

**Effect Of Leadership Styles on Organizational Performance of Level Four and Five
Public Hospitals in Isiolo County, Kenya**

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DECLARATION AND RECOMMENDATION

Declaration

I declare this thesis is my original work that has never been presented in any other university for award of any degree.

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DEDICATION

I dedicate this thesis to my wife Habiba Bora Huka for her selfless efforts towards being present during the entire thesis documentation.

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I am grateful to Allah for granting this opportunity to advance my career through master's education. My two supervisors Dr. Nancy Rintari, PhD and Dr. Paul Kirigia PhD have also been vital towards providing guidance on key strategic concepts in this document. Additionally, the support I have received from my family, particularly my wife Habiba Bora Huka has been immense. Furthermore, the other parties that have taken part in moral support include my workmates and courses. They took their time to go through my thesis and ascertained that it was validly related to strategic management and also contributed inputs that enhanced the write-up. Notably, the learning ambience provided by KeMU has also boosted my morale to push myself towards achieving the ultimate academic success at master's level.

ABSTRACT

Public hospitals in Isiolo County, Kenya, have faced ongoing challenges in achieving improved organizational performance, primarily due to inadequate strategies, infrastructure, and underdeveloped Electronic Healthcare Information Systems (EHIS). This study aimed to assess how different leadership styles affect the performance of level four and five public hospitals in the region. The specific leadership styles examined were democratic, visionary, autocratic and adaptive leadership. Guided by stakeholder theory, Kurt Lewin's model, and the theory of management by planning, the study used a correlational research design. It targeted three hospitals: Isiolo County Referral Hospital, Garbatulla Hospital, and Merti Hospital. Respondents included medical superintendents, departmental heads, healthcare staff, and operations personnel. Data were collected through questionnaires and interviews, and analyzed using SPSS Version 25, applying both descriptive and inferential statistics. The findings indicated that all four leadership styles had a positive effect on organizational performance, with directive leadership having the strongest impact, followed by visionary, democratic, and adaptive leadership. While strategic leadership was aware of current trends, limited resources hindered the implementation of necessary changes. Democratic leadership suffered from poor communication between management and stakeholders. Directive leadership, although effective, was sometimes compromised by political interference. Adaptive leadership was inclusive, allowing feedback from staff on strategic decisions. The study recommends that county leadership develop policies to enhance engagement between hospital management and stakeholders. Increased budget allocations are suggested to support visionary leadership and implement strategic plans. To address political interference under directive leadership, enforcing a code of ethics is advised. These interventions aim to strengthen hospital leadership and improve overall performance in public healthcare institutions within Isiolo County.

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ABBREVIATIONS AND ACRONYMS

CIDP	County Integrated Development Plan
KeMU	Kenya Methodist University
MOH	Ministry of Health
NACOSTI	National Commission for Science, Technology and Innovation
SPSS	Statistical Package for the Social Sciences
USAID	United States Agency for International Development
VIF	Variance Inflation Factor
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Organizational performance is the ability of a hospital organization to deliver its constitutional and legal mandate to the public through adequate resource allocation to various operations for common good (USAID, 2024). This process ensures that there is value for money particularly in the healthcare context. Performance was measured through four indicators which are quality of services, internal business processes, financing structure and customer satisfaction (MOH, 2023; National Treasury, 2024; USAID, 2024). In public service transformation agenda of the government, the need for quality service cuts across even in public hospitals. Health being a vital sector in the economy, requires ultimate seriousness on its implementation and financing to facilitate customer satisfaction. This is done through improving internal business process to promote general wellbeing of the strategic implementation through the leadership (Hallo & Obuba, 2021). Regrettably, public hospitals have been struggling to attain enhanced performance in their operations.

Globally, public hospitals in Atlanta have been struggling with increased waiting time to receive service while those in Michigan have faced lack of clear strategic direction (Miller & Whitehead, 2024; Zajac et al., 2021). In European nations such as Hungary, public hospitals have continually faced poor resource allocation to departments during the implementation stage of strategies (Winkelmann et al., 2021). In Netherlands, ineffectiveness in operations and lack of ownership of strategic goals in various departments has been the greatest concern. In Asian nation such as China poor

communication and coordination of departments as a measure of attaining set strategies has been identified by Jiaxiang et al. (2024) as impediments facing public hospitals. In India, government funded hospitals have experienced inadequate strategic management staff that aligns organizational goals with laid down strategies (Kalita et al., 2023).

Regionally, political interference in South Africa with strategic management processes in public hospitals has caused complete paralysis of the operations (Chiwawa & Wissink, 2024). In Nigeria, the competitive business environment especially from the private hospitals had affected the organizational performance of the public ones (Ikuru & Opuala-Charles, 2024). In Ethiopia, there has been an outcry of staff resistance to newly established strategies as established by the hospital management which slows down the service delivery processes (Tolera et al., 2024). Further on, the conflict of interests by stakeholders such as political and other hospital leaders in Uganda have led to misuse of institutional funds hence making it hard to run the public hospitals (Asiimwe et al., 2023).

Locally in Kenya, Warui and Kavale (2024) noted that there was lack of adequate training and development on established strategies has negatively affected the performance of public hospitals. Further on, lack of effective policy framework to support strategic management processes and poor commitment to organizational goals by the staff has led to inefficiencies in administering quality healthcare. According to Kibe and Kihara (2022), public hospital management have experienced the challenge of inadequate of information when making strategic decisions leading to poor mastery of healthcare sector. Additionally, unclarity to staff on how their roles fits in the hospital's mission and vision (Mualuko et al., 2023).

1.1.1 Leadership Styles

Strategic leadership is defined as the highest form of management whose skills, exposure and networks enable an organization attain the desired goals to remain competitive in a dynamic environment (Obuba, 2022; Taherdoost & Madanchian, 2021). This means that the strategic leadership is considered as a focal point of the organization that is responsible in steering its operations towards attainment of the mission and vision. There are many considerations established by the constitution when selecting the best strategic leaders to act as critical decision makers in public hospitals (Nailantei & Iloka, 2024). This could relate to their abilities to engage other stakeholders through teamwork, professional management of change, take control and responsibility of the formulated strategies, communicate the developed strategies to staff and at the same time establish training and development plans to the staff (Ougo & Sasaka, 2024).

The various forms of strategic leadership that were considered include democratic leadership, visionary leadership, autocratic leadership, and adaptive leadership. Similar strategic practices have also been cited by authoritative reports such as a strategic plan documented by the Ministry of Health (2023) when restructuring the operations to improve performance in health sector.

Democratic leadership is the process of identifying with different parties that have interest in the organization, analyzing their needs, allowing them in planning for resources that were needed and implementing strategic actions that seeks to satisfy them, as a measure of improving performance (Aguilera et al., 2024). A hospital interacts with various stakeholders that have different interests on its operations. Therefore, in the interaction process, their involvement in strategic stages is crucial for effectiveness. Depending on

their level of interaction, some stakeholders such as regulators are included in the planning and designing of major strategies to satisfy constitutional requirements (Abu Al Hijaa, 2023). Additionally, other stakeholders with expertise are included in the implementation of strategies to save on cost of operations and increased efficiency. Notably, stakeholders such as internal and external auditors are included to facilitate the process of monitoring and evaluating the attainment of set strategies.

Visionary leadership is an organized leadership method used in an organization that is transforming its operations such as adopting to new technology, improving processes or goals (Abdel-Satar et al., 2021). As the population is growing, their health needs are evolving and so is their demand for better healthcare. Therefore, the changes in business environment requires the strategic management to improve efficiency through changes in leadership structure, resource provision, technological adoption and general organizational structural reformations related to policies (Njururi & Kibe, 2021).

Autocratic leadership is the process of regulating how organizational plans are formulated and executed with a clear perspective of ensuring efficiency in the whole process (Obuba, 2022). Being in control required complete commitment by the management towards the organizational goals. The main reason is so that they are able to not only understand how strategic management practices like planning, fits in the great picture but also promote excellence in decision making.

A strategic management team that is in control uses quality measures to allocate resources and communicate the same to the other staff (Nailantei & Iloka, 2024). Therefore, they are certain on the responsibilities that the staff have toward ensuring that the execution of strategies has been done in accordance to the organizational policy framework. This means

that recruitment of a mixture of staff with different qualifications so as to perform various roles in execution process, should be the responsibility of the management (Alotaibi et al., 2023). Still in interaction with the staff, a management in control has skills to distinguish the appropriateness of using bureaucracy.

Adaptive leadership entail the process of promoting organizational learning whereby different staff are taken through series of knowledge acquisition process to remain strategically competitive, useful and effective in the organizational operations (Dalal et al., 2022). As business demands are increasing, so should the qualification of the staff in handling any impending challenges in the health issues. Therefore, a strategic management team that has a goal of ensuring that the team is well prepared in dispensing quality healthcare, commits towards training its staff frequently. This is done to equip them with current information and trends in the health sector, on policies and procedures that improves efficiency. According to Mualuko et al. (2023), staff training is also encompassed with employee feedback on suitability of the learning process towards their job roles.

The strategic leadership practices in a public organization such as a hospital focuses on identification of strengths, reduction of weaknesses, taking advantage of opportunities, and elimination of threats that may affect the operations (Taherdoost & Madanchian, 2021). Therefore, the leadership of these organizations have a role to ensure that the institution is able to thrive through quality decisions for continuity of operations and enhanced performance. In enhancement of performance, public hospitals in Canada, have been implementing various strategic visionary leadership practices such as clear communication structure to support service delivery (Denis et al., 2023). According to Zao et al. (2023), there have been management-staff consultation on the best causes of action when

developing strategies in public hospitals of China. The finding by Zungu (2022) noted that there are less work-related errors due to directive leadership through frequent trainings offered to the strategic implementation team in South Africa. Notably, In Nigerian public hospitals, adaptive leadership has resulted to efficient resource utilization (Ikuru & Opuala-Charles, 2024).

Locally, the strategic leadership in public hospitals has developed systems that ensure adept resource allocation to all departments to ensure their functionality and efficiency (Nyungu & Wainaina, 2024). Therefore, the day-to-day running of the hospital's department has been efficient due to provision of resources such as medical supplies, infrastructure, human resource and technology. Furthermore, the decision-making process of the strategic team has also been closely guided by the constitution, the national policy framework for public organizations and as well as individual institutional policies (Tumate & Njoroge, 2023). The art of combining the guidelines from these key sources of policies enables the management have a foundation for performing their duties without prejudice that may favor some departments over others. Furthermore, the expertise portrayed by the management team in prioritization of strategic plans is noted by Salami et al. (2022) to include four aspects such as their specificity, measurability, achievability and relevance of strategies to national health framework.

1.1.2 Public Hospitals in Isiolo County

Isiolo County is located in the formal Kenyan Eastern province which has 268,002 people (KNBS, 2019). It is surrounded on the west by Samburu, on the north by Marsabit, on South west by Laikipia, on east by Wajir, on south by Meru and on south east by Tana River counties. The county is served by seven public healthcare facilities whereby three of

them have a status of being level 4 and four of them are level 3's. These public hospitals have experienced lack of stakeholder engagement in the strategic designing phase resulting to increased conflict within the strategic management level (Hallo & Obuba, 2021). This has trickled down to strategic inefficiencies in performance hence cannot be relied upon during monitoring and evaluation processes.

1.2 Statement of the Problem

A public hospital is an organization that should be strategically led to ensure that all departments are well coordinated to achieve organizational performance. There should clear strategic processes that involve stakeholders to take part of hospital's development (Ougo & Sasaka, 2024). Through the measures, there would be quality control mechanism that facilitate smooth transition of operations and as well as quality training and development of all staff for enhanced performance.

However, there has been poor organizational performance in Kenyan public hospitals due to inefficiencies in strategic operations. According to MOH (2023), lack of adequate strategies has caused 69% of public hospitals in Isiolo County lack infrastructure that can support, electronic healthcare information system (EHIS), 50% had laboratory services and 51% of the hospitals lack functional ambulances. Furthermore, insufficiency of quality strategies impedes informed decision-making processes that lead to allocation adequate finances, recruitment of more qualified staff, acquisition of medical supplies and other key factors necessary for effective running of the hospitals (Abkiyo et al., 2024). Furthermore, in Isiolo County, the inefficiencies caused by poor strategic leadership has caused the closure of 13 public facilities due to not meeting the standard quality thresholds required by public organizations for dispensation of public service (MOH, 2023). Notably, failure

to address the poor coordination by strategic management team to come up with clear strategies, may lead to complete paralysis on the functionality of the public hospitals which could be fatal towards addressing the health status of the economy (Owuor, 2024).

Global studies such as Salami et al. (2022) evaluated how Nigeria's public hospitals performed as a direct impact of training and development. However, the commitment level of the management towards the training and development process was not addressed. Locally, Hallo and Obuba (2021) assessed how employees in Isiolo County's private hospitals performed when there were measures of career development. Nevertheless, few studies have been done in public hospitals to address the influence that strategic leadership has on their performance. Therefore, the study examined the effect of leadership styles on performance of public hospitals in Isiolo County, Kenya.

1.3 General Objective

To assess the effect of leadership styles on performance of level four and five public hospitals in Isiolo County, Kenya.

1.4 Specific Objectives

- i. To determine the effect of democratic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.
- ii. To investigate the effect of visionary leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.
- iii. To determine the effect of autocratic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.

- iv. To assess the effect of adaptive leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.

1.5 Research Hypotheses

H₀₁: There is no significant influence of democratic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.

H₀₂: There is no significant influence of visionary leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.

H₀₃: There is no significant influence of autocratic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.

H₀₄: There is no significant influence of adaptive leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya.

1.6 Significance of the Study

The government through the Ministry of Health [MOH] may find the results of the study useful through information related to the implication that its regulations have on the strategic leadership of public hospitals. It was through such kind of impactful information that the MOH could allocate additional funding or choose to sustain the funding level particularly to the strategies developed by the leadership.

The management of public hospitals may be able to ascertain on how various strategic policies have been performing. Therefore, the current study may prove valuable and act as a yard stick to assess the positively working policies and those that are not working. On

the strategic policies that are not working, the strategic management could base their decision making on this study to eliminate them or further restructure them.

The staff may find the study important as they were required to express their opinion through their departmental heads on the performance of the hospitals as a result of the policies established by the strategic management. They could therefore contribute positively by letting the management know the compelling challenges they have been undergoing while implementing the policies and how that affects respective decision making at the departments.

The patients may find foundational knowledge on how decision making is made in a hospital set-up and how it impacts healthcare service delivery. Therefore, this information is valuable to them to know how the business environment, staff, management structure and availability of funds affects the decision-making process. The general public may also get information on elements that have affected the performance of Isiolo county's public hospitals. The study would thus be an awareness creation platform that spreads information for accountability measures to the public officers on identified weaknesses in delivery of public service.

In the realization of the effect of strategic leadership on performance of public hospitals in Isiolo County, Kenya, the study would contribute to the field of strategic management. Therefore, future researchers may consider using the study's results as building blocks towards addressing dismal performance of public hospitals.

1.7 Scope of the Study

The study was done in Isiolo county, Kenya and addressed the effect of leadership styles on performance of level four and five public hospitals. Isiolo County was considered since as a marginalized or historically underserved county, Isiolo faces resource constraints, staff shortages, and infrastructure issues. In such environments, leadership style can have an outsized impact on hospital performance, making it a relevant study location to understand how leadership mitigates systemic challenges. Critical aspects like democratic leadership, visionary leadership, autocratic leadership, and adaptive leadership. The study collected data using questionnaires and interviews. The various respondents were CEOs, departmental heads, healthcare staff, and operations staff. The study took 4 months to complete.

1.8 Limitations of the Study

As the nation is changing from the previous National Health Insurance Fund [NHIF] to the Social Health Authority [SHA], the strategic management practices have changed significantly. Therefore, this means that the hospital management had experienced a change on strategic policies that are applicable in dispensing the hospital operations. This meant that the decision-making system had greatly changes with decision-makers experiencing significant responsibility changes. To ensure that the limitation did not affect the data collection exercise, the study ensured that the current strategic policy in place is effectively adhered to with various departmental heads as per the new national health policy of SHA are included in the study.

1.9 Assumptions of the Study

The study worked with the assumption that the strategic leaders in place were as per the national health policy framework and authorized to head various departments. Additionally, the study assumed that the hospital management were willing to provide required honest information on their leadership styles.

1.10 Operational Definition of Terms

Adaptive Leadership-the process of promoting organizational learning whereby different staff are taken through series of knowledge acquisition process to remain strategically competitive, useful and effective in the organizational operations.

Autocratic Leadership- regulating how organizational plans are formulated and executed with a clear perspective of ensuring efficiency in the whole process.

Democratic Leadership-identifying with different parties that have interest in the organization, analyzing their needs, allowing them in planning for resources that may be needed and implementing strategic actions that seeks to satisfy them, as a measure of improving performance.

Performance- ability of a hospital organization to deliver its constitutional and legal mandate to the public through adequate resource allocation to various operations for common good.

Public Hospital-a healthcare institution that offers inpatient and outpatient medical services at subsidized rates and is funded by the government.

Strategic Leadership-the highest form of management whose skills, exposure and networks enables organizations attain the desired goals to remain competitive in a dynamic environment.

Visionary Leadership-an organized leadership method used in an organization that is transforming its operations such as adopting to new technology and improving processes.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The theoretical review is provided whereby three theories such as stakeholder theory, Kurt Lewin's model, and management by planning. Thereafter, the empirical review is provided as guided by the objectives and later on the summary of identified gaps. The conceptual and operational framework concludes the chapter.

2.2 Theoretical Review

The study was guided by stakeholder theory, the Kurt Lewin's model, and the theory of management by planning. The stakeholder theory guided the democratic leadership; the Kurt Lewin's model guided the visionary leadership whereas the theory of management by planning guided the autocratic leadership and adaptive leadership.

2.2.1 Stakeholder Theory

Stakeholder theory was developed by Freeman (1984) and it addressed the democratic leadership variable. This theory underpinned the need for an organization to consider the needs of all stakeholders and not just the shareholder's needs only. This ensured that the organization was able to contribute significantly towards the society's demands and as well as attain its objectives. Therefore, inclusivity of stakeholders in the strategic leadership process was of essence since it gave them a chance to provide their opinion (Ikuru & Opuala-Charles, 2024). Therefore, the management was eventually provided range of ideas that once their implementation cost was ascertained, may prove effective towards improving the performance.

Notably, the stakeholder theory related to democratic leadership through including stakeholders to take part in the strategic management practices (Nailantei & Iloka, 2024). Notably, the experience level of some stakeholders such as experts would prove valuable in quality decision making that ensure that the strategic plans are well analyzed and resources provided. Additionally, in designing how a strategy would play out and who would implement it was critical towards ensuring its success. Therefore, since the hospital set-up was located within the jurisdiction of various stakeholders, they would be needed in some instances (Ougo & Sasaka, 2024). Their involvement promoted quality assurance measures for purposes of dispensing outstanding healthcare services. A stakeholder such as the regulator was keen towards ensuring that strategies developed and implemented, save life and did not expose patients to more medical complications (Taherdoost & Madanchian, 2021). Further, the involvement of stakeholders was also essential in the monitoring and evaluation stage.

This was because, they provided honest feedback on how they thought the implemented strategies had ensured efficiency (Zajac et al., 2021). When the management relied only on the opinion of the internal stakeholders like the staff, they would not really get valuable information on whether the suggested and implemented strategies by the leadership had brought about any difference in the dispensation of the services (Zungu, 2022). However, when they asked stakeholders such as the parents or general public, the feedback was provided on time and with all honesty for that matter.

Just like any other theory, the stakeholder's theory had a limitation that the users experienced when they utilize it. The theory faced a weakness of prioritizing, whereby satisfying one stakeholder's needs, could result to delaying another stakeholder's needs as

well. In other words, it was not easy to satisfy all stakeholder's needs at one time and treating all of them with fairness was not realistic hence could be affected by quality and time factor. However, this weakness did not entirely affect the study since in the implementation of strategies, there was a regulatory framework that provided directions on how strategic planning, designing, implementation, monitoring and evaluation should be done (Kyomuhangi et al., 2024). Additionally, it was a government regulation that the strategic leadership team was equally qualified and experienced to work with various stakeholders in strategic management process.

2.2.2 Kurt Lewin's Model

Kurt Lewin's model was developed by Lewin (1947) and it addressed the visionary leadership variable. The theory provided the roadmap of how organizational change should be implemented. According to this model, during changes in an organization, there were opposing and driving forces compete with each other hence affecting the behavior and ultimate providence for change. That is, if change was to happen, the driving forces needed to be greater than the opposing forces (Abdel-Satar et al., 2022). Therefore, Kurt Lewin's model advocated for a three-stage process which included unfreeze, change, refreeze. In the unfreeze stage, the organizational stakeholders prepared to instigate change in a specific operational docket. This included recruitment of qualified staff, provision of resources and restructuring the organizational assets to support the coming change.

In the address to visionary leadership, the actual change was implemented and nature of operations was altered to reflect the organizational vision (Kibe & Kihara, 2022). During this stage, the opposing forces caused resistance to the change especially when the status quo was challenged, staff were expected to undertake new training, working timeline

changes and when the organizational demands were increased (Njururi & Kibe, 2021). Lastly in the refreeze stage, the driving forces that support change enabled the organizational staff adopt it and solidify the acceptance through completely changing how operations were done.

The Kurt Lewin's Model informed 'visionary changes' variable on the basis of ensuring that an organization kept tabs with changing business environment (Alotaibi et al., 2023). The demands from the customers on quality of hospital services caused the leadership structures rethink of their strategies and how they could take advantage of technological developments to simplify the process (Njururi & Kibe, 2021). Therefore, this meant that apart from the resource provision, the culture of the organization had to agree with changing times and embrace it positively.

Kurt Lewin's model was limited by the fact that as the management desires change, if it brought about too much disruption, the organizational staff would resist change. This therefore, slowed the operational processes down due to the standoff (Ougo & Sasaka, 2024). At other times, change would be resisted if some new workers are included in the strategic implementation phase. Therefore, without clear planning for change, it would be affected by resistance from the employees (Tumate & Njoroge, 2023). However, this weakness did not affect the current study since organizational changes at a public hospital setting were directed through the constitution hence necessary steps such as resources allocation and employee training were adequately provided before the changes were implemented.

2.2.3 Management by Planning (MBP)

Management by Planning [MBP] theory was developed by Drucker (1954) and it addressed the autocratic leadership and adaptive leadership variables. MBP considered various management level operations as part of creating, revising and implementing strategic plans. It considered the strategic actions of the management as great contributors to the performance of the organization (Zungu, 2022). Therefore, the strategies developed as part of the planning, had the capacity to bring about productivity within the operations of an organization.

Therefore, in addressing the autocratic leadership, the management had a role to play in ensuring that they take charge on the strategic management practices (Francetic et al., 2021). It concerned them how resources were allocated to the strategies since poor allocation could lead to stagnation in performance. Additionally, clear communication patterns between the management and the staff would not be eccentric but a common occurrence to facilitate team work and constructive feedback (Lindaas et al., 2024). The perspective of the staff needed not to be taken lightly since their professional opinion could improve the strategies further to fit in with the realities of the operational weaknesses in existence. Furthermore, the team work consideration between the management and staff ought to be balanced such that various leadership styles like bureaucracy and democracy were allowed to take place in various stages of strategic implementation (Winkelmann et al., 2021).

In addressing the adaptive leadership, the MBP theory provided that it was the responsibility of the management to ensure that every person underwent organizational learning (Salami et al., 2022). This was because, the job demands were dynamic hence

should the training qualifications of the staff. Therefore, from the perspective of the management, total commitment was needed when developing strategic policies and procedures that supported employee training needs (Warui & Kavale, 2024). When such strategic structures were present, consistency in training was enhanced and as well as employee feedback. In the long-run, performance of healthcare services was improved due to coordination of planning and execution of strategies the management.

2.3 Empirical Review

The sections from 2.3.1 to 2.3.4 provides a review of previous authors studies on democratic leadership, visionary leadership, autocratic leadership, and adaptive leadership.

2.3.1 Democratic Leadership and Organizational Performance

Aguilera et al. (2024) assessed how seventy nations were able to prepare and respond to COVID-19 through stakeholder participation in health. The study collected secondary data whereby past World Health Organization's [WHO] reports were reviewed. The finding of the study was that stakeholder participation was limited and were not included in priority strategic plan settings. According to the study, only half of the reports as provided by WHO mentioned the involvement of stakeholders in any way. It was further established that strategic decision makers were not known complicating the aspect about stakeholder engagement since the lack of transparency of who made decisions affected inclusivity of other stakeholders. Nevertheless, Aguilera et al. (2024) used secondary data collection in making conclusion that strategic decision makers were not provided. The study collected primary and inquired directly from the hospital management on how they involve the stakeholders when undertaking strategic management processes.

Owuor (2024) explored Nairobi county's mission hospitals corporate governance practices and the factors affecting the uptake of such practices. There was the adoption of mixed-metho approach whereby all the seventy-two respondents were included through census. The questionnaires and interviews were issued to various top management. On a response rate of 80%, its was established that quality governance structures facilitated decision making processes whereby various stakeholders were included to provide the opinion. However, the process was limited by change resistance, inadequate resources and low commitment of the leaders. Therefore, the study established that the mission hospitals reduced these negative impacts through collective involvement of stakeholders in strategic decisions to provide direction, and empowering accountability of board of management. However, Owuor (2024) did not include the middle level management such as supervisors nor the officers to ascertain their opinion on stakeholder engagement in enhancing performance. Further, the study was done on mission hospitals hence the scope was widened to include the public hospitals such as the one found in Isiolo County.

Nailantei and Iloka (2024) examined Machakos County's healthcare projects, their performance and measures employed to identify stakeholders. Three hundred and forty-one projects were considered as administered in eight sub-counties. There were one hundred and eight four respondents included through descriptive research design and sampled through stratified method. They were issued with the questionnaires and interview guides to proclaim that when stakeholders were engaged, the performance of healthcare projects improved significantly. Nevertheless, the reality of the findings was that most projects implemented related to healthcare did not identify or recognize stakeholders, analyze their needs nor have any formal or informal documentation of their information.

However, Nailantei and Iloka (2024) did not specify the level of management the respondents of the study. This therefore, complicated the study to underpin whether the opinion provided were based on top, middle or low level of management.

2.3.2 Visionary Leadership and Organizational Performance

Alotaibi et al. (2023) evaluated how Prince Mohammed bin Abdulaziz Hospital enhanced its performance efficiencies as a result of change in Riyadh, Dubai. One hundred and fifty staff in the administration and active medicine such as doctors, nurses and technicians were included in the study. They answered the questionnaires administered through descriptive research design. According to the findings, the performance of the hospital was enhanced when various strategies implemented on change management were included. This is in terms of culture, technology, structure and human factors. The study recommended that there was need for establishment of a well-planned strategic change management to match with both short and long-term goals.

Njururi and Kibe (2021) assessed the performance of Nairobi County's healthcare and the strategies employed to bring about change management through the approach of Lewin change model. Adopting a descriptive research design, three hundred and seventy-two participants were included to answer the questionnaires. Njururi and Kibe (2021) proclaimed that various strategies such as unfreezing, transition and refreezing positive affected the performance of healthcare. Therefore, there was the need to train, motivate and adopt to specific business environment that promoted satisfaction of clients and total commitment to strategies that enhance quality performance in healthcare. Nevertheless, the approach of Lewin change model has a major weakness of assuming that people will smoothly transit through strategic changes without much resistance hence too simplistic in

application. This is because human factor limitations such as lack of strategic information may lead to confusion when undergoing change management resulting to resistance.

Kibe and Kihara (2022) espoused through literature review on how the Kenya's health sector performed when change management practices were employed. According to the study, the various critical change management factors included technological, strategic leadership, training and development. Kibe and Kihara (2022) noted that over time in the health sector, there have been strategies implemented to bring about change due to dynamic nature of customers and other factors not within the spectrum of the hospital management. However, Kibe and Kihara (2022) did not consider organizational culture towards adopting strategic change management.

2.3.3 Autocratic Leadership and Organizational Performance

Abu Al Hijaa (2023) explored the Jordan healthcare institution's performance when influenced by strategic management. The methods used to gather data was based on a review of literature and analysis of documents through exploratory method. The previous studies noted that strategic management practices such as allocation of resources, communication structure, and streamlined work flows, enhanced performance significantly through. Further, the strategic related obstacles affecting the scope of control included shortage of resources, poor coordination and high demand for quality healthcare services. Therefore, since the study was done on Jordan's healthcare, the current study will assess how strategic control practices affects the performance of Isiolo county's public hospitals.

Lindaas et al. (2024) evaluated the efficiency of Norwegian government funded hospital trusts when new public management is implemented. The main concern of the study was that there had been several improvements made on strategic reforms since the late 1990's.

However, little was known on the implications of these strategic reforms, particularly on the context of enhanced resource utilization. A panel data that spanned 9 years (2011-2019) was used and analyzed through data envelopment method and Malmquist productivity index. According to Lindaas et al. (2024), the strategic reforms had ensured that there were adequate control measures that promoted personnel mix, structure of hospitals and its strategic budget. Notably, Lindaas et al. (2024) assessed the performance of public hospital trusts whereas the current study will examine general hospital performance from the perspective of strategic leadership.

Tumate and Njoroge (2023) assessed the performance of Nairobi county's public hospitals as influenced by strategic management practices. One hundred and fifty staff were selected through stratified sampling method and answered the questionnaires. Notably, the study discovered that in public hospitals strategic practices like planning, evaluation and implementation improved performance. As part of their recommendations, the study pointed out on the need for adequate investment in terms provision of money to implement infrastructural development and staff skills recruitment. The current study will be an extension to Isiolo county public hospitals. Further, Tumate and Njoroge (2023) did not explore the bureaucracy of decision-making process as part of strategic management system.

2.3.4 Adaptive Leadership and Organizational Performance

Dalal et al. (2022) examined how Lebanon's hospital staff performed when trained. A descriptive correlational study was done on one hundred nurses in Tripoli hospitals. This was because the nurses had greatly been affected by the low performance of strategic management practices employed in Lebanon hospitals to a great extent. The outcome of

the study was that when the management failed to include strategies that could incorporate the training of nurses led to low performance but when the strategies were included, performance was improved. The suggested training strategies was in regards to training frequencies, commitment, expectations of staff, and keen monitoring to ensure that the training is relevant to their field. Nevertheless, the strategies in place to promote employee feedback on training practices was not provided by (Dalal et al., 2022).

Anil and Nisa (2023) discussed on India 's private hospitals need for regular staff training. Two hundred and one staff from the hospitals were tasked into answering the questionnaires. From what they gave as feedback the study deduced that despite the existence of occasional trainings offered, only few of the staff thought it was impactful to the performance of the hospital. This was majorly attributed to the fact that the staff were not involved in developing strategies related to training modules nor in the monitoring and evaluating the impact of the trainings. Nevertheless, Anil and Nisa (2023) did not specify the communication strategies established to assess whether the training had enhanced staff skill, a direct benefit towards the performance of the hospitals.

Mualuko et al. (2023) evaluated how Nyeri county's private hospitals were able to ensure employee productivity through training and development. Ten private hospitals were included where various heads of departments were included to answer the questionnaires. It was noted that through establishment of strategies to facilitate consistent training to staff, their input towards enhancing the performance of the organization was increased. Nevertheless, Mualuko et al. (2023) did not consider examining strategic management practices present in public hospitals that facilitated training and development to improve the performance.

Hallo and Obuba (2021) assessed how employees in Isiolo County's private hospitals performed when there were measures of career development. One hundred and ninety-nine staff were included to take part in answering the questionnaire. The study established that there were training programs, strategic plans and policies to support career development. However, Hallo and Obuba (2021) chose medical practitioners from private hospitals to take part in pilot test. The study could have selected pilot test respondents from other hospitals.

2.4 Summary of Gaps

On the examination of democratic leadership's influence to the performance, the study considered several studies which revealed various gaps that will be assessed in the current studies. A study such as Aguilera et al. (2024) used secondary data collection in making conclusion that strategic decision makers were not provided. The current study thus collect primary and inquire directly from the hospital management on how they involve the stakeholders when undertaking strategic management processes. Notably, Owuor (2024) did not include the middle level management such as supervisors nor the officers to ascertain their opinion on stakeholder engagement in enhancing performance. Additionally, Nailantei and Iloka (2024) did not specify the level of management the respondents of the study. This therefore, complicated the study to underpin whether the opinion provided were based on top, middle or low level of management.

In the assessment of the influence that visionary leadership had on performance, the notable gaps include, Lewin change model as suggested by Njururi and Kibe (2021) has a major weakness of assuming that people will smoothly transit through strategic changes without

much resistance hence too simplistic in application. This is because human factor limitations such as lack of strategic information may lead to confusion when undergoing change management resulting to resistance. Additionally, Kibe and Kihara (2022) did not consider organizational culture towards adopting strategic change management.

The gaps pinpointed by authors that have previously examined the autocratic leadership and performance reveals as follows: Lindaas et al. (2024) assessed the performance of public hospital trusts whereas the current study will examine general hospital performance from the perspective of strategic leadership. Further on, Tumate and Njoroge (2023) did not explore the bureaucracy of decision-making process as part of strategic management system.

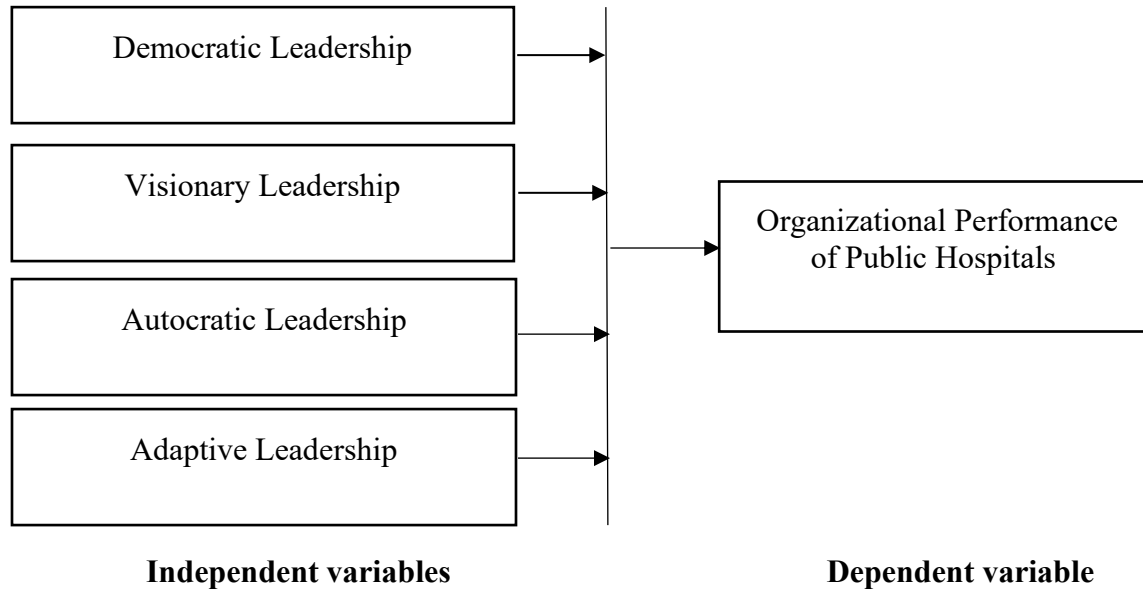
On adaptive leadership, the gaps ascertained pointed out that the strategies in place to promote employee feedback on training practices was not provided by Dalal et al. (2022). Further, Anil and Nisa (2023) did not specify the communication strategies established to assess whether the training had enhanced staff skill, a direct benefit towards the performance of the hospitals. In addition, Mualuko et al. (2023) did not consider examining strategic management practices present in public hospitals that facilitated training and development to improve the performance.

2.5 Conceptual Framework

The conceptual framework as depicted in Figure 2.1 indicates that there are independent and the dependent variables. The dependent variable was performance of public hospitals. There were four independent variables which were democratic leadership, visionary leadership, autocratic leadership, and adaptive leadership.

Figure 2.1

Conceptual Framework

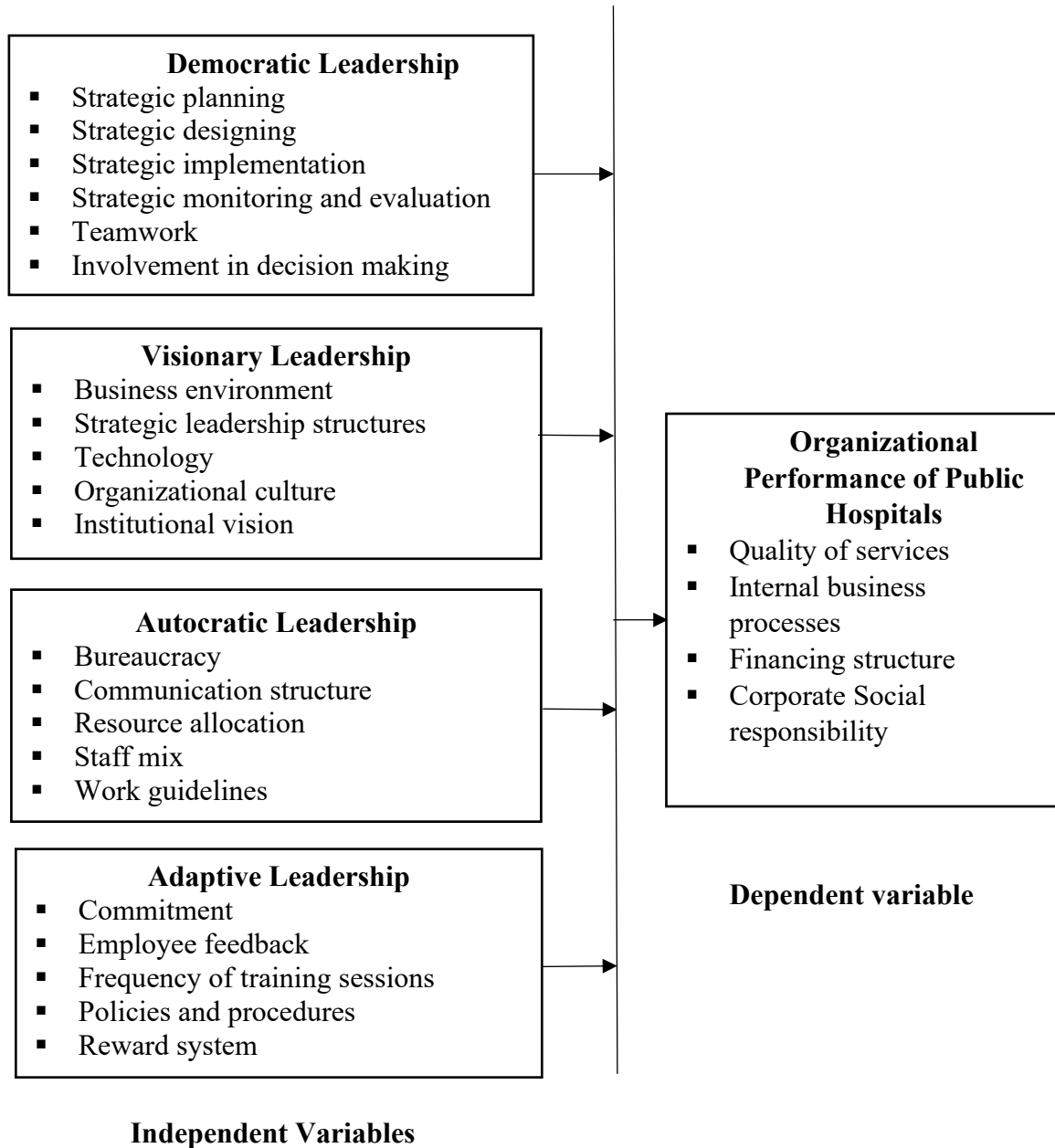


Organizational performance was measured through four indicators which were quality of services, internal business processes, financing structure, and corporate social responsibility. Democratic leadership was measured through strategic planning, designing, implementation, monitoring and evaluation, team work, and involvement in decision making. Visionary leadership was measured through business environment, strategic leadership structure, technology and organizational structure, and institutional vision. Autocratic leadership was measured through bureaucracy, communication system, resource allocation, staff mix, and work guidelines. Adaptive leadership was measured through commitment, employee feedback, frequency of training sessions, policies and procedures, and reward system.

2.6 Operational Framework

Figure 2.2

Operational Framework



Organizational performance of a public hospital determines its general wellbeing towards providing the services to the public. Therefore, the strategic management takes care of the quality of services being dispensed which is a corporate social responsibility. Apart from that, the internal business processes are equally aligned with the financing structure to capitalize on suitable services at the lowest cost, but within the parameters of desired quality of services.

In democratic leadership, strategic planning is essential since it involves bringing together various mindsets of the management to design the required strategies in a manner that will be easier to implement. They also undertake the task of monitoring and evaluation, as a quality assurance process of the suitability of the projects. With regards to decision making, the management and the staff develop a team work capability that can help develop and resolve a challenge in due time.

Visionary leadership is also another role of the strategic leadership since they set the pace and direction in life. This means that the vision is aligned with the business environment in place with articulate strategic leadership structure. The incorporation to technology in developing suitable business models, enhanced the process of decision making and in monitoring and evaluation but the institutional vision supersedes all decisions with attention to details with regards to the organizational structure in place.

The direction that the leadership issues to the entire operations of the public hospitals is closely associated with various aspects such as the work guidelines in place. The guidelines being the masterpiece and reference point, provides the baseline for communication systems, to bring everyone on boards and as well as set the tone on bureaucracy and

resource allocation to various departments. To effectively work staff mix is also part of the process to provide the required skilled employees undertaking the instructions.

The other form of leadership being on adaptive type, provides the commitment level that is required in various departments within the public hospital's space. Commitment blended with the feedback provided to the staff, gives assurance that the strategies in place are in adherence with the policies and procedures. To support this initiative, the frequency of training sessions and rewards system are emphasized.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter indicates the method that was used by the study to collect, analyze and report data. It indicates the design, target population, sampling technique, instruments that was used to gather data, pre-testing and measures of validity and reliability, analysis and ethical considerations measures that was taken.

3.2 Research Design

The study adopted descriptive research design since the data to be collected were quantitative and qualitative in nature (Ghanad, 2023). That is, through the use of questionnaires, interview and secondary data to measure performance. Descriptive research design enabled the study to measure the characteristics of the population without interfering with their operations. Therefore, this research design was instrumental in ascertaining how the variables of the study such as democratic, visionary, directive, and adaptive leadership styles are implemented. Notably, the study ascertained the how performance was affected when stakeholders are strategically collaborated by the management, during visionary changes at strategic control processes, and during strategic core competencies that promote adaptive leadership.

3.3 Target Population

The study targeted 3 public hospitals in Isiolo County which were Isiolo County referral hospital (level 5), Garbatulla hospital (level four) and Merti hospital (level four). (MOH, 2023b). Hospitals in Isiolo contained all or some of the departments such as laboratory,

pharmacy, nursing, maternity, general ward, public health, nutrition, comprehensive care clinics, and mental health (MOH, 2023b). The respondents included 3 medical superintendents, 29 departmental heads, 62 health care staff, and 38 operations staff. At a hospital setting, the CEOs were the most senior hospital management head the administration department of the hospital while departmental heads oversaw the operations staff in various departments. The medical superintendents were mainly involved in providing leadership to the entire staff working as a team with departmental heads in the hospitals. The contribution of the medical superintendents, and departmental heads were therefore have been relevant in pointing out some of the policies they had established and overall formulation of strategies.

The healthcare staff were considered as the middle level management staff such as doctors, nurses and clinical officers. Their contribution was needed since they participated in general implementation of strategies in health services. Therefore, they provided opinions on most suitable approaches they had adopted in the implementation phase. The operations staff were middle level management staff in human resource, health records accounting, and procurement. These staff provided supportive functions in the hospitals to keep them running. Their input was immense since they provided views on how various leadership practices affect them in their work places. Table 3.1 indicates the target population.

3.4 Sampling Procedure

Sampling procedure is the process that is used to obtain a smaller population that can represent the larger group (Taherdoost, 2021). In the current study, the medical superintendents and departmental heads were sampled using purposive sampling method. Their contribution to the study was critical since they comprised part of strategic leaders

in different departments and overall institution. Therefore, their decision-making ability in these departments enabled proper functionality of the departments. To that extent, failure to decide or make wrong decisions affected the entire department trickling to all hospital.

The health care and operations staff were sampled using simple random method. This method was appropriate since these categories of respondents received directives from the strategic leaders. Therefore, giving them equal opportunity to take part in the study provided a scientific approach that was inclusive.

1.4.2 Sample Size

In determining the sample size of both health care and operations staff, Yamene (1967) formula was used. It is as follows

$$n = \frac{N}{1+N(e^2)}$$

Therefore, the sample size of healthcare staff was:

$$n = \frac{62}{1+62(0.05^2)}$$

$$n = 54$$

The sample size of operations staff was:

$$n = \frac{38}{1+38(0.05^2)}$$

$$n = 35$$

The sample size included 3 Medical Superintendents, 29 departmental heads, 54 healthcare staff, and 35 operations staff.

Table 3.1*Sampled Population*

Level 3 and 4 Public Hospitals		Medical Superintendents	Department Heads	Health care Staff	Operations staff	Total
Isiolo	County	1	14	23	16	54
Referral						
Hospital						
Garbatulla		1	8	20	12	41
hospital						
Merti Hospital		1	7	11	7	26
Total		3	29	54	35	121

3.5 Data Collection Instruments

Quantitative data in the study was gathered through the use of the questionnaires while qualitative data were collected through interviews. This questionnaire was closed-ended and contained Ordinal Likert Scale whereby 1- strongly disagreed, 2-disagreed, 3-neutral, 4- agree and 5- strongly agreed. The questionnaires were answered by healthcare and operations staff. It contained a total of seven sections where the first section asked the background information of the respondents, the second to sixth sections had questions related to democratic leadership, visionary leadership, autocratic leadership, and adaptive leadership. The last section asked questions on organizational performance of the hospitals. The interview guides were conducted on medical superintendents and departmental heads (appendix III). The guide comprised of three questions in each of the sections as similar to

the questionnaires. The nature of questions asked were related to the gaps identified after the review of previous studies.

3.6 Pilot Study

A pilot study was conducted in Marsabit county hospital since it also had experienced similar strategic management issues affecting its performance just like in Isiolo. According to Otundo and Martin (2024), public hospitals in arid and semi-arid regions have been previously noted to experience strategic concerns such as lack of experienced and highly networked strategic management and as well as poor funding to various departments. The pilot test respondents included 3 medical superintendents, 3 departmental heads, 5 healthcare staff, and 4 operations staff, which was 10% of the sample size. The medical superintendents and departmental heads were selected using purposive sampling method while the staff through simple random method.

3.6.1 Reliability of the Research Instruments

Reliability which is defined as the ability of a questionnaire to provide similar outcome when used seamlessly (Roebianto et al., 2023). To ensure this, the study assed the internal consistency through the Cronbach Alpha coefficient. This is a method that has a range from 0 to 1 and reliability determined from results above 0.7. According to Suhartini et al. (2021), the results generated from the pilot test when examined through the SPSS provided a concise attribute to ensure that the questionnaires provide clear questions that relate with the context of the study and reliably proficient in terms of grammar. In any case, any unreliability concerns were to be addressed by further clarification of the questions or changing to reflect the excellence required.

3.6.2 Validity of the Research Instruments

According to Sürücü and Maslakçı (2020), when a questionnaire measures what it is supposed to measure is referred to as validity. The study measured three types of validities which are content, criterion and construct. On content validity, the study appreciated the fact that strategic leadership aspects were only be measured through various constructs such as democratic leadership, visionary leadership, directive leadership, and adaptive leadership. Therefore, the study asked questions related to the constructs as a measure of strategic leadership. In regards to construct validity, the study asked several questions related to the indicators of the variables so as to measure accurately what the questionnaire is supposed to measure (Ranganatha et al., 2024). Concerning the criterion validity, the study compared the findings with past studies to ascertain that the results were relatable to the concept under investigation.

3.7 Data Collection Procedure

The process of data collection was done immediately the necessary approvals from postgraduate, ethical committee and NACOSTI. Notably, the researcher did not appoint data collection agents since the population in consideration was manageable. On the particular day of data collection, the researcher headed to the respective hospitals and requested to meet with the manager in charge. A brief introduction on the researcher and the study's purpose was communicated to the manager. Thereafter, the researcher requested for the authorization to collect data from various respondents. Immediately, after the authorization was granted, the researcher requested the manager to help in identifications of the respondents.

On the interview process, the respondents were requested to take part in interviews and when they assent, the researcher interviewed them. Their responses were noted down in piece of paper for further analysis. During the process of collecting data using questionnaires, the research participant's consent was obtained before distributing the questionnaires and thereafter give them 20-30 minutes to fill in the questionnaires. This was to ensure that the questionnaire response rate was enhanced to promote efficiency. Once the respondents complete answering the questionnaires, they were appreciated and the filled-in questionnaires were stored in a safe place under lock and key. The respondents who would not manage to answer the questionnaires on time were given additional 1-week duration to respond to the questions and thereafter the filled in questionnaires were collected by the researcher.

3.8 Data Analysis and Presentation

The analysis of quantitative data began through sorting out incomplete questionnaires. Thereafter, the complete questionnaire's data were coded into SPSS version 25 for the analysis of both descriptive and inferential statistics. Descriptive statistics such as frequencies, percentages and mean whereas inferential statistics such as model summary, ANOVA, and regression coefficients. In the analysis of qualitative data, thematic method to identify common trends in the opinions of the respondents. Additionally, the study examined various diagnostic tests such as multicollinearity, linearity, autocorrelation, and normality. Thereafter, the results were presented using tables, figures and vivid explanation. The study had a model that indicated that; $Y = \beta_1 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$
Where:

Y = Performance of Public Hospitals

β_i = Coefficients to be estimated

C= Constant

X_1 = Democratic leadership

X_2 = Visionary leadership

X_3 = Autocratic leadership

X_4 = Adaptive leadership

e = Error term

3.8.1 Diagnostic Test

Multicollinearity Test

The study used Variance Inflation Factor and tolerance level to examine the multicollinearity concern. If the VIF is less than 5 and tolerance level above 0.2, the data's variables were strong enough to interact with each other independently.

Linearity Test

The study assessed the relationship between various types of leadership on organizational performance, through linear regression. When significance value of the test was more than 0.05, the data were considered linear.

Autocorrelation Test

The level of influence of strategic leadership on organizational performance was assessed through Durbin Watson. If the significance value was between 0-2, the study was concluded that there was a positive correlation and if between 2-4, there was negative correlation.

Normality Test

The study conducted a normality test in realization of noting whether the data was drawn from a normal population that contains symmetrical characteristic on its various responses. Kolmogorov Smirnov test was used whereby if its significance level was more than 0.05, the data was considered as normal.

3.9 Ethical Considerations

The study ensured that there was confidentiality of the respondents by not requiring them to provide their personal details in the questionnaires. They were also required to provide consent to the study where the various conjectures on the implication of taking part in the questionnaire was revealed. They were required to understand on why their involvement in the study was important as far as the effect of strategic effect on performance of hospitals was concerned.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the effect of strategic leadership on performance of level four and five public hospitals in Isiolo County, Kenya. It covers response rate, reliability results, background information, diagnostic tests, descriptive statistics and inferential statistics results.

4.2 Response Rate

The study sampled 3 medical superintendents, 29 departmental heads, 54 healthcare staff and 35 operational staff. The medical superintendents and departmental heads were interviewed while the healthcare staff and operational staff answered questionnaires. Their response rates are provided in Table 4.1.

Table 4.1

Response Rate

Respondents	Sampled	Response	Percentage
Medical Superintendents	3	2	
Departmental heads	29	23	
Healthcare staff	54	47	
Operational staff	35	29	
Total	121	101	83%

The results on table 4.1 shows that 2(67%) medical superintendents, 23(79%) departmental heads, 47(87%) healthcare staff and 29(83%) operational staff responded to the study. The average response rate was 83% which was considered an excellent response rate by Booker et al. (2021). This means that the study was successful with most of the respondents willing to take part in the study because healthcare is one of the primary concerns of the public. Therefore, the properly instituted strategic leadership would lead to increased efficiency and performance. According to Holtom et al. (2022), a study's main focus and clear data collection processes are the main contributors towards increased response rate, with most of the respondents opting to take part in a study that has potential towards contributing to the society.

4.3 Reliability Results

The study conducted a pre-test at Marsabit County hospital and the reliability results are provided in Table 4.2.

Table 4.2

Reliability Results

Instrument	Cronbach's Alpha
Democratic Leadership	0.854
Visionary Leadership	0.763
Autocratic Leadership	0.841
Adaptive Leadership	0.921
Organizational Performance	0.873
Average	0.850

Table 4.2 indicates that the Cronbach Alpha Coefficient for democratic leadership was 0.854; visionary leadership was 0.763; directive leadership was 0.841; adaptive leadership was 0.921, performance was 0.73 and the average Cronbach Alpha Coefficient was 0.850 which was above 0.7. The results provide that the internal consistency of the questions was reliable and could be trusted to provide similar outcome even when used at a future data. According to Roebianto et al. (2023), the reliability of the results given an assurance that the questions provided in the study are accurate towards assessing a certain phenomenon. With regards to the structuring of the questions, Suhartini et al. (2021) revealed that when reliability is within the accepted threshold, it increases the chances of scholars considering the study as above par and hence could rely on the findings derived.

4.4 Background Information of Healthcare staff and Operational Staff

The study asked the demographic information from the respondents which included their role, their departments, work experience and level of education. The results are provided in Table 4.3.

Table 4.3*Demographic Information of Healthcare Staff and Operational Staff*

Job position	Frequency	Percent	Cumulative Percent
Healthcare staff	47	62	62
Operational staff	29	38	100
Total	76	100	
Department	Frequency	Percentage	Cumulative Percent
Laboratory	8	11	11
Pharmacy	9	12	23
Maternity	15	19	42
General ward	13	17	59
Public health	7	9	68
Nutrition	6	8	76
Comprehensive Care Clinics	10	13	89
Mental Health	8	11	100
Total	76	100	
Work Experience	Frequency	Percentage	Cumulative Percent
Above 5 years	31	41	41
4-5 years	27	36	77
2-3 years	11	14	91
1 year and below	7	9	100
Total	76	100	
Level of Education	Frequency	Percentage	Cumulative Percent
Postgraduate Degree	3	4	4
Bachelor's Degree	21	28	32
Higher Diploma	28	37	69
Diploma	17	22	91
Certificate	7	9	100
Total	76	100	

Table 4.3 indicates that 47(62%) of the respondents were healthcare staff while 29(38%) were operational staff. Notably, 15(19%) of the respondents worked maternity department, 13(17%) of the respondents worked in general wards and 6(8%) worked in nutritional department. In addition, on the question of how long they had worked at their current position, 31(41%) of the respondents had worked for over 5 years, 27(36%) had worked for 4 to 5 years and only 7(9%) of the respondents had worked for less than one year.

Moreover, 28(37%) of the respondents had higher diploma as the highest level of education, 21(28%) had bachelor's degree, 17(22%) had diploma and only 3(4%) had attained postgraduate studies. The results provide that most of the participants of the study were in critical service delivery units such as maternity and general wards. They had gained substantive work experience and educated with majority with more than 4 years in their respective job roles and had a diploma and bachelor's degree qualification respectively. This therefore implies that the strategic leadership in place had ensured that all the dockets in the organization, were filled with qualified staff that has adequate work experience and education qualifications.

Notably, Hallo and Obuba 2021) also affirmed that when the management is serious about implementing strategies in an organization, they required skilled manpower that can easily take strategic instructions and put them into practice. Additionally, being able to become adequately education showcased that your mental capability can be trusted to deliver the desired strategic goals with less restrictions and errors (MOH, 2023). Furthermore, quality strategic implementation, was as good as the experience of the implementors and availability of strategic resources in an organization.

4.4.2 Background Information of Medical Superintendents and HOD

The interview results enquired from the respondents how long they have served in the position, their level of education and the number of staff they have supervised. Table 4.4 indicates the background information of the medical superintendents and departmental heads.

Table 4.4

Demographic Information of Medical Superintendents and HOD

Period Served	Frequency	Percent	Cumulative Percent
Over 5 years	6	25	25
3-4 years	14	59	84
1-2 years	2	8	92
Less than 1 year	2	8	100
Total	24	100	
Education Level			
PhD	3	13	13
Masters	6	25	38
Bachelor's Degree	15	62	100
Total	24		
Number of Staff Supervised			
Above 20	2	8	8
10-19	12	50	58
1-9	10	42	100
Total	24		

The results in Table 4.4 are that 14 (59%) of the respondents had served for 3-4 years whereas 6 (25%) had served for more than 5 years. The minority group were 2(8%) who had served for 1-2 years and 2(8%) who had served for less than 1 year. Further, 15(62%) had a bachelor's degree and 6(25%) had a master's degree qualification. The minority group were 3(13%) with PhD. On the number of staff that were supervised, 12(50%) had 10-19 staff under them and 10(42%) had 1-9 staff working under their supervision. The minority were 2(8%) with more than 20 staff under them. The results provide that the strategic leadership in place had accumulated wealth of experience on their role and had educational qualifications that supported their decision making. They were thus able to make informed decision based on the ability to interact with a combination of their experience and education.

Moreover, majority supervised between 1-19 staff, which is an indication of the leadership mandate the hospital had bestowed upon them. This was based on the strategic decision-making structure and ability to follow through the laid down strategic management practices. Therefore, they were trusted to lead professionals into delivering strategic decisions as formulated and monitor to ensure that they have been implemented according to the plan. According Nyungu and Wainaina (2024), being able to make informed decision is not an automatic thing but rather a virtue that has been cultivated over a period of time and having interreacted with both professional and tacit knowledge. Furthermore, the easier it was making reliable decision, the more profound was the results leading greater organizational performance. Taherdoost and Madanchian (2021) reveal that when an organization is headed by a team of strategic management who have hand in experience, they were able to articulate issues and point out strategic opportunities and risks that may

be facing the organization. This leads to information flow when selecting options of action within a known timeframe.

4.6 Results of Organizational Performance

The study in this section sought to examine the effect of strategic leadership on performance of level four and five public hospitals in Isiolo County, Kenya. The indicators of organizational performance that were measured included quality of services, internal business processes, financing structure, and corporate social responsibility. The findings of the descriptive statistics are shown in Table 4.5. An ordinal Likert scale was used in the tables whereby 1 represented strongly disagree; 2- disagree;3-neutral;4-agree and 5-strongly agree.

Table 4.5*Organizational Performance of Level 4 & 5 Hospitals*

Statements	1	2	3	4	5	Mean	S. D
N=76							
Improved quality of services	3 (4%)	5 (7%)	9 (11%)	21 (28%)	38 (50%)	4.31	0.88
Internal business processes have become efficient	5 (7%)	4 (5%)	10 (13%)	20 (26%)	37 (49%)	4.12	0.97
Financing structure has facilitated departments	40 (53%)	18 (24%)	11 (14%)	3 (4%)	4 (5%)	2.62	1.57
Satisfied customers due to due to working processes in the hospitals	4 (5%)	6 (8%)	34 (45%)	25 (33%)	7 (9%)	3.21	1.45
Presence of experienced strategic management leaders	2 (3%)	7 (9%)	29 (38%)	27 (36%)	11 (14%)	3.34	1.33
Decision making processes are monitored and balanced	4 (5%)	3 (4%)	31 (41%)	28 (37%)	10 (13%)	3.53	1.31
Average						3.52	1.25

Table 4.5 shows that 38(50%) of the respondents strongly agreed and 21(28%) agreed that the quality of services had improved due to reliability in strategic management process (mean 4.31 and S.D of 0.88). Additionally, 37(49%) of the respondents strongly agreed and 20(26%) agreed that the internal business processes had become efficient towards addressing the health care needs of the patients (mean of 4.12 and S.D of 0.97). However, 40(53%) strongly disagreed and 18(24%) disagreed that the hospital's effective financing structure had facilitated departments into achieving the desired goals (mean of 2.62 and S.D of 1.57). The results provide that the presence of strategic leadership was a significant factor in determining the general direction of the organizational performance. This is because, the strategic management in place made it possible to ensure that the processes related to internal business were reliable enough to result to improved quality of services. Therefore, the health care needs of the patients were also efficiently handled since strategies had been incorporated to lead to improved performance.

A study Abu (2023) similarly pointed out that the performance of Jordan Healthcare had improved due to quality processes and procedures established by the strategic management in place. Their decision-making pattern was informed and based on prior experience from developed strategies. However, the current study noted that the present financing structure was still imbalanced causing departments not to attain the strategic objectives. This could have been caused by overreliance of county government exchequer, as the main financial support system in the hospital. The results deviate from what Denis et al. (2023) found out on Canadian experience.

The study noted that some of the health reforms that were implemented included ensuring that the hospitals are mostly self-reliant with minimal support by various governmental

departments. In agreement with the current study, Kibe and Kihara (2022) noted that in developing economies such as in Kenya, the main financing system to the public hospitals is based on the government of the day since the revenue structure is still under developed in most hospitals.

Interviews were also done on 25 respondents who provided their consent (resp1- resp 25). With regards to the first question, they were to explain how strategic leadership influenced organizational performance in their respective hospitals. The respondents' replies are grouped into three themes which are guiding the staff on how to attain the organizational vision, motivating the staff, and enabling them utilize resources adequately. Notably, when guiding the staff on how to attain organizational vision, the respondents revealed that they took a central role in ensuring that the staff not only understood the vision but also the processes needed to attain it. This initiative enabled the staff become more proactive and align individual goals with the organizational mission and vision. As also noted by Chiwawa and Wissink (2024), the management being among the most qualified personnel in terms of experience and exposure of an organization, their leadership is of essence. This is because, it gives them a chance to not only guide but also mentor other younger professionals. A respondent 'resp 2' noted that,

“Effective leadership calls for guidance of middle level staff to promote excellence of operations and continued posterity in management.”

A respondent 'resp 9' noted that,

“Strategic management needs not to be self-reliant but collaborate with other professionals within organization such as lower rank professionals.”

When compared with previous findings, such as Nailantei and Iloka (2024), leadership is a continuous process that aims at providing guidance to the assigned staff to achieve the organizational vision.

Further, when it comes to staff motivation, the study discovered that the present strategic leadership in place had a unique way of ensuring that every staff felt wanted through offering equal opportunities, appropriate packages and frequent rewards based on performance. According to Vo et al. (2022), motivated staff were able to implement strategic goals effectively and with less resistance since they feel valued. Additionally, on resource utilization, the respondents noted that the strategic leadership was responsible towards ensuring that the organizational resources were adequately utilized. This was through established systems that minimized wastage and encouraged accountability within a specific job role. A respondent ‘resp 9’ noted that,

“Being a strategic leader calls for quality checks and balances on resource utilization and accountability.”

With regards to the second question, they were to describe the challenges the hospital management faced when ensuring the strategies are aligned with organizational vision. The respondents indicated that convincing various stakeholders on the viability and clarity of the vision was a major challenge to them particularly when the latter did not have background knowledge of the operations of the hospitals. Furthermore, according to Zungu (2022), when the interests of the stakeholders were not provided, they felt disconnected with the vision hence the leadership bearing the strategic burden.

Additionally, the strategic leadership also experienced problems when resolving the conflicts related to strategy and vision in the organization. The main cause of conflict was deviation of strategies by selfish individuals hence bringing about the conflict of interest. The respondents also mentioned that another challenge was limited time needed to implement some of the strategies. In their study Salami et al. (2022), noted that when the strategic implementors who were employees, failed to commit to the strategies due to poor comprehension of what a strategy meant, it delayed the organization from attaining the vision.

4.7 Results of Democratic Leadership

The study in this section sought to determine the effect of democratic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya. The indicators that were measured included strategic planning, designing, implementation, monitoring and evaluation, team work, and involvement in decision making. The results are provided in Table 4.6.

Table 4.6*Democratic Leadership*

Statements	1	2	3	4	5	Mean	S. D
N=76							
Stakeholders are well informed on the strategic planning process	32 (42%)	29 (38%)	8 (11%)	4 (5%)	3 (4%)	2.28	1.84
Availability of specific measurable, and well through strategic designs.	2 (3%)	4 (5%)	9 (12%)	19 (25%)	42 (55%)	4.38	0.75
Stakeholders are allowed to set requirements needed to attain goals	4 (5%)	6 (8%)	7 (9%)	25 (33%)	34 (45%)	4.19	0.92
Stakeholders such as staff review and monitor the operations	2 (3%)	7 (9%)	32 (42%)	24 (32%)	11 (14%)	3.42	1.30
There have been policy framework improvements	4 (5%)	3 (4%)	30 (39%)	27 (36%)	12 (16%)	3.39	1.37
Team work is encouraged to facilitate effectiveness	35 (46%)	26 (34%)	6 (8%)	4 (5%)	5 (7%)	2.84	1.42
Average						3.42	1.27

Table 4.6 shows that more than half of the respondents 42(55%) strongly agreed and 19(25%) of the respondents agreed that there were well-known avenues that were used by the management for stakeholders such as professional experts to contribute specific measurable, and well through strategic designs (mean of 4.38 and S.D of 0.75). Additionally, 34(45%) strongly agreed and 25(33%) agreed that stakeholders were allowed to set requirements needed to attain goals in specific departments as part of implementation process (mean of 4.19 and S.D of 0.92). However, 32(42%) of the respondents strongly disagreed and 29(38%) agreed that the management ensured that the hospital's stakeholders were well informed on the strategic planning process through diverse channels (mean of 2.28 and S.D of 1.28). The outcome of the study in this section points out that the strategic leadership had laid down systems that allowed other knowledgeable source to suggest innovative strategies and designs that could spur organizational performance. Additionally, the strategic leadership also collaborated with middle level management members (staff) to develop goal achievement systems that would be realistic and timely.

Through this, the public hospitals were practicing democratic leadership steered through a system that involved over key stakeholders particularly in the implementation phase. According to Ougo and Sasaka (2024), providing a platform of employee engagement and expert consultation provides a avenue for growth and mentorship. Therefore, the staff feel connected with the organizational mission and vision since their opinion mattered when it came to strategic implementation. Further, the senior management allowed diversity of ideas from professional who were willing to contribute their expertise in a specific strategic plan (Ikuru & Opuala-Charles, 2024).

Moreover, the findings of the study also provide a narrative that the strategic management team did not inform the stakeholders on the processes of strategic planning processes. This meant that the stakeholders with vested interests on organizational performance, did not access the milestone achieved by the strategic leadership in establishing various plans. However, National Treasury and Planning State Department for Planning (2022) refute that the strategic management are only obligated to provide information through the County Integrated Development Plan [CIDP]. This is to avoid ambiguity on the direction that the strategic leadership is taking by different stakeholders.

Interviews were also done on 25 respondents who provided their consent (resp1- resp 25). With regards to the first question, they were to state some of the strategic policies that the management had established to include the opinion of the staff. The policies mentioned by the respondents are provided in three themes which include establishment of communication channels that were open, promotion of regular feedback, and allowance of the staff to take part in strategic planning processes. The respondents indicated that, the public hospital management had established communication systems that enabled flow of information from one staff to the management of the other staff. The communication system enabled information to be shared as soon as the sender deemed it fit to share it with the colleagues. This was to increased knowledge on the suitability of a specific operations in the public hospital. Therefore, the strategic leadership was fond of ensuring that the communication system remained operational and allowed the other staff to offer their feedback as well. This was to support their way of view on established strategies and as well as allow them to get clarity on ambiguous formulated strategy.

According to Abu (2023), when the staff were allowed to communicate and offer their thoughts, the operations was enhanced since they felt part of the group. Additionally, this gave the strategic management a chance to pick potential staff that can be mentored for top rank positions with ease and depending on their level of interest in accordance to organizational mission and vision. The study also established that the staff were allowed into the strategic planning process, particularly when it was necessary to do so. The findings by Denis et al. (2023) resonate appropriately with the findings by indicating that shared organizational values enabled the management to link with the staff in developing policies for extensive collaboration on strategic management practices. This approach as noted in the current study equipped them for leadership and gave the staff a chance to understand the process through which decisions were made. Through such a platform, the staff were able to learn that strategic decision making was not only based on emotions but facts facing the placed business demands among the management (kuru & Opuala-Charles, 2024).

With regards to the second question, they were to name the methods used to regulate the level of freedom when taking part in strategic decision-making process. The feedback from the respondents is placed in three themes which include explaining staff roles in a clear manner, supporting feedback from staff, and establishment of systematic processes. The respondents revealed that in as much as the staff were allowed to take part in the strategic planning and provide their opinion, it was done within specific confines of the organizational policies. One such confine was ensuring that each staff understood their purpose in the organization and what they were required to do while operating in the organization. A respondent 'resp 10' noted that,

“The leadership ensures that every staff is effectively oriented on their roles in the hospital.”

The management took time to orient, train and monitor the performance of the staff to ensure that they were productive in implementing strategies. This made it possible for the management support feedback especially from a genuine concern on the feedback mechanism offered to the staff. The nature of feedback provided by underperforming staff at most time was noted by Kalita et al. (2023), to be marred with politics and causing discord within the organization. This was because, they expected much from the management yet they did not perform in their docket. Therefore, to ensure that the management had a solid foundation of supporting the feedback, they also checked on the background characteristics of the staff. The study also noted that the management developed a systematic process of running the strategic management processes. This was through establishment of policies, provision of resources and consistent monitoring and evaluation on the application of the duo by various departments. This made it possible to ensure smooth adherence during the implementation of strategies.

With regards to the third question, they were to explain the challenges they experienced with other leaders as a result of incorporating the opinion of staff. The challenges mentioned include three themes which are resistance to change, poor support from leadership and poor communication. It was discovered that at most times, institutional and county government politics interfered with the decision-making process in the public hospitals. This resulted to increased resistance of the formulated strategies by the staff leading to increased inefficiencies within the organizations. At times resistance to change is mainly brought about by external influence while at other times is due fear of disruption

of the operations (Kyomuhangi et al., 2024). In agreement, the management noted that the staff feared being disrupted on their roles hence resisting any suggested changes. Additionally, the strategic leadership also noted that staff opinions on how to bring about efficiencies and innovation were based on increased utilization of resources. Therefore, when such a measure was suggested on scarce resource provision, it became hard for the management to agree and support a specific opinion. This therefore led to a notion that the strategic management failed to support the staff which was not true accord. In contradiction, Nyungu and Wainaina (2024), points out that employee feedback should not be put off due to unavailability of resources but rather implemented in phases. However, Obuba (2022) notes that some of the opinions of employees may be lowly informed setting unrealistic expectations for the management without considering the viability and adequacy of resources therein.

4.8 Results of Visionary Leadership

The study in this section aimed to evaluate the effect of visionary leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya. The indicators that were measured included; business environment, strategic leadership structure, technology and organizational structure, and institutional vision. The descriptive results are provided in Table 4.7.

Table 4.7*Visionary Leadership*

Statements N=76	1	2	3	4	5	Mean	S. D
Business environmental demands promote change	4 (5%)	2 (3%)	7 (9%)	21 (28%)	42 (55%)	4.29	0.81
There are robust strategic leadership structures	5 (7%)	6 (8%)	34 (45%)	18 (24%)	12 (16%)	3.29	1.40
Adequate allocation of resources enables the adoption of technology	41 (54%)	20 (26%)	5 (7%)	4 (5%)	6 (8%)	2.43	1.60
Organizational culture enhances structural changes	2 (3%)	7 (9%)	35 (46%)	21 (28%)	11 (14%)	3.45	1.37
The management notifies the staff on expected changes	4 (5%)	3 (4%)	40 (53%)	17 (22%)	12 (16%)	3.23	1.48
The institutional vision is communicated	2 (3%)	5 (7%)	10 (13%)	20 (26%)	39 (51%)	4.10	0.91
Average						3.47	1.26

Table 4.7 indicates that 42(66%) of the respondents strongly agreed and 21(28%) agreed that business environmental demands were key determinants in promoting change (mean of 4.29 and S.D of 0.81). Moreover, 39(51%) of the respondents strongly agreed and 20(26%) agreed that the institutional vision was communicated by strategic leaders to all staff (mean 4.10 and S.D of 0.91). Nevertheless, 41(54%) of the respondents strongly disagreed and 20(26%) disagreed that adequate allocation of resources enabled the adoption of technology to promote efficiency in operations (mean of 2.43 and S.D 1.60). The outcome provides that the strategic leadership in place was visionary with keen attention on the current trends that were present in the environment. Through observation of such trends, the management was able to handle upcoming strategic demands particularly from the stakeholders and the healthcare industry, to instigate change.

According to Nyungu and Wainaina (2024), when there are strategies in place to support change in a specific sector, it becomes easy to come up with solutions for any demands arising thereof. Furthermore, once such strategies were enacted, the management in public hospital took time to communicate with internal staff, so as to develop implementation strategies that can support change. In support of the results, Kyomuhangi et al. (2024) proclaimed that enagement of stakeholders such as the staff, went above and beyond the briefing of operations to possiblity of change of strtaegies to support collective change management within the healthcare service delivery.

Nevertheless, what was noted to be contradiciting in the current study is the indadequacy of resurces to adopt technology as part of the greater picuttrue of visionary leadership. This was a form of set-back since despite establishing clear strategies on acquisition of modern infrastructure to support healthcare, it was as good as fuunds were available. This may

thus discourage the promotion of efficient operations particularly, when the required technological advancement was critical towards the service delivery. Njururi and Kibe (2021) also complained that at times, the desire for change through formulating strategies cannot take place if the implementation phase is encountered with low resource provision, particularly in the context of healthcare industry.

Interviews were also done on 25 respondents who provided their consent (resp1- resp 25). With regards to the first question, they were to indicate how they ensured that the staff were aware and remain committed to the organizational vision. It was noted from their responses that the management supported open communication system and laying down realistic expectations. On setting realistic targets, the management ensured that the assigned roles were manageable and attained with the provided resources. The attainment of the strategic targets may not have been easy but it was doable.

According to Obuba (2022), attainment of the desired objectives was based on the commitment level of the staff and realistic expectations provided by the management. The respondents also noted that the staff were motivated to remain committed through interlinking their daily operations to organizational vision and mission, allowing them to regular meetings and valuing staff feedback. Notably, open communication was one of the major ways through which the organization ensured that employees were committed. This was to ensure that they not only understood what was required of them but also reveal any issues they were facing while implementing strategies. A respondent ‘resp 14’ noted that, *“Allowing the staff to speak out their issues, it gives them a chance to share ideas on how the vision can be attained effectively.”*

With regards to the second question, they were asked to explain how they were preparing their staff to adopt to new technologies in their administration of their roles. In three themes, the respondents noted that training was prioritized, information on new technologies was communicated and provision of an environment that encourages employee growth. On the first theme, the management noted that they ensured that all staff were trained adequately to make it easier to interact with the new technological system. The training could be have done through a team of specialists or the management depending on the depth of training required. This training happened within the departments and other times in a designated training area for maximum concentration and adequate coverage.

Comparing with Taherdoost and Madanchia (2021) training promotes effectiveness in acceptance and reduced resistance to change by the staff since their knowledge was advanced. On the second theme the strategic management provided adequate information on the intended technology to be implemented. This information was shared in all official platforms such as organizational emails, staff website and on paper reports. This was to ensure that the staff understood the intricacies of intended technology to reduce errors and promote adequate enlightenment on all application details. On the third theme, the management ensured that they provided a working environment that allowed growth and development. Through such an environment, introduced technology was considered an improvement towards growth and development, rather than a punishment. A respondent 'resp 18' noted that,

“When employees are valued, they consider new technology as a growth mechanism in their profession.”

The findings by Zhao et al. (2023) revealed that dynamic environment seeks to change technologies frequently and so should the public organization seek to align with technological changes. Furthermore, the findings by Lindaas et al. (2024) emphasized on the importance of the management being the initiators of technological changes to easily influence changes in the organization.

With regards to the third question, they were to describe the various strategic structures of leadership that existed in their hospitals. They noted that these structures were basically in three forms which were transformational, collaborative and autocratic. The transformational leadership ensured that the organizational management were at the forefront to spark innovation within departments. This was implemented through motivating, training and empowering the staff to deliver their tasks in an innovative way that seek to increase organizational effectiveness and manage resources effectively.

Additionally, the management also encouraged collaborations with staff to facilitate easier formation and implementation of strategies. This was done through team building initiatives, consultations and frequent meetings that allowed the contribution of the staff to be heard. Further, some senior decisions were also entrusted to the strategic managers due to their sensitivity or weight in altering the operations of the hospitals. In such as case, the management made decisions without involving the staff. In comparison to what Zungu (2022) derived, some decisions may trigger a storm of inefficiency if consultation was done, hence such measures required autocratic form of leadership.

4.9 Descriptive Statistics of Autocratic Leadership

The study in this section aimed to examine the effect of autocratic leadership on performance of level four and five public hospitals in Isiolo County, Kenya. The indicators that were measured included; bureaucracy, communication system, resource allocation, staff mix, and work guidelines. The descriptive statistics results are provided in Table 4.8.

Table 4.8

Autocratic Leadership

Statements	1	2	3	4	5	Mean	S. D
N=76							
Availability of communication system	45 (59%)	19 (25%)	7 (9%)	2 (3%)	3 (4%)	2.45	1.69
Resource allocation guided by funds	5 (7%)	7 (9%)	38 (50%)	15 (20%)	11 (14%)	3.26	1.44
Staff mix is encouraged	4 (5%)	2 (3%)	40 (53%)	14 (18%)	16 (21%)	3.19	1.49
Bureaucracy is implemented	1 (1%)	3 (4%)	1 (13%)	21 (28%)	41 (54%)	4.26	0.83
Management empowerment through the national policy framework	4 (5%)	3 (4%)	40 (53%)	17 (22%)	12 (16%)	3.89	1.29
Established work guidelines	2 (3%)	3 (4%)	7 (9%)	20 (26%)	44 (58%)	4.33	0.70
Average						3.56	1.24

Table 4.8 indicates that 44(58%) of the respondents strongly agreed and 20(26%) agreed that the established work guideline provided direction to the staff on how strategic decisions should be implemented (mean of 4.33 and S.D of 0.7). Additionally, 41(54%) of the respondents strongly agreed and 21(28%) agreed that the level of bureaucracy was implemented based on the constitution (mean of 4.26 and S.D of 0.83). Nevertheless, 45(59%) strongly disagreed and 19(25%) disagreed that there was a well communication system that enabled management enlighten staff on various strategies (mean of 2.45 and S.D of 1.69). These results reveal that the capacity of the strategic leadership in place to offer direction to the entire public hospital as an organization was present. This was through provision of policies on various methods used to not only make strategic decisions but also implement them.

In support of the results, Chiwawa and Wissink (2024) found out that the existence of strategic management team would only be effective if they were able to develop guidelines that provide the general direction to an organization. Additionally, being able to guide required a combination of bureaucratic level but within the confines of the constitution. This is because, the constitution gives any public leadership power to execute strategic decisions. According to MOH (2023a) establishment of constitutional mandated gave the strategic management team a chance to make decisions and inform the rest of the organizational staff through the provided communication systems and in limits as stipulated in the constitution. However, the current study seemed to have found a different narrative in the context in Isiolo county public hospitals, as far as communication systems were concerned. The findings of insufficiency in communication systems that could be used by the management to enlighten the staff on various strategies were found to be falling

short of expectations. The reason may be as a result of politicking even within the confines of the hospital management, hence decisions made were based on the popularity and in agreement with the national and county leadership in place. According to Cytonn (2024), failure of Social Health Insurance in public hospitals has been faced with contradiction due to poor communication structure between the management and the staff implementing the strategies.

Interviews were also done on 25 respondents who provided their consent (resp1- resp 25). With regards to the first question, they were to explain the challenges that they underwent while setting various strategic objectives in their area of expertise. The challenges mentioned are in two themes which include poor communication structure, limited resources, and change resistance from the staff. On the first theme, the respondents noted that there were inadequate communication systems that at times worked against flow of information and passing of tangible instructions to the staff. The long-term effect was poor performance and delayed attainment of organizational goals. On the second theme, the study noted that staff at times felt pressured to deliver which was against their expectations. A respondent ‘resp 7’ noted that,

“Our staff such as nurses may be required to work for long hours which may not really augur well with others hence resisting the assigned objectives.”

A past study by Mualuko et al. (2023) noted the challenges related to poor information on the applicability of the set objectives leading to resistance to change and poor communication.

With regards to the second question, they were to describe the staff mix method adopted when allocating tasks to the staff. They noted that the management considered the expertise and weaknesses of each staff. This was whereby the actual potential of each staff was weighed based on their academic and professional experience. Additionally, the previous performance records of the staff were assessed and hence used to assign additional roles. High performing staff were allocated more compelling tasks that exposed them to more growth opportunities while the low performing staff were allocated to basic operational roles that would motivate them to perform even better. A past study by Kalita et al. (2023) noted that duty allocation to staff was based on their potential to deliver the assigned tasks and thoroughness portrayed in past tasks as allocated by their supervisors.

With regards to the third question, they were to describe major work guidelines that they mainly emphasized to staff when administering roles to them. The guidelines noted were creating a motivating environment that could spur innovativeness. This made it easier for the staff to demonstrate their professional expertise in implementing strategies. According to Asimwe (2023), being able to thrive and express professionalism in a working environment, increased concentration and performance of individual and collective staff. Additionally, the opinion of the respondents indicated that the management emphasized on the importance of accountability of every action of the organizational staff. The main intention was to promote responsibility of all undertakings to minimize resource wastage and embezzlement of funds. A respondent 'resp 11' noted that,

“Accountability measures that guide on every action promotes professionalism and excellence in implementing strategies.”

In support to the findings, working guidelines in public organizations were noted to improve efficiency since every positive and negative action done by the staff attracted a form of reward or punishment respectively. The management team members who interviewed revealed that the guidelines encouraged sound decision making with less avoidable errors. Through such a measure the management and staff cultivated an environment that would spur trust and collaborations. Supporting the findings, Hallo and Obuba (2021) indicated that reliability in decision making could only be ensured through provision of working guidelines that support growth, team work, and employee trust.

4.10 Descriptive Statistics of Adaptive Leadership

The study in this section intended to establish the effect of adaptive leadership on performance of level four and five public hospitals in Isiolo County, Kenya. The indicators that were measured included; commitment, employee feedback, frequency of training sessions, policies and procedures, and reward system. Table 4.9 provides the descriptive results.

Table 4.9*Adaptive Leadership*

Statements	1	2	3	4	5	Mean	S. D
N=76							
Management commitment in ensuring consistent organizational learning	1 (1%)	2 (3%)	4 (5%)	28 (37%)	41 (54%)	4.37	0.82
Employee feedback is highly valued	2 (3%)	5 (7%)	39 (51%)	17 (22%)	13 (17%)	3.64	1.22
Frequency of training is determined on the availability of funds	1 (1%)	4 (5%)	7 (9%)	27 (36%)	37 (49%)	4.13	0.99
Policies and procedures established to promote organizational learning.	1 (1%)	2 (3%)	36 (47%)	25 (33%)	12 (16%)	3.27	1.40
Management takes part in training staff on organizational strategies.	4 (5%)	3 (4%)	43 (57%)	17 (22%)	9 (12%)	3.43	1.31
There is a reward system established to encourage the staff	46 (61%)	17 (22%)	7 (9%)	4 (5%)	2 (3%)	2.24	1.86
Average						3.51	1.27

Table 4.9 indicates that majority of the respondents 41(54%) strongly agreed and 28(37%) agreed that employee feedback was highly valued to promote inclusivity in strategic decision making (mean of 4.37 and S.D of 0.82). Further, 37(49%) strongly agreed and 27(36%) agreed that frequency of training sessions was determined on the availability of funds and training need (mean of 4.13 and S.D of 0.99). Nevertheless, 46(61%) of the respondents strongly disagreed and 17(22%) disagreed that there was a reward system established to encourage the staff to adopt quickly to the laid down strategies (mean of 2.24 and S.D of 1.86). The meaning of the results indicate that the strategic leadership was inclusive and hence allowed the junior staff to provide their feedback based on the formulated strategies.

Notably, in an organization that supports quality strategic management practices, allowing the staff to provide their opinion on the formulated strategies, gave the management an opportunity to resolve doubts and promote collective bargaining on suggestions. Supporting the results, Owuor (2024) revealed on supporting corporate governance practices like involvement of employee feedback before implementation of a strategy to minimize doubts or disconnect with suggested strategies by the staff. Therefore, since it was established that the strategic management team allowed feedback from staff, it became clear that organizational performance would improve. Additionally, the findings also meant that the strategic leadership was supportive enough to train the staff on strategies. Therefore, this indicated the commitment level of the management towards empowering its staff and mentoring them into leadership.

However, this only happened as long as resources were made available for effectiveness. According to Salami et al. (2022), when the leadership was committed to sharing

knowledge and skills, it developed close working relations with the staff leading to improved performance in the overall operations of the organization. In addition, the respondents seemed to disagree on the existence of a system that would reward the staff on implementing the strategies effectively. That meant that the management considered the act of implementing strategies as part of a job responsibilities and not a special operation that the staff did beyond their roles. In disagreement, Tumate and Njoroge (2023) revealed that the act of implementing strategies can be enhanced through rewarding to motivate the staff. However, Vo et al. (2022) argues that when the staff implements strategies, they are actually playing their role hence should be done effortlessly and consistently.

Interviews were also done on 25 respondents who provided their consent (resp1- resp 25). With regards to the first question, they were to explain the organizational training programs in place and which were commonly used by the strategic leadership in the hospitals. The training programs noted included health information systems, basic health, quality hospital management. These trainings equipped the staff with necessary knowledge to perform their roles and promote quality strategic implementation measures. A respondent 'resp 3' noted that,

"A trained staff cannot be compared with a staff that is not trained. The former, expresses expertise on the role enhancing the organizational performance."

A respondent 'resp 22' noted that,

Frequency of training is a necessity to ensure that the public hospital keeps tabs with what is happening around."

With regards to the second question, they were to elaborate the various channels that the staff used to provide feedback on various established strategies. The channels were indicated through themes such as emails, phone calls, text messages, in-person conversations, and online meeting. These methods were considered appropriate since the content was not altered before the recipient accessed it. Therefore, when the feedback was negative, the management members were able to access the information as intended by the sender and within the shortest duration of time. Nevertheless, Kyomuhangi et al. (2024) contended that the decision to use a medium should be supported with clarity of the message and security against unauthorized access. However, Lindaas et al. (2024) disagreed with Kyomuhangi et al. (2024) on the basis that most serious organization have a secured system of communication that is immune against third party interference and also supported by code of conduct where each information custodian has a personal password to their computers, phones and keys to the file cabinets.

With regards to the third question, they were to explain the challenges they experienced as they executed adaptive leadership in the hospital. The challenges noted included limited strategic management skills by the senior leadership particularly in identification and resolving complex strategic management issues. This is in context of rapidly changing environment where public hospitals operate. According to Winkelmann et al. (2021), the Covid-19 period proved to the management that it is possible to be challenged by the environmental dynamism but that can be resolved through implementing adaptive leadership that seeks to collaborate with other team members. However, when there are leadership biases, little or no team work, the organization is unable to meet the expectations and hence fails to deliver on service delivery mechanism.

4.5 Diagnostic Test

The study performed various diagnostic tests, including normality, linearity, multicollinearity, and autocorrelation.

4.5.1 Normality Test

The purpose of the normality test was to determine whether the data came from a normal population with symmetrical characteristics across its range of responses. Table 4.10 presents the findings.

Table 4.10

Normality Test

		Democrat ic Leadershi p	Visionary Leadership	Autocratic Leadership	Adaptive Leadership	Organizatio nal performance
N		76	76	76	76	76
Normal Parameters ^{a,b}	Mean	17.95	16.68	17.21	17.61	20.22
	Std. Deviation	3.145	3.129	3.356	3.559	3.305
Most	Absolute	.131	.100	.107	.087	.145
Extreme	Positive	.074	.100	.078	.066	.061
Differences	Negative	-.131	-.058	-.107	-.087	-.145
Kolmogorov-Smirnov Z		1.143	.869	.929	.755	1.268
Asymp. Sig. (2-tailed)		.147	.430	.354	.118	.080

a. Test distribution is Normal.

b. Calculated from data.

Table 4.10 shows that democratic leadership has a p-value of 0.147; visionary leadership has a p-value of 0.430; autocratic leadership has p-value of 0.354; adaptive leadership has a p-value of 0.118; and organizational performance has a p-value of 0.080. The findings

indicate that all the variables had a p-value that was above 0.05. As noted by Khatun (2021), a normal data mainly has p-values of more than 0.05 showing that the provided data is drawn from a normal population. This is in terms of having a set of data whose responses have symmetrical value.

4.5.2 Linearity Test

The study assessed the relationship between democratic, visionary leadership, directive, and adaptive styles of leaderships on organizational performance, through linearity test. The results are provided in Table 4.11.

Table 4.11*Linearity Test*

			Sum of Squares	df	Mean Square	F	Sig.
Organizational performance * Democratic Leadership	(Combined)		191.846	14	13.703	1.332	.216
	Between Groups	Linearity	2.366	1	2.366	.230	.633
		Deviation from Linearity	189.480	13	14.575	1.417	.178
	Within Groups		627.351	62	10.284		
	Total		819.197	76			
Visionary Leadership	(Combined)		110.840	14	7.917	.682	.783
	Between Groups	Linearity	2.961	1	2.961	.255	.615
		Deviation from Linearity	107.879	13	8.298	.715	.742
	Within Groups		708.357	62	11.612		
	Total		819.197	76			
Autocratic Leadership	(Combined)		352.499	16	22.031	2.785	.002
	Between Groups	Linearity	76.637	1	76.637	9.688	.003
		Deviation from Linearity	275.862	15	18.391	2.325	.211
	Within Groups		466.698	60	7.910		
	Total		819.197	76			
Adaptive Leadership	(Combined)		184.759	16	11.547	1.074	.399
	Linearity		7.552	1	7.552	.702	.405
	Between Groups	Deviation from Linearity	177.207	15	11.814	1.099	.378
	Within Groups		634.438	60	10.753		
	Total		819.197	76			

Table 4.11 shows that democratic leadership has a p-value of 0.178 visionary leadership has a p-value of 0.742; autocratic leadership has a p-value of 0.211 and adaptive leadership has a p-value of 0.378. The findings imply that the values were more than 0.05, indicating that the data was linear.

4.5.3 Multicollinearity

The study used Variance Inflation Factor [VIF] and tolerance level to examine the multicollinearity as in Table 4.12.

Table 4.12

Multicollinearity Test

Model	Collinearity Statistics	
	Tolerance	VIF
Democratic leadership	.952	1.051
Visionary leadership	.495	2.018
Autocratic leadership	.330	3.027
Adaptive leadership	.979	1.021

Table 4.12 reveal that democratic leadership has a tolerance value of 0.952 and VIF of 1.051; visionary leadership has a tolerance value of 0.495 and VIF of 2.018; autocratic leadership has a tolerance value of 0.330 and VIF of 3.027 and adaptive leadership has a tolerance value of 0.979 and VIF of 1.021. Therefore, the interpretation is that the VIF was less than 5 and more than 0.2 indicating the absence of multicollinearity (Kyriazos & Poga, 2023). The essence of the results is that when interacting with each other the different styles of leadership are able to maintain their original forms and not taking after the statistical characteristics of other forms of leadership.

4.5.4 Autocorrelation Test

The level of influence of strategic leadership on organizational performance was assessed through Durbin Watson as revealed in Table 4.13. According to Kumar (2023), positive correlation is mainly between a value of 0-2, while 2-4 is an indication of a negative correlation.

Table 4.13*Autocorrelation Test*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin Watson
1	.862 ^a	.743	.007	3.203	1.467 ^a
a. Predictors: (Constant), Adaptive Leadership, Visionary Leadership, Autocratic Leadership, Democratic Leadership					

Table 4.13 indicates that the Durbin Watson value was 1.467 an indicator that it was between 0 to 2 hence positive correlation. The Durbin-Watson statistic was 1.467, indicating mild positive autocorrelation in the residuals. This suggests a potential violation of the independence assumption in the regression model. However, it does not affect the direction or strength of the relationship between strategic leadership and organizational performance, which should be interpreted based on the regression coefficients and statistical significance.

4.11 Correlation Analysis

The study had research hypotheses which stated that was no significant influence of democratic leadership, visionary leadership, directive leadership and adaptive leadership on performance of level four and five public hospitals in Isiolo County, Kenya. To test the hypothesis, the study used Pearson correlation analysis as provided in Table 4.14.

Table 4.14*Correlation Analysis of Strategic Leadership and Organizational Performance*

		Organiza tional performa nce	Democra tic Leadersh ip	Visionar y Leadersh ip	Autocrati c Leadersh ip	Adaptive Leadersh ip
Organizational performance	Pearson Correlation	1				
	Sig. (2- tailed)					
	N	76				
Democratic Leadership	Pearson Correlation	.645	1			
	Sig. (2- tailed)	.004				
	N	76	76			
Visionary Leadership	Pearson Correlation	.706	.123	1		
	Sig. (2- tailed)	.001	.290			
	N	76	76	76		
Autocratic Leadership	Pearson Correlation	.836	.013	.020	1	
	Sig. (2- tailed)	.003	.015	.003		
	N	76	76	76	76	
Adaptive Leadership	Pearson Correlation	.409	.116	.025	.068	1
	Sig. (2- tailed)	.001	.018	.103	.007	
	N	76	76	76	76	76

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

4.11.1 Democratic Leadership

Table 4.14 shows that the correlation coefficient for democratic leadership is $r=0.645$ at $\alpha < 0.04$ and 99% significance level. The study thus rejected the null hypotheses because the

correlation coefficient was less than 1 and the p-value was less than 0.05. Democratic leadership had a moderate effect on organizational performance (0.645). In support, Kyomuhangi et al. (2024) evaluated through a case study design on how Lyantode Hospital in Uganda was able to deliver quality health services. It was discovered that when strategic managers offered directives through engaging variant stakeholders, organizational performance was positively affected.

Purwaningsih et al. (2023) examined the improvements made through Indonesian hospital services to stakeholder perspectives through the implementation of collaboration tool. The study was an exploratory mixed-method designed to majorly include three steps which were the development of the tool, testing its validity and development of the module. The data collection techniques included interviews, focus groups, review of literature and questionnaires among the experts in hospital management. The study discovered that the process of developing the collaboration tool included the identification of stakeholders, dialogue with the stakeholders, commitment, strategic planning, strategic implementation and behavioral change. This was to be implemented through ensuring that the perspective of stakeholders' perspectives, financing, internal business procedures and the capacity of the organization.

4.11.2 Visionary Leadership

Correlation coefficient for visionary leadership is $r=0.706$ at $\alpha < 0.001$ and 99% significance level. The study this rejected the null hypotheses because the correlation coefficient was less than 1 and the p-value was less than 0.05. Visionary leadership had a high effect on organizational performance (0.706). In support, Abdel-Satar et al. (2022) discovered that change management brought about by visionary leadership enhanced the

health service quality particularly on tasks, technology, culture, and strategic structures. This was through assessing how quality health services were affected by change management in private and public hospitals of Egypt.

Zungu (2022) explored the requirements for change management as applied to Prince Mshiyeni Memorial Hospital and the strategic leadership effects. 15 participants who were in the top management positions were interviewed and revealed that since the hospital operated in diverse environmental structure, there was the need to instigate change management the consideration of change demands, availability of expertise and strategic resources to make it a reality. Additionally, having in place strategic leadership approaches, the operations of the hospital would be enhanced to deliver quality healthcare. Notably, a major factor that was limiting frequent change management was lack of clear strategic financial resources that would deliver sufficient healthcare changes.

4.11.3 Autocratic Leadership

Correlation coefficient for autocratic leadership is $r=0.836$ at $\alpha < 0.003$ and 99% significance level. The study this rejected the null hypotheses because the correlation coefficient was less than 1 and the p-value was less than 0.05. Based on the findings, it is deduced that directive leadership had the highest effect on organizational performance (0.836). The results agree with Ougo and Sasaka (2024) who documented that the performance of Mombasa County's public hospitals had moderately increased due to strategic capabilities from the management that allowed inclusion of the staff into leadership. Notably, the study found out that strategic capabilities implemented through democratic leadership system, enhanced the performance of the hospitals.

Francetic et al. (2021) examined the performance of Tanzania's health facilities influenced by social accountability and monitoring practices. The study chose to explore using quasi experimental method whereby the study established that strategies that would ensure consistent stocks and infrastructural development, lacked frequent monitoring and evaluation. Therefore, it was noted that some social accountability program structure was different since the strategies that worked effectively on controlling provider behavior did not work on overall health system structures.

4.11.4 Adaptive Leadership

Correlation coefficient for adaptive leadership is $r=0.409$ at $\alpha < 0.001$ and 99% significance level. The study this rejected the null hypotheses because the correlation coefficient was less than 1 and the p-value was less than 0.05. Adaptive leadership had the weakest effect on organizational performance (0.409). The results related effectively with what Salami et al. (2022) found out on that there were varying commitment levels of the management in Nigeria's public hospitals, towards the training and development process. A notable concern was the unwillingness of the management to allow staff representatives in the process of designing of training programs.

Warui and Kavale (2024) espoused on how Kenya's mission hospitals performed due to the implementation of organizational learning. One hundred and twenty respondents were allowed to answer the questionnaires whereas secondary data analysis was done from reports and documents. PCEA Kikuyu mission hospital enabled the execution of pilot test study. The major outcome of the study noted that organizational learning elements such as strategic creation, retention, transfer and transformation of knowledge had a positive influence on the performance.

4.12 Multiple Regression Analysis

The study conducted multiple regression analysis to examine the effect of strategic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya. The three analyses performed were: model summary, ANOVA, and regression coefficient.

4.12.1 Model Summary

The study conducted a model summary to ascertain the level of percentage influence of strategic leadership on organizational performance as indicated in Table 4.15.

Table 4.15

Model Summary of the Effect of Strategic Leadership on Organizational Performance

Model	R	R Square	Adjusted R Square	Std. Error
1	.862 ^a	.743	.007	3.203

a. Predictors: (Constant), Adaptive Leadership, Visionary Leadership, Autocratic Leadership, Democratic Leadership

Table 4.15 indicates that R was 0.862 and R square was 0.743 showing that strategic leadership had 74.3% influence on organizational performance of level 4 & 5 hospitals in Isiolo. The other 25.7% were factors not assessed in this study. The results implied that democratic leadership, visionary leadership, directive leadership and adaptive leadership had an influence on the organizational performance of level 4 & 5 hospitals in Isiolo. The outcome notes that the strategic leadership in public hospitals in Isiolo was a strong factor towards improving organizational performance. This was due to implementation of democracy in their decision-making process, establishing a clear visionary foundation, directive quality processes and adoptive to changes as they come about.

The strategic leadership in an organization, promoted efficiency in chain of command, where clarity on specific roles was determined (Onduso et al., 2024). This reduced ambiguity with regards to decision making process and improved organizational outcome. Therefore, within the hospital organizations, the strategic leadership was considered a key pillar towards precise coordination and reduced resource wastage (KIPPRA, 2021). Every employee and manager, was able to effectively perform their work within required organizational policies and with minimal confusion. The strategic leadership ensured that the patients received quality services as stipulated in the organizational charter. Any inconsistent operational activity, was easily reduced through consistent check and balances from the management, mainly through monitoring and evaluation.

Therefore, the organizational performance of a public hospital, was noted to be positively inclined towards the direction provided by the management through its leadership (Langhof et al., 2023). The strategies developed, not only provided direction, but enabled enactment of sense of order and as well as increased motivation to lower ranked staff. According to Tumate and Njoroge (2023), acting as role models to the junior staff, the management was able to mentor potential ones and also improve effective policy implementation plan, aligned to organizational mission and vision.

In support Alotaibi et al. (2023) noted that any time changes were made in Prince Mohammed bin Abdulaziz Hospital, the strategies in place determining the extent to which the organizational performance would improve. Furthermore, Anil and Nisa (2023) found out that when the strategic management had a clear purpose of consistent training to staff, they prepared them for adoption of clear strategies that can support timely meeting of demands in private hospitals in India. Additionally, productivity was also noted to

increased partoculary when the strategic management not only developed adoptive leadership structures but also trained the staff on the best possible way to implement them in Nyeri (Mualuko et al., 2023). Notably, identification and categorization of different stakeholders and their impact on the organization, made it possible for democratic and directive leadership to take effect hence resulting to improved performance in Machakos County’s healthcare programs.

4.12.2 ANOVA Analysis

The study also included an ANOVA analysis to determine and answer the general objective which examined the effect of strategic leadership on performance of level four and five public hospitals in Isiolo County, Kenya. The results are provided in Table 4.16 below.

Table 4.16

ANOVA Results of the Effect of Strategic Leadership on Organizational Performance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	608.983	4	152.246	51.417	.001 ^b
	Residual	210.214	71	2.961		
	Total	819.197	75			

a. Dependent Variable: Organizational Performance

b. Predictors: (Constant), Adaptive Leadership, Visionary Leadership, Autocratic Leadership, Democratic Leadership

Table 4.16 shows that the significance level is 0.001 with an F-statistic of 51.417. As a result, the significance level was less than 0.05, indicating that strategic leadership had a positive impact on the organizational performance of level 4 and 5 hospitals in Isiolo. This indicates that the effect that that strategic leadership in public hospitals of Isiolo County was suitable towards propelling the organization into improved performance. Similarly, the performance of Mombasa’s public hospitals was discovered by Ougo and Sasaka

(2024), to have improved as a result of visionary leadership that the management's skills and knowledge, brought to the institutions. Additionally, Owuor (2024) noted quality directives from the strategic management enabled easier uptake of corporate governance within the Nairobi's mission's hospitals. Further, consistent collaboration of the strategic management and other stakeholders in the hospitals, made it easier to implement visionary strategies leading to improved hospital service delivery in Ethiopia (Purwaningsih et al., 2023).

4.12.3 Regression Coefficient Analysis

The study had a model that indicated that; $Y = \beta_1 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$

Where:

Y = Performance of Public Hospitals

β_i = Coefficients to be estimated

C = Constant

X_1 = Democratic leadership

X_2 = Visionary leadership

X_3 = Autocratic leadership

X_4 = Adaptive leadership

e = Error term

The regression coefficient analysis was determined and the results provided in Table 4.17.

Table 4.17*Regression Coefficient of Strategic Leadership*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.203	.804		3.983	.001
1 Democratic Leadership	.268	.119	.265	2.272	.019
Visionary Leadership	.308	.112	.303	2.760	.002
Autocratic Leadership	.402	.121	.397	3.333	.003
Adaptive Leadership	.260	.105	.257	2.496	.014

a. Dependent Variable: Organizational Performance

Table 4.17 shows that the constant was 3.203, democratic leadership was 0.268; visionary leadership was 0.308; autocratic leadership was 0.402; adaptive leadership was 0.260. Therefore $C=13.161$, $X_1=0.268$, $X_2=0.308$, $X_3=0.402$, $X_4=0.260$ when expressed in the equation, $Y=13.161C+0.268 X_1+0.308X_2+0.402 X_3+0.260X_4$ This indicates that every strategic leadership variable was statistically significant since the values of t-statistics were all greater than 2 and significance value less than 0.05. Therefore, this was an indication that democratic, visionary, directive and adaptive leadership styles were vital factors towards improvement of the organizational performance.

The democratic leadership was significant towards enhancing the performance of public hospitals. Having been closely attributed to the presence of clear strategic plans, the management is able to design the intended strategies of implementation phase through collaborating with various departmental officers. Therefore, this means that at some point their involvement in decision making promotes quality assessment measures that reduces work errors as pointed out during the monitoring and evaluation. According to Taherdoost

and Madanchian (2021), democratic leadership entails considering quality strategic plans that should be implemented within manageable risk and using known resources to increase the organizational performance.

Further, visionary leadership being significant meant that the public hospitals were able to develop leadership structures that were informed by the changing environmental demands. Additionally, the vision that guided the public hospitals was effectively communicated using technological and non-technological means. This is to facilitate efficiency and ownership of strategies by the organizational staff. Comparing with the findings of Tumate and Njoroge (2023) the practices of strategic management could only be effective through provision of a vision to the staff by the leaders and ensuring that the necessary support required to attain the vision is adequately provided for increased performance in a public hospital set-up.

Autocratic leadership was also considered an effective measure towards organizational performance since the leadership of public hospitals were noted to effectively implement work guidelines. It was established that resources were effectively allocated depending on their availability. Furthermore, combination of different staff was noted to be implemented particularly during the implementation of strategies but under close leadership of the strategic leaders as also established by (USAID, 2024).

The nature of adaptive leadership implemented within the public hospitals was noted to have a significant effect though weak. It was discovered that the strategic leaders allowed employee feedback, trained their staff and were committed towards ensuring that the policies and procedures were implemented effectively. Nevertheless, what was lacking was the presence of a reward system, which was also a concern noted by (Tolera et al., 2024).

The demotivation experienced due to limited acknowledgement and rewards was a considerate barrier towards quality healthcare and management of public health institutions.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The main objective was to examine the effect of strategic leadership on performance of level four and five public hospitals in Isiolo County, Kenya. Specifically, the study determined the effect of democratic leadership, visionary leadership, autocratic leadership, and adaptive leadership on performance of level four and five public hospitals in Isiolo County, Kenya. The study adopted correlational research design since the data collected were quantitative in nature.

5.2 Summary of Research Findings

The outcome of the data collection process is summarized in section as provided based on each variable.

5.2.1 Democratic Leadership and Organizational Performance

According to the study's findings in this part, strategic leadership established mechanisms that enabled other competent sources to offer creative designs and tactics that could improve organizational performance. Furthermore, the strategic leadership worked with staff members at the middle level of management to create timely and realistic target achievement mechanisms. This allowed public hospitals to exercise democratic leadership through a system that incorporated many important stakeholders, especially during the implementation stage. On the interview feedback, the strategic policies that the management had established to include the opinion of the staff, were related to the open communication channels, promotion of regular feedback, and allowance of the staff to take

part in strategic planning processes. The correlation coefficient for democratic leadership is $r=0.645$ at $\alpha < 0.04$ and 99% significance level.

5.2.2 Visionary Leadership and Organizational Performance

The results from data collected through questionnaires showed that the strategic leadership in place was forward-thinking and paid close attention to the environmental trends at the time. By keeping an eye on these trends, the management was able to respond to futuristic strategic demands, especially from the healthcare sector and stakeholders. On interview feedback, the public hospital management ensured that the staff were aware and remained committed to the organizational vision through open communication system and laying down realistic expectations. Additionally, the management was preparing the staff to adopt to new technologies through prioritizing training communication on new technologies and provision of an environment that encourages employee growth. The correlation coefficient for visionary leadership is $r=0.706$ at $\alpha < 0.001$ and 99% significance level.

5.2.3 Autocratic Leadership and Organizational Performance

The findings demonstrate that the strategic leadership in place had the ability to provide guidance to the public hospital as a whole. This was accomplished by establishing guidelines for the different approaches taken to both formulate and carry out strategic decisions. Furthermore, the interview findings revealed that the major work guidelines that were emphasized to staff by management included creating a motivating environment that could spur innovativeness. Notably, the staff mix method adopted when allocating tasks to the staff included considering their expertise and weaknesses. The correlation coefficient for autocratic leadership is $r=0.836$ at $\alpha < 0.003$ and 99% significance level.

5.2.4 Adaptive Leadership and Organizational Performance

The questionnaires posed great significance in suggesting that the strategic leadership was inclusive, enabling junior employees to offer input based on the ideas that were developed. Notably, letting employees offer their thoughts on the developed strategies allowed management to clear up any misunderstandings and encourage group bargaining on recommendations at a company that values good strategic management techniques. On the interviews, the organizational training programs that were commonly used by the strategic leadership in the hospitals, included health information systems, basic health, and quality hospital management. Additionally, emails, phone calls, text messages, in-person conversations, and online meeting, were common methods used to provide feedback on established strategies. The correlation coefficient for adaptive leadership is $r=0.409$ at $\alpha < 0.001$ and 99% significance level.

5.2.3 Organizational Performance

According to the questionnaire findings, a key element in deciding the overall course of the organization's performance was the existence of strategic leadership. This is because it was possible to guarantee that internal company processes were dependable enough to lead to higher service quality due to the strategic management that was in place. As a result of the techniques that were implemented to improve performance, the patients' medical demands were also effectively met. The interview results noted that strategic leadership influenced organizational performance through providing guidance to the staff on how to attain the organizational vision, motivating the staff, and enabling them utilize resources adequately. However, this process was negatively affected by inability of the management to successfully convince various stakeholders on the viability and clarity of the vision.

5.3 Conclusions of the Study

5.3.1 Democratic Leadership

It is thus noted that with regards to democratic leadership, public hospitals had ensured that there were strong systems that were supported by employee innovations and collaborations between the management and staff. Additionally, it made is possible to attain organizational goals on a timely manner hence positively contributing to the organizational performance. However, the communication pattern between the management and other stakeholders was found to be limited. This was due to poor collaborations between these two parties hence few information related to strategic leadership was provided by the management.

5.3.2 Visionary Leadership

Additionally, it was also concluded that the strategic leadership was visionary since they were informed on current trends in the environment with clear strategies on overcoming projected demands. Therefore, visionary leadership was concluded to have a positive influence on organizational performance. However, shortages of resources made it a hard task for the management to suggest organizational changes on adoption of costly technology. This meant that key departments such as theatre, laboratory and x-rays, that required state of the art technology in determining medical issue precision, were negatively affected.

5.3.3 Autocratic Leadership

The main conclusions that were deduced on autocratic leadership, were that the strategic management took their role seriously in offering strategic direction. The management was

able to suggest viable policies that saw seamless operations of the hospitals hence contributing positively to the organizational performance. The management practiced bureaucracy in such a manner that the concerned departments experienced efficiency in processes. Nevertheless, being a public organization, its bureaucracy was at times affected by the county politics interfering with the normal decision-making process.

5.3.4 Adaptive Leadership

The study also gathered that the management of public hospitals in Isiolo County was inclusive and allowed the feedback mechanism from the staff on formulated strategies. It was concluded that the management teams allowed the staff to offer their opinion on what could be done to improve the strategies hence positively influencing the organizational performance of the public hospitals. Collective bargaining was made possible with the strategic management allowing the staff to release doubts with regards to any suggested strategies.

5.4 Recommendations of the Study

5.4.1 Democratic Leadership

The study recommends that the county government leadership, should develop strategic policies that will guide on the interactions of hospital's management with internal and external stakeholders more effectively. This could be informed by the constitution and existing MOH guidelines. Furthermore, there should be more interactive sessions such as through corporate meetings developed by the strategic management team of the hospitals, to ensure that the common ground for communication is laid off and any barriers eliminated. The management should also consider providing information on developed

policies through the public forums such as the hospital website, county government website, and social media. This is because they have a corporate responsibility to inform their undertakings being a public organization.

5.4.2 Visionary Leadership

With regards to visionary leadership, it is recommended that the county government leadership could consider increasing budgetary allocation to the public hospitals to facilitate in implementation of stagnant strategies. Furthermore, the hospital management could look into partnership with local and international corporations that will sponsor on the acquisition of one or many technologies required. It is also recommended that the hospitals could consider lease of some technologies for a specified period of time. Through implementation of such as strategy, the organizational capital needed to purchase the equipment may be used for other purposes.

5.4.3 Autocratic Leadership

On autocratic leadership, the study recommends that the management of the public hospitals should implement the code of ethics to limit the extent of politics interferences with their operations. This may involve establishing a candid discussion with the county leadership on the extent to which the hospital management may engage in, particularly on decision making. Through such a measure, there will be regulations that empower the public hospital's management into making strategic decisions.

5.4.4 Adaptive Leadership

It is recommended that the strategic management team should consider including staff representatives into the decision-making process to eliminate doubts and persistent

negative feed backs. Through a collaborative mechanism, decisions to adapt to a specific technology or provide resources to resolve an environmental demand will be effectively done. The public hospital staff should also seek to consider offering realistic demands to the management. Their informing factor should not be political but rather based on facts with clear expected outcome.

5.4 Suggestion for Future Studies

The strategic leadership elements considered are only implementable in organizations that offer healthcare services hence cannot be generalized to other public organizations nor to other counties. Therefore, future studies could consider conducting an exploratory or comparative study to other counties to ascertain change in results. Additionally, the current study considered strategic leadership in public hospitals and not county leadership. Therefore, their inclusion in the study will offer more insights to enrich the findings.

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APPENDICIES

Appendix II: Questionnaires for Healthcare and Operational Staff

This is a closed-ended questionnaire that requires ticking on available spaces based on where you feel your opinion lies. Please tick as honestly as possible.

SECTION A: DEMOGRAPHIC INFORMATION

1. What is your role in this hospital?

- a) Healthcare Staff []
- b) Operational staff []

2. If you are a head of department, please specify your department?

- a) Laboratory []
- b) Pharmacy []
- c) Maternity []
- d) General ward []
- e) Public health []
- f) Nutrition []
- g) Comprehensive Care Clinics []
- h) Mental Health []
- i) Any other.....

3. How long have you served in your capacity?

- a) Above 5 years []
- b) 4-5 years []
- c) 2-3 years []
- d) 1 year and below []

4. What is your Education Level?

- a) Postgraduate Degree []
- b) Bachelor's Degree []
- c) Higher Diploma []
- d) Diploma []
- e) Certificate []

SECTION B: DEMOCRATIC LEADERSHIP AND PERFORMANCE

No	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The management ensures that the hospital's stakeholders are well informed on the strategic planning process through diverse channels.					
2.	There are well-known avenues that are used by the management for stakeholders such as professional experts to contribute specific measurable, and well through strategic designs.					
3.	Stakeholders are allowed to set requirements needed to attain goals in specific departments as part of implementation process.					
4.	Stakeholders such as staff review and monitor the					

	operations of the hospitals periodically to showcase efficiency.					
5.	There have been policy framework improvements to support direct inclusion of stakeholders such as community leaders in the decision-making operation of the hospital.					
6.	Team work is encouraged to facilitate effectiveness on strategic leadership					

SECTION C: VISIONARY LEADERSHIP AND PERFORMANCE

No	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Business environmental demands are key determinants in promoting change.					
2.	There are robust strategic leadership structures that coordinates changes in the hospital.					

3.	Adequate allocation of resources enables the adoption of technology to promote efficiency in operations.					
4.	There is a positive organizational culture that makes adoption of structural changes effective.					
5.	The management notifies the hospital staff on expected changes to enable them prepare adequately.					
6.	The institutional vision is communicated by strategic leaders to all staff					

SECTION D: AUTOCRATIC LEADERSHIP AND PERFORMANCE

No	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	There is a well communication system that enables management enlighten staff on various strategies					

2.	Resource allocation to departments is closely guided by availability of funds of hospital policy.					
3.	Staff mix is encouraged to ensure that strategies put in place to achieve organizational goals.					
4.	The level of bureaucracy is implemented based on the constitution.					
5.	The management is empowered through the national policy framework to implement strategic control measure.					
6.	The established work guideline provide direction to the staff on how strategic decisions should be implemented.					

SECTION E: ADAPTIVE LEADERSHIP AND PERFORMANCE

No	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1.	The management is commitment in ensuring that there is consistent organizational learning for effectiveness in service delivery.					
2.	Employee feedback is highly valued to promote inclusivity in strategic decision making.					
3.	Frequency of training sessions is determined on the availability of funds and training need.					
4.	There policies and procedures established to promote organizational learning.					
5.	The management takes part in training staff on organizational strategies.					
6.	There is a reward system established to encourage the staff to adopt quickly to the laid down strategies.					

SECTION F: ORGANIZATIONAL PERFORMANCE OF PUBLIC HOSPITALS

No	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The quality of services has improved due to reliability in strategic management process.					
2.	The internal business processes have become efficient towards addressing the health care needs of the patients.					
3.	The hospital's effective financing structure has facilitated departments into achieving the desired goals.					
4.	Various customers are more satisfied due to working processes in the hospital.					
5.	The presence of well experienced strategic management leaders has ensured excellence in delivery of operations.					
6.	There are checks and balances to monitor the decision-making					

	process of the management to reduce conflict of interests in the procedure.					
7.	There are corporate social responsibility activities carried out by the hospital as initiated through clear strategies of giving back to the community.					

Appendix III: Interview Guide for Medical Superintendents and HODs

Background Information

- How long have you served at your capacity?
- What is your education level?
- How many staff do you supervise?

Democratic Leadership

- What are some of the strategic policies that you have established to include the opinion of the staff?
- Which methods do you use to regulate the level of freedom when taking part in strategic decision-making process?
- Explain the challenges you experience with other leaders as a result of incorporating the opinion of staff?

Visionary Leadership

- How do you ensure that the staff are aware and remain committed to the organizational vision?
- In the wake of technology, how are you preparing your staff to adopt to new technologies in their administration of their roles?
- Describe the various strategies structures of leadership that exists in this hospital?

Autocratic Leadership

- Explain the challenges that you undergo while setting various strategic objectives in your area of expertise?
- What staff mix method do you adopt when allocating tasks to the staff?
- Describe major work guidelines that you mainly emphasize to staff when administering roles to them?

Adaptive Leadership

- Explain the organizational training programs in place and which are commonly used by the strategic leadership in this hospital?
- Elaborate the various channels that the staff use to provide feedback on various established strategies?
- What are the challenges you experience as you execute adaptive leadership?

Organizational Performance

- Explain how strategic leadership influences organizational performance in this hospital?

- Describe the challenges the hospital management faces when ensuring the strategies are aligned with organizational vision?