EFFECTS OF HUMAN RESOURCE MANAGEMENT PRACTICES IN ACHIEVING TRUE NORTH VISION AT MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA

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DECLARATION APPROVAL

Student's Declaration

I declare that this project is my original work and has never been presented for a degree in any other university. Also, declare that no material is written by others except where reference is made and authors duly acknowledged.

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Supervisor's Approval

The research project has been submitted for examination with my approval as University Supervisor.

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DEDICATION

I dedicate this project to my parents and children for their support, and to Dr. Philippe P.A. for his mentorship and encouragement during my studies.

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LIST OF ACRONYMS AND ABBREVIATIONS

EVT	Expected Value Theory
HR	Human Resource
HRM	Human Resource Management
LRSs	Low resource settings
MTRH	Moi Teaching and Referral Hospital

ABSTRACT

Healthcare is a workforce-intensive sector that relies heavily on effective Human Resource Management (HRM) practices to ensure the delivery of quality, patient-centered services. However, in many public healthcare institutions, challenges in recruitment, performance appraisal, and career development often hinder service delivery and institutional goals. This study examined the role of HRM practices in achieving the True North Vision at Moi Teaching and Referral Hospital (MTRH), which emphasizes patient-centered care, clinical excellence and operational efficiency. A cross-sectional study was conducted targeting 369 staff members. Data were collected using a close-ended questionnaire based on a 5-point Likert scale and analyzed using SPSS Version 20.0. Descriptive and inferential statistics, including multiple linear regression, were employed, with significance set at the 0.05 level. The study was guided by explanatory research design while using the Expectancy-Value and Convergence Theories, focusing on motivation and collaborative, person-centered healthcare. The results revealed that career development ($p = 0.000$), performance appraisals ($p = 0.007$), and recruitment processes ($p = 0.000$) significantly influenced the achievement of the True North Vision. Leadership changes also significantly moderated the relationship between HRM practices and the vision's realization ($p = 0.000$). The study concludes that strategic HRM practices are vital in aligning employee performance with institutional goals. It recommends enhancing career development programs, refining performance appraisal mechanisms, improving recruitment assessments, and institutionalizing leadership transition strategies to sustain quality patient-centered care. HRM policies should also be reviewed to incorporate patient satisfaction indicators in staff evaluations.

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CHAPTER ONE

INTRODUCTION

The chapter presents the background of the study, where the link between human resource management practices on the provision of high-quality health care service to patients. The section further presents the statement of the problem, the research objectives, and the research questions. The significance and the scope of the study was also presented in this chapter.

1.1.Background

For decades, several healthcare organizations in the developed world have subscribed to the True North planning strategy which gives them the right direction toward delivering high-quality and coordinated healthcare services (Kruk, M. E et al., 2018). The True North strategy has helped their healthcare organizations to respond quickly to the most pressing healthcare challenges facing their vibrant and growing communities - through advanced programs that reinvent patient care models (Basnet, S. 2024). The purpose is to meet patients' current and future needs over a long period. Throughout the concept, patients are considered the true north, a center of interest of all healthcare programs. Therefore, True North Vision is a patient-oriented healthcare program that guides quality healthcare service delivery.

Developing healthcare organizations also face difficulties, so some of their top executives have decided to find out how the world's top healthcare organizations are effectively establishing and maintaining a continuous improvement culture (Bagherian, H. , et al. 2022). However, these healthcare organizations typically have a wide range of stakeholders who can be divided into three main groups: clinical staff, who actively care for patients; administrative staff, who manage the hospital's back office operations; and regulatory bodies, who make

sure that hospitals are providing services at or above standard care (Kwan, B. M., et al. 2022). The healthcare delivery system relies heavily on Human Resources Management (HRM) in this diversity, and systematic management is essential (Pillai, M., et al. 2019). Research has demonstrated the critical need for efficient human resources management techniques in order to improve access and results.

Achieving a culture of continuous improvement in quality healthcare that leads to high performance requires the hospital as an organization to have clarity around Key Priorities Indicators. True North acts as a guide in the continuous improvement of service delivery and helps to avoid any glitches and hiccups during the HRM process such as recruitment (Porter, R. G., & Tosto, A. P., 2012 & Graban, M., 2018). An organization's True North Vision refers to a decision-making tool that is a basic governing objective for how the organization should operate its priorities (Kogan, C. S., & Paterniti, S. 2017). In line with this, the University of Massachusetts Medical School (UMASS) defines the True North as an agreement between management and the front-line staff of a health institution, where the management is committed to working every day to meet the legitimate needs of the staff, while the latter is committed to work every day to meet the needs of patients. This is an obsolete approach to HRM priorities that globalization is committed to changing by adopting the True North, which keeps the patient at the center of everything we do.

Several studies have defined the critical role of HRM in improving healthcare outcomes Surji, K. M., & Sourchi, S. M. 2020. Probably this role has not been patient-centered rather than staff motivation. In True North strategy, to the best of my knowledge, the role of human resource management in achieving its vision has not been clearly defined, especially in the context of resource-limited settings. The study is one of its

kind to assess the role of HRM in achieving the True North vision at Moi Teaching and Referral Hospital.

Although there has been progress worldwide in integrating HRM with patient centered healthcare approaches, there is little empirical data on how HRM practices help public hospitals with limited resources realize the True North Vision. Instead of focusing on how HRM can enhance the delivery of patient-centered care, the majority of current research has examined how it affects internal staff outcomes. Furthermore, little research has been done on how leadership changes may moderate the impact of HRM practices on attaining patient-centered care in developing nations.

This study aims to close this gap by investigating the relationship—with leadership change acting as a moderating factor—between career development, performance reviews, hiring procedures, and the realization of Moi Teaching and Referral Hospital's (MTRH) True North Vision. This investigation contributes to the understanding of the gap between HRM strategy and patient-centered care outcomes in developing nations.

1.2 Problem Statement

The healthcare system is a vital pillar of societal well-being, and Human Resource Management (HRM) practices play a crucial role in ensuring the delivery of high-quality healthcare services. Globally, HRM has been recognized for its contribution to improving hospital performance, largely by enhancing staff satisfaction, motivation, and retention (Wang, Y., 2024). However, in many healthcare institutions, especially in developing countries, the focus of HRM has primarily been on staff welfare and organizational efficiency, rather than on how these practices directly impact patient-centered care (PCC) outcomes. High staff remuneration or satisfaction does not

automatically translate to better patient experiences, nor does it guarantee that hospitals are truly operating within a patient-centered healthcare model.

The ideal healthcare system puts the patient at the center of organizational strategy by directly integrating HRM practices like hiring, performance reviews, and career development with clinical quality and patient satisfaction outcomes (Gile, P. P. et al. 2018). Through strategic models like the True North Vision, which aligns operations, leadership, and human resource practices toward providing coordinated, high-quality, and patient-centered care, this approach has been successfully implemented in top hospitals across the globe. To attain long-term healthcare excellence, these systems place a strong emphasis on collaborative leadership, clear key performance indicators (KPIs), and ongoing quality improvement.

In contrast, healthcare systems in low-resource settings, such as Kenya, face significant barriers to implementing patient-centered models due to constrained infrastructure, resource limitations, and workforce shortages. Although Moi Teaching and Referral Hospital (MTRH), a premier multi-specialty national hospital in Kenya, has adopted the True North Vision to become a world-class center for healthcare, training, and research, there is a lack of empirical studies assessing how HRM practices contribute to the realization of this vision. Despite the conceptual recognition of PCC in Kenya's healthcare policy framework, little is known about how HRM processes at MTRH such as career development initiatives, performance appraisals, and recruitment strategies translate into measurable improvements in patient-centered healthcare delivery.

Additionally, it has been reported that MTRH has seen a decrease in the quality of healthcare services over the past two years; however, no thorough research has been done to look into the underlying causes from an HRM standpoint. The majority of Kenyan research to date has concentrated on employee motivation, burnout, and job satisfaction; however, it has not examined the potential impact of

leadership changes on the hospital's ability to maintain its True North Vision or connected these HRM practices to patient care outcomes. Hence, there is a lack of understanding about how MTRH's HRM procedures help to achieve the True North Vision's goals for patient-centered care, especially in a setting with limited resources. Although the ideal situation would show a smooth transition between HRM operations and patient-centered healthcare delivery, the actual state of affairs shows disjointed efforts, poor performance evaluation, and hazy connections between HRM procedures and patient outcomes. This study sought to fill this gap by evaluating the key performance indicators of career development, performance appraisals, and recruitment processes, and examining the moderating role of leadership changes in influencing the success of the True North Vision at MTRH.

1.3 Purpose of the Study

This study assessed the effects of Human Resource Management (HRM) on achieving True North Vision at MTRH.

1.4 Specific Objectives

The study was guided by the following specific objectives;

1. To assess the effect of career development on achieving True North Vision at MTRH.
2. To analyze the effect of performance appraisals on achieving True North Vision at MTRH.
3. To assess the effect of the employee recruitment process on achieving True North Vision at MTRH.
4. To determine the moderating effect of change of leadership on achieving True North Vision at MTRH

1.5 Hypotheses

The study tested the following null research hypotheses;

H_{O1}: Career development has no significant effects on healthcare services at MTRH

H_{O2}: Performance appraisals have no significant effect on healthcare services at MTRH

H_{O3}: Employee recruitment process has no significant effect on healthcare services at MTRH

H_{O4}: Change of leadership has no significant effect on healthcare services at MTRH

1.6 Justification of the Study

Traditionally, the role of HRM has been administrative functions despite challenges related to the quality of health care. This has not been patient-centered nor contributed to improving the quality of healthcare that patients receive. However, the evolution of HRM practices from administrative functions to strategic roles that influence quality improvement in hospitals has benefited patients seeking care in hospitals. This is translated by the implementation of a performance-related HRM practices framework

and the transformation of healthcare services to align with the True North model (Patient-centered). Because the healthcare transformation is dynamic, the strategic integration of HRM practices remained a key factor in achieving a True North.

Human resource management techniques are essential to realizing the True North vision, as was previously mentioned. Its function is to enhance employee performance and patient satisfaction in order to enable the best possible healthcare services. To ensure that high-quality services are provided and that the True North vision is successful in our setting, a thorough grasp of its role and associated responsibilities is necessary.

Therefore, this study was conducted to contribute to a thorough understanding of the role HRM plays in maintaining the vision and attaining continuous improvement in low-resource settings (LRSs).

1.7 Significance of the Study

The transformation of health care is a dynamic process involving several stakeholders (executives, HRM, and staff). To date, HRM functions have moved from the traditional administrative remuneration of staff to the most innovative approaches, such as the implementation of performance-related frameworks and the transformation of healthcare services to align with True North Vision. However, few studies have been interested in the patient-centered model of HRM, especially in low-resource settings (LRSs). Therefore, this study was done to avail data on the key performance indicators of MTRH-HRM. In addition, this study could potentially reveal improved patient satisfaction, better health outcomes, increased treatment adherence, and enhanced communication between patients and healthcare providers through Moi Teaching and Referral Hospital HRM's strategies in implementing True North Vision. Furthermore,

the change in hospital leadership could significantly impact patient care, potentially leading to improvements or challenges depending on the new leadership's approach and the effectiveness of the transition.

1.8 Scope of the Study

The study was carried out to assess the effects of human resource management (HRM) practices on the achievement of the True North Vision at Moi Teaching and Referral Hospital (MTRH). It specifically focused on key HRM indicators, namely career development, performance appraisals, and recruitment, and how they influence employee performance and service delivery. The study was confined to MTRH and involved staff members across various departments. Data collection was covered between 2024 April and May 2025.

1.9 Limitations of the Study

This study was limited to Moi Teaching and Referral Hospital, which restricts the generalizability of the findings to other healthcare institutions with different organizational structures and contexts. The reliance on self-reported data introduced the risk of social desirability bias, as some respondents provided answers they believed were expected rather than their actual experiences, affecting the accuracy of the findings.

1.10 Delimitation of the Study

This study focused exclusively on Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya, and was limited to assessing the effects of selected human resource management practices career development, performance appraisals, and recruitment on the achievement of the True North Vision. The study targeted only staff members employed at MTRH, excluding patients, interns, and visiting professionals. Furthermore, the study considered leadership changes only in the context of their

moderating effect on HRM practices and patient-centered care outcomes. Other organizational or external factors influencing healthcare delivery were not covered.

1.11 Assumptions of the study

Several fundamental presumptions served as the foundation for this investigation. First, it was believed that Moi Teaching and Referral Hospital (MTRH) would continue to offer high-quality medical care without any major disruptions that might have an impact on patient care outcomes or service delivery during the study period. The investigation additionally presumed that throughout the study period, the hospital's HRM procedures—particularly those related to hiring, career development, and performance reviews—remained functional and in line with the True North Vision.

It was also believed that the management personnel and medical professionals who took part in the study gave truthful and accurate answers that accurately reflected their actual experiences and viewpoints on patient-centered care and HRM procedures. Furthermore, during the data collection period, the study assumed that there were no significant leadership crises or structural changes that could have seriously disrupted the hospital's overall strategic direction or the established HRM processes.

Lastly, the study assumed that external factors such as changes in national health policies, economic instability, or public health emergencies did not materially influence the hospital's ability to implement patient-centered care during the study period. These assumptions were necessary to ensure that the findings accurately reflected the relationship between HRM practices and the achievement of the True North Vision at MTRH.

1.12 Operational Definition of Terms

True North Vision: is a patient-oriented healthcare program that guides quality healthcare service delivery.

Appraisals: refer to a formal assessment of the performance of an employee over a particular period.

Career Development: is the process of learning and utilizing short-term skills to progress toward long-term professional goals.

Change of leadership: this occurs when a new person takes charge or the existing leadership style changes.

Career progression: refers to the process of advancing in career over time. It involves taking deliberate steps and actions to achieve professional goals, develop skills, and move up the career ladder.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

An overview of the relevant literature on evaluating the impact of HRM on providing high-quality healthcare services by different writers is presented in this chapter. It also went into detail about the several ideas that support the study.

2.2 Theoretical Framework

The theories address the fundamental questions and act as a guide and source of support for the research. The theoretical framework offers a structure that facilitates a comprehensive approach to the research. The study was informed by two theories: the Expectancy Value Theory and the Convergence Theory.

2.2.1 Convergence Theory

The theory is credited to William G. Ouchi (1981). Convergence theory is the antithesis of divergent theory; it holds that every nation has a distinct managerial and organizational style and that local social and cultural factors dominate and influence people and organizations to adopt particular values regardless of the forces and pressures of globalization. The similar trend was noted by Murphy, L. and others in 2023, who examined the development and convergence of three HR-related fields: organization development, human resource development, and human resource management (HRM) (Ruona and Gibson 2004). Through knowledge-based innovations, HR professionals from diverse backgrounds are working together to enhance organizational performance. The discussion of the convergence and divergence of HRM practices is influenced by a number of elements, including institutional contexts, legal procedures, cultural variations, and regional business systems (Murphy, L. in 2023). understanding how HRM procedures change throughout time.

Recent developments in human resource management, such as workforce diversity, globalization, downsizing, continuous improvement, technology integration, and employee involvement, have influenced the convergence of human resources. The key

HR transformation trends in today's firms are significantly impacted by the rapid advancement of digital technologies and the shifting needs of the workforce (Kakepota et al, 2004). Advanced technologies like automation, artificial intelligence (AI), and machine learning (ML) have revolutionized HR operations by reimagining traditional HR processes including hiring, talent management, compliance, pay, and performance management (Basnet, S. 2024).

To adapt to these changes, businesses also need to be ready to retrain, restructure, and update policies. They also need to make sure that employees receive continual training and development to be up to speed with technology advancements (Sri, K. S., et al, 2021). Human resource management must be aware of this theory in order to appropriately evaluate and analyze choices, make educated decisions, and take concrete measures toward implementation in the MTRH healthcare system. Convergence Theory served as a guide for this study's comprehension of how Moi Teaching and Referral Hospital's (MTRH) HRM procedures combine local organizational realities with worldwide healthcare trends. Globalization and technology have changed current HR practices including career development and recruitment, but local culture, leadership, and institutional elements all have an impact. This idea clarified how MTRH adjusts global patient-centered care models to its particular situation, coordinating leadership changes and HRM procedures with the hospital's True North Vision to enhance healthcare quality in a setting with limited resources.

2.2.2 The Expectancy-Value Theory (EVT)

This hypothesis states that views of one's own competence and task value can predict the extent of improvement or change in healthcare-related tasks or behaviors. People's expectations of success and the significance they place on healthcare tasks or behaviors must be addressed in order to increase motivation and improve the quality of healthcare service outcomes. The most well-known explanation of motivation was given by Vroom (2015) with the Expectation-Value theory, which aims to integrate the many elements of previous theories. Expectation theory focuses on the relationship between

the cognitive antecedents of motivation. Hanscom (2020) claims that it centers on a cognitive process that is based on the idea that people believe there are relationships between the work they do, the outcomes of that work, and the rewards they obtain for their efforts and performance. That is, they may be inspired if they believe. In other words, people may be motivated if they believe that their desired outcomes come from high performance and that hard work would lead to good performance. Because it suggests that employees would be more motivated to improve their performance if they expected rewards like fringe benefits, retirement plans, medical care, and perks, the Expectancy Theory is significant because it supports variable compensation. Expectancy-Value Theory (EVT) has been used to explain how healthcare workers' perceptions of the results of their work and the importance they place on their roles affect their motivation to provide high-quality care. The theory states that employees are more likely to perform well when they believe that their actions—such as seeking professional development, answering performance reviews, or taking part in hiring—will enhance patient care and yield benefits for themselves. To improve the quality of healthcare services at Moi Teaching and Referral Hospital (MTRH), EVT oversaw the evaluation of how HRM practices affect staff motivation to match their performance with the hospital's True North Vision.

2.3 Empirical Review

The section examines earlier research on the study variables career development, performance reviews, and hiring— nd how they affect the dependent variable, healthcare service quality.

2.3.1 Effect of Career Development on Quality of Healthcare Services

Through career development, which is viewed as a program designed to help each person thrive in their area of work, employees of a business can grow, improve, and

develop (Sinha, R., 2020). Career development has become a crucial area of focus in human resource planning due to a high turnover rate, a lack of trained labor, and changing needs (McDonald, K. S., et al., 2023). Nevertheless, the majority of these studies have focused on career growth in terms of organizational talent management and individual advancement, without clearly demonstrating how organized career development programs lead to better patient-centered healthcare outcomes, particularly in tertiary hospitals with limited resources.

Examining both institutional and personal career planning processes is crucial when discussing career development. According to Aziz A.'s research, the most significant element impacting nurses' compassionate behavior at Hospital X Karawang in 2023 was career advancement. According to Aziz's study, healthcare personnel who had not received enough career development were three times more likely to display bad caring behavior than those who had. Despite the significance of this finding, it is important to keep in mind that Aziz's study focused on behavioral outcomes rather than the more general institutional goal of achieving patient-centered healthcare delivery across a multispecialty hospital and was limited to nursing staff in a single hospital setting. It is yet unclear whether similar ties exist between different cadres of healthcare workers and whether they affect the overall quality of service delivery.

This bolsters the notion that every healthcare organization must formally integrate career development to attract qualified and motivated employees and maintain a high standard of patient care (Mok, I., et al., 2021). The association between staff professional development and the clinical quality of patient-centered healthcare is merely hypothesized, not empirically verified, as many of these research focus on the

role that career development plays in luring and keeping people. Not enough research has been done on the connection between professional advancement and healthcare quality in referral hospitals with limited resources that aim to meet international standards, such as Moi Teaching and Referral Hospital.

According to Aziz A. (2023), 63% of healthcare professionals with strong career development also exhibited good caring behavior, and career development and job satisfaction had a 73.5% impact on caring behavior. Although there is a clear correlation, this study mainly examines the behavioral and psychological impacts on medical personnel without assessing how they relate to quantifiable patient outcomes or how various career paths fit into a hospital's strategic goal, such as the True North goal.

Employees have the opportunity to progress within the organization (Bijumes, L., & Kristanto, H., 2019). The primary objective of career development is to increase skilled workers' retention, satisfaction, and engagement (Sepahvand, R., et al., 2021). Despite highlighting significant HRM outcomes like motivation and retention, these studies frequently neglect to discuss how these HRM gains are used to enhance clinical efficiency, care coordination, or patient experience—priorities that are essential to contemporary healthcare strategies like the True North model.

By doing this, the HRM assists the company in having a driven workforce that advances professionally and effectively contributes to the objectives of the organization (Morris, T. Along with Lent, R. W. in 2023). Although this contribution to institutional success is acknowledged, little is known about whether or not these institutional objectives include explicit patient-centered care goals, or whether career development in tertiary healthcare institutions in developing contexts is structured to directly support such goals. When given the chance to advance their careers, employees are happier and more

driven to contribute to the success of the company. As a result, professional development strengthens the organization's work ethic (Thwin, 2023). However, a significant amount of the published study emphasizes improved work ethic and motivation as aims in and of themselves rather than examining how they strengthen specific healthcare delivery models, such as patient-centered care frameworks in large public referral hospitals.

2.3.2 Effects of Performance Appraisals on Quality of Healthcare Services

Employee performance reviews are a common part of routine HR duties. The most challenging and controversial HRM task is performance evaluation. Performance reviews provide employees the confidence to give their best work, and a well-run appraisal process raises the standard of healthcare. Among others, Sahay carried out a systematic review. Since they ensure that employees are moving in the right direction and can assist the organization in achieving its goals, employee performance reviews were determined to have strategic significance in the company in 2021. Additionally, Ismail et al. discovered that in 2022, employee motivation, performance, and satisfaction were at a high and moderate level. Employee motivation, performance, and satisfaction were also found to positively correlate with the performance appraisal method. According to Krijgsheld et al., task, context, and performance are the four aspects of work performance in the healthcare sector (2022). According to Krijgsheld et al., the following is a list of their most recent findings. Task, contextual and adaptive performance, and counterproductive work behavior are the four characteristics that can be used to classify job performance in the healthcare sector (2022). Effective reviews are important, especially in the medical industry. Because they have an impact on patient care, employee morale, and organizational success, employee evaluations are essential in the healthcare industry. They support the

retention of skilled workers and the delivery of high-quality healthcare (Charles, M. A., 1998). 2021). Seeing how personnel have developed, what goals they have achieved, or whether their performance has decreased is helpful. Strong appraisal not only allows people to perform at their highest level, but it also improves the quality of healthcare outcomes (Soni, J. (. 2022). Performance evaluations are also a helpful tool for determining areas that need additional training or where there is a skills deficit (Kamilova et al., 2023). One significant benefit is that employee appraisal systems record each worker's performance history. These data are easy to create, and they become much more valuable when performance management software is used. Performance management software makes it more easier for managers and HR staff to create records. It also provides the organization with the tools it needs to enhance its appraisal process. Healthcare professionals are increasingly engaging in performance management as hospitals restructure to become more efficient (Vainieri, M. et al., 2021). Even if they work for the hospital, they are still subject to performance assessments because hospitals are accountable to the community and patients for the quality of their services. Meeting a set of criteria for accuracy and completeness over a specific period of time is the definition of performance appraisal (Sardi et al. 2021). Employee performance is influenced by a person's motivation level in addition to their skill set. Employees that are effective use their skills and abilities to accomplish jobs accurately. Every action done by employees inside a corporation affects the overall effectiveness of the organization, regardless of their divisions or sections. Therefore, department executives need to understand that the inefficiency of the employees they manage has a detrimental effect on the overall performance of the company (Andiani, T. K., & Jayanagara, O.

2023).

Awan, S. H. Many Mauritius employees question whether the Performance Management System (PMS) improves their chances of advancing in their careers, per a 2020 study by et al. Additionally, not many public institutions use performance management systems as a platform for employee training, promotion decisions, and planning. Adherence to the performance management framework is not given much weight by upper management, and performance appraisal forms are unwieldy and impractical. According to the findings of Awan, S. H. et al. (2020), performance management systems seem to contradict their high standards. A career plateau brought on by a lack of professional development affects the quality of patient care in any business by increasing staff turnover intentions (Chang, P. C. et al., 2024). In public hospitals in developing countries, corruption, subpar service delivery, a lack of openness, and ethnicity have all affected the integrity of evaluations meant to retain qualified employees (Alsaqqaf, A. 2022).

H. Aguinis and others have advocated for performance management. The process of consistently analyzing, assessing, and improving team and individual performance while coordinating that performance with the strategic objectives of the healthcare organization is referred to as (2023). According to Aguinis et al. Managers must adopt performance management by 2023 to guarantee that employee behaviors align with healthcare organizations' goals and give the company a competitive edge. The idea that every action made by employees, regardless of rank, contributes to the company's ultimate goal forms the basis of performance management in its broadest definition. As such, it focuses on what people do (their jobs), how they do it (their behavior), and what they accomplish, or the outcomes (Nyawira, L et al.

2.3.3 Effect of Recruitment on Quality of Healthcare Services

One crucial HRM task that has a direct impact on the skill, drive, and output of healthcare employees is recruitment. Occupational evaluation, job posting, application analysis, shortlisting of candidates, interviews, and the ultimate selection of the best applicant are all important recruitment procedures. Recruitment needs to be planned and comprehensive in the healthcare industry, where personnel competency and specialization play a major role in patient outcomes. According to Makhamara, F. H. et al. (2016), employee performance in Kenya's healthcare industry was greatly impacted by strategic recruitment and selection procedures. Nonetheless, this study came to the conclusion that senior management is in charge of creating hiring practices that both draw in and keep skilled medical personnel. Although this study emphasizes the importance of leadership in hiring, it did not investigate the ways in which hiring practices impact the quality of patient-centered care, which leaves a knowledge gap about the wider implications for service delivery.

Numerous sources, such as colleges and universities, professional networks, recruitment agencies, internal promotions, and employee referrals, can be used to hire healthcare professionals (Bogatova, 2017). According to Xu and associates (2024), the recruiting and selection framework should be built upon four essential elements: well-structured recruitment processes, comprehensive selection plans, effective recruitment tactics, and reliable talent pipelines. They emphasize that these elements are essential for both filling jobs and raising the standard of services offered by healthcare institutions. However, rather than directly linking recruiting practices to patient-centered healthcare outcomes in resource-constrained environments, like Kenyan

public hospitals, their research focused mostly on the operational efficacy of hiring practices.

According to Modise, J. M. (2023), the hiring process should empower staff members by recognizing them as equal partners in the provision of healthcare and offering them growth possibilities. By defining recruiting as a strategic activity in line with worker retention and professional development objectives, this viewpoint expands on the conventional focus on recruitment as a hiring function. Although this method emphasizes the importance of staff empowerment for the quality of healthcare, there are still few empirical studies that measure its direct impact on the provision of patient-centered care, especially at multispecialty referral hospitals.

Furthermore, in order to sustain hospital expansion and improve patient care results, Argote (2024) and Thoele (2018) stress the significance of retaining highly skilled doctors, nurses, administrators, and allied health professionals. Hospitals that wish to enhance patient experiences and care coordination prioritize the use of multidisciplinary teams, which comprise social workers, pharmacists, and case managers. Most of this material is based on healthcare systems in high-resource environments, with minimal data from sub-Saharan Africa, where employment is hindered by structural resource limits and a shortage of personnel. Healthcare quality frequently suffers from minor, cumulative inefficiencies brought on by personnel shortages and skill mismatches rather than significant system failures, according to Ngure, K. P. (2018). In dynamic healthcare settings, hiring qualified and experienced employees is crucial to maintaining constant service quality. Few studies, meanwhile, have thoroughly examined how hiring procedures at national referral

hospitals, such as Moi Teaching and Referral Hospital (MTRH), are set up to handle these changing issues, especially when seen through a strategic framework like the True North Vision. As a result, although earlier research has demonstrated the value of hiring qualified healthcare professionals, little is known about the precise connection between hiring practices and the standard of patient-centered healthcare services in tertiary institutions with limited resources. Furthermore, little is known about how leadership dynamics affect how well recruitment tactics maintain high-quality service delivery in line with a patient-centered healthcare goal. In order to close this gap, this study looks at how hiring practices, career development, and performance reviews impact Moi Teaching and Referral Hospital's ability to deliver patient-centered care outcomes within the True North Vision.

Recruitment techniques include occupational evaluation, job posting, application analysis, interviewing, shortlisting, and maybe arranging for the best candidate. Additionally, reliable sources are needed for both recruitment and selection in order to hire qualified healthcare personnel. In Kenya's healthcare sector, strategic hiring and selection has an effect on employee performance, according to research by Makhamara, F. A. And so on. (2016). Nonetheless, the study concluded that senior management ought to use criteria that attract and retain qualified personnel. Among the strategies used to locate talented personnel are universities and colleges, host networks, promotion, relocation, recruitment/selection offices, work offices, and representative referrals (Bogatova, 2017). Therefore, in order to measure faculty enrollment, it is imperative to have and use solid arrangements, extended arrangements, appropriate tactics, and reliable sources. These four components of the study's recruitment and selection framework serve as either fixed or flexible research sites.

Finding a relationship between the four characteristics and the level of open healthcare services provided by the healthcare organization is the aim of this study (Xu et al., 2024).

Selective hiring of qualified staff is required. Successful hiring and staff retention depend on empowering employees; they need to be seen as full participants in the healthcare industry and given growth opportunities (Modise, J. M., 2023). Hospitals must place a high priority on hiring and retaining top-level core healthcare staff members and work to support them in forming collaborative teams with social workers, pharmacists, case managers, and other experts in order to enhance the quality of healthcare. Because highly skilled physicians, nurses, administrators, and ancillary personnel are essential to producing excellent results and achieving successful quality improvement, hospitals are expanding (Argote, L. 2024). To improve the efficiency of service delivery, the hospital must learn how to attract and hire enough skilled medical personnel (Thoele, C. D. 2018). This suggests that adapting to constantly shifting circumstances is the key to delivering high-quality health care services, and that the best adapters are the long-term winners rather than the winners of the current struggle for market share. Since delivering services requires a specific degree of knowledge and experience that must be continuously obtained, the accumulation of seemingly insignificant incidents resulting from staff incapacity frequently lowers the quality of services provided by hospitals (Ngure, K. P. 2018). Therefore, the study focused on HRM practices that retain important healthcare people, encourage career growth, and attract competent workers.

The primary source of the healthcare industry's recruitment challenges is the worldwide shortage of healthcare workers. This shortage is a result of a number of factors,

including an aging population that requires more care, the rising prevalence of chronic illnesses, and the demanding nature of healthcare careers. Additionally, the business confronts competition for skilled people, which makes hiring in remote or underdeveloped areas challenging. The need to stay current with changes in medical practices and technology, as well as the requirement to have experience in a number of healthcare fields, complicate recruitment attempts (Alluhidan et al., 2021). Effective recruitment strategies in the healthcare sector include providing competitive compensation packages, flexible work arrangements, and opportunities for professional development. Healthcare organizations are increasingly adopting social media and digital platforms for recruitment in an effort to reach a wider pool of potential applicants. Establishing partnerships with academic institutions can help guarantee a steady flow of recently qualified staff. Highlighting the organization's mission, values, and culture during the hiring process might assist attract qualified candidates who are committed to patient care (De Smet et al., 2022).

The quality of hiring practices has a direct impact on healthcare delivery. Through efficient and well-thought-out recruitment, healthcare facilities are assured to have a workforce of dedicated and qualified people who can meet patient needs. In addition to enhancing patient outcomes and happiness, this increases the overall efficacy of healthcare services (Owolabi et al., 2021). Poor hiring practices, on the other hand, lead to a shortage of workers, additional work for existing staff, and a reduction in the delivery of high-quality healthcare services. Effective hiring practices and strategic workforce planning are essential for human resource management in the public health industry. Understanding the present and future needs of the healthcare workforce; determining the competencies and skills needed to achieve organizational objectives; creating workforce plans that facilitate the efficient provision of high-quality healthcare

services; collaborating with academic institutions to draw in recent graduates; using professional networks and social media to reach a larger audience and increase the number of applicants; and placing a strong emphasis on diversity and inclusion by putting recruitment tactics that target underrepresented groups into practice (Rosales, R., et al., 2023). Additionally, establish a welcoming workplace, put diversity training programs into place, cultivate an inclusive culture, and use inclusive recruiting procedures (Royall, S. et al. 2022). This could mean creating employee resource groups, implementing diversity training initiatives, and cultivating a welcoming and supportive work environment. Inequalities in health by race and ethnicity have been a major problem in the US. Diversity-focused HRM strategies have proven promise in the healthcare industry. Medical teams with a broad racial and ethnic composition were more likely to properly meet the health requirements of minority patients, improving patient satisfaction and health outcomes, according to a study published in the Journal of the American Medical Association (JAMA) (Stanford, F. A. (2020). According to the same JAMA study, patient-centered communication is 2–38 times more likely to take place when a patient and a doctor are of the same race or ethnicity. This highlights the value of diverse healthcare teams in tackling health disparities and lowering communication barriers (Stanford, F. A., 2020).

2.3.4 Effects of Change of leadership on Quality of Healthcare Services

Among the strategies used to locate talented personnel are universities and colleges, host networks, promotion, relocation, recruitment/selection offices, work offices, and representative referrals (Bogatova, 2017). Therefore, in order to measure faculty enrollment, it is imperative to have and use solid arrangements, extended arrangements, appropriate tactics, and reliable sources. These four components of the study's recruitment and selection framework serve as either fixed or flexible research sites.

Finding a relationship between the four characteristics and the level of open healthcare services provided by the healthcare organization is the aim of this study (Xu et al., 2024).

more patient outcomes, more staff engagement and retention, more creativity and efficiency, and improved communication and collaboration are some of the possible benefits of change brought about by poor leadership (Ahmed, Z. et al., 2024). In healthcare organizations, leadership fosters an organizational culture that prioritizes the well-being of its patients. According to McFadden et al. (2015), it establishes accountability frameworks that encourage candid communication, truthful error reporting, and a never-ending quest for progress. According to a study by Nilsen and colleagues (2020), health care organizational changes are more likely to be successful when medical staff members have the chance to influence the change, feel ready for it, and understand its importance, including how it will benefit patients. Reduced quality and disruption of service, staff burnout and turnover, an increase in healthcare inequities, resistance to change, and unstable finances are just a few of the negative consequences that good leadership may have on change (Harrison, R. et al., 2021). One study found that good leadership fosters productive teamwork, which in turn leads to safe and effective patient care (Murray, M. et al., 2021). Human performance, communication, teamwork, situation awareness, task management, error management, and decision making all depend on this, according to Murray, M. et al. Each of these factors affects the standard of treatment a patient gets. (2021).

2.4 Research Gap

Key Theme	Key Findings from Literature	Context/Gap Identified	Key Theories Referenced
HRM Practices (Career development, Recruitment, Performance appraisal)	Critical for employee motivation and organizational performance in healthcare (Aziz, 2023; McDonald et al., 2023).	Mostly studied in developed countries with stable HRM processes and advanced healthcare infrastructure.	Convergence Theory: Adaptation of global HRM practices in local contexts.
Leadership Transition	Influences organizational culture and employee engagement, thereby affecting healthcare outcomes (Harrison et al., 2021; Nilsen et al., 2020).	Well-planned leadership succession studied mainly in well-resourced systems; little focus on resource-limited contexts.	Expectancy-Value Theory: Motivation drives performance.
Kenyan Context (Strategic Recruitment and HR Practices)	Some studies link HR practices to staff satisfaction and retention (Makhamara et al., 2016).	Limited empirical studies on the link between HRM practices and patient-centered healthcare outcomes in Kenya.	
Moi Teaching and Referral Hospital (MTRH) and the True North Vision	Vision prioritizes patient-centered care.	Little empirical investigation on how HRM practices operationalize this vision to improve healthcare quality.	
Leadership Change as a Moderator		Existing research does not explore leadership change as a moderator between HRM practices and service delivery outcomes.	
Integrated Theoretical Framework	Convergence Theory and Expectancy-Value Theory provide useful lenses.	No empirical study in Kenya integrates these theories to analyze the joint influence of HRM practices and leadership transition on healthcare outcomes.	Convergence Theory, Expectancy-Value Theory

2.5 Conceptual Framework

This section aims to explain the connection between the independent and dependent variables. Figure 2.1 depicts the relationship between human resource management practices (independent variables) and patient-centered care (dependent variable).

Independent Variables **Dependent Variable**

HRM practices

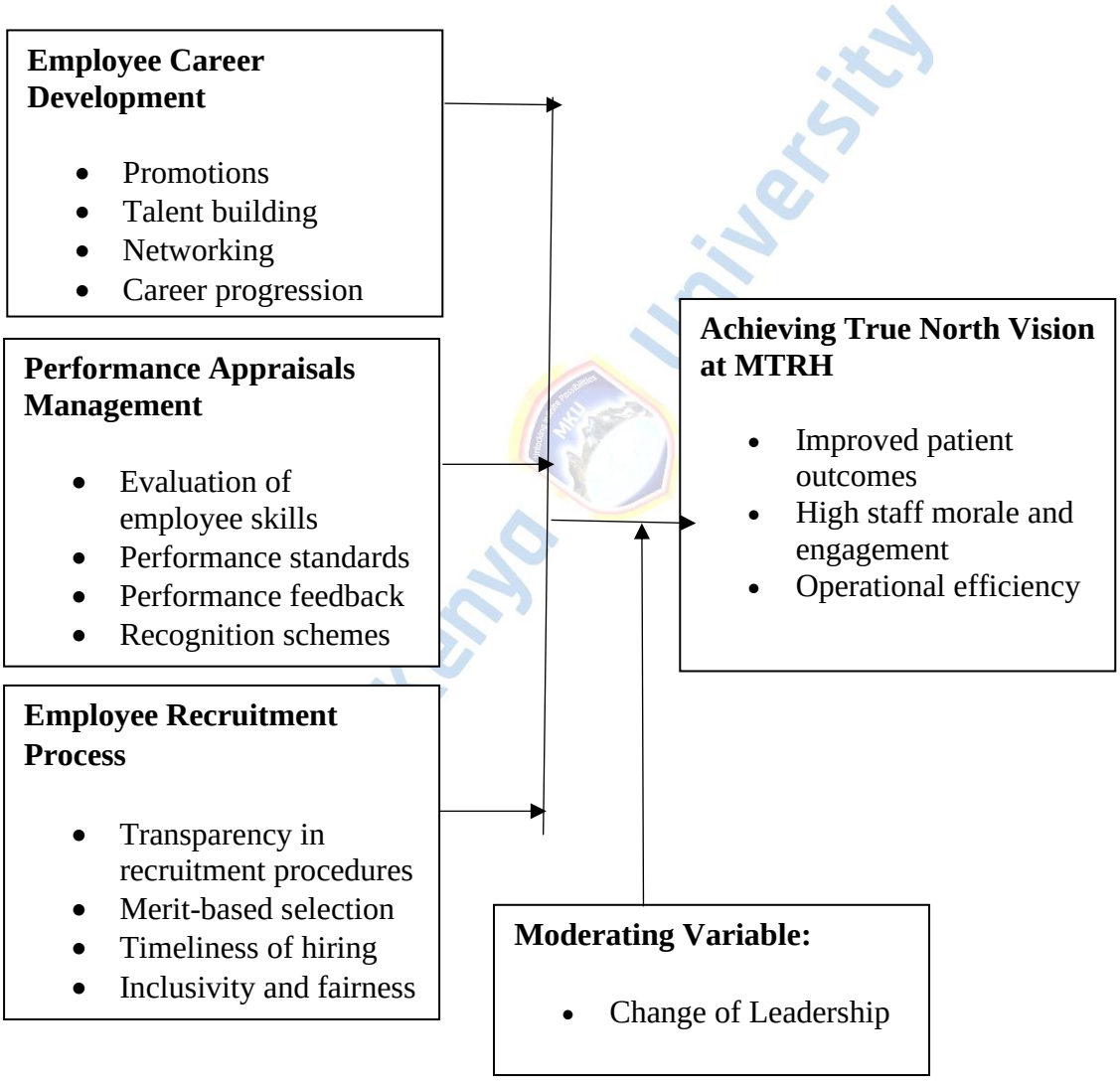

Figure 1: Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

This section outlines the methodology used in conducting the study. It comprises the research design, population, sample size and sampling procedure, data collection method, and data analysis and presentation.

3.2 Research Methodology

In order to give a thorough grasp of how HRM practices contribute to Moi Teaching and Referral Hospital's (MTRH) True North Vision, this study used a quantitative approach. Employees and patients were given standardized questionnaires to complete in order to gather quantitative data. This method made it possible to statistically analyze the connections between leadership changes, performance reviews, career development, hiring, and the caliber of healthcare services.

3.3. Research design

The investigator intends to utilize exploratory methods. Examining an ambiguous research problem is the aim of this research design. In this sense, our research methodology improved our understanding of how HRM contributes to the realization of Moi Teaching and Referral Hospital's patient-centered care mission. The study used qualitative methods, such as interviews with senior HRM officers and patients, to achieve its main objective. According to the data collected, this exploratory strategy improved our understanding of why patient-centered care vision endures or deteriorates (Kumari, M., and Vijendra, S., 2017).

3.4 Study area

The study was carried out at MTRH. The hospital is located along Nandi Road in Eldoret City, Uasin Gishu County, 310km Northwest of Nairobi. MTRH is a Multispecialty International Teaching and Referral Hospital serving Kenya, parts of Eastern Uganda, South Sudan, Northern Tanzania, and the Democratic Republic of Congo with a population of over 25 million.

The choice of MTRH for this study is that it is the second largest National referral hospital (Level) with over 3500 employees and serving more than 5000 outpatient clients in a day. MTRH is also a teaching facility for Moi University, MTRH College of Medicine, and others. It's important to evaluate the quality of healthcare service delivery. It is the first public hospital in Kenya to apply the concept of True North Vision as a new model of transformational leadership in healthcare in a low-resource setting.

3.5 Target Populations

All managers and patients were targeted to participate in this study.

3.6. Study population

The study population consisted of senior HRM officers and selected patients who provided informed consent to participate in the study.

Table 1: Study Populations

Group	Total No	Percentage
Directorate of HRM& D	111	8.2
Directorate of finance	170	12.5
Directorate of Health Administration	60	4.4
Directorate of pharmacy and nutrition	90	6.6

Directorate of Health Informatics	150	11.0
Directorate of Internal Medicine	75	5.5
Directorate of Surgery	200	14.7
Directorate of Reproductive Health	62	4.6
Directorate of Pediatrics and Child Health	60	4.4
Directorate of Laboratory& Pathology Services	80	5.9
Directorate mental health& rehabilitation services	60	4.4
Directorate of commercial services and private wings	45	3.3
Directorate of Diagnostic& Radiology Services	18	1.3
Directorate-Hemato-oncology	13	1
Directorate of Dental services	20	1.5
Directorate of college of health sciences	22	1.6
Patients	124 (10% officers)	9.1%
TOTAL	**1360**	**100.0**

3.6.1. Inclusion criteria

All eligible participants provided informed consent to participate in this study.

3.6.2. Exclusion criteria

- Junior HRM officers
- Patients with mental illness or very sick patients unable to give informed consent to participate in this study.

3.7 Sampling Procedures and Sample Size

The study used a purposive sampling technique for 1 month, from April to May 2025. More than four hundred employees (managers and patients) were selected purposefully with maximum diversity to achieve the study goal. This is because the study

intentionally selects participants based on their experience as senior managers to achieve its objectives, aiming to gather rich, in-depth information.

The sample size is calculated using the cross-sectional formula as described by Sharma, S. K et al., (2020).

$$N = \frac{(\mathrm{Z1} - \alpha/2)^{2*} \ (p)(q)}{d^2}$$

N = Desired sample size Z1−α/2 = Critical value and a standard value for the corresponding confidence level. (At 95% CI or 5% level of significance (type-I error), it is 1.96, and at 99% CI, it is 2.58.) P = estimated the prevalence of employees in managerial positions qualified to the position of HRM to be 40% based on a previous study (Younis, J.et al., 2021). q = 1-p d = Margin of error or precision.

$$N = \frac{(1.96)^{2*} \ (0.4)(0.6)(0.05)}{(0.05)^2} = 369 \ participants$$

The sample size is 369 participants**.**

3.8 Data Collection Instrument

Primary data was collected using a structured questionnaire. The questionnaires were administered using the drop-and-pick method. The pick-up later method was suitable due to the convenience of the respondents. According to Mumaraki, R. N. (2020), the use of structured questions on the questionnaire allowed for uniformity of responses to questions. The questionnaire is in 3 sections. Section A contained demographic information, section B was a series of statements to capture the perception of human resource management practices, and section C was a series of statements to capture patient perception of quality of health care. The key variables include the independent variables, which are career development, performance appraisals, recruitment, and change of leadership. These variables were measured using the Likert scale to indicate

their level of agreement or disagreement with a statement, using options like "strongly agree," "agree," "neutral," "disagree," and "strongly disagree".

The use of a questionnaire ensured the collection of data from many respondents within a short time. Also, the respondents were free to give relevant information because there is assurance of their anonymity.

3.9. Study procedure

Eligible participants were briefed on the study purpose through informed consent. After consent, they were given the questionnaire to fill at their convenience time not exceeding 24 hours. The questionnaire were collected the following day by the PI or RA to capture each answer and enter it into the Excel sheet to be ready for analysis.

3.10 Data Collection Procedure

For data collection, the study used a simple random sampling technique where every 3rd participant was recruited to participate in this study. The technique is a subset of a statistical population in which each member of the subset has an equal probability of being chosen or participating. The sampling took two (2) months, from April to May 2025. 369 participants were selected purposefully with maximum diversity to achieve the study goal.

Data that was collected came from respondents (primary data). These data was defined as integer and Boolean that represents logical values (e.g., yes/no).

3.11 Data management and Analysis

This study followed vigorously the process of data organization, storage, and preservation during the entire process of data collection to the dissemination of findings. This included long-term monitoring and access to the data.

3.11.1 Data management

The fundamentals of the data life cycle, which are critical steps in research data management, was strictly followed. The principal investigator (PI) were the owner of the data from data collection to the publication of the findings. The data was generated in the form of data collection techniques and then put together in structured formats. During the data collection period, all information collected was kept in a very secure area and locked. Only the PI and research assistant (RA) had access to the area. The team (principal investigator and research assistants) maintained the sanctity of the collected data for the entire study period. There was absolute transparency in how the information was collected, stored, and tracked. This study strictly complied with the regulations of research data storage and protection. The raw data was then converted into digital data. The information was cleaned, scrubbed, and structured to eliminate time for insights.

3.11.2 Data analysis

This was the critical component of data management to derive actionable insights from the data that was collected. This data was then structured into consumable data. Thus, data was fed to the computer and analyzed using the IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Qualitative data was described using numbers and percentages. The Shapiro-Wilk test was used to verify the normality of the distribution of quantitative data that was described using range (minimum and maximum), mean, standard deviation, median, and interquartile range (IQR). The significance of the obtained results was judged at the 5% level.

A logistic regression model was used to test the influence of human resource management practices on the quality of health care service provided at MTRH. This enabled the evaluation of the relationships between the dependent and independent variables. The logistic regression was as follows:

$Y = \beta 0 + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 4X4 + \varepsilon$

Where; Y = Quality of health care service

X1 = Career Development X2

Performance appraisals X3

Recruitment β0= Constant Term;

β1, β2, β3, β4= Beta coefficients;

ε = Error Term.

3.12 Piloting of Research Instruments

The piloting of these research instruments was done in Uasin Gishu County Hospital and Huruma Sub-County Hospital. The choice of these facilities is based to their proximity within MTRH and their denomination as public healthcare facilities within Uasin Gishu County. The purpose of this preliminary study is to check the feasibility and validity of a new measure.

3.13 Testing Validity and Reliability

This study used both construct validity and content validity. For construct validity, the questionnaire was divided into several sections to ensure that each section assesses information for a specific objective and also ensure that the same closely ties to the conceptual framework for this study.

To ensure content validity, the questionnaire was subjected to a thorough examination on some randomly selected project supervisors. They were asked to evaluate the statements in the questionnaire for relevance. Reliability is the consistency of a set of measurement items (Cronbach, 1951). Cronbach's alpha was used to test the reliability of the measures in the questionnaire (Cronbach, 1995). 10% of the sample size was

used for the pilot test. Therefore, questionnaires were piloted by issuing them to respondents who have not been included in the final study sample.

The questionnaire response was entered into the statistical package for social sciences (SPSS) and Cronbach's alpha coefficient was generated to assess reliability. The closer Cronbach's alpha coefficient was to 1, the higher the internal consistency reliability (Sekaran, 2006). A coefficient of 0.7 was used as recommended by Cronbach (1951). In addition, a statistical technique was used to identify underlying dimensions or factors within a set of items or variables (factor analysis.

3.14 Diagnostic Tests

The study conducted normality tests, multicollinearity, and heteroscedasticity. The diagnostics was conducted to avoid doing regression analysis with spurious results.

3.14.1 Normality tests

The assumption of normality enables one to make accurate statistical inferences from test of the hypothesis (Ghasemi, et al 2012). This study used the Jarque-Bera test statistic (Bera & Jarque, 1982) to test for the normality of the distribution of the study population. The statistic was used to test the hypothesis that the data are from a normal distribution. If the p-value is above the critical 0.05, then we concluded that the data is normally distributed.

3.14.2 Multicollinearity Tests

Multicollinearity was tested in the study. The multicollinearity was tested to show the association among the variables. VIF was used in the testing. The value of the VIF is expected to be less than 10 (Miles, 2014). The study also used the difference between the upper and lower limits of an acceptable dimension or measurement.

3.14.3 Heteroscedasticity

According to William & F. K. A. 2024), heteroscedasticity gives equal weight to all observations and causes the standard errors to be discriminated against and

consequently results in an incorrect conclusion when testing the hypothesis. Breusch-Pagan was used to check for the existence of heteroscedasticity in the data collected.

The hypothesis that the data is homoscedastic was tested at a 0.05 significance level. If the p-value is larger than the critical 0.05, then we conclude that the data does not suffer from heteroscedasticity.

3.15 Ethical Consideration

This study adhered to rigorous ethical standards throughout its design and implementation. All participants were provided with comprehensive information regarding the study's purpose, objectives, and scope. They were given ample time to review this information, ask any clarifying questions, and make an informed decision about their involvement. Participation was strictly voluntary, and written informed consent was obtained from all respondents prior to their inclusion in the study.

Confidentiality and anonymity were paramount in handling participant information. Personal identifiers such as names and job titles were deliberately omitted from the data collection tools to protect participants' privacy. The collected data were analyzed and presented in aggregate form, ensuring that no individual respondent could be identified from the results.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.0 Introduction

This chapter focused on data analysis, results presentation, and discussion of the findings on the effects of human resource management on achieving True North Vision at Moi Teaching and Referral Hospital, Eldoret, Kenya.

4.1 Descriptive statistics

4.1.1 Response Rate for Employees

Table 2 presented the response rate for this study. From a sample size of 369 participants, 300 respondents filled and returned their questionnaires, representing a response rate of 81.3%. The non-response rate of 69 (18.7%) represented the proportion of surveys that were not completed or returned.

Table 2: Response Rate for Employees

Response Status	Frequency	Percentage
Response	300	81.3%
Non-response	69	18.7%
Total	369	100.0%

Source: Field Data, (2025)

Table 2 presented the response rate for the patient questionnaire component of this study. From a sample size of 124 patients, 114 patients completed and returned their questionnaires, representing a response rate of 91.9%. The non-response rate of 10 (8.1%) represented the proportion of surveys that were not completed or returned. This high response rate indicates a strong level of engagement from the patient population and enhances the validity of the findings.

Table 3: Response Rate for Patient

Response Status	Frequency	Percentage
Response	114	91.9%
Non-response	10	8.1%
Total	**124**	**100.0%**

Source: Field Data, (2025)

4.1.2 Gender Distribution for Employees

Table 3 is categorized into two groups: patients and hospital staff. Among the 300 patients surveyed, 59.3% were male (n=178), while 40.7% were female (n=122). This indicates a higher representation of male patients at Moi Teaching and Referral Hospital (MTRH) during the study period. For the hospital staff, out of 114 respondents, 58.8% were male (n=67) and 41.2% were female (n=47). The gender distribution in both groups shows a relatively similar trend, with males slightly outnumbering females.

Table 4: Gender Distribution for Patients

Gender	Frequency	Percentage	Gender
Male	178	59.3%	Male
Female	122	40.7%	Female
Total	**300**	**100.0%**	**Total**

Gender	Frequency	Percentage
Male	67	58.8%
Female	47	41.2%
Total	114	100.0%

Source: Field Data, (2025)

Table 4 presented the gender distribution of the respondents. Among the 300 participants surveyed, 178 (59.3%) were male, while 122 (40.7%) were female. This indicated a relatively balanced gender representation, though with a slight male

majority among the respondents. The gender distribution of patient respondents. Among the 114 patients, 67 (58.8%) were male, while 47 (41.2%) were female. This represented a reasonably balanced gender representation, though with a slight male majority, similar to the staff respondent profile.

4.1.3 Age Distribution for Employees and Patients

Table 5 illustrates the age distribution of employees who participated in the study. The analysis considered both the broader employee population (n=300) and the specific sample used in the study (n=114). Among the total population of 300 employees, the largest group fell within the 30–40 years age bracket, accounting for 138 respondents (46.0%). This was followed by those aged 40–50 years at 26.0% (n=78), and employees below 30 years at 18.0% (n=54). Only 10.0% (n=30) were aged above 50 years.

Table 5: Age Distribution of Employees

Age Bracket	**Frequency**	**Percentage**
Below 30 years	54	18.0%
30-40 years	138	46.0%
40-50 years	78	26.0%
Above 50 years	30	10.0%
Total	**300**	**100.0%**

Age Distribution of Patients

Age Bracket	**Frequency**	**Percentage**
Below 30 years	24	21.1%
30-40 years	43	37.7%
40-50 years	32	28.1%
Above 50 years	15	13.1%
Total	**114**	**100.0%**

Source: Field Data, (2025)

Table 5 presented the distribution of respondents across different age brackets. Among the 300 participants surveyed, the largest proportion, constituting 138 individuals (46.0%), fell within the age range of 30 to 40 years. Following closely, 78 respondents (26.0%) were aged between 40 and 50 years, while 54 (18.0%) belonged to the below 30 years bracket. A smaller segment, comprising 30 individuals (10.0%), represented those aged above 50 years. This age distribution reflected a workforce primarily composed of mid-career professionals, with significant representation from both younger and more experienced staff members.

Table 5 second art presented the distribution of patient respondents across different age brackets. Among the 114 patients surveyed, the largest proportion, constituting 43 individuals (37.7%), fell within the age range of 30 to 40 years. Following this, 32 respondents (28.1%) were aged between 40 and 50 years, while 24 (21.1%) belonged to the below 30 years bracket. A smaller segment, comprising 15 individuals (13.1%), represented those aged above 50 years. This age distribution reflected a patient population primarily in the middle-age brackets, with significant representation from both younger and older patients.

4.1.4 Educational Level for Employees and patients

The educational background of both employees and patients is essential in assessing the capacity for communication, implementation of healthcare strategies, and overall alignment with the hospital's True North vision. Table 6 below presents the distribution of education levels among employees and patients at Moi Teaching and Referral Hospital (MTRH).

Table 6: Educational Level for Employees

Education Level	**Frequency**	**Percentage**
Diploma	90	30.0%
Bachelor's Degree	123	41.0%
Master's Degree	57	19.0%
PhD	30	10.0%
Total	**300**	**100.0%**
Education Level	**Frequency**	**Percentage**
Diploma	42	36.8%
Bachelor's Degree	51	44.7%
Master's Degree	16	14.0%
PhD	5	4.5%
Total	**114**	**100.0%**

Source: Field Data, (2025)

Table 6 presented the distribution of education levels among the respondents. Out of the total sample of 300 individuals, 123 participants (41.0%) held a Bachelor's Degree, while 90 individuals (30.0%) had a Diploma qualification. Additionally, 57 respondents (19.0%) reported having completed a Master's degree, and 30 individuals (10.0%) indicated possessing a PhD. These percentages highlighted the educational diversity within the surveyed population, showcasing a range of qualifications among the respondents, with a significant majority having attained higher education.The distribution of education levels among the patient respondents. Out of the total sample of 114 individuals, 51 participants (44.7%) held a Bachelor's Degree, while 42 individuals (36.8%) had a Diploma qualification. Additionally, 16 respondents (14.0%) reported having completed a Master's degree, and 5 individuals (4.5%) indicated possessing a PhD. These percentages highlighted that the surveyed patient population was relatively well-educated, with a significant majority having attained higher education.

4.1.5 Length of Service at MTRH

The duration of service among employees is a key factor in evaluating institutional experience, staff stability, and the effectiveness of HRM practices in achieving long-term strategic goals such as the True North vision. Employees with longer service periods may have a deeper understanding of the hospital's values, systems, and transformation agenda, while newer staff bring fresh perspectives and innovation. Table 7 presents the distribution of respondents based on their length of service at Moi Teaching and Referral Hospital.

Table 7: Length of Service at MTRH

Years at MTRH	Frequency	Percentage
Less than 5 years	63	21.0%
5-10 years	135	45.0%
11-15 years	72	24.0%
Above 15 years	30	10.0%
Total	**300**	**100.0%**

Source: Field Data, (2025)

4.1.6 Staff vs. Patient Perceptions

Table 8: Comparison of Staff and Patient Perceptions on HRM Dimensions

HRM Dimension	Staff Mean	Patient Mean	Difference
Career Development	3.41	3.63	+0.22
Performance Appraisal	3.55	3.68	+0.13
Recruitment Process	3.63	3.95	+0.32
Leadership Change	3.49	3.54	+0.05
Patient-Centered Vision	3.53	3.65	+0.12
Overall	3.52	3.69	+0.17

Source: Field Data (2025)

Table 8 presented a comparative analysis of staff and patient perceptions across the five HRM dimensions examined in this study. Interestingly, patients consistently rated the impact of HRM practices more positively than staff rated their implementation, with

an overall difference of +0.17 in mean scores. The largest perception gap appeared in the recruitment process dimension (+0.32), where patients strongly emphasized the importance of adequate staffing for quality care (mean 3.95), while staff had more moderate views on recruitment implementation (mean 3.63). The smallest gap was in perceptions of leadership change (+0.05), where both groups showed similar moderate agreement about its impact.

These findings suggest that while MTRH staff perceive implementation gaps or challenges in HRM practices, these challenges are not severely affecting patient perceptions of care quality. However, the consistent gap across all dimensions indicates potential opportunities to improve internal processes in ways that could further enhance patient experiences.

This comparative analysis aligns with research by Tetui et al. (2021), who found that healthcare workers often have more critical perspectives on internal management practices than patients do on service outcomes. The researchers attributed this to healthcare workers' insider knowledge of system constraints and challenges that can be immediately visible to patients. The positive perception gap at MTRH suggests that despite internal implementation challenges, the hospital is succeeding in maintaining patient-centered service delivery that meets or exceeds patient expectations.

Table 9: Regression Analysis on the effects of Human Resource Management (HRM) on Achieving True North Vision at MTRH

HRM Dimension	B (Unstandardized Coefficient)	Std. Error	t-value	p-value
Career Development	0.22	0.051	4.31	0.000
Performance Appraisal	0.13	0.048	2.71	0.007
Recruitment Process	0.32	0.050	6.40	0.000
Leadership Change	0.05	0.044	3.86	0.000
Cons	0.17	0.046	1.09	0.278

The regression results indicated that for career development dimension, the regression coefficient (B**)** was 0.22**,** with a t-value of 4.31 and a p-value of 0.000**,** signifying a statistically significant difference. This suggested that patients rated the hospital's career development efforts more favorably than staff did.

In the performance appraisal dimension, the B coefficient was 0.13, also statistically significant **(**p = 0.007**),** indicating a notable difference in perceptions, though to a lesser extent than career development. Similarly, for the recruitment process, the model revealed the largest difference in perceptions with a B value of 0.32**,** a t-value of 6.40, and a highly significant p-value of 0.000**.** This suggested that patients had a much more favorable view of how new staff were recruited compared to the views held by current staff.

For the leadership change dimension, the difference between staff and patient perceptions was minimal (B = 0.05**),** and the result were statistically significant (**p =** 0.00**).**

The R^2 was 0.542 implying that 54.2% of the variance in Achieving True North Vision at MTRH was explained by Career Development, Performance Appraisal, Recruitment Process and Leadership Change.

4.2 Findings as per the objectives

4.2.1 Career Development of Employees employee career development

Table 10 presented respondents' perceptions regarding career development of employees at MTRH.

Table 10: Career Development of Employees

Statements	SA	A	N	D	SD	Mean	Std. Dev.
HRM had a career development plan for MTRH employees	69 (23.0%)	111 (37.0%)	60 (20.0%)	45 (15.0%)	15 (5.0%)	3.58	1.15
HRM initiated career development conversations with MTRH employees	51 (17.0%)	99 (33.0%)	78 (26.0%)	54 (18.0%)	18 (6.0%)	3.37	1.14
HRM prioritized career development conversations with MTRH employees	45 (15.0%)	93 (31.0%)	90 (30.0%)	57 (19.0%)	15 (5.0%)	3.32	1.10
HRM was transparent about career development opportunities	57 (19.0%)	87 (29.0%)	84 (28.0%)	54 (18.0%)	18 (6.0%)	3.37	1.16
HRM communicated future organizational needs to the employees	63 (21.0%)	102 (34.0%)	72 (24.0%)	48 (16.0%)	15 (5.0%)	3.50	1.14
HRM helped staff evaluate and communicate	48 (16.0%)	96 (32.0%)	81 (27.0%)	60 (20.0%)	15 (5.0%)	3.34	1.12

their employability							
MTRH employees' career development improved Patient Outcomes	21 (18.4%)	46 (40.4%)	29 (25.4%)	14 (12.3%)	4 (3.5%)	3.58	1.04
MTRH employees' career development enhanced patients' satisfaction	18 (15.8%)	49 (43.0%)	31 (27.2%)	12 (10.5%)	4 (3.5%)	3.57	0.99
MTRH employees' career development increased patient safety	24 (21.1%)	52 (45.6%)	25 (21.9%)	10 (8.8%)	3 (2.6%)	3.74	0.98
MTRH employees' career development contributes to providing compassionate and empathetic care	19 (16.7%)	47 (41.2%)	32 (28.1%)	13 (11.4%)	3 (2.6%)	3.58	0.98
MTRH employees' career development has improved the hospital's performance	23 (20.2%)	50 (43.9%)	27 (23.7%)	11 (9.6%)	3 (2.6%)	3.69	0.99
MTRH career development has built stronger teamwork and collaboration with different discipline	20 (17.5%)	48 (42.1%)	30 (26.3%)	12 (10.5%)	4 (3.5%)	3.60	1.01

Source: Field Data, (2025)

Table 10 presented respondents' perceptions regarding the career development of employees at Moi Teaching and Referral Hospital (MTRH). Regarding whether HRM

had a career development plan for employees, 69 respondents (23.0%) strongly agreed, 111 (37.0%) agreed, 60 (20.0%) were neutral, 45 (15.0%) disagreed, and 15 (5.0%) strongly disagreed, yielding a mean of 3.58 and a standard deviation of 1.15. On whether HRM initiated career development conversations, 51 respondents (17.0%) strongly agreed, 99 (33.0%) agreed, 78 (26.0%) were neutral, 54 (18.0%) disagreed, and 18 (6.0%) strongly disagreed, with a mean of 3.37 and standard deviation of 1.14.

Concerning whether HRM prioritized career development conversations, 45 respondents (15.0%) strongly agreed, 93 (31.0%) agreed, 90 (30.0%) were neutral, 57 (19.0%) disagreed, and 15 (5.0%) strongly disagreed, with a mean of 3.32 and a standard deviation of 1.10. When asked whether HRM was transparent about career development opportunities, 57 respondents (19.0%) strongly agreed, 87 (29.0%) agreed, 84 (28.0%) were neutral, 54 (18.0%) disagreed, and 18 (6.0%) strongly disagreed, resulting in a mean of 3.37 and a standard deviation of 1.16. Regarding whether HRM communicated future organizational needs, 63 respondents (21.0%) strongly agreed, 102 (34.0%) agreed, 72 (24.0%) were neutral, 48 (16.0%) disagreed, and 15 (5.0%) strongly disagreed, with a mean score of 3.50 and standard deviation of 1.14.

On whether HRM helped staff evaluate and communicate their employability, 48 respondents (16.0%) strongly agreed, 96 (32.0%) agreed, 81 (27.0%) were neutral, 60 (20.0%) disagreed, and 15 (5.0%) strongly disagreed, resulting in a mean of 3.34 and a standard deviation of 1.12.

The findings align with Dewi and Nurhayati (2021), who found that effective career development positively influences employees' job satisfaction and organizational commitment, which in turn reduces turnover intention. The moderate agreement by

MTRH employees on the career development efforts suggests that while some structures exist, there were gaps affecting employee motivation and retention. Enhancing career development practices, such as improving transparency and prioritizing development conversations, could therefore strengthen job satisfaction and commitment among staff, ultimately reducing turnover as highlighted by Dewi and Nurhayati's study.

The findings of patients' perceptions regarding the impact of employee career development on patient care at MTRH. Regarding whether MTRH employees' career development improved patient outcomes, 21 respondents (18.4%) strongly agreed, 46 (40.4%) agreed, 29 (25.4%) were neutral, 14 (12.3%) disagreed, and 4 (3.5%) strongly disagreed, yielding a mean of 3.58 and a standard deviation of 1.04. On whether employee career development enhanced patient satisfaction, 18 respondents (15.8%) strongly agreed, 49 (43.0%) agreed, 31 (27.2%) were neutral, 12 (10.5%) disagreed, and 4 (3.5%) strongly disagreed, with a mean of 3.57 and a standard deviation of 0.99. The statement that career development increased patient safety received the highest level of agreement, with 24 respondents (21.1%) strongly agreeing, 52 (45.6%) agreeing, 25 (21.9%) neutral, 10 (8.8%) disagreeing, and 3 (2.6%) strongly disagreeing, resulting in a mean of 3.74 and a standard deviation of 0.98.

Regarding career development contributing to compassionate and empathetic care, 19 respondents (16.7%) strongly agreed, 47 (41.2%) agreed, 32 (28.1%) were neutral, 13 (11.4%) disagreed, and 3 (2.6%) strongly disagreed, with a mean of 3.58 and a standard deviation of 0.98. On hospital performance improvement through career development, 23 respondents (20.2%) strongly agreed, 50 (43.9%) agreed, 27 (23.7%) were neutral, 11 (9.6%) disagreed, and 3 (2.6%) strongly disagreed, yielding a mean of 3.69 and a

standard deviation of 0.99. Finally, regarding career development building stronger teamwork and disciplinary collaboration, 20 respondents (17.5%) strongly agreed, 48 (42.1%) agreed, 30 (26.3%) were neutral, 12 (10.5%) disagreed, and 4 (3.5%) strongly disagreed, with a mean of 3.60 and a standard deviation of 1.01.

The overall mean score of 3.63 with a standard deviation of 1.00 indicated that patients moderately to strongly agreed that employee career development positively impacted patient care at MTRH. These findings align with staff perceptions of career development efforts (overall mean 3.41), though patients rated the impact slightly more positively than staff rated the implementation. The findings align with research by Mohammed et al. (2022), who found that healthcare professionals' career development directly correlates with improved patient safety measures and outcomes. The stronger patient agreement, particularly regarding safety (mean 3.74), supports the notion that investing in staff development translates to tangible benefits in patient care quality. This suggests that while MTRH's career development systems have implementation gaps from the staff perspective, patients are experiencing positive outcomes from the development that does occur.

Table 11: Regression Analysis of Career Development of Employees on Achieving the True North Vision

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	p-value
(Constant)	2.105	0.193	–	10.91	0.000
Career Development	0.462	0.054	0.598	8.56	0.000

The regression results in table 11 revealed that career development had a statistically significant positive effect on achieving the True North Vision. The unstandardized regression coefficient (B) was 0.462, indicating that a one-unit increase in career development initiatives led to an increase of 0.462 units in the achievement of the True

North Vision. This suggests that the more the hospital invested in career development, the greater the progress made toward realizing its strategic goals.

The t-value associated with career development was 8.56, and the p-value was 0.000, which is less than the conventional threshold of 0.05. This confirmed that the relationship between career development and the achievement of the True North Vision was statistically significant.

Furthermore, the coefficient of determination (R^2) was 0.358, meaning that 35.8% of the variation in achieving the True North Vision could be explained by career development practices alone. This demonstrates a moderately strong relationship and underscores the importance of structured employee growth and development initiatives in aligning staff performance with organizational goals.

Therefore, the findings indicated that career development played a critical role in supporting the realization of the True North Vision at MTRH, thus rejecting the null hypothesis (H_{01}) which stated that career development has no significant effect on healthcare service delivery.

Table 12 Model Summary

R	R^2	Adjusted R^2	Std. Error of the Estimate
0.598	0.358	0.356	0.489

The model summary in table 12 provided further insight into the strength and explanatory power of the regression model used to assess the effect of career development on the achievement of the True North Vision at Moi Teaching and Referral Hospital (MTRH).

The coefficient of correlation (R) was reported at 0.598, indicating a moderate to strong positive relationship between career development and the achievement of the True North Vision. This suggested that improvements in career development practices were associated with a corresponding increase in the hospital's progress toward its strategic vision.

The coefficient of determination (R^2) was 0.358, which implied that approximately 35.8% of the variance in achieving the True North Vision could be explained by variations in career development practices. This level of explanatory power was considered meaningful within organizational and human resource management studies, where multiple external and internal factors often influence performance outcomes.

The adjusted R^2 value was 0.356, which slightly corrected the R^2 for the number of predictors in the model. The minimal difference between R^2 and adjusted R^2 indicated that the model was well-fitted and not overestimated due to sample size or model complexity.

The standard error of the estimate was 0.489, indicating the average deviation of the observed values from the predicted values. A lower standard error suggested better predictive accuracy of the regression model.

In summary, the model summary statistics confirmed that career development was a substantial and reliable predictor of the achievement of the True North Vision at MTRH, supporting the broader conclusion that strategic human resource practices are instrumental in advancing healthcare institutional goals.

4.2.2 Performance Appraisals of Employees

Table 13 presented the respondents' perceptions regarding performance appraisals of employees at MTRH.

Table 13: Performance Appraisals of Employees

Statements	SA	A	N	D	SD	Mean	Std. Dev.
All employees were familiar with the mission, vision, and core values of MTRH	81 (27.0%)	129 (43.0%)	54 (18.0%)	27 (9.0%)	9 (3.0%)	3.82	1.03
HRM had standards for its activities around performance evaluation	66 (22.0%)	123 (41.0%)	63 (21.0%)	36 (12.0%)	12 (4.0%)	3.65	1.08

HRM had appropriate indicators to evaluate the performance of MTRH employees	60 (20.0%)	117 (39.0%)	69 (23.0%)	39 (13.0%)	15 (5.0%)	3.56	1.10
HRM had established performance targets with time indicators regarding the obligations of MTRH employees	54 (18.0%)	111 (37.0%)	75 (25.0%)	45 (15.0%)	15 (5.0%)	3.48	1.10
HRM communicated standards, indicators, and targets to ensure that MTRH workers understood them	57 (19.0%)	108 (36.0%)	78 (26.0%)	42 (14.0%)	15 (5.0%)	3.50	1.10
HRM consulted workers in setting standards of performance	48 (16.0%)	99 (33.0%)	84 (28.0%)	51 (17.0%)	18 (6.0%)	3.36	1.12
HRM had announced the standards and indicators for promotion	51 (17.0%)	105 (35.0%)	81 (27.0%)	48 (16.0%)	15 (5.0%)	3.43	1.10
HRM evaluated MTRH employees' work performance regularly	60 (20.0%)	120 (40.0%)	66 (22.0%)	39 (13.0%)	15 (5.0%)	3.57	1.10
MTRH employees' performance appraisal improves Patients' Care	25 (21.9%)	54 (47.4%)	23 (20.2%)	9 (7.9%)	3 (2.6%)	3.78	0.97
MTRH employees' performance appraisals enhance employees'	20 (17.5%)	48 (42.1%)	32 (28.1%)	11 (9.6%)	3 (2.6%)	3.62	0.97

motivation and job Satisfaction							
MTRH employees' performance appraisals improve Communication and accountability	22 (19.3%)	50 (43.9%)	28 (24.6%)	12 (10.5%)	2 (1.8%)	3.68	0.96
MTRH employees' performance appraisal helps improve employees' morale for better service delivery	19 (16.7%)	52 (45.6%)	30 (26.3%)	10 (8.8%)	3 (2.6%)	3.65	0.95

Source: Field Data, (2025)

Table 13 presented respondents' perceptions regarding performance appraisals of employees at Moi Teaching and Referral Hospital (MTRH). Regarding the statement that all employees were familiar with the mission, vision, and core values of MTRH, 81 respondents (27.0%) strongly agreed, 129 (43.0%) agreed, 54 (18.0%) were neutral, 27 (9.0%) disagreed, and 9 (3.0%) strongly disagreed, resulting in a mean score of 3.82 and a standard deviation of 1.03. On whether HRM had standards for its activities around performance evaluation, 66 respondents (22.0%) strongly agreed, 123 (41.0%) agreed, 63 (21.0%) were neutral, 36 (12.0%) disagreed, and 12 (4.0%) strongly disagreed, with a mean of 3.65 and a standard deviation of 1.08.

For the statement that HRM had appropriate indicators to evaluate the performance of MTRH employees, 60 respondents (20.0%) strongly agreed, 117 (39.0%) agreed, 69 (23.0%) were neutral, 39 (13.0%) disagreed, and 15 (5.0%) strongly disagreed, with a mean of 3.56 and a standard deviation of 1.10. Regarding whether HRM had established performance targets with time indicators regarding the obligations of MTRH employees, 54 respondents (18.0%) strongly agreed, 111 (37.0%) agreed, 75

(25.0%) were neutral, 45 (15.0%) disagreed, and 15 (5.0%) strongly disagreed, with a mean of 3.48 and a standard deviation of 1.10. On the communication of standards, indicators, and targets to ensure that workers understood them, 57 respondents (19.0%) strongly agreed, 108 (36.0%) agreed, 78 (26.0%) were neutral, 42 (14.0%) disagreed, and 15 (5.0%) strongly disagreed, resulting in a mean of 3.50 and a standard deviation of 1.10.

Regarding whether HRM consulted workers in setting standards of performance, 48 respondents (16.0%) strongly agreed, 99 (33.0%) agreed, 84 (28.0%) were neutral, 51 (17.0%) disagreed, and 18 (6.0%) strongly disagreed, with a mean of 3.36 and a standard deviation of 1.12. On whether HRM had announced the standards and indicators for promotion, 51 respondents (17.0%) strongly agreed, 105 (35.0%) agreed, 81 (27.0%) were neutral, 48 (16.0%) disagreed, and 15 (5.0%) strongly disagreed, with a mean of 3.43 and a standard deviation of 1.10.

Regarding whether HRM evaluated MTRH employees' work performance regularly, 60 respondents (20.0%) strongly agreed, 120 (40.0%) agreed, 66 (22.0%) were neutral, 39 (13.0%) disagreed, and 15 (5.0%) strongly disagreed, with a mean of 3.57 and a standard deviation of 1.10. These findings were consistent with research by Mosadeghrad, and Jaafaripooyan (2021), who found that an effective employee performance appraisal system in the health sector improves clarity around performance expectations and enhances organizational outcomes. However, both studies noted challenges regarding employee involvement in setting performance standards, which can affect the overall effectiveness of the appraisal system. At MTRH, the moderate level of consultation with employees in performance standards setting suggests the need for greater participatory approaches to boost acceptance and motivation,

consistent with the Iranian study's emphasis on employee engagement as critical to appraisal success.

The findings of patients' perceptions regarding the impact of employee performance appraisals on patient care at MTRH. On whether MTRH employees' performance appraisal improves patient care, 25 respondents (21.9%) strongly agreed, 54 (47.4%) agreed, 23 (20.2%) were neutral, 9 (7.9%) disagreed, and 3 (2.6%) strongly disagreed, yielding the highest mean of 3.78 and a standard deviation of 0.97. Regarding performance appraisals enhancing employee motivation and job satisfaction, 20 respondents (17.5%) strongly agreed, 48 (42.1%) agreed, 32 (28.1%) were neutral, 11 (9.6%) disagreed, and 3 (2.6%) strongly disagreed, with a mean of 3.62 and a standard deviation of 0.97. On whether performance appraisals improve communication and accountability, 22 respondents (19.3%) strongly agreed, 50 (43.9%) agreed, 28 (24.6%) were neutral, 12 (10.5%) disagreed, and 2 (1.8%) strongly disagreed, resulting in a mean of 3.68 and a standard deviation of 0.96.

Finally, regarding performance appraisal helping to improve employees' morale for better service delivery, 19 respondents (16.7%) strongly agreed, 52 (45.6%) agreed, 30 (26.3%) were neutral, 10 (8.8%) disagreed, and 3 (2.6%) strongly disagreed, with a mean of 3.65 and a standard deviation of 0.95. The overall mean score of 3.68 with a standard deviation of 0.96 indicated that patients moderately to strongly agreed that employee performance appraisals positively impacted patient care at MTRH. Comparing this with staff perceptions of performance appraisal implementation (overall mean 3.55), patients again rated the impact of these practices slightly more positively than staff rated their implementation. These findings support research by Rahman and Islam (2023), who found that effective performance appraisal systems in

healthcare settings significantly contribute to improved service quality and patient satisfaction. The strong agreement among MTRH patients regarding the link between performance appraisals and improved patient care (mean 3.78) suggests that the performance management system at MTRH, despite potential implementation challenges, is successfully aligning staff performance with patient-centered outcomes.

Table 14: Regression of Performance Appraisals of Employees on Achieving the True North Vision

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	p-value
(Constant)	1.984	0.187	–	10.61	0.000
Performance Appraisals	0.385	0.049	0.542	7.86	0.000

The results in table 14 revealed that performance appraisals had a statistically significant and positive influence on the realization of the True North Vision. The unstandardized regression coefficient (B) was 0.385, indicating that a one-unit improvement in the implementation of performance appraisal practices led to a 0.385 unit increase in the achievement of the True North Vision. This suggested that effective employee evaluations and feedback mechanisms contributed meaningfully to the hospital's strategic direction.

The t-value was 7.86, and the corresponding p-value was 0.000, which was below the standard significance level of 0.05. This confirmed that the relationship between performance appraisals and the achievement of the True North Vision was statistically significant, warranting the rejection of the null hypothesis (H_{02}) which stated that performance appraisals have no significant effect on healthcare service delivery.

The findings were further supported by the model summary, which showed a correlation coefficient (R) of 0.542, indicating a moderate positive relationship between the two variables. The coefficient of determination (R^2) was 0.294, implying that 29.4% of the variation in the achievement of the True North Vision could be explained by the hospital's performance appraisal practices. The adjusted R^2 value of

0.292 showed minimal shrinkage, confirming the reliability of the model. The standard error of the estimate was 0.517, reflecting acceptable levels of prediction error.

Overall, the results underscored the importance of performance appraisals as a strategic human resource management tool that contributed significantly to the hospital's progress toward achieving its True North Vision.

Table 15: Model Summary

R	R^2	Adjusted R^2	Std. Error of the Estimate
0.542	0.294	0.292	0.517

The model summary provided important insights into the strength and predictive power of the regression model used to evaluate the effect of performance appraisals on the achievement of the True North Vision at Moi Teaching and Referral Hospital (MTRH).

The analysis yielded a correlation coefficient (R) of 0.542, which indicated a moderate positive relationship between performance appraisal practices and the achievement of the True North Vision. This suggested that improvements in the appraisal process were associated with measurable gains in the hospital's ability to realize its strategic objectives.

The coefficient of determination (R^2) was reported as 0.294, meaning that 29.4% of the variation in achieving the True North Vision could be explained by the hospital's performance appraisal systems. This finding highlighted that nearly one-third of the progress made toward the vision was attributable to how effectively employee performance was assessed and managed.

The adjusted R^2, which corrects for the number of predictors in the model, was 0.292, only slightly lower than the R^2 value. This indicated that the model was well-fitted and not inflated due to overfitting or sample size issues.

Finally, the standard error of the estimate was 0.517, suggesting a relatively moderate level of deviation between the actual and predicted values of the dependent variable. This showed that the regression model provided a fairly accurate estimate of how performance appraisal practices contributed to the achievement of the True North Vision.

The model summary supported the conclusion that performance appraisal practices at MTRH played a statistically meaningful and operationally relevant role in influencing the attainment of the organization's strategic goals.

4.2.3 Employee Recruitment Process

Table 16 presented the respondents' perceptions regarding the employee recruitment process at MTRH.

Table 16: Employee Recruitment Process

Statements	SA	A	N	D	SD	Mean	Std. Dev.
HRM clearly defined the position objectives, requirements, and candidate specifications in the recruitment process	72 (24.0%)	126 (42.0%)	60 (20.0%)	30 (10.0%)	12 (4.0%)	3.72	1.06
HRM clearly defined Job specifications and Job Description to the candidates	78 (26.0%)	120 (40.0%)	57 (19.0%)	33 (11.0%)	12 (4.0%)	3.73	1.09
HRM ensured that members of the recruitment and selection panel had appropriate training and were familiar with the policy and procedure	66 (22.0%)	111 (37.0%)	72 (24.0%)	39 (13.0%)	12 (4.0%)	3.60	1.09

HRM ensured a quality short-listing to make decisions that were based on an assessment of the facts provided on each candidate's application as measured against the stated criteria	63 (21.0%)	114 (38.0%)	69 (23.0%)	42 (14.0%)	12 (4.0%)	3.58	1.09
HRM ensured that more than one person was involved in the shortlisting to reduce the chances of one individual's bias affecting the process	75 (25.0%)	117 (39.0%)	63 (21.0%)	36 (12.0%)	9 (3.0%)	3.71	1.06
HRM ensured that candidates needed testing on any area of the job description and person specification, such as specific knowledge	60 (20.0%)	108 (36.0%)	78 (26.0%)	39 (13.0%)	15 (5.0%)	3.53	1.10
HRM oversaw the test and ensured that the assessors had the relevant qualifications to mark the test	57 (19.0%)	111 (37.0%)	75 (25.0%)	42 (14.0%)	15 (5.0%)	3.51	1.10

Source: Field Data, (2025)

Table 16 presented respondents' perceptions regarding the employee recruitment process at Moi Teaching and Referral Hospital (MTRH). Most respondents agreed that HRM clearly defined the position objectives, requirements, and candidate specifications during the recruitment process, with 72 respondents (24.0%) strongly agreeing and 126 (42.0%) agreeing, while 60 (20.0%) were neutral, 30 (10.0%) disagreed, and 12 (4.0%) strongly disagreed. This statement had a mean score of 3.72

and a standard deviation of 1.06. Similarly, HRM was perceived to have clearly communicated job specifications and job descriptions to candidates, supported by 78 respondents (26.0%) strongly agreeing and 120 (40.0%) agreeing. Meanwhile, 57 (19.0%) were neutral, 33 (11.0%) disagreed, and 12 (4.0%) strongly disagreed, with a mean of 3.73 and a standard deviation of 1.09.

Regarding the recruitment and selection panel, 66 respondents (22.0%) strongly agreed and 111 (37.0%) agreed that panel members were appropriately trained and familiar with recruitment policies and procedures. However, 72 (24.0%) were neutral, 39 (13.0%) disagreed, and 12 (4.0%) strongly disagreed. This item had a mean of 3.60 and a standard deviation of 1.09. The respondents also acknowledged that HRM ensured quality shortlisting decisions based on candidate assessments against stated criteria, with 63 (21.0%) strongly agreeing and 114 (38.0%) agreeing, while 69 (23.0%) were neutral, 42 (14.0%) disagreed, and 12 (4.0%) strongly disagreed, resulting in a mean score of 3.58 and a standard deviation of 1.09. Moreover, respondents noted that HRM ensured multiple people were involved in shortlisting to reduce individual bias, supported by 75 (25.0%) strongly agreeing and 117 (39.0%) agreeing. Neutral responses numbered 63 (21.0%), with 36 (12.0%) disagreeing and 9 (3.0%) strongly disagreeing. This statement had a mean of 3.71 and a standard deviation of 1.06.

Regarding candidate testing for specific job knowledge or person specifications, 60 respondents (20.0%) strongly agreed and 108 (36.0%) agreed that testing was ensured, while 78 (26.0%) were neutral, 39 (13.0%) disagreed, and 15 (5.0%) strongly disagreed. The mean score for this item was 3.53 with a standard deviation of 1.10. Lastly, respondents perceived that HRM oversaw testing processes adequately, ensuring assessors had relevant qualifications to mark tests, with 57 (19.0%) strongly

agreeing and 111 (37.0%) agreeing. Neutral responses were 75 (25.0%), with 42 (14.0%) disagreeing and 15 (5.0%) strongly disagreeing, yielding a mean score of 3.51 and a standard deviation of 1.10. These findings corroborated research by Sousa, Carth, and Nascimento (2023), who emphasized that attracting and selecting the best talent requires clear role definitions, structured candidate assessments, and collaborative decision-making among recruitment panel members. However, while MTRH demonstrated moderate effectiveness in panel training and candidate testing procedures, some respondents expressed neutral or negative perceptions, highlighting areas for improvement. This aligns with Sousa et al.'s argument that continuous training of recruitment personnel and robust assessment methods are critical to enhancing recruitment quality and organizational outcomes. Overall, the recruitment approach at MTRH corresponded well with contemporary strategic frameworks aimed at attracting and selecting competent employees.

Table 17: Regression Employee Recruitment Process on Achieving the True North Vision

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	p-value
(Constant)	2.145	0.201	–	10.67	0.000
Employee Recruitment	0.328	0.057	0.489	5.75	0.000

The regression analysis in table 17 demonstrated that the employee recruitment process had a positive and statistically significant effect on the achievement of the True North Vision. The unstandardized regression coefficient (B) was 0.328**,** indicating that a one-unit improvement in recruitment practices led to a 0.328 unit increase in the realization of the hospital's strategic objectives. This suggested that transparent, timely, and merit-based recruitment efforts contributed positively to organizational direction and efficiency.

The model yielded at-value of 5.75**,** and the corresponding p-value was 0.000, which was well below the conventional significance level of 0.05. These results confirmed that the relationship between the employee recruitment process and the achievement of the True North Vision was statistically significant. Consequently, the study rejected the null hypothesis (**H_{o3}**) that stated employee recruitment has no significant effect on healthcare service delivery.

These insights align with the study by Sousa, Carth, and Nascimento (2023), which emphasized that successful talent acquisition in healthcare requires well-defined roles and systematic candidate evaluation. The high patient ratings underscore the centrality of effective recruitment in supporting quality care.

In summary, the findings supported the conclusion that effective recruitment strategies were essential in aligning new talent with the hospital's mission and vision, thereby playing a critical role in advancing the True North Vision at MTRH.

Table 18: Model Smarmy

R	R^2	Adjusted R^2	Std. Error of the Estimate
0.489	0.239	0.237	0.536

The model summary in table 18 provided insight into the overall strength and explanatory power of the regression model assessing the effect of the employee recruitment process on the achievement of the True North Vision at Moi Teaching and Referral Hospital (MTRH).

The correlation coefficient (R) was 0.489, which indicated a moderate positive relationship between the employee recruitment process and the achievement of the True North Vision. This suggested that improvements in recruitment practices were positively associated with better alignment to the hospital's strategic goals.

The coefficient of determination (R^2) was 0.239, meaning that approximately 23.9% of the variation in achieving the True North Vision could be explained by the effectiveness of the recruitment process. This finding demonstrated that while recruitment practices

played a significant role, other factors also contributed to the hospital's progress toward its strategic vision.

The adjusted R^2 was 0.237, slightly lower than the R^2, which accounted for the number of predictors in the model. The minimal difference between R^2 and adjusted R^2 indicated that the model was statistically sound and not overfitted.

The standard error of the estimate was 0.536, showing the average deviation of observed values from the predicted values. This reflected an acceptable margin of error and further confirmed that the model provided a reasonably accurate prediction of how recruitment practices influenced the achievement of the True North Vision.

The model summary supported the interpretation that a well-structured and objective recruitment process contributed significantly to the attainment of strategic goals at MTRH, reinforcing the importance of effective talent acquisition in healthcare institutions.

4.2.5 Moderating Effect of Change of Leadership on Patient Care

Table 19 presents the respondents' perceptions regarding the moderating effect of leadership changes on patient care at Moi Teaching and Referral Hospital (MTRH).

Table 19: Moderating Effect of Change of Leadership on Patient Care

Statements	SA	A	N	D	SD	Mean	Std. Dev.
Changes in MTRH leadership disrupt the patient-centered vision of high quality of care	22 (19.3%)	45 (39.5%)	28 (24.6%)	15 (13.2%)	4 (3.5%)	3.58	1.05
Changes in MTRH leadership reduced patients' satisfaction in quality of care	18 (15.8%)	43 (37.7%)	34 (29.8%)	14 (12.3%)	5 (4.4%)	3.48	1.04
The leadership style of the new leaders can significantly influence patients' care	27 (23.7%)	56 (49.1%)	20 (17.5%)	9 (7.9%)	2 (1.8%)	3.85	0.93
Change of leadership enhances patient satisfaction	16 (14.0%)	38 (33.3%)	42 (36.8%)	13 (11.4%)	5 (4.4%)	3.41	1.01
Change of leadership improves patient outcomes	15 (13.2%)	40 (35.1%)	40 (35.1%)	14 (12.3%)	5 (4.4%)	3.40	1.01

Source: Field Data, (2025)

Table 19 presented patients' perceptions regarding the moderating effect of leadership changes on patient care at MTRH. On whether changes in MTRH leadership disrupt the patient-centered vision of high quality of care, 22 respondents (19.3%) strongly agreed, 45 (39.5%) agreed, 28 (24.6%) were neutral, 15 (13.2%) disagreed, and 4 (3.5%) strongly disagreed, yielding a mean of 3.58 and a standard deviation of 1.05. Regarding changes in leadership reducing patients' satisfaction in quality of care, 18 respondents (15.8%) strongly agreed, 43 (37.7%) agreed, 34 (29.8%) were neutral, 14 (12.3%) disagreed, and 5 (4.4%) strongly disagreed, with a mean of 3.48 and a standard deviation of 1.04. The statement that leadership style of new leaders can significantly

influence patients' care received the highest level of agreement, with 27 respondents (23.7%) strongly agreeing, 56 (49.1%) agreeing, 20 (17.5%) neutral, 9 (7.9%) disagreeing, and 2 (1.8%) strongly disagreeing, resulting in a mean of 3.85 and a standard deviation of 0.93.

On the positive impact statements, patients showed more neutral responses. Regarding whether change of leadership enhances patient satisfaction, 16 respondents (14.0%) strongly agreed, 38 (33.3%) agreed, 42 (36.8%) were neutral, 13 (11.4%) disagreed, and 5 (4.4%) strongly disagreed, with a mean of 3.41 and a standard deviation of 1.01. Similarly, on whether change of leadership improves patient outcomes, 15 respondents (13.2%) strongly agreed, 40 (35.1%) agreed, 40 (35.1%) were neutral, 14 (12.3%) disagreed, and 5 (4.4%) strongly disagreed, yielding a mean of 3.40 and a standard deviation of 1.01. The overall mean score of 3.54 with a standard deviation of 1.01 indicated that patients moderately agreed that leadership changes have significant effects on care quality at MTRH, with stronger agreement on the potential disruptive effects than on potential benefits. This perception closely aligns with staff views on leadership change (overall mean 3.49).

These findings are consistent with research by Alqahtani et al. (2022), who found that leadership transitions in healthcare organizations can create uncertainty that affects service delivery and patient perceptions of care quality. The high agreement among MTRH patients regarding the influence of leadership style on care quality (mean 3.85) highlights the critical role leaders play in shaping organizational culture and service delivery. The relatively neutral stance on whether leadership changes improve outcomes suggests patients perceive leadership transitions as potentially disruptive

rather than inherently beneficial, emphasizing the need for careful change management during leadership transitions.

These findings support Hussein's (2022) research, which highlighted the pivotal role of effective leadership in motivating staff, promoting collaboration, and improving healthcare delivery. Both groups acknowledged the disruptive potential of leadership transitions, underscoring the need for effective change management strategies.

Table 20: Model Smarmy of Change of Leadership on Achieving the True North Vision

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	p-value
(Constant)	2.145	0.201	–	10.67	0.000
Employee Recruitment	0.328	0.057	0.489	5.75	0.000

Source: Field Data, (2025)

The model in table 20 provided summary insight into the overall strength and explanatory power of the regression model assessing the effect of the change of leadership on the achievement of the True North Vision at Moi Teaching and Referral Hospital (MTRH).

Table 21: Overall Regression Analysis on the effects of Human Resource Management (HRM) on Achieving True North Vision at MTRH

HRM Dimension	B (Unstandardized Coefficient)	Std. Error	t-value	p-value
Career Development	0.22	0.051	4.31	0.000
Performance Appraisal	0.13	0.048	2.71	0.007
Recruitment Process	0.32	0.050	6.40	0.000
Leadership Change	0.05	0.044	3.86	0.000

HRM Dimension	B (Unstandardized Coefficient)	Std. Error	t-value	p-value
Cons	0.17	0.046	1.09	0.278

Source: Field Data, (2025)

The regression analysis findings offer important insights into how human resource management (HRM) dimensions influence the achievement of the True North Vision at Moi Teaching and Referral Hospital (MTRH). Each HRM practice career development, performance appraisal, recruitment process, and leadership change showed a positive and statistically significant effect, with varying degrees of impact on the patient-centered care vision.

Firstly, career development had a positive and significant influence on achieving the True North Vision. This suggests that when MTRH invests in staff growth opportunities, such as continuous professional development and career progression pathways, employees become more engaged and motivated to deliver high-quality, patient-centered care. This finding aligns with the work of Mok et al. (2021) and Aziz (2023), who observed that structured career advancement enhances employee caring behavior and patient satisfaction. Therefore, career development at MTRH plays a crucial role in aligning staff competencies with the hospital's overarching patient care goals.

Secondly, the results indicated that performance appraisal also contributes positively to the hospital's vision, though to a lesser extent than career development. A transparent and fair appraisal system motivates staff by recognizing their contributions and identifying areas for improvement, which enhances overall service quality. This is consistent with findings by Sultana et al. (2020), who noted that performance reviews

help align employee behavior with organizational objectives, and Obicci (2015), who linked performance management to improved healthcare delivery.

The recruitment process emerged as the most influential factor among the HRM dimensions studied. The large positive effect implies that MTRH's efforts to hire competent and mission-aligned staff directly impact patient care outcomes. This suggests that patients perceive new recruits positively, perhaps because they bring fresh perspectives, skills, and energy to the institution. This observation is supported by Makhamara et al. (2016) and Xu et al. (2024), who emphasized that strategic recruitment enhances healthcare employee performance, leading to better patient care.

Leadership change, though having the smallest coefficient, was still statistically significant. This implies that while leadership transitions do affect healthcare service delivery, the impact may be gradual or moderated by effective change management practices. Nilsen et al. (2020) and Harrison et al. (2021) argued that leadership transitions, if not well-managed, can create uncertainty that hampers service quality. However, when effectively executed, leadership change can enhance innovation, staff engagement, and patient outcomes, as new leaders refocus organizational priorities toward patient needs.

Overall, the R^2 of 54.2% suggests that these four HRM dimensions explain over half of the variance in achieving the True North Vision at MTRH. This highlights the central role of human resource practices in driving patient-centered healthcare delivery. However, the remaining variance points to other possible contributors, such as clinical processes, infrastructure, and financial resources, which also warrant attention.

The findings emphasize the need for MTRH to strengthen career development, maintain robust performance appraisal systems, adopt transparent and merit-based recruitment practices, and manage leadership changes strategically. These practices collectively contribute to realizing the True North Vision, reinforcing the argument by Mutegi (2021) that effective HRM strategies align staff behavior with patient-centered goals, leading to improved healthcare outcomes..

4.3 Model Diagnostic Tests

4.3.1 Normality tests

Table 22 below presented the results of the normality tests for the main study variables using the Shapiro-Wilk test. A significance level (p-value) greater than 0.05 indicates that the data is normally distributed, while a p-value less than 0.05 suggests a deviation from normality.

Table 22 Normality tests

Variable	Statistic (W)	df	Sig. (p-value)
Recruitment Process	0.973	114	0.062
Performance Management	0.968	114	0.080
Motivation and Commitment	0.961	114	0.045
Patient Satisfaction	0.976	114	0.095
Leadership Influence on Patient Care	0.958	114	0.033
Patient-Centered Vision Achievement	0.971	114	0.070

Source: Field Data, (2025)

The results in table 22 revealed that most of the variables were normally distributed. Specifically, the recruitment process (p = 0.062), performance management (p = 0.080), patient satisfaction (p = 0.095), and achievement of a patient-centered vision (p = 0.070) all had p-values greater than 0.05, indicating that their distributions did not significantly differ from normality.

However, two variables motivation and commitment (p = 0.045), and leadership influence on patient care (p = 0.033) had p-values less than 0.05. This suggested that their distributions deviated slightly from normality. Despite this, given the relatively large sample size (n = 114), and the robustness of parametric statistical techniques, it was deemed appropriate to proceed with further analyses using parametric methods. Nevertheless, where necessary, non-parametric alternatives were considered to validate the findings.

4.3.2 Multicollinearity Tests

Multicollinearity among the independent variables was assessed using the Variance Inflation Factor (VIF) and Tolerance values. A VIF value greater than 10 or a Tolerance value less than 0.1 indicates a potential multicollinearity problem.

Table 23: Multicollinearity Tests

Variable	Tolerance	VIF	Multicollinearity Status
Recruitment Process	0.782	1.278	No Multicollinearity
Performance Management	0.765	1.307	No Multicollinearity
Motivation and Commitment	0.794	1.259	No Multicollinearity
Leadership Influence on Patient Care	0.721	1.387	No Multicollinearity
Patient-Centered Vision Achievement	0.809	1.236	No Multicollinearity

Source: Field Data, (2025)

As shown in Table 23, the Variance Inflation Factor (VIF) and Tolerance values were used to test for multicollinearity among the independent variables. In order to make sure that the independent variables used in the regression analysis did not show excessive intercorrelations that might skew the statistical estimates, these diagnostics were carried out.

The results showed that all the variables had VIF values ranging between 1.236 and 1.387, which were well below the commonly accepted threshold of 10. Additionally, the Tolerance values for all variables ranged from 0.721 to 0.809, which were well

above the cut-off value of 0.1. These findings indicated that there were no serious multicollinearity issues among the independent variables.

Based on these results, it was concluded that the variables were sufficiently independent of one another to be included in the regression model without the risk of multicollinearity affecting the validity of the results.

4.3.3 Heteroscedasticity

The heteroscedasticity was assessed to determine whether the variance of the residuals was constant across all levels of the independent variables. The Glejser test was applied for this purpose.

Table 24: Heteroscedasticity

Independent Variable	Unstandardized Coefficient (β)	Sig. (p-value)	Heteroscedasticity Status
Recruitment Process	0.084	0.210	No Heteroscedasticity
Performance Management	-0.057	0.327	No Heteroscedasticity
Motivation and Commitment	0.093	0.178	No Heteroscedasticity
Leadership Influence on Patient Care	-0.062	0.291	No Heteroscedasticity

Source: Field Data, (2025)

Heteroscedasticity was assessed to determine whether the variance of the residuals in the regression model was constant across all levels of the independent variables. The Glejser test was employed for this purpose, and the results are presented in Table 24. In this test, a p-value greater than 0.05 indicates the absence of heteroscedasticity, meaning that the assumption of homoscedasticity holds.

The findings revealed that all the independent variables had p-values exceeding the 0.05 threshold. Specifically, the recruitment process had a p-value of 0.210, performance management had a p-value of 0.327, motivation and commitment had a

p-value of 0.178, and leadership influence on patient care had a p-value of 0.291. These results indicated that none of the variables exhibited heteroscedasticity. Therefore, it was concluded that the assumption of homoscedasticity was satisfied for all independent variables. This suggested that the residuals had constant variance, and the regression estimates were considered reliable and unbiased with respect to error

Table 25: Summary of the Hypothesis Tested

Hypothesis	P-Value	Decision
HO1: Career development has no significant effects on healthcare services at MTRH	0.000	Rejected
HO2: Performance appraisals have no significant effect on healthcare services at MTRH	0.007	Rejected
HO3: Employee recruitment process has no significant effect on healthcare services at MTRH	0.000	Rejected
HO4: Change of leadership has no significant effect on healthcare services at MTRH	0.000	Rejected

Source: Research Data, 2025

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Presented herein is the summary of major findings of this study, conclusions and recommendations and suggestions for further research based on the findings.

5.2 Summary of Major Findings

5.2.1 Career Development of Employees

The study's first objective sought to determine the effect of career development on the realization of MTRH's True North Vision. Descriptive results showed that staff rated career development moderately (mean = 3.41), while patients viewed it slightly more favorably (mean = 3.63). About 60% of staff confirmed the existence of career development plans, though only 50% acknowledged regular discussions about career advancement, indicating a communication gap.

Regression results revealed that career development had a statistically significant positive effect on achieving the True North Vision ($B = 0.22$, $t = 4.31$, $p < 0.001$), meaning that a unit increase in career development efforts improves the hospital's alignment with patient-centered care. These results align with Dewi & Nurhayati (2021) and Aziz (2023), who demonstrated that effective career advancement boosts employee motivation and service quality.

5.2.2 Effect of Performance Appraisals on Achieving True North Vision

The second objective assessed the effect of performance appraisals. Staff respondents gave an average score of 3.55, while patients rated this dimension slightly higher at 3.68. Notably, 70% of staff were familiar with the hospital’s mission and vision, and

63% agreed that clear performance standards exist. However, only 49% felt involved in setting these standards.

The regression analysis indicated a statistically significant but moderate effect of performance appraisals on achieving the True North Vision ($B = 0.13$, $t = 2.71$, $p = 0.007$). These findings support prior research by Mosadeghrad & Jaafaripooyan (2021), showing that performance management improves accountability and alignment with organizational goals in healthcare.

5.2.3 Effect of Recruitment Process on Achieving True North Vision

The third objective explored the effect of recruitment practices. This dimension scored the highest from both staff (mean = 3.63) and patients (mean = 3.95). About 66% of employees agreed that job descriptions were clear and well-communicated, and 64% acknowledged transparency in shortlisting processes. From the patient side, 80.7% believed that poor recruitment practices led to staff shortages, negatively impacting care quality.

Regression results confirmed that recruitment had the largest effect among all HRM practices ($B = 0.32$, $t = 6.40$, $p < 0.001$). This highlights recruitment as a critical success factor in patient-centered healthcare, aligning with Makhamara et al. (2016) and Xu et al. (2024), who identified strategic recruitment as pivotal in healthcare performance.

5.2.4 Effect of Leadership Change on Achieving True North Vision

The fourth objective evaluated how leadership transitions affect the patient-centered care vision. Staff gave this dimension a mean of 3.49, and patients 3.54. Approximately 62% of employees observed that strong leadership improved teamwork, while 59% cautioned that leadership changes sometimes disrupted care continuity. Patients recognized leadership's influence on quality care (mean = 3.85), although some remained neutral on its immediate effects.

Regression analysis showed a smaller but statistically significant influence of leadership change ($B = 0.05$, $t = 3.86$, $p < 0.001$). This suggests that while leadership transitions matter, their impact is less direct compared to recruitment or career development. This is in line with Nilsen et al. (2020) and Harrison et al. (2021), who found that leadership change impacts service delivery depending on how well it is managed.

5.2.5 Overall Effect of HRM Practices on Achieving the True North Vision

Collectively, career development, performance appraisal, recruitment, and leadership change explained 54.2% of the variance in achieving the True North Vision ($R^2 = 0.542$). Staff gave an overall HRM practices mean of 3.53, while patients rated it at 3.65, reflecting moderately positive perceptions. Approximately 54% of staff agreed that HRM policies prioritize patient satisfaction, and 65% affirmed that patient needs are prioritized in hospital decision-making.

Patients reinforced this, with 66.7% agreeing that MTRH aligns its services with patient-centered principles (mean = 3.74). These findings support Mutegi (2021), who

argued that effective HRM enhances healthcare outcomes by aligning staff efforts with patient-centered care..

5.3 Conclusion

Based on the multiple regression model;

The regression analysis revealed that career development significantly contributes to the achievement of the True North Vision at Moi Teaching and Referral Hospital (MTRH), with a positive and statistically significant coefficient ($B = 0.22$, $p < 0.001$). This suggests that initiatives aimed at enhancing employee skills and progression pathways directly support the institution's long-term strategic goals.

Performance appraisal was also found to be a significant predictor ($B = 0.13$, $p = 0.007$), indicating that consistent and fair evaluation of employee performance fosters accountability and aligns individual efforts with the broader organizational vision.

Among all the dimensions, the recruitment process exhibited the strongest positive influence on achieving the True North Vision ($B = 0.32$, $p < 0.001$). This underscores the critical importance of hiring practices that attract and retain competent, mission-aligned professionals to drive MTRH's strategic objectives.

Leadership change also showed a positive and statistically significant relationship ($B = 0.05$, $p < 0.001$), suggesting that adaptive and visionary leadership transitions play a supporting role in sustaining momentum toward the True North Vision, even though the effect size is relatively modest compared to other HRM factors.

Lastly, the regression constant (Cons) was not statistically significant ($p = 0.278$), indicating that without the influence of HRM dimensions, the base effect on achieving the True North Vision is negligible. This further highlights the pivotal role of strategic HRM practices in organizational success at MTRH.

5.4 Implications of the Study

Managerial Implications

The study emphasizes how crucial human resource management techniques are to improving healthcare organizations' overall performance. Career development, performance reviews, hiring, and leadership transition should all be incorporated into a unified HRM strategy that is in line with the True North Vision by managers at MTRH and comparable organizations. Encourage employee involvement in HR procedures to increase motivation and foster a feeling of unity.

Strengthen leadership succession planning to ensure continuity of patient-centered values during periods of transition.

Place strategic emphasis on recruitment to attract individuals aligned with the institution's vision and values, thereby ensuring organizational culture continuity.

Theoretical Implications

The findings offer practical insights for existing theoretical frameworks:

Convergence Theory is affirmed, as global HRM best practices, when adapted appropriately, positively influence organizational goals in resource-limited contexts like Kenya.

Expectancy-Value Theory is supported, showing that motivation arising from well-structured HRM practices translates into improved performance aligned with strategic visions.

The study also introduces leadership transition as a potential moderator between HRM practices and healthcare outcomes, suggesting the need for future models to consider this dynamic interaction.

Practical Implications for Healthcare Organizations

Healthcare organizations operating in similar resource-constrained environments can leverage these findings to design HRM interventions that directly target patient-centered care objectives.

The study reinforces the importance of institutionalizing leadership development and workforce engagement to achieve sustained healthcare quality improvements.

5.5 Policy Recommendations

a) Institutional Policy at MTRH

MTRH should develop a formal HRM policy framework that explicitly links HR practices to the True North Vision. This should include:

Leadership succession policies to manage leadership transitions smoothly.

Recruitment guidelines emphasizing value-based hiring focused on patient-centeredness.

Standardized performance management policies promoting continuous feedback and staff recognition.

b) Sector-Wide Policy in Kenyan Healthcare

The Ministry of Health and related public sector agencies should create national HRM guidelines for healthcare facilities, emphasizing:

Career development pathways in public hospitals to retain skilled healthcare workers.

Leadership development programs to create a pool of healthcare leaders equipped for strategic alignment.

Policies mandating employee involvement in decision-making regarding HR practices and performance evaluations.

c) Workforce Planning and Capacity Building

Workforce planning policies should ensure that recruitment and staffing levels match patient care demands to prevent workforce shortages that compromise service quality. Capacity-building initiatives should be embedded in healthcare sector policies to equip healthcare workers with skills aligned with modern, patient-centered care practices.

d) Alignment with National Health Strategies

These recommendations complement Kenya's Universal Health Coverage (UHC) agenda by emphasizing people-centered healthcare delivery models, human capital development, and leadership accountability within healthcare institutions.

5.5 Areas for Further Studies

The study noted the following areas for additional research, building on the findings of the current study and acknowledging changing healthcare trends: Future research should examine the influence of communication strategies on patient-centered care at MTRH and comparable institutions. Building trust, increasing patient engagement, and improving care outcomes all depend on healthcare providers and patients having effective communication. This field of study could look at how various feedback systems, staff-patient interactions, and communication channels affect patients' experiences and satisfaction levels.

Secondly, there is a need for comparative studies of human resource management practices across different types of healthcare institutions in Kenya, including public, private, and faith-based hospitals. Such research would help identify sector-wide strengths and weaknesses in HRM practices, provide benchmarks for best practices, and offer valuable insights into how organizational context shapes the effectiveness of HRM strategies in achieving patient-centered care.

Lastly, future studies should evaluate how leadership changes affect patient satisfaction and organizational performance over the long run. Although this study found a slight but positive impact of changing leadership, a longitudinal approach would offer more detailed information about the long-term effects of leadership succession on service delivery, staff morale, and strategic continuity. This is especially crucial in public healthcare systems, where the accomplishment of institutional visions like the True North Vision can be severely impacted by leadership turnover.

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APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

Dear respondent, Grace Jeptanui Ronoh A postgraduate student at Mount Kenya University, pursuing a Masters of Business Administration (Human Resource Option). I am Carrying out my research titled" **EFFECTS OF HUMAN RESOURCE MANAGEMENT ON ACHIEVING TRUE NORTH VISION AT MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA,** The findings of this study may be shared to by academic institution upon request; however, your personal information was kept in confidential.

As a result, I eagerly anticipate your unreserved participation in our research.

For more information and clarification, contact:

The Chairman, Ethics Research Committee,

Mount Kenya University,

P.O. Box 342 – 01000, THIKA

Thanks,

Yours sincerely,

Grace Jeptanui Ronoh

APPENDIX II: QUESTIONNAIRE

QUESTIONNAIRES ON EFFECTS OF HUMAN RESOURCE MANAGEMENT ON ACHIEVING TRUE NORTH VISION AT MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA

Dear respondent,

I, Grace Ronoh, a student at Mount Kenya University pursuing a Master of Business Administration (MBA), option, human resources. I am researching to Assess the EFFECTS OF HUMAN RESOURCE MANAGEMENT PRACTICES IN ACHIEVING TRUE NORTH VISION AT MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA. I hope to get relevant information from you as a stakeholder on matters that are important for this study. The study is solely for academic purposes and the information given was treated with strict confidentiality. I, therefore, humbly request you to spare some time and answer the following questions. Thank you very much for your understanding.

The questions intended to collect information on the effects of human resource management on achieving the true north vision at Moi Teaching and referral hospital.

Instructions

(i) The questionnaire consists of open-ended questions and five-point Likert scale questions.

(ii) You will answer questions according to their requirements.

Section Ia: Demographic Profile of Respondents

Put a tick mark ( ), in a correct answer of your status.

1. **Gender:**

   Male ( )

   Female ( )

2. **Age of the respondent (years)**

   a) Below 30 ( )

   b) 30-39 years ( )

   c) 40-50years ( )

   d) Above 50 years ( )

3. **Educational Level**

Level of Education	**Tick**
Diploma education	
Bachelor Degree	
Masters degree	
PhD	

1. **How long have you been working with MTRH?**

(1) <5 years ( )

(2) 5 – 10 years ( )

(3) 11 – 15 years ( )

(4) Above 15 years ( )

5. Designation……

Section IIa: Effects of human resource management on achieving the True North vision at Moi Teaching and Referral Hospital.

6. Please read each statement and then circle one of the five numbers against it. The number you choose to circle should be the number that represents the extent to which you agree with what the statement is saying about you and your job, where: 1 = Strongly Disagree (SD); 2 = Disagree (D); 3 = Neutral (N); 4=Agree (A); and 5=Strongly Agree (SA).

a. Career development of employees

S/N	Statement	1	2	3	4	5
1	HRM has a career development plan for MTRH employees					
2	HRM initiates career development conversations with MTRH employees					
3	HRM prioritizes career development conversations with MTRH employees					
4	HRM is transparent about career development opportunities					
5	HRM communicates future organizational needs to the employees					
6	HRM helps staff evaluate and communicate their employability (evaluate their chances of promotion within the Organization)					

b. Performance appraisals of employees

S/N	Statement	1	2	3	4	5
1	All employees are familiar with the mission, vision, and core values of MTRH					
2	HRM has standards for its activities around performance evaluation					
3	HRM has appropriate indicators to evaluate the performance of MTRH employees					
4	HRM has established performance targets with time indicators regarding the obligations of MTRH employees					
5	HRM communicates standards, indicators, and targets to ensure that MTRH workers understand them					
6	HRM consults workers in setting standards of performance					
7	HRM has announced the standards and indicators for promotion					
8	HRM evaluates MTRH employees' work performance regularly					

c. Employee recruitment process

S/N	Statement	1	2	3	4	5
1	HRM clearly defines the position objectives, requirements, and candidate specifications in the recruitment process					
2	HRM clearly defines Job specifications and Job Description to the candidates					
3	HRM ensures that members of the recruitment and selection panel have appropriate training and are familiar with the policy and procedure.					
4	HRM ensures a quality short-listing to make decisions that are based on an assessment of the facts provided on each candidate's application as measured against the stated criteria.					
5	HRM ensures that more than one person should be involved in the shortlisting to reduce the chances of one individual's bias affecting the process.					
6	HRM ensures that candidates need testing on any area of the job description and person specification, such as specific knowledge					
7	HRM oversees the test and ensures that the assessors have the relevant qualifications to mark the test.					

d. Moderating effect of change of leadership

S/N	Statement	1	2	3	4	5
1	Effective leadership can foster a culture of continuous improvement.					
2	A supportive patient-centered leadership can improve patient satisfaction.					
3	Effective leadership can promote teamwork, communication, and collaboration among healthcare professionals, leading to better patient care.					
4	A change in leadership can lead to disruptions in established routines and protocols, potentially affecting the continuity of care for patients.					
5	If the new leadership is not patient-centered or fails to communicate changes effectively, patient satisfaction may decline.					

Section IIIa: Effects of human resource management on achieving patient-centered vision

S/N	Statement	1	2	3	4	5
1	HRM policies and practices prioritize patient satisfaction.					
2	The hospital's performance management system effectively measures and rewards patient-centered behaviors.					
3	Employees are satisfied with their jobs, motivated to perform well, and committed to the hospital's mission and values					
4	The hospital prioritizes patient needs and satisfaction above all other considerations in its decision-making and service delivery					

Thank you

QUESTIONNAIRE FOR PATIENTS

Section Ib: Demographic Profile of Respondents (Patients)

Put a tick mark ( ), in a correct answer of your status.

1. **Gender:**

   Male ( )

   Female ( )

2. **Age of the respondent (years)**

   e) Below 30 ( )

   f) 30- <40 years ( )

   g) 40-50years ( )

   h) Above 50 years ( )

3. **Educational Level**

Level of Education	**Tick**
Diploma education	
Bachelor Degree	
Masters degree	
PhD	

Section IIb: Effects of human resource management on achieving the True North vision at Moi Teaching and Referral Hospital.

6. Please read each statement and, then circle one of the five numbers against it. The number you choose to circle should be the number that represents the extent to which you agree with what the statement is saying about you and your job, where:

1 = Strongly Disagree (SD); 2 = Disagree (D); 3 = Neutral (N); 4=Agree (A); and 5=Strongly Agree (SA).

a. Impact of career development of employees in patients' care

S/N	Statement	1	2	3	4	5
1	MTRH employees' career development improved Patient Outcomes					
2	MTRH employees' career development enhanced patients' satisfaction					
3	MTRH employees' career development increased patient safety					
4	MTRH employees' career development contributes to providing compassionate and empathetic care.					
5	MTRH employees' career development has improved the hospital's performance					
6	MTRH career development has built stronger teamwork and collaboration with different discipline					

b. Performance appraisals of employees

S/N	Statement	1	2	3	4	5
1	MTRH employees' performance appraisal improves Patients' Care					
2	MTRH employees' performance appraisals enhance employees' motivation and job Satisfaction					
3	MTRH employees' performance appraisals improve Communication and accountability					
4	MTRH employees' performance appraisal helps improve employees' morale for better service delivery					

c. Employee recruitment process

S/N	Statement	1	2	3	4	5
1	HRM employees' recruitment process is crucial for providing quality patient care					
2	HRM employees' recruitment process enhances patient care					
3	HRM employees' recruitment process on competence increases patient safety					
4	HRM's inadequate recruitment efforts can lead to staffing					

	shortages, which can negatively impact patient care.					
5	Staff shortages can lead to delays in care, reduced quality of care, and potentially increased patient risks.					
6	HRM inadequate staffing and poor care can lead to reduced patient satisfaction and negative experiences.					

d. Moderating effect of change of leadership

S/N	Statement	1	2	3	4	5
1	Changes in MTRH leadership disrupt the patient-centered vision of high quality of care					
2	Changes in MTRH leadership reduced patients' satisfaction in quality of care					
3	The leadership style of the new leaders can significantly influence patients' care.					
4	Change of leadership enhances patient satisfaction					
5	Change of leadership improves patient outcomes					

Section IIb: Effects of human resource management on achieving the Patient-centered vision(PCV)

S/N	Statement	1	2	3	4	5
1	HRM policies and practices prioritize patient satisfaction.					
2	The hospital's performance management system effectively measures and rewards patient-centered behaviors.					
4	The hospital prioritizes patient needs and satisfaction above all other considerations in its decision-making and service delivery					

APPENDIX III: INFORMED CONSENT

I am Grace Jeptanui Ronoh, Masters Student at Mount Kenya University. I am conducting a study on **EFFECTS OF HUMAN RESOURCE MANAGEMENT ON ACHIEVING TRUE NORTH VISION AT MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA.** I kindly wish to inform you that the study is partial fulfillment of my master degree program. I request you to voluntarily and freely participate in this study and therefore I am seeking your consent. Confidentiality was maintained by using code numbers instead of your name and information gathered was not revealed to other party or individual. Participation in the study is voluntary. The study poses no risk to the participant.

Before I involve you in this study, I kindly request you to sign the declaration below.

I have read the purpose and I hereby agree/disagree to participate in this study.

Respondent (coded)

Sign……

Date……

Principal investigator

Name: **GRACE JEPTANUI RONOH**

Sign 

In case of any complaints or further clarifications, kindly conduct the;

Chairman,

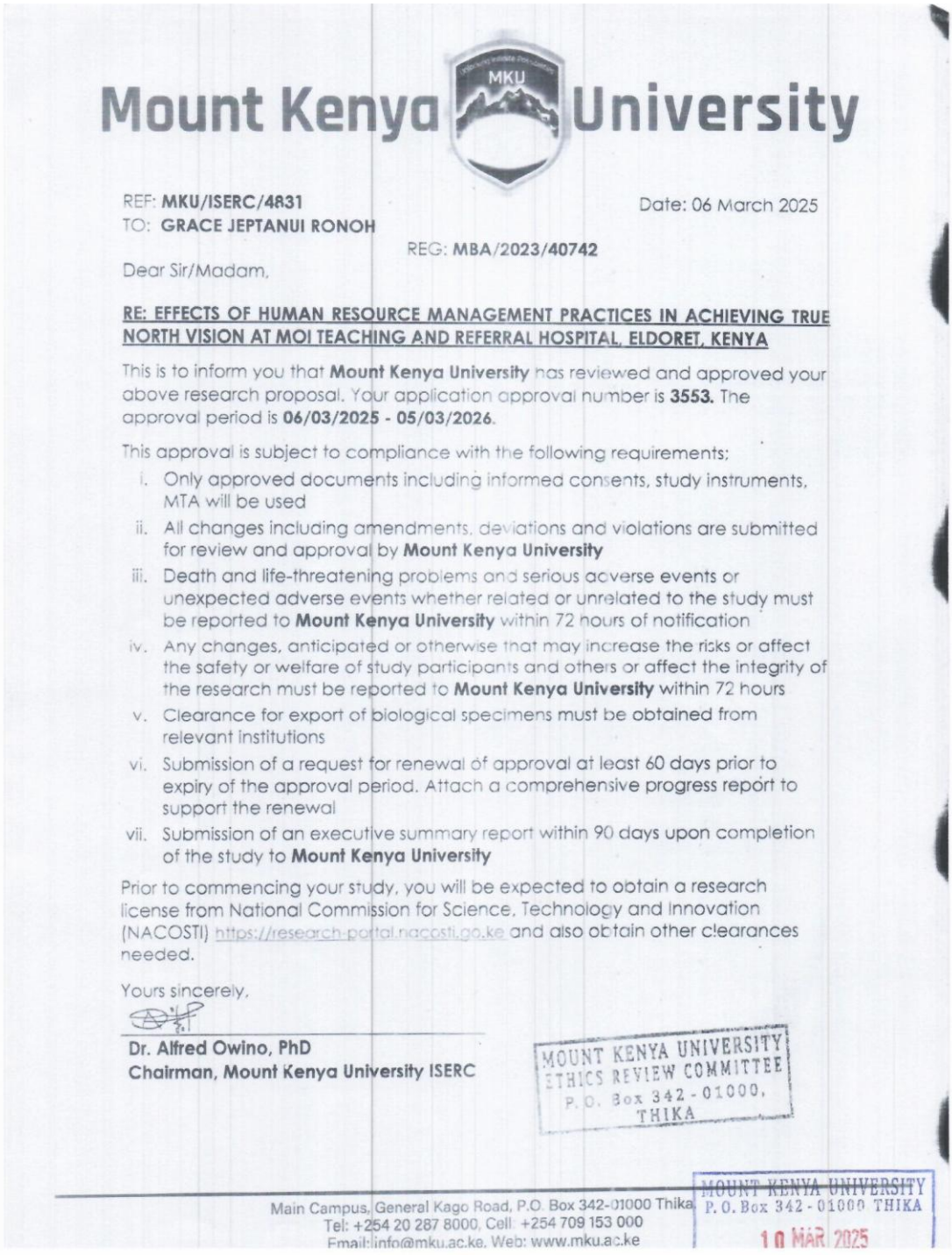
Mount Kenya University,

Ethics Review Committee,

P.O Box 342-0100

Thika.

APPENDIX IV: ERC



Mount Kenya University

REF: **MKU/ISERC/4831**
TO: **GRACE JEPTANUI RONOH**

Date: 06 March 2025

REG: **MBA/2023/40742**

Dear Sir/Madam,

RE: EFFECTS OF HUMAN RESOURCE MANAGEMENT PRACTICES IN ACHIEVING TRUE NORTH VISION AT MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **3553.** The approval period is **06/03/2025 - 05/03/2026.**

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.go.ke and also obtain other clearances needed.

Yours sincerely,

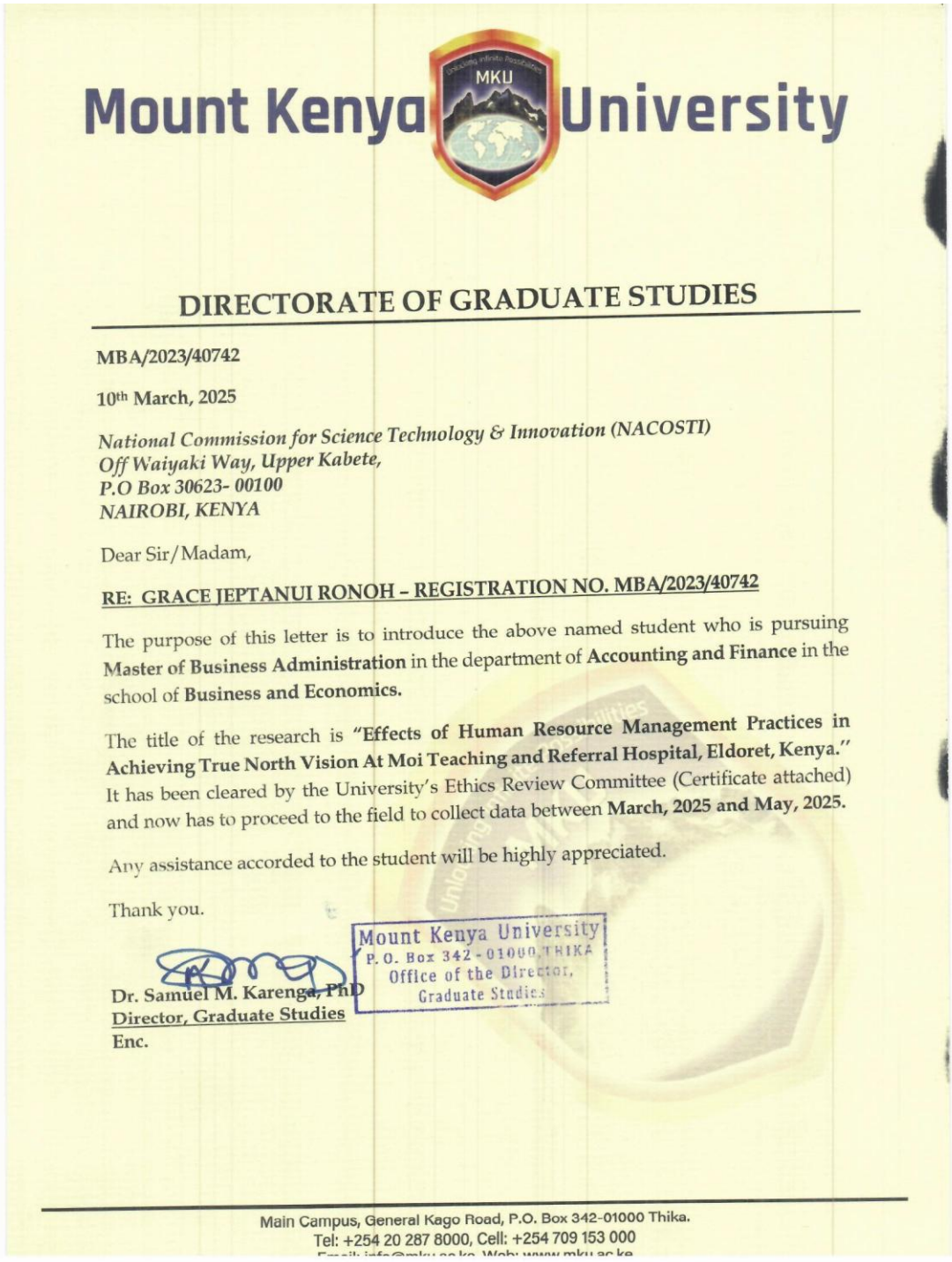
Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC

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

Main Campus, General Kago Road, P.O. Box 342-01000 Thika
Tel: +254 20 287 8000, Cell: +254 709 153 000
Email:info@mku.ac.ke, Web: www.mku.ac.ke

MOUNT KENYA UNIVERSITY
P. O. Box 342 - 01000 THIKA
10 MAR 2025

APPENDIX V: LETTER FOR COLLECTING DATA



Mount Kenya University

MKU

DIRECTORATE OF GRADUATE STUDIES

MBA/2023/40742

10th March, 2025

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

Dear Sir/Madam,

RE: GRACE JEPTANUI RONOH – REGISTRATION NO. MBA/2023/40742

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

The title of the research is **"Effects of Human Resource Management Practices in Achieving True North Vision At Moi Teaching and Referral Hospital, Eldoret, 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 **March, 2025 and May, 2025.**

Any assistance accorded to the student will be highly appreciated.

Thank you.

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

Dr. Samuel M. Karenga, PhD
Director, Graduate Studies
Enc.

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: +254 20 287 8000, Cell: +254 709 153 000

APPENDIX V: RESEARCH PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **339003**

Date of Issue: **26/March/2025**

RESEARCH LICENSE

This is to Certify that Ms.. GRACE JEPTANUI RONOH 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 Uasin-Gishu on the topic: EFFECTS OF HUMAN RESOURCE MANAGEMENT PRACTICES IN ACHIEVING TRUE NORTH VISION AT MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA for the period ending : 26/March/2026.

License No: **NACOSTI/P/25/417156**

339003

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions