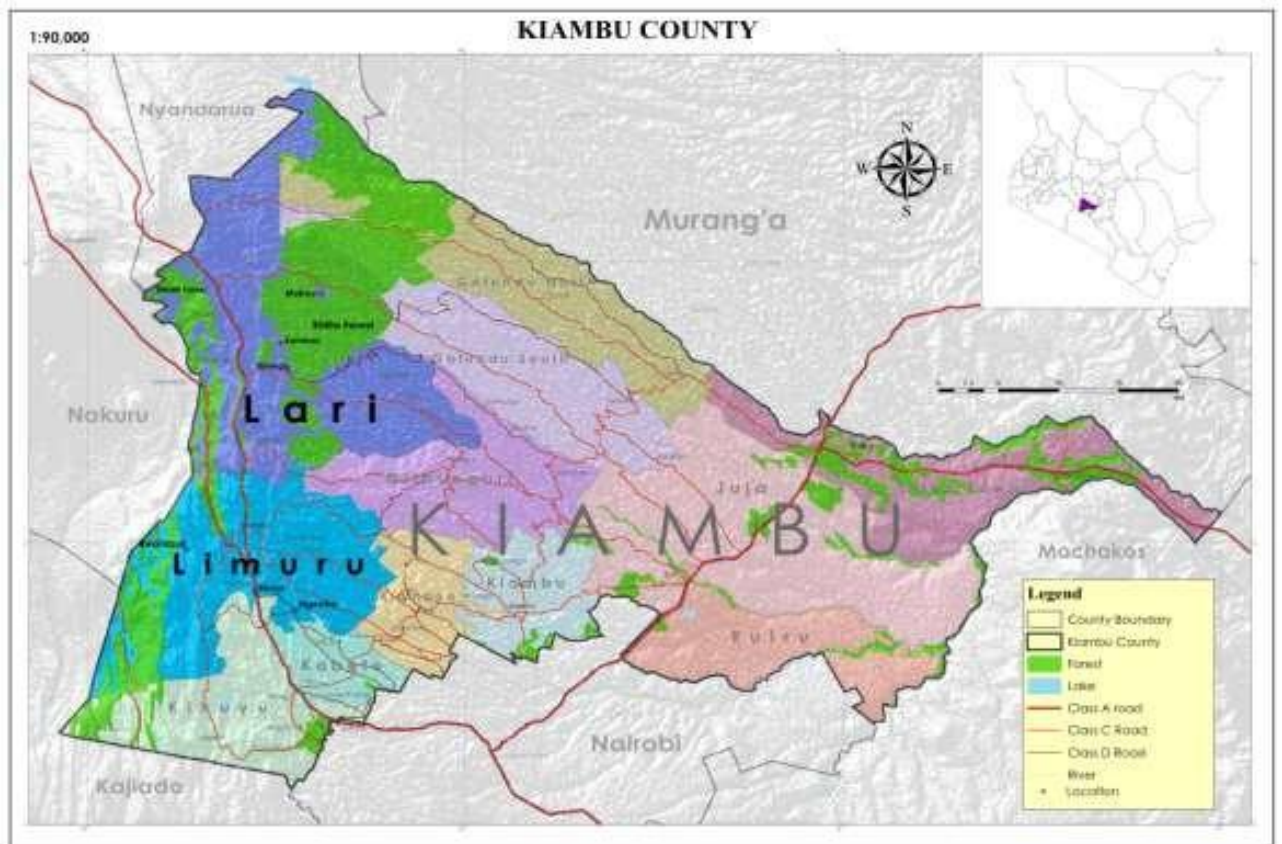
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APPENDIX VII: KIAMBU COUNTY MAP



Mount Kenya