INFLUENCE OF STRATEGIC LEADERSHIP ON MEDICAL EMPLOYEES' PERFORMANCE IN COUNTY REFERRAL HOSPITALS OF CENTRAL REGION ECONOMIC BLOC, KENYA

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A Thesis Submitted to the Department of Business Administration in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in Business Administration and Management (Strategic Management)

Kenya Methodist University

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DECLARATION AND RECOMMENDATION

Declaration

I declare that this thesis is my original work and has not been presented for a degree or any other award in any other university.

Signature …… Date: ……

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Recommendation

This thesis has been submitted for examination with our approval as university supervisors.

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DEDICATION

Dedicated to my Parents George Karatu and Mary Karatu, My husband Henry Mutuma and sons Fernady and Emmanuel for their encouragement, financial and moral support.

ACKNOWLEDGEMENT

In a special way, I thank the Almighty God for blessing the labor of my hands and for protecting me all through this journey, for without him, nothing would be possible. The writing of this thesis was a journey and many people wholeheartedly contributed in the course. With God's grace, earnest effort and works, my supervisors, Dr. Stephen Laititi Mutunga, and Dr. Nancy Rintari, put in their all by offering their expert advice, comments, criticism and guidance. I sincerely appreciate them. Thank you for being magnificent supervisors and academic friends at the end of it all. Am grateful to my fellow students from the School of Business and economics, for your unwavering support. The Kenya Methodist University Main Campus Library staff, thank you for the tremendous support with research work in sourcing materials and in various trainings. The KEMU Business school team, starting work from the Dean, Chairperson of the Department, Program coordinator, faculty administrative staff, and office of Dean postgraduate studies for delivery of services within the timelines, being available and always pushing me above the limits. I sincerely appreciate you.

ABSTRACT

Performance of medical employees became a major concern all over the world during the emergence of Covid-19 pandemic among others. Thus, it is paramount to assess performance of medical employees and its determinants to improve on quality of service offered and achieve organizational goals. Most referral hospitals in central region economic bloc (CEREB) of Kenya are perceived to be suffering from low medical employee performance which might be attributed to lack of strategic leadership abilities. There is scarce literature on how strategic leadership is employed in hospitals and its influence on performance of employees. This research aimed at establishing the influence of strategic leadership (strategic communication, strategic agility, strategic alignment and strategic direction) on medical employees' performance in county referral hospitals in CEREB, Kenya. Positivism paradigm was the guiding philosophy while convergent parallel mixed methods design was employed in the study. The target population comprised of 1804 medical employees from the 10-referral hospitals in central regional economic bloc, Kenya. Stratified sampling and simple random sampling from the probability sampling approach was used in getting 327 employees. This study used both closed-ended and open-ended questionnaires. Validity and reliability of the research instruments was tested using appropriate methods like piloting and expert knowledge for validity while Cranbach's Alpha coefficient was determined for reliability. Data was analysed using descriptive statistics such as frequencies and percentages, means and standard deviation. kurtosis, skewness and normality tests were carried out to ensure data was amenable to analysis. Results showed that all the four components of strategic leadership (strategic communication ($\beta = 0.274$, $t = 4.180$, $\rho = 0.000$), strategic direction ($\beta = 0.232$, $t = 3.258$, $\rho = 0.001$), strategic agility ($\beta = 0.201$, $t = 2.797$, $\rho = 0.001$), strategic alignment ($\beta = 0.162$, $t = 2.470$, $\rho = 0.001$) had significant and positive effect on medical employees' performance in county referral hospitals. Results also revealed that innovative work behaviour significantly mediated the relationship between strategic leadership aspects (strategic direction ($\beta = 0.444$, BootLLCI = 0.307, BootULCI = 0.598), strategic alignment ($\beta = 0.0432$, BootLLCI = 0.003, BootULCI = 0.102) and strategic communication ($\beta = 0.0415$, BootLLCI = 0.006, BootULCI = 0.088) and medical employees' performance in county referral hospitals. However, innovative work behaviour had insignificant mediating influence on relationship between strategic agility ($\beta = 0.414$, BootLLCI = 0.075, BootULCI = 0.598) and medical employees' performance. Therefore, hospital leaders should provide timely feedback, foster effective vertical communication channels, ensure clarity of ideas and strategies, and utilize various communication channels and technology for improvement of employee performance. The hospitals should prioritize strategic agility by fostering flexibility in decision-making. They should also foster a culture of innovation. Future studies could consider replicating the study in different economic blocs in Kenya.

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LIST OF ACRONYMS AND ABBREVIATIONS

ANOVA	Analysis of Variance
CEO	Chief Executive Officers
CEREB	Central Region Economic Bloc
CIOs	Chief Information Officers
CVI	Content Validity Index
DC	Dynamic Capability
GOK	Government of Kenya
HODs	Head of Departments
IG	Idea generation
IP	Idea promotion
IR	Idea realization
IT	Information Technology
IWB	innovative work behavior
KMO	Kaiser-Meyer-Olkin

KMO	Kaiser-Meyer-Olkin
KMPDC	Kenya Medical Practitioner and Dentists Council
MANOVA	Multivariate Analysis of Variance
MEF	Navy's Minimum Essential Force
MOH	Ministry of Health
NGOs	Non-Governmental Organizations
OE	Opportunity exploration
Ref	Reflection
ROA	Return on Assets
SA	Strategic alignment
SCR	Corporate Social Responsibility
SDGs	Sustainable Development Goals
SEKEB	South Eastern Kenya Economic Bloc
SEM	Structural Equation Model
SMEs	Small and Medium-Sized Enterprises

USA	United State of America
VIF	Variance Inflation Factor

CHAPTER ONE

INTRODUCTION

1.1 Study Background

Employee performance is regarded as backbone of a firm because it effectively contributes towards its development and overall performance. Human resource plays a critical role in achieving firms' objectives. Employees are firm assets responsible for completing the organization's tasks, and the performance of such personnel is comparable to the organization's performance (López-Cabarcos et al., 2022). During COVID-19 pandemic, the performance of employees in the health sector especially nurses and doctors who were leading professions was faced with a lot of challenges (Yulianti, 2021). Provision of quality health care depends on task performance of medical employees who are valuable assets in maintaining hospital's reputation and overall performance (Labrague & De los Santos, 2021).

However, the accomplishment of medical employee's task highly depends on the kind of strategic leadership available in maintaining quality of hospital services among other factors like availability of funds. Recently, there has been a global health challenge and if a hospital has to survive in increasingly health care competition, they will require leaders with ability, expertise, strategy, and skills that improves performance of medical employees (Asbari, 2020). Thus, to attain and improve performance of medical employees, it is paramount for management to consider strategic leadership (Madlabana, 2020). Strategic leadership has the role of improving employee development and growth

through motivation strategies (Alvi et al., 2021) and enhanced through deliberate and strategic choices (Gu et al., 2016). Effective leaders with a strategic mindset inspire and guide those under their leadership to see to it that they have the confidence, are recognized and rewarded thereby propelled towards achievement of individual and overall performance (Caro, 2016).

Further, strategic leadership has turned into the dominant discussion globally in strategic management, making it one of the most effective instruments for enhancing employees' performance (Peterlin et al., 2015). A Strategic leader is tasked with making vital decisions of facilitating information sharing and resource utilization towards improving performance of employees in attainment of organizational goals and objectives(Simsek et al., 2018). Strategic leadership practices are critical for enhancing organization competitiveness and survival ensuring that employees optimally utilize the existing resources towards achieving its mission and goals. In support, Sibghatullah and Raza (2020) and Pitelis and Wagner (2019) pointed that strategic leadership improves the ability of employee to be innovating with new ideas and adaptive to sudden changes. Thus, strategic a leader has ability to lead well and is essential in navigating and resolving crisis situations within a company such as the Covid 19 Pandemic experienced worldwide. Indeed, strategic leaders analyze and understand disruption and uncertainty in the business environment and rationally and proactively respond to them (Collier & Evans, 2020; Obeidat & Thani, 2020; Sayed & Theeb, 2019)

Nevertheless, despite the importance of strategic leadership in improving employee performance, there has been scarce literature on concept of strategic leadership in a

hospital setting. Leadership failure rates in meeting health-care goals are reported to be high. Many hospitals fail in meeting the target and attaining their mission due to mismanagement and lack of competence and knowledge of strategic leadership skills (Drew & Pandit, 2020) among other factors like lack of funds. In order to ascertain how strategic leadership affects the performance of medical personnel in county referral hospitals in the central economic bloc, this study was conducted.

1.1.1 Employees Performance

In today's complex world, employees' performance is becoming the most debated and researched variable in strategic management (Carpini et al., 2017). Hameed and Waheed (2017) define employee performance as management contract that focuses on employee achievement of a set of targets. Campbell and Wiernik (2015) conceptualize the concept of employee performance as employee's ability to generate value for the organization and accomplishment of organization's goals. Employee performance is also defined as an accomplishment related to actions that can be evaluated. That is how well an employee accomplishes firms' goals and objectives (Afzali et al., 2014).

There has been a new conceptualization of employee performance that is intended to adapt to complex and unpredictable environments (Baard et al., 2014) and bring together all the favorable actions that support the achievement of the organization's aims and objectives (Griffin et al., 2007). This concept of employee performance includes task completion as well as adaptive, and proactive performance (López-Cabarcos et al., 2022). Griffin et al. (2007) holistic performance model also divides the three different types of behavior—

adaptability, proactiveness, and competence—into job subcategories and classifies these three different types of employee performance, where task completion can contribute to organizational, team, individual performance and role execution. According to Campbell and Wiernik (2015), lack of employee performance means lack of firm's performance and eventual low economic sector performance. Previous empirical studies have shown that optimal employee performance leads to overall company growth and has a positive impact on organizational profitability (Bevan, 2012). According to Okoyo and Ezejiofor (2013), on the other hand, poor employee performance is frequently linked to reduced profitability, decreased output, and inefficiency. It is therefore paramount to discover the influence of strategic leadership on employees' performance.

Employee performance is determined by the consistency, amount, and quality of outcome, as well as work reporting, effectiveness, and efficiency (Mathis & Jackson, 2018). Employee performance is measured by how well they complete tasks as assigned by the institution or management. It is not only the emphasis about job results or stream of revenue created by personnel but also more closely related to employee conduct and attitude towards the firm's objectives.

Hafiz (2017) states that employee performance contains three elements which are procedural knowledge, declarative knowledge and motivation. According to Carlson et al. (2017), the five human resource management habits impact on performance, namely; training and development, fostering morale, recruitment package, performance appraisal and competitive remunerations. Performance is the outcome after undertaking a task. It indicates the expectations of professional responsibility, level of task accomplishment,

confidences and institutional rules. Performance is said to be the accomplishment of action's results with staff proficiency that do work in rare occasions. Performance is effectively demonstrated through work participation and evidenced in quality and quantity.

Whitmor (2015) described employee performance as the proficiency, an execution or an action, where the results of a job are in terms of productivity and efficacy. Employee performance is the result of assignments undertaken by an employee in line with institutional direction at varied ranking levels (Clarke, 2016). Kinicki and Kreitner (2017) describe employee performance as work's perception, capability and drive's outcome.

In most cases, employee performance is deliberated in terms of results as well as the conduct of the employee in the organization (Hsu, 2015). Lyubykh et al. (2022) research explains that employee performance can be measured against institutional performance codes under contents like quality, profitability, efficiency, productivity and effectiveness. Profitability is referred to as the capability of an institution to gain revenue over a sustained period. It is represented as the ratio of return on capital (Hueryeren & Dachuan, 2012).

Effectiveness is the capacity of an individual to reach the predetermined goal, whereas efficiency is the capacity of an individual to produce expected results while utilizing constrained resources (Huang & Yuan, 2022). Productivity is seen in the level of outputs and inputs that involves the methods of turning inputs into services and commodities offered by sector, institutions and individuals. It analyses the level of output produced by

resources. Quality is defined as elements of goods or services that are able to satisfy the requirements suggested or mentioned. As a result of quality of goods and services, an institution offers superior goods and services at a competitive price.

The administrator of an organization is entrusted to see to it that the company is at par with its performance levels. In so doing, administration sets the levels of effectiveness which can be achieved through outlining codes and objectives against the efficacy of an employee. Firms assert that personnel are producing goods or services of superior standards and monitor deviations, if any, with the aid of performance supervision. The administrative protocol effects the engagement of staff in organizational planning and with effective motivation, performance component of a degree of high productivity.

Performance management entails actions that make sure the institutional objectives are attained sufficiently and proficiently. The framework of performance management in a firm is centered on staff performances, procedures, a faculty to generate the good or service (Kinicki & Kreitner, 2014). Past studies that have been conducted on employee performance illustrated that contented employees are more productive, keep their jobs and are pleased with their work. In addition, Kinicki and Kreitner, (2014) state that staffs' performance among contented and pleased employees is altitudinous and it is easier for the administration to encourage these performers to attain better targets. The publication of Pradhan and Jena (2017) attempted to categorize employees' performance into kinds based on work performance and came up with identifications to explain employees work involvement as either contextual, task or adaptive.

It is undeniable that employee performance ratings differ depending on the rater (Fernández-del-Río, et al., 2019). The lack of agreement across sources may represent actual variations coming from different viewpoints or opportunities to monitor performance (DeNisi & Murphy, 2017). Results in evaluations may aid in the understanding of performance, but this is not a problem that can be handled simply by pooling samples from varied ratings (Campion et al., 2016). As a result, researchers have agreed that different raters offer diverse perspectives on worker performance, and the choice of which rater to use was based on the researchers' objectives. Since they are more positive than other evaluations in applied contexts, self-evaluations are less likely to occur (DeNisi & Murphy, 2017). However, there are various benefits to self-reporting to consider according to Koopmans et al. (2015). That is, they allow for the measurement of employee performance in areas where other indicators are difficult to be obtained, unlike other interested parties, employees have the opportunity to review all of their respective actions and achievements based on their overall view of the employee, and they accomplish so quickly and easily to analyze and mitigate the negative effects of omitted data and integrity issues. As a result, self-report performance evaluations remain valid.

Depending on the study goals, the study can conceptualize employees' performance in a variety of ways, ranging from broad definitions like showcasing effort, industriousness, and adaptability to more precise ones like exhibiting effort, entrepreneurial spirit, and adaptability in written and verbal interactions, regular presence, and compliance with regulations

1.1.2 Strategic Leadership

In the modern uncertain business environment, strategic management literature recognizes strategic leadership as one of the vital concepts (Samimi et al., 2020). Strategic leadership has its roots in military doctrine, but it has quickly developed into modern management ideas (Wright et al., 2018). Some people associate strategic leadership with the capacity to clearly explain and execute the organization's strategic vision, motivate employees and ability to make followers comprehend and believe in it. Hence, strategic leadership can be described as the capacity to anticipate and maintain flexibility.

Strategic leadership is defined as an experienced leader's knowledge and vision in strategic decision - making in an uncertain and complicated strategic environment. To put it another way, strategic leadership is the practice of making decisions in order to attain the most relevant, accepted and desired plans for the business and its partners (Banzato & Sierra, 2016). According to Fibuch and Arif (2016), strategic leadership comprises reducing imperfection through mental strength, the urge to pursue excellence, and building a high-productivity culture among personnel. According to Mulyono et al. (2020), strategic leadership is a leader's ability to share and communicate a potential strategy through strategic communication, thinking, orientation, alignment, and directions in motivating and persuading employees to implement firm strategies and achieve firm goals.

As stated by Dubrin (2013) strategic leadership entails engaging staff in realizing strategic goals through initiating changes in the workplace and effectively addressing both external and internal factors. Strategic leadership refer to the ability of the leader in visualizing and foreseeing the future, thinking strategically, maintaining flexibility and proactively responding to sudden changes that develops competitiveness for the future of the company (Lear, 2012). In conceptualizing strategic leadership, Tutar et al. (2011) define strategic leadership in an organization as the ability to create strategies by analyzing external and internal business environment, implementing strategies effectively within the timeline and evaluating and adapting behavior in responding to the future business environment appropriately.

According to Simsek et al. (2015), strategic leaders comprise of chief executive officers (CEO), senior managers, directors, frontline managers and entire workforce in the organizations that delivers stakeholder value. Four elements of strategic leadership are provided by Alzawahrah and Alkhaffaf (2021) including; organizational culture, strategic direction, examining strategic capabilities, and human capital. Samimi et al. (2020) identifies eight functions of a strategic leader which are stakeholders' engagement, human capital development, inspiring and motivating, management of information through strategic decisions and thinking, operations and administration supervisions; managing conflicting demands and managing social and ethical issues. This study followed Gupta (2018) aspect of strategic leadership which has the ability to improve employee performance and includes making strategic decisions (strategic direction),

communicate strategic intent (strategic communications), and ethical practice that enable adaptation (strategic agility) and alignment to external changes (strategic alignment).

Strategic direction is the ability of the organization to effectively allocate firms resources in directions of firms' vision, strategic plan, objectives and goals in achieving it aspirations through those resources (Alawneh & Al-Zoubi, 2020). Strategic leaders are responsible for setting the strategic direction of an organization towards developing and formulating strategic plan in attaining organizations' mission, vision and core values (Ng'ang'a, 2018).

Strategic communication; a strategic leader is able to develop and engage with continuous communication strategies and changes that are consistent with firms' goals by working closely with internal communication, being accessible to provide feedback and address the issues and concerns of employees during change, and devising communication plans that enhance leader development of internal communications strategies that encourages motivation and inspirations stories (Neill, 2018).

Strategic alignment entails achieving strategic priorities through attaining a degree of harmony and compatibility among several elements in the organizational (Ghonim et al., 2020). In the center of strategic management literature, strategic alignment is integrating and synchronizing organizations drivers (including employees as asset of the firms) of attaining goals and objectives in responding to external and internal environmental pressures and improving organizational performance (Chi et al., 2020).

A strategic leader is charged with strategic agility of the organization through enhancing organization's adaption capacity, creativity and flexibility and foreseeing uncertainty in both internal and external business environment and quickly, proactively and effectively responding to them and transforming them into opportunities (Tilman & Jacoby, 2019; Al Shehab, 2020; Denning, 2018).

1.1.3 Perspectives of Strategic Leadership and Employee Performance.

The organizational crises that have been experienced globally, have led to the recognition of strategic leaders as vital drivers in improving employee performance. For instance, Alvi et al. (2021) linked the high performance of employees in Higher Education Commission headquarters in Islamabad with strategic leadership. In Pakistan, Arachchi and Oguz (2017) showed strategic leadership as enhancing employee performance in a study that proved the benefits of Strategic leadership, when managers consider physical factors when conducting an environmental analysis to be competitive. Due to their firm's usage of the production approach, strategic leaders place less emphasis on developing relationships with their workforce (Raza et al., 2017).

Globally, in the United Kingdom, Andrews et al. (2012) indicated that due to the critical role played by strategic leadership in implementation of strategies, most larger firms were engaging in effective leadership that enhanced employee performance. In India, Zia et al. (2017) associated the performance of employees in Indian firms with strategic leadership. In the Kurdistan Region of Iraq, Ali and Anwar (2021), observed that strategic leaders in small and medium-sized companies (SMEs) improved employees' motivation,

workplace coordination and productivity. In University of Guilan, Akbari et al. (2015) found that the higher the strategic leadership skills, the more the employees' effective commitment, empowerment and work performance.

In Africa, despite strategic leadership being adopted and implemented in most organizations, statistically, less than 10% of leaders possess strategic skills hence the need in most current organizations (Dampson & Edwards, 2019). Adeoye et al. (2019) indicated that strategic leadership dimensions: - decision making, risk taking, strategic practices (ethical practices) and communication, improves employee performance. From their viewpoint, Obiwuru et al. (2011) emphasized that strategic leaders bring together their subordinate employees around the firm's objectives and goals with the aim of facilitating their attainment. These thoughts are shared by Dimitrios et al. (2013), who identify strategic leadership as an essential driving factor due to its capacity to favorably effect success of a firm. Folarin (2013) found that strategic leaders execute strategies aimed at enhancing employee innovation, attitude and information technology (IT) capability and this eventually increases performance of the institutions. However, one of the biggest issues facing organizational management in Sub-Saharan Africa is the shortage of visionary leaders, who are a crucial component of strategic leadership.

Locally, according to a study by Kabetu and Iravo (2018), it was found that fewer than 10% of leaders displayed the strategic leadership abilities necessary to guide organizations to reach their goals. Ng'ang'a (2018) noted that crucial responsibilities of strategic leaders within organizations include determining the company's strategic direction and fostering and maintaining a positive organizational culture. Tek and Deya

(2020) identified four strategic leadership approaches namely strategic direction, strategic intent, strategic alignment and strategic communication, as key drivers of successfully implementing strategies that favour improved employee performance. According to Miriti (2021), strategic leadership elements like a focus on human capital, strategic direction, and strategic control were favorably correlated with organizational success.

1.1.4 Central Region Economic Bloc Kenya (CEREB)

The constitutional framework of the governance of Kenya (2010), a central government and 47 county governments was used to establish the two-tier system. The two government levels are separate, connected, and in charge of regulating their bilateral ties through communication and collaboration, as stated in Article 6(2) of the constitution. A total of six regional economic blocs were formed in various parts of the nation, out of a goal of maximizing competitiveness and economies of scale, and they were distinguished by the use of institutional frameworks. The blocs are the Lake Region bloc which had highest number of 13 counties, followed by Central Region Economic bloc formed by 10 counties, North Lift Economic bloc which comprise of 7 counties, Frontier Counties Development council bloc (7 counties), the Jumuiya County za Pwani with 6 counties and lastly, the South Eastern region bloc which has only 3 counties). The regional blocs are under the Ministry of devolution. Each regional bloc is headed by a council elected from member counties, holds annual conferences to deliberate key opportunities for prioritizing actions to be addressed in the regions through conference solutions.

The Central Region Economic Bloc (CEREB) has 10 members' counties that are Meru, Tharaka Nithi, Kirinyaga, Nyandarua, Embu, Kiambu, Nakuru, Nyeri, Laikipia and Muranga. CEREB signed an agreement and drafted a blue print in June 2019, which assists the area in utilizing economies of scale for the betterment of the people in the 10 counties through collaborative implementation of projects and initiatives.

1.1.5 County Referral Hospitals in Kenya

Referral hospitals in Kenya, like in most emerging economies, are obtained through a pyramid-like structure of health facilities (Kenya Health Sector Referral Implementation [KHSR] Guidelines, 2014). According to these guidelines, Referral hospitals in Kenya are categorized into four tiers which are in the category of six levels of hospitals. First tier has community health services which delivers health services at community level (level 1). Tier two has level 2 and 3 hospitals and entails Primary care Services with Level 2 and 3 being hospital facilities such as health centers, nursing homes, dispensaries and maternity. Tier 3 comprises referral hospitals in level 4 and level 5 which provide wide range of health services and whose services are more superiors than level 2 and 3 hospitals. The last tier 4 comprises of level six hospitals which are National Referral Hospitals with specialized health care services (GOK/MOH, 2016).

The Ministry of Health improved referral services by directing the construction of a properly functional referral system in all 47 counties to enhance health service delivery at all levels, according to the Kenya Health Sector Referral Strategy (2014-2018). The plan was to make the services available to the citizens as required. The county Referral

Health facilities Level 4 and 5 aims at providing specialized services at Counties with the aim of enhancing affordable health care services.

However, this study will only focus on Referral Hospitals in Central Region Economic bloc. The bloc has 10-Referral hospitals namely:- Chuka County Referral Hospital, in Tharaka Nithi county; Embu Level 5 Hospital, in Embu county; Nyeri County Referral Hospital, in Nyeri County; Meru Teaching And Referral Hospital, in Meru County; Level 5 Hospital in Kiambu; Level 5 Hospital in Murang`a; Nakuru level 5 Hospital, in Nakuru county; J.M. Kariuki Memorial County Referral Hospital, in Nyandarua County; Nanyuki Teaching and Referral Hospital, in Laikipia County and Kerugoya County Referral Hospital, in Kirinyaga county.

The referral system in Central Region Economic Bloc (CEREB) has a major problem of medical employee's unrest due to poor leadership among other factors that has led to many deaths and inefficiency in these county referral hospitals that needs to be addressed urgently. For instance, in Embu level 5 hospital, Nthiga (2019) listed lack of communications, leadership and unsuccessful implementation of strategic plan and leadership as main hindrances to quality provisions of care. Ineffective strategic leadership in country's referral hospitals can increase hospital cost of operations, impair effectiveness and efficiency, and generate employee unhappiness, all of which would contribute to lower patients' satisfaction and society health. By addressing challenges, boosting teamwork efficiency and productivity raising employee satisfaction, enhancing hospital performance, and ultimately achieving one's own and the institutions goals, capable, effective and strategic leadership can promote employee performance. Hence,

need for this study to identify how strategic leadership influence employee performance among county hospitals in CEREB.

1.2 Statement of the Problem

Medical employees' output has become a major concern all over the world especially after emergence of Covid-19. Medical employees are always in the forefront of executing strategies for pandemics, emergencies as well as mitigating and improving the provision of quality health services. Their performance is therefore paramount. It is important to assess determinants of quality of service offered by medics to achieve organizational goals (Darmayanti & Bahauddin, 2021). Thus, it is crucial for organizations to consider implementation of strategies that positively contribute to high performance of employees in hospitals.

Most referral hospitals in the Central Region Economic Bloc (CEREB) are grappling with apparent low medical employee performance. Studies have indicated that approximately 40% of medical employees in Kenyan referral hospitals express dissatisfaction with their work and have low morale resulting in low job performance (Mandago & Anusu, 2022). Inadequate leadership, inadequate infrastructure and equipment, lack of skilled human resources, insufficient resources, late release of funds and lack of motivation have been identified as some of the challenges contributing to the low performance of medical employees (Bwire, 2018; Kenya Medical Practitioners and Dentists Council, 2019; Kaguthi et al., 2020). These challenges often arise due to the absence of effective leadership and poor execution of strategies. However, the actual

nature, extent and effects of strategic leadership concepts in the context of referral hospitals in the CEREB is not clearly understood or documented.

Locally, studies such as Njenga and Odollo (2023), Nang'ole and Muathe (2023) and Kanji et al. (2023) have shown the effect of strategic leadership on performance of listed commercial banks and public secondary school respectively. However, these studies do not link strategic leadership with medical employee performance in hospitals. To address the gap in knowledge, it is crucial to evaluate the impact of strategic leadership philosophies, such as strategic direction, strategic communications, strategic alignment, and strategic agility, on performance of medical staff in CEREB. Strategic leaders possess the ability to allocate and align resources, communicate effectively, and enhance organizational adaptability (Akeke, 2016; Gupta, 2018).

From the foregoing, there is limited literature on strategic leadership in hospitals and few studies have explored its influence on employee performance. Understanding how strategic leadership is utilized in hospitals and its effects on employee performance is essential to improve healthcare delivery and overall organizational performance (Conner & Joyce, 2019; Carter & Greer, 2013; Bansal & Desjardine, 2014). This research aimed at filling this knowledge gap by determining how strategic leadership influenced medical employees' performances in county referral hospitals in central economic bloc.

1.3 Study Objectives

1.3.1 General Objective

To general objective of the study was to determine the influence of strategic leadership on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.

1.3.2 Specific Objectives

The specific objectives of the study were:

i. To assess the influence of strategic communication on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.
ii. To determine the influence of strategic agility on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.
iii. To investigate the influence of strategic alignment on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.
iv. To determine the influence of strategic direction on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.
v. To establish the mediating influence of innovative work behaviour on the relationship between strategic leadership and medical employees' performance in county referral hospitals in central region economic bloc, Kenya

1.4 Hypotheses of the Study

$H_{01:}$ There is no significant influence of strategic communication on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.

$H_{02:}$ There is no significant influence of strategic agility on medical employees' performance in County referral hospitals in central region economic bloc.

$H_{03:}$ There is no significant influence of strategic alignment on medical employees' performance in county referral hospitals in central region economic bloc, Kenya

$H_{04:}$ There is no significant influence of strategic direction on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.

$H_{05:}$ There is no significant mediating influence of innovative work behaviour on the relationship between strategic leadership and medical employees' performance in county referral hospitals in central region economic bloc, Kenya

1.5 Scope of the Study

This study examined how strategic leadership affected the performance of medical staff in county referral hospitals in Kenya's central region economic bloc. The study outlined

four strategic leadership components namely; strategic communication, strategic agility, strategic alignment and strategic direction. The study was deliberately focused on the 10 referral hospitals within CEREB due to specific reasons. These hospitals were selected based on criteria such as a high rate of medical staff unrest, a high rate of patient complaints, and the distribution and number of medical employees. Furthermore, like hospitals in other global cities, several county referral hospitals in CEREB, such as Kiambu County Referral Hospital, Chuka County Referral Hospital, and Nanyuki Teaching and Referral Hospital, were committed to achieving the sustainable development goals (SDGs) related to health. This commitment demonstrates a significant interest in providing quality healthcare within the county.

Furthermore, CEREB was chosen for its ease of access, diversity in the nature and size of hospitals and the knowledge that conclusive information would be gathered from the region unlike other regions. CEREB consisted of ten county referral hospitals, some of which had been recognized as top performers, while others were considered low performers nationally. This diverse performance range within the bloc made it an ideal setting for conducting the research, as it was anticipated that conclusive results could be obtained regarding the impact of strategic leadership on employees' performance. Additionally, Masika (2016) states that County Referral Hospitals account for one-third of the medical staff, implying that the necessary data for conducting the study could be readily accessed within these hospitals. Therefore, the focus of the study was on employees who had been working in the County referral hospitals within CEREB for an

extended period over one year. The research was conducted for four months from January to April 2023.

1.6 Limitations and Delimitation of the Study

Some participants may have felt hesitant to fully express themselves and provide full transparency due to the bureaucratic structure of the government and worries about potential mistreatment, which resulted in apathy. However, measures were taken to build respondents' confidence and trust. The county ministry of health, the hospital administration, and other pertinent agencies all gave their approval and support. These organizations recommended the colleges to offer the study any assistance that was required.

In addition, the study was limited to referral hospitals in CEREB; however, the study used a scientific and probabilistic sample size that represented county referral hospitals in Kenya. The findings therefore are expected, to a large extent, to represent the general position in other hospitals in Kenya and the results are applicable across the board. The respondents' hectic schedules as a result of the nature of their jobs were another restriction. To solve the problem, the researcher and her assistants arranged meetings with the respondents and used drop-off and pick-up methods to distribute several questionnaires, leaving the questionnaires to be filled out and then collected. This made the survey take longer than anticipated, but it was necessary so as to obtain an acceptable and dependable response rate.

An additional limitation was that the study was conducted in the hospital setting with respondents being medical staff. The primary purpose of a hospital is to offer care to patients who expect privacy and confidentiality. The respondents became skeptical of the intention of the researcher and as a result, were not ready to volunteer information. However, the researcher managed to overcome their fear by adopting a friendly and professional approach. The guarantee that the study was done purely for academic purposes and that complete anonymity and confidentiality would be respected was offered to the participants.

1.7 Significance of the Study

To cut a niche in the contemporary demand for quality health care especially after the challenges experienced during Covid 19 pandemic and beyond, country referral hospitals management were confronted with the need to escalate activities that could improve performance and as a result, spur improved provision of health care.

The study findings were significant to management of County Referral Hospitals. The findings would help managers in identifying various strategic leadership approaches that were effective in improving employee performance. They also enabled determination of weak and strong strategic leadership approaches and how they could be worked on to increase employee performance. The findings would aid management in considerably improving the quality of health in these hospitals; for example, the findings would aid in the development of policy efforts to address strategic leaders' qualities needed in the hospital in solving medical employees` unrest, low production and inefficiency.

The government and stakeholders are expected to be able to establish and revise user-friendly laws and regulations as a result of the study's findings, which should actually lead to improved employee performance. Granted, past studies have examined some of the variables and come up with findings, but this has not assisted policy formulators to come up with effective strategic leadership in health sector that can enhance employee performance.

Based on the findings, the Kenya Medical Practitioner and Dentists Council (KMPDC) and the employers are expected to broaden their understanding on strategic leadership, flag out their problem areas and develop strategies and structures to address the medical practitioners' workplace interests and enhance service delivery to the Kenyan population. This may result in attainment of individual employee, organizational and national socio-economic growth and development. In practice, it is expected that the results of this research will aid the administrators of the hospital, particularly those in CEREB county referral hospitals, to understand strategic leadership and gain knowledge in training on strategic leadership. This strives to epitomize and appreciate the strategic leadership activities and innovative work behavior in enhancing employees' performance.

Further, it is hoped that the findings on innovative work behavior as a mediator between strategic leadership and employees' performance ushers in a different perspective and interest to the public on strategic leadership to invest in this worthy concept and ensure that the new model is adopted and actualized as a solution to industrial conflicts and employees' poor performance. Probably, this could increase job satisfaction, commitment and ensure they offer quality services to the patients.

To researchers, academicians, human resources professionals and society at large, the findings may be among the important reference points and source of secondary data, hence they would find recourse in using them. It is therefore anticipated that the findings may add to the prevailing database and bridge the existing information deficiency on the topic. Researchers that are interested in learning how strategic leadership influences staff performance as it is mediated by innovative work behavior may use the study's findings as a springboard and standard for future research. The study findings are also expected to significantly contribute to the acknowledgement of theories of strategic leadership as they relate to current study variables.

1.8 Study Assumptions

CEREB county referral hospitals management and employees were equally committed to give honest responses on their performance; the respondents had adequate time to willingly, honestly and accurately provide information within schedule; the selected sample size was truly representative of the population by adopting both probability and non-probability methods to select subjects that could provide unique, relevant, and rich information.

1.9 Operational Definition of Terms

Central Region Economic Blocs

This is a ten-member bloc (counties) namely Meru, Kirinyaga, Tharaka Nithi, Nyandarua, Embu, Nyeri Nakuru, Laikipia, Kiambu and Muranga. The bloc covers the larger Mount

Kenya Region. The bloc focuses on leveraging economies of scale in the region to improve livelihood of the people in counties through joint implementation of projects and programs. The bloc is defined by the integration of counties in Central Kenya region with historical, political and economic similarities. Kenya is generally divided into economic blocks on regional and socio-economic basis for development and CEREB is one of them.

County Referral Hospitals

County referral hospitals in Kenya are level 5 facilities that are managed by county governments and are considered as referral points for other lower-level hospitals within the specific county (Owino et al., 2019).

Employee Performance

Employee's ability to generate value for the organization and accomplishment of organization's goals. This is when an employee mentally and physically applies effort in executing job related tasks (Campbell & Wiernik, 2015).

Innovative Work Behavior

Refer to employees' commitment, devotion and ability to create, promote and implement new, creative and valuable thinking (Newman et al., 2018).

Medical employees

Refers to the holders of certificate, diploma or degree licensed to offer specialized medical care from a recognized medical institution and working in medical facilities such as doctors, nurses, Pharmacists among others (Chen et al., 2019).

Strategic agility

Refers to leader's ability to come up with strategies that proactively respond to unforeseen or foreseen sudden and unexpected changes (Nkuda, 2017).

Strategic alignment

Refers to leaders' ability to ensure harmony and compatibility among organizational resources toward achieving strategic priorities (Ghonim et al., 2020).

Strategic communication

Refers to ability of a leader to strategically develop and communicate strategies toward fulfilling institutions mission (Neill, 2018).

Strategic direction

Ability of the leader to allocate resources efficiently in accordance with the strategic plan, objectives, vision, and goals of the company so that it can depend on it to fulfill its aims (Alawneh & Al-Zoubi, 2020)

Strategic Leaderships

Ability of leaders to share and communicate a potential strategy through strategic communication, thinking, orientation, alignment, and directions in motivating and persuading employees to execute company strategies and attain company objective (Mulyono et al., 2020).

CHAPTER TWO

LITERATUREREVIEW

2.1 Introductions

The chapter highlights literature on strategic leadership, innovative work behavior and employees' performance. The chapter discusses theories underpinning the study and theoretical framework. Review of literature and its related research gaps emanating from empirical review are also discussed as well as the conceptual framework.

2.2 Theoretical Underpinnings of the Research

A number of theories have been used by scholars to discuss the influence of strategic leadership. This study used theories that relate to the general objectives which is influence of strategic leadership on performance of medical employees, namely; social information processing theory, dynamic capability theory, theory of contingency and goal-setting theory.

2.2.1 Social Information Processing Theory

Development of Social information processing theory by Salancik and Pfeffer (1977) contains a model of social information processing that defined intricate connections between social contexts of communications, attitudes, behaviors and perception. Social information processing theory shows how employees job behavior and attitudes are modeled by leaders' way of communication and how the exchanged information make sense to them (Hu et al., 2018).

As per the theory, an employee acts on information received based on their knowledge of the communicated information, which affects their cognitive and behavioral responses (Marmat, 2021). Wadei et al. (2021) proposed two procedures (mediators) with good

prospects to mediate the connection between employee performance and strategic leadership. The first emotional mediator is psychological safety, which is the widely held idea that taking risks does not result in negative outcomes. The second cognitive mediator is creative self-efficacy, which is the view or belief that a person can produce or accomplish innovative accomplishments (Liang & Zhang, 2019). Strategic leaders through their communication skills, cultivate both creative self-efficacy and psychological safety and that have an impact on employee performance (Odoardi et al., 2019). As a result, the social information processing theory describes how significant persons, such as colleges and leaders, influence behavioral and cognitive responses through communication (Boekhorst, 2014).

Wadei et al. (2021) suggest that strategic leaders' communication abilities improve positive information exchanges from peers and leaders which are also considered as significant in strategic communication hence boosting employee performance through exchanging views, attitudes, and actions (Ou et al., 2014). In order to adjust or manage their cognitions to fit the organizational context, employees depend on these indications from leaders to corroborate how they see the workplace (Gu et al., 2018).

Strategic leaders use their communication abilities to disseminate knowledge that is innovative to help their subordinates comprehend the importance of normatively suitable behaviors through successful communication tactics. They should also look for ways to help and encourage followers to feel comfortable while carrying out their responsibilities (Lemoine et al., 2019).

Employees are encouraged to take risks in their interpersonal interactions because they view the setting to be safe and that boosts social information. Risk-taking is a necessary

aspect of the creative process (Shelley et al., 2004). Strategic leaders instill a sense of security in their followers by engaging one-on-one communication, which has a significant impact on their productivity (Hu et al., 2017). This will enable employees to experiment with new ideas and encourage their colleagues' imaginative endeavors, resulting in the creation of fresh and beneficial concepts (Edmondson & Lei, 2014). Furthermore, these communication practices would boost staff interaction and sharing of information to identify issues, identify opportunities for improvement, design noble ideas, and offer pertinent possibilities before coming to a decision (Jiang & Gu, 2015).

This theory was relevant to the study by suggesting a strategic communication intermediary mechanism to influence employee performance. It is thought that to boost employee performance, the leader must strengthen social information communication channels by creating a high-quality feedback management system. However, Social information processing theory belongs to cognitive paradigm in psychology which has been criticized for being individualistic and internalist, for neglecting emotions, culture, and history and for denying the importance of fantasy in its theorizing of order and control (Cooke, 2017).

2.2.2 Theory of Dynamic Capability

Teece and Shuen (1997) founded the principle on three key tenets namely seizing, sensing, and reconfiguring as necessary for successful adaptation strategies (or transformation). According to Teece (2017), dynamic capabilities refer to a company's capability to construct, expand, or modify its collection of resources in order to outperform its competitors in terms of financial benefit. Furthermore, dynamic capabilities transform resources into higher performance. In regimes of rapid (technological) changes, Teece

(2017) claims that dynamic capabilities boost competitive advantage. In a highly dynamic environment, these capabilities are component competencies that are required to sustain exceptional enterprise performance.

According to Day and Schoemaker (2016), in order to respond to fluctuating markets, rivals, and technological breakthroughs, it is crucial to recognize opportunities and threats. Leaders' ought to generate fresh concepts when identifying the requirements for transformation during the perception stage of undertaking (Cyfert & Krzakiewicz, 2016). A workforce that is capable of recognizing change, is in better position to react and adapt to it.

The theory of dynamic capabilities can be utilized by corporate leaders to respond to alterations in the commercial setting. When it comes to building dynamic capabilities, management plays a key role, especially when it comes to altering or reorganizing company's resource pool (Liang & Zhang, 2019). The essence of dynamic capabilities, according to Wojcik (2015), is modifying how resources, processes, and talents are allocated and merged in order to boost productivity. According to Teece (2017), leaders in organizations which are dynamic have incredible forces of nature that allow them to seize, reconfigure, sense and modify their institutions.

In relation to DC theory, Cai et al. (2018) defined agility as the capability of a strategic leader to swiftly and effectively respond to and adjust to change for the betterment of the institutions. A leader with strategic agility is capable of not just reacting to and adapting to change quickly and correctly, but also the ability to bring about changes (Festing & Harsch, 2019). According to Carvalho et al. (2017), a leader's agility serves as a facilitator for organizational competitive advantage.

When business executives improve workforce agility through suitable initiatives, they have the potential to reap numerous advantages. Quality enhancement, improved customer service, and accelerated learning curves are all benefits of strategic leader's agility, according to Sohrabi et al. 2014). Snyder and Brewer (2019) posit that besides speed, reactivity, and adaptability, strategic leaders' flexibility enables businesses to thrive in a cutthroat, uncertain, and continually changing world. Due to its emphasis on identifying and exploiting opportunities and changes in the environment through resource alignment, and modifying resources to address risks, the dynamic capabilities theory is a suitable perspective for examining the methods of leader agility in this study (L'Hermitte et al., 2015).

This theory was the most pertinent to this study as dynamic capabilities can be used by leaders to promote change adaptation and implementation, resulting in improved employee performance. According to Pitelis and Wagner (2019) dynamic capability theory is used in interacting strategic leaders with employee performance and understanding managers/leader capabilities in building dynamic capabilities variables. Strategic agility, according to Sherehiy and Karwowski (2014), produces a flexible work environment capable of adjusting to sudden and rapid developments in the business context. However, the DC theory has drawn criticism for its key notions' absence of empirical clarification and for the difficulties in defining initial circumstances (Hallberg & Felin, 2020).

2.2.3 Contingency Theory of Leadership

The contingency theory of leadership, also known as "A Contingency Model of Leadership Effectiveness," was created by Fred Edward Fiedler (1964) and posits the

efficiency of a leader. According this theory, strategy is a contingent component that must be fit into its context, both internal and external in order to improve employee performance (Shala et al., 2021). The alignment of company characteristics to contingencies which depict the institution's circumstances, according to contingency theory, results in performance improvement (Cyfert, 2021). This point of view asserts that firms seek to improve the alignment and fit of the current set of situational variables with altering their external surroundings. In hectic workplaces, this fit technique is seen as a dynamic, continual activity (Mahmud et al., 2021).

Contingency Theory of leadership practice believes that there is no universal organizational system that can fit every organization. Rather, the circumstances will decide the most effective leadership style (Suharyanto & Lestari, 2020). The contingency theory in strategic management is where the concept of strategic alignment comes in as fundamental idea that the balance between personnel performance and strategic alignment has a substantial impact. This context can be found in the organization's external as well as internal environments (Abedalsttar, 2022).

As a result, by integrating synergies in strategy such as processes, organizational resources, and technical skills, institutions, whether private and public, function in a certain environment. Additionally, corporate strategy should indeed be interwoven with the goals, missions and plans of an organization (Chi et al., 2020). McClements and Young (2019) argue that strategic alignment is a contingency strategy that is dynamic throughout time.

The importance of the contingency theory of leadership to this study lies in its association with the influence of strategic alignment on employees' performance. Amidst ongoing

uncertainties and constant changes, strategic alignment becomes crucial for adapting to environmental shifts and uncertainties (Price, 2016). The study's alignment tactics, intertwined with organizational characteristics, hold the potential to significantly impact employees' performance, rendering the contingency theory highly relevant (Luftman, 2014).

2.2.4 Goal-Setting Theory

Goal-setting theory was developed by Edwin Locke (1960). The theory principle is that goal setting is effectively connected to employee performance. According to Locke and Latham (2002), It is important to establish objectives, tactics, and action plans to comprehend the desired outcomes of an organization and the methods to attain them. According to this theory, firms with goals perform better because they focus efforts and resources on tackling key challenges and employees understand the organization's priorities (Höpfner & Keith, 2021). Strategizing has always resulted in concrete goals, and plans aimed at overcoming organization’s challenges (Gagné, 2018). It incorporates elements of goal-setting theory to strategy development by stating clearly what the organization's goals priorities are and how they were addressed to the organization's stakeholders. Concrete goals, strategies, and plans should be defined, accordingly in order to understand what an organization intends to do and how it will accomplish it (Ferlie & Ongaro, 2015).

Strategic direction is a method of strategy formation that includes procedures, tools, and behaviors targeted at merging these theoretical explanations during strategy formulation. The ideas generated are processed and eventually implemented. However, how the company acts on its strategic direction varies significantly (Bryson et al., 2018). The

popularity of strategic direction appears to support the notion that it improves employees' performance.

The goal-setting theory is particularly relevant to the study, as it delves into the relationship between strategic direction and employee performance, ultimately leading to increased output (Gogoi & Baruah, 2021). The theory's significance lies in its assessment of employees' efficacy based on their ability to achieve predetermined goals, making it a critical aspect of this study's findings. The research strongly supports the notion that individuals without well-defined goals and a clear strategic direction may exhibit ineffective work patterns, lacking direction and awareness of how to execute tasks effectively and contribute value to the organization.

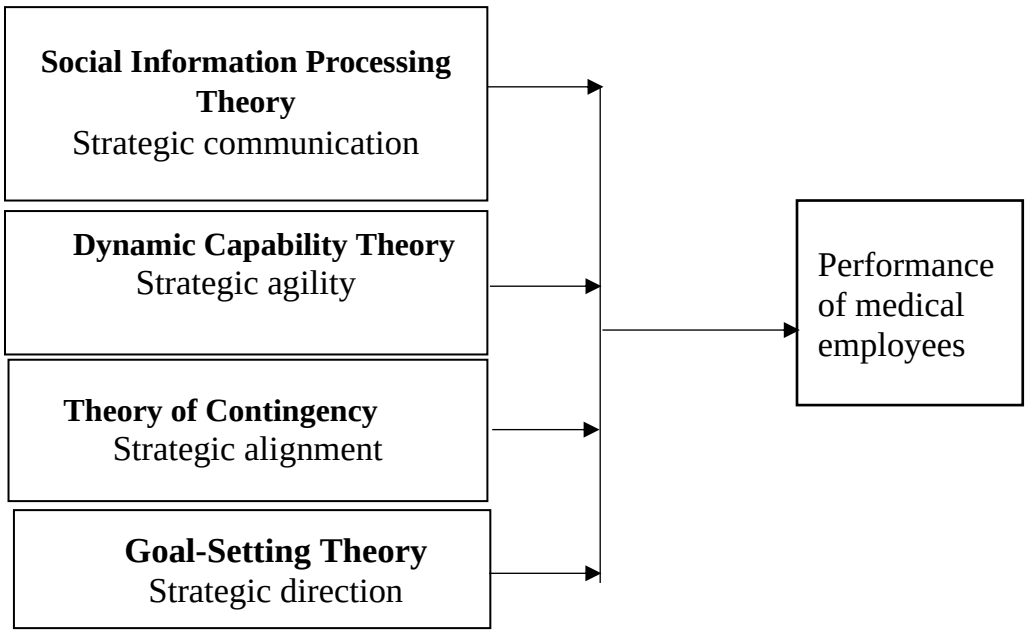
2.3 Theoretical Framework

From the above theories, a theoretical framework has been developed to understand and explain the effect of strategic communication, strategic agility, strategic alignment, and strategic direction on the performance of medical employees. This framework integrates various theories, including the social information processing theory, dynamic capability theory, theory of contingency and goal-setting theory. The social information processing theory focuses on how individuals acquire, interpret, and use social information in decision-making and behavior. It can help explain how strategic communication within a medical organization influences the performance of its employees. In a dynamic and evolving environment, the theory of dynamic capabilities underscores an organization's capacity to adapt, learn, and acquire new skills. It can provide insights into how strategic agility, the capability to perceive and react to alterations in the environment, impacts the performance of medical employees.

The theory of contingency suggests that the best solutions or actions depend on various contextual factors. It can shed light on how strategic alignment, the fit between organizational goals and strategies, affects the performance of medical employees. The goal-setting theory explores how setting specific and challenging goals can motivate individuals and improve performance. It can offer insights into how strategic direction, the clear articulation of goals and objectives influences the performance of medical employees. The theoretical framework visually represents the integration of these theories and their relevance to understanding the relationship between strategic communication, strategic agility, strategic alignment, strategic direction, and the performance of medical employees. As indicated in the theoretical framework, every theory was carefully selected to underpin a specific independent variable and all theories were found important and relevant to the study.

Figure 2.1

Theoretical Framework



2.4 Empirical Review

2.4.1 Strategic Communication and Employees' Performance

In strategic management literature, the goal of communication is to remove boundaries across fields that are directly connected to one another and build a structure that unifies fields like corporate communication, marketing communication, and public relations (Holtzhausen & Zerfass, 2015). Employee effectiveness serves as the fundamental tenet of strategic communication as a result (Heide et al., 2018).

According to Forbes (2017), a mix of change management activities that emphasize personnel and effective strategic communication is critical for organizational transformation success. In support of this, Cunningham et al. (2020) showed that organizational goals and employees' benefit from company executives that move away from traditional communication methods to more effective modern and strategic communication. Leaders must constantly implement new communication strategies in order to keep employees productive and have a significant impact on encouraging performance through employee communications (Zorlu & Korkmaz, 2021). Strategic communication enhances subordinates' performance (Banwart, 2020). According to Zorlu and Korkmaz (2021) business production was determined by employee effort and engagement as a result of strategic communication methods.

As suggested by Robbins and Davidhizar (2020) strategic leadership has the most influence on all leadership communication styles, when facilitating meetings and departmental focus on communication concerns and methods. Employees display more

satisfaction, higher productivity, and deeper organizational engagement when managers use excellent management communication techniques (Watkins & Walker, 2021). According to O'Neill et al. (2015), employees feel motivated and engaged when they are made aware about current organizational developments and how they should respond. The psychological process that occurs during an employee's involvement at work was explored by Bhuvanaiah and Raya (2015), who claimed that strategic leadership would have a bigger impact on employee performance by implementing strategic communication.

Mutiso (2017) investigated the role of communication in organizational change, by using national petroleum company as a study case, and discovered that significant effects were found as a vital link between the change initiative and the workforce. Mutisya (2016) looked into the importance of communication in strategy execution utilizing 64 top management in Kenya's healthcare companies and noted that interaction plays a variety of crucial roles, such as information sharing, acquiring knowledge, and developing sense of harmony between staff and employers. Gachungi (2014) reached a similar outcome and noted that good strategic communication reduced resistance to transformation greatly.

Suryanto et al. (2019) analyzed the impacts of strategic communication on success of the organization as mediated by corporate culture, as well as the consequences of their findings for all policy makers of the Navy's Minimum Essential Force (MEF) development in Indonesia. Strategic human resource expertise and communication have a good and significant impact on corporate culture. Organizational performance indicators were influenced both directly and indirectly by organizational culture and strategic communication. They found significant mediation influence on association between

performance of firms and strategic communication. The business's success indicators are directly impacted by the corporate culture and strategic human resource competencies. The effect of organizational culture mediation between strategic human resources competency and organizational performance was positive and significant.

Lee et al. (2021) examined the effect of strategic communication efforts on employees' views of their workplace connections. According to this study, interacting with employees in an open and honest manner can help to reduce biased attitudes, improve perceived organizational fairness, and establish effectiveness of obtaining resources and improve on returns on investments.

In China, using data collected from 276 teachers, Ma (2022) evaluated the impact of communication techniques on employee commitment to the organization as mediated by faculty participation, covering the sufficiency of information, the flow of information, and response to information. Results of this study established that organizational commitment was significantly affected by the three communication strategies of information feedback, information flow and information adequacy. Faculty engagement significantly affected information feedback, information flow but not information adequacy.

Shannon and Cad (2018) used a case study in investigating how managers used strategic communication tactics to boost employee performance and organizational effectiveness. Three research instruments namely observation, secondary records and interviews were used. The study only selected respondents who were in managerial positions and had been engaged on full-time terms for at least three years. Using Moustakas' modified van Kaam

approach, the data were examined. The study's conceptual foundation was established by communication theory. Thematic analysis generated three themes which were motivation of employees, coaching and communication consistency.

Wagener (2020) investigated communication strategies used in Retail chain's head office in Cape Town and their effects on employee performance. Using interview schedules, the study collected data on how information was communicated between leaders and employees. The findings showed that despite being a critical element in organization performance, communication had been deteriorating. The findings showed that employees were eager to receive information related to their job duties on a regular basis and it was also uncovered that using both bottom-up and top-down communication strategies improved both management and employee collaboration. However, the study employed qualitative methods only.

2.4.2 Strategic Agility and Employees' Performance

Halalmeh (2021) investigated performance of employees in commercial banks in Jordan and its association with strategic agility. All managerial staff of Jordanian commercial banks were included in the study. A random sample of 250 commercial bank employees in top administrative and supervisory roles was chosen. The study yielded a number of conclusions, the most notable of which was that employee performance in Jordanian commercial banks was influenced by strategic agility aspects (the sensitivity of plans, key skills, technology choices and clear definition of vision, shared accountability and strategic objectives)

Sajuyigbe et al. (2021) assessed how companies leadership involved in management of business environment dynamics implemented strategic agility while utilizing proactive and rapid responses to establish opportunities and threats. Using descriptive approach and random sampling of participants, SEM results showed strategic sensitivity as sub variable of strategic agility positively impacted competitive pricing, cost leadership and innovation.

Hasan (2019) aimed at finding out how strategic agility would help a business achieve its goals. Two primary hypotheses were developed to meet the research aims, a random and representative sample of 56 staff members were selected to take part. The study discovered a link between organizational excellence and strategic agility. Their study established an association between organizational excellence and strategic agility.

In the age of technological transformation, the study by Cho et al. (2022) sought to examine the contribution of organizational agility as a driving factor to offer improved performance in multinational market economies and explored the extent to which such effect was influenced by the firms' absorptive capacity. To examine the connection between the organization's agility and the company's profitability in the global industry under varying extents of prospective and accomplished absorptive capacity with in sector, this study sampled 228 Korean exporters. According to the empirical findings, businesses with a high degree of agility were found highly competitive.

In Lagos State, Nigeria, Arokodare (2021) looked into how strategic agility may improve the success of businesses that market oil and gas. 515 retail station managers provided

data, which were collected using a cross-sectional design. Regression analysis results showed that the effectiveness, satisfaction, and overall success of the companies were significantly and favorably influenced by several aspects of strategic foresight, internal response orientation, information technology capability, strategic insight, and human resources capability.

Arokodare and Asikhia (2020) examined the link between performance of an organization and its strategic agility as part of the precursor to strategic foresight. The study's guiding theories were the notions of entrepreneurial innovation and dynamic capability. A conceptual model was developed to show how company performance and strategic agility are related to strategic foresight. The majority of earlier studies have shown that strategic agility and foresight greatly increase economic production.

To comprehend the connection between the resource-based view, strategic agility and profitability of the company in the manufacturing enterprise, Nurjaman et al. (2021) designed a framework that combined and integrated the adaptable aspects of the Resource-Based View and strategic agility. The relationship between these dimensions was also explored and the business's overall performance indicated. The manufacturing sector was used as a benchmark in this study framework model formation. Manufacturing firms performed best when their resources and manpower grew.

In their research, Shannon and Cad (2018) identified that organizational culture played a significant role in shaping the relationship between strategic agility and performance, acting as a mediating factor anchored on Dynamic Capability theory. Using desktop

review, their study showed a unanimous finding among previous studies that strategic agility improved employee's performance in a firm. Al Thani and Obeidat's (2020) goal was to look at how organizational performance was impacted by variables affecting strategic agility. There were 63 participants in the study, and the results discovered that strategic agility significantly impacted staff effectiveness and raised overall performance. Al-Tameemi and Abd-Alghafur (2020) did a study on link between strategic agility as strategic leadership aspects and firm effectiveness. Data was analyzed using regression model and findings showed that high levels of organizational effectiveness were linked with strategic agility. Monyei et al. (2021) investigated strategic agility impact on the long-term success of micro and small businesses, particularly exploring the connection between technology adoption and decision-making in micro and small enterprises in South-Eastern Nigeria. The study employed survey approach and used random sampling of 136 calculated using the formula developed by Krejcie and Morgan (1970) from a target population of 210 registered owners of micro and small enterprises in South-eastern Nigeria. Regression showed that technology usage and decision-making impacted Southeastern Nigeria's microbusinesses in a statistically significant way.

Abdul Rahim and Fadel (2016) attempted to develop an intellectual frame for strategic agility and identify strategic agility of the leader. The strategic agility dimensions included clarity of vision, action, information technology, chosen strategic goals, organizational learning, and shared responsibility, core capacities, planning strategy, human resource management, organic structure and empowerment. After analyzing data using qualitative approach of interview schedules, results showed that despite possessing agile corporate

characteristics, the Asiacell company did not meet the criteria to be labeled as an agile organization.

Hanieh (2016) attempted to study institutional performance excellence in the Gaza Strip's food industries and its association with strategic agility. The study looked at strategic sensitivity, clarity of vision, key competencies, collaborative accountability for selecting strategic goals and the swiftness of reaction. The study found that both people and companies in the food industry practiced strategic agility and excelled in institutional performance. Furthermore, the study discovered that excellence performance in Gaza Strip food industry was strongly associated with strategic agility.

2.4.3 Strategic Alignment and Employee Performance

Alsayah (2022) employed descriptive analytical approach to study strategic alignment as driver for creating firms' image and reputations. The study's findings suggest that strategy alignment with internal and external variables has a significant impact on a company's reputation and image among customers. Organizations excellent images are committed to establishing strategic alignment with their internal elements and external factors, whilst businesses with a terrible or medium image show signs of lack of consistency in their strategic alignment which increases deviation from their unique competitive competencies for competitive advantage is less aligned with their competitiveness, and failing to align their existing strategies.

Locally in Kenya, a study by Anamanjia and Maina (2022) was carried out to evaluate how strategic alignment was connected to performance of the Kenya Revenue Authority.

Their study focused on strategic alignment of resources, business environment, structural and cultural alignments. Dynamic capability theory, institutional and resource advantage theories were used to support the survey. The Kenya Revenue Authority served as the study's unit of analysis, with all personnel in Job Groups 3 -10 as the study's population. The employees came from various organizational levels, with senior management, policymakers and technical staff. Respondents were sampled according to their department using a stratified sampling procedure to ensure that all cases were representatively sampled. Their study findings indicated that cultural alignment, structural alignment, business environment and resource alignment were positively and significantly linked to Kenya Revenue Authority's performance.

Jaafar and Ahmed (2021) studied the function of strategic alignment in improving strategic decisions identified in the Bab Al-Moazam focusing. Data was collected using designed questionnaire from 155 respondents drawn from a population of 208 managers of Ministry of Health. The surveys were verified for reliability and validity on the exploratory and confirmatory factor analysis respectively. The study found that there was a link between greater corporate strategy and alignment of strategies.

Manager credibility, strategy alignment, and motivation were investigated by Lees and Dhanpat (2021). As a potential mediator between management credibility and motivation, strategic alignment was also studied. The data was gathered from a sample of 3112 employees from the United States and South Africa. Results from regression model showed that strategic alignment enhanced employee motivation influenced by a manager's credibility. Employees' motivation was found to be influenced by both manager

credibility and strategic alignment in a statistically meaningful way. The mediator analysis showed that the relationship between manager credibility and motivation was successfully mediated by strategic alignment.

A study by Gasela (2021) in South Africa's Northern Cape Province determined the extent of alignment and mis-alignment effect on organizational performance of 3 public enterprises. Mixed methods (qualitative and quantitative methodologies) were used in the survey and multiple study designs. Data was collected from 38 randomly chosen executives of public entities and the provincial government using a semi-structured questionnaire, while qualitative data was collected via in-depth interviews. The data was analyzed using multiple regression. It was discovered that in SA public organizations, a mismatch between corporate and business-level plans, caused by among other things, a lack of capacity and inadequate communication, had a detrimental impact on strategy execution, resulting in low service delivery.

Ghonim et al. (2020) studied how employee decision making efficacy was affected by strategic alignment. Data obtained from 383 staff of Directorate of Health Affairs in Egypt's Dakahlia Governorate. Results showed that decision making efficacy was significantly affected by strategic alignment aspects, focusing on how to maximize the influence on effectiveness of decisions by integrating all four components of strategic alignment through an integrative approach.

Jacobsen and Johnsen (2020) investigated the strategic placements of prospectors, defenders, and reactors in Norwegian municipalities, as well as their structural alignment.

Municipalities did link their organizational structures to the strategic roles for prospectors, defenders and reactors and expected, according to top managers responding to a survey. Top executives frequently struggled to deliver consistent replies to their firms' strategic decisions. Given that public sector organizations' strategy planning and content appear to have a minimal impact on performance of information technology, operations, staff, and consumers could increase resource allocation and decision efficacy.

Al-Surmi et al. (2020) investigated the effects of triadic strategic alignment spanning organization, marketing tactics, and technology on performance. Information was gleaned from a survey of 242 managers in Yemen. The results demonstrated a strong impact of triadic strategy alignment on organizational effectiveness.

Pashutan et al. (2022) studied effects of two essential IT resources (IT management, IT investment) and strategic alignment on IT-SMEs performance. From a random sample of 70 SMEs IT managers, 70 CEOs and 70 CIOs (Chief Information Officers) quantitative data was collected using questionnaires with findings from PLS software of SEMs indicated that IT-SMEs performance was positively influenced by strategic alignment and under high management of IT.

Mulago and Oloko (2019) analyzed how performance of firms in Kenyan telecommunication sectors was associated with strategic alignment. They conceptualized strategic alignment as alignment of employees, alignment of key processes, customer alignment and IT alignment. Performance of firms in Kenyan telecommunication sectors was found to be significantly associated with all the four strategic alignment aspect

(alignment of employees, alignment of key processes, customer alignment and IT alignment).

In Kenya, Sang et al. (2018) aimed to determine how the NGOs performance in the Nakuru town was associated with strategic alignment aspect of talent, organizational culture, knowledge management systems and structure. According to the study, NGOs performance in the Nakuru town was positively linked with strategic alignment of organizational culture.

The assumption underlying the strategic alignment notion, according to Ghonim et al. (2020) is that employees' knowledge and conduct, aligned with an organization's strategic goals, are the keys to achieving positive high employees' performance and thus, studies have concluded that strategic alignment impacts on employee performance.

2.4.4 Strategic Direction on Employees' Performance

From Jordan Services Ministries, Alawneh and Al-Zoubi (2020) studied how strategic direction was important in improving the impact of corporate social responsibility (SCR) through organizational proficiency. This research aimed to back up prior research on how organizational prowess affected social responsibility. Furthermore, this relationship assists the company in reaching its targeted goals by uncovering opportunities, self-development, and interdisciplinary collaboration, helping it to deal with the competitive work environment.

Jelagatt and Kimaku (2018) studied performance of Kenya dairy processes as predicted by strategic direction from a sample of 178 out of 319 employees in dairy processing

companies. A narrative format was used in thematic analysis of qualitative data. Findings from Pearson correlation coefficient and multiple regression analysis showed that strategic direction had the highest impact, followed by strategic planning, strategic communication, and finally strategic control.

In the banking sector, Odita and Bello (2015) looked at the relationship between organizational effectiveness and strategic intent. Self-reporting questionnaires were employed in the study, which had 201 participants in total. The study discovered a significant and favorable association between organizational performance and strategic intent, including its component aspects (mission, vision, and objectives). Furthermore, it was shown that strategic direction accounted for almost 30% of the difference in performance. All three strategic purpose dimensions, mission, vision and objectives were demonstrated to explain varied levels.

Kung'u et al. (2020) determined how performance of firms dealing with assembling of cars in Kenya was affected by strategic direction. A descriptive research design was utilized to interview 314 respondents, including 46 members of top management, 156 lower and 112 members of middle management. A stratified random selection strategy was used to choose the 157 participants for the research. The study's results demonstrated that the direction in which the company strategically aligned itself had a favorable influence on the overall performance of auto assembly companies based in Kenya.

Kungu et al. (2020) showed that financial performance measures such as return on assets (ROA), customer satisfaction, employee turnover and net profit margin were found to be

closely associated with strategic direction. In a study done by Muthaa and Muathe (2018) in Meru County, focusing on technical training institutes with the purpose of determining how strategic direction affected corporate performance, a substantial correlation was established between an institution's strategic direction and its overall success. The study's conclusion was that diverse institutional agendas should be aligned with the organization's overarching strategic direction.

Munyao et al. (2020) did research with the Africa Inland Church in Kenya to relate strategic direction and performance. Strategic direction and the institution's ability to perform were found to have a favorable and significant relationship. Kitonga et al. (2016) studied the connection between performance in non-governmental organizations (NGOs) and strategic direction in Nairobi. A total of 328 businesses were studied, with a mixed methods approach used. Strategic direction and company performance have been demonstrated to be favorably and strongly connected.

2.4.5 Mediating Role of Innovative Work Behaviour

Individuals and groups play a role in bringing about organizational innovation (Silva & Cirani, 2020). Innovative Work Behaviour (IWB), according to Deng et al. (2022) is associated with less formalized activities and procedures for responding to, dealing with, and capitalizing on the corporate world in numerous opportunities. IWB is necessary for the organization's existence and increases efficiency (Coetzer et al., 2020). IWB is considered a background means for analyzing innovations at the individual level (Supriyanto, 2019). Employees' ability to uncover, produce, and implement fresh and useful ideas at work is defined as innovative work behavior (Newman et al., 2018).

IWB has been identified by various researchers and academicians as a multifaceted and multidimensional construct encompassing several activities aimed at bringing about organizational innovation (Cangialosi et al., 2020). Coetzer et al. (2020) defined IWB as all physical and cognitive acts undertaken by persons or organizations in their work environment to fulfill tasks in order to achieve innovations. Bak (2020) identified IWB as a tool for boosting problem-solving efficacy in the workplace. Park et al. (2014) on the other hand, saw IWB as a multi-stage process aiming at identifying new ideas, developing them, and applying them to enhance the current situation.

Messmann (2012) conceptualization and definition of IWB will be used in this study, and it will be treated as a multidimensional notion. Messmann and Mulder (2012) conducted a review of existing IWB models (Lambriex-Schmitz et al., 2020) and constructed a five-stage IWB model as Idea generating (IG), Idea realization (IR), Opportunity Exploration (OE), Idea advancement (IP) and Perspective.

The model's first four dimensions correspond to the dimensions of IWB that have been frequently recognized and explored in the literature. Assessing the innovation process, evaluating actions, and personal advancement during the innovation process are the key concerns of the perspective component (Middleton & Hall, 2021). In this study, the first four elements of the model were utilized to elucidate the process of IWB and its mediating effect on medical employees' performance. This model, a condensed version of the IWB scale (Gerken et al., 2016), along with previous models, includes an opportunity exploration dimension that pertains to the workplace's innovation development process.

The Messmann and Mulder (2012) model of IWB, which was used this study, describes IWB as a four-stage process (Idea generating, Idea realization, opportunity exploration and Idea advancement) that leads to workplace innovation. Opportunity exploration is about identifying issues, interpreting them, and determining whether or not an employee's workplace environment requires development or modification (Middleton & Hall, 2021). The remaining steps of the process are built on top of OE. Then, in a professional environment or method, it is all about coming up with fresh and valuable thoughts or ideas (Messmann et al., 2018). During the OE stage, IG is concerned with understanding challenges and coming up with solutions for these problems. It is all about being creative and sharing what you have learned (Gerken et al., 2016).

Getting backing and spreading the freshly created concept across the organization are the main goals of the IP stage. The last stage of practical implementation, known as IR, is when new ideas are implemented into routine work procedures (Lambriex-Schmitz et al., 2020). IR refers to the overt attempts to incorporate creative ideas into real-world work situations.

According to Pham et al. (2020) innovative behavior is related to how much time, effort, and resources an individual commit to discovering, advocating, and executing innovative ideas at work. In today's increasingly dynamic corporate environment, employee creative behavior is vital for organizational survival and competitiveness (Pian, 2019; Asurakkody & Kim, 2020). For example, employee creativity is a key resource that enables a company to succeed in a cutthroat market (Suwanti & Udin, 2020). Since innovative work behavior

is closely correlated with inventiveness and intelligent performance, it serves as a significant resource of intellectual results (Montani et al., 2020).

Innovative work behavior (IWB) has proved crucial for organizational sustainability and resilience (Kim, 2022). Organizational success is based on each individual's innovative ideas and behaviors, especially while the organization is going through a period of rapid change (Alheet et al., 2021). Almost every employee, not only management or special teams, is expected to be creative in their work behavior (Negassi et al., 2019). As a result, for organizational sustainability, understanding organizational environments to generate innovative behaviors from individuals becomes more critical.

It has been shown that workforce innovation is a dynamic, multifaceted procedure that requires creativity. It is made up of four interconnected qualities: acknowledging the issue, developing a notion, promoting, and recognizing (Khan et al., 2012). Every one of these characteristics are utilized in activities and tasks that call for innovation and the projection of innovative thinking. To get competitiveness in the current market scenario, it is essential to be competitive and innovative (Purwanto et al., 2022).

In a study done at PT Gapura et al. (2023) looked at the interaction between performance of employees and transformational leadership as well as how innovative work behavior mediates that link. In order to evaluate hypotheses, the study used quantitative methods such as survey distribution and structural equation modeling with smart PLS software. In order to learn more about the transformational leadership approaches used in the organization, six respondents were also interviewed. The results of the study demonstrate

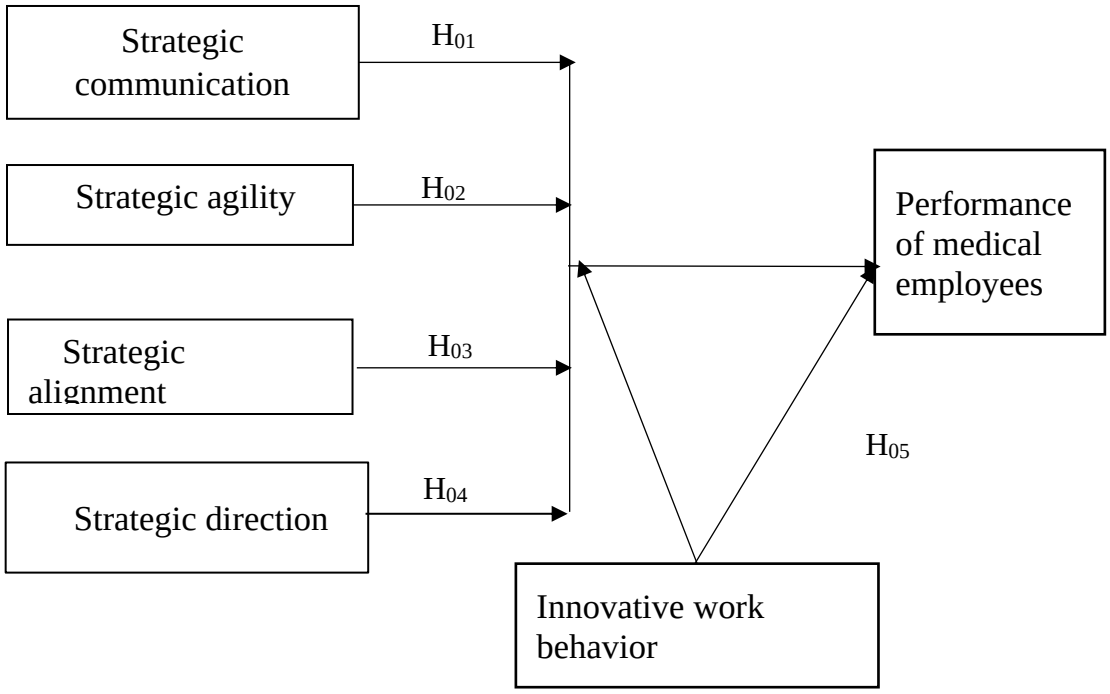
a considerable positive correlation between creative work practices, transformational leadership, and employee performance. The study also demonstrates a mediated relationship between employee performance and creative workplace behavior.

2.5 Conceptual Framework

Based on the theoretical framework and previous studies the following conceptual framework was developed. In conceptual framework (fig 2.2) the independent variables which are derived from dimensions of strategic leaderships namely; strategic communication, strategic agility, strategic alignment and strategic direction are graphically linked with study dependent variable (performance of medical employees). The mediating impact of innovative work behavior on the connection between strategic leadership and medical staff performance is also taken into account. In this framework, the independent construct is strategic leadership. It refers to the actions, behaviors, and strategies adopted by leaders within an organization to guide and influence employees towards achieving organizational goals. Strategic leadership encompasses aspects such as setting a clear direction, effective communication, strategic decision-making, and fostering a culture of innovation and adaptability. The mediating construct in the framework is innovative work behavior. It refers to the extent to which employees engage in generating innovative ideas, introducing innovative ideas and applying innovative ideas. The dependent construct in this framework is medical staff performance. It refers to the effectiveness, efficiency, and quality of work performed by medical staff members within healthcare organizations.

Figure 2.2

Conceptual framework



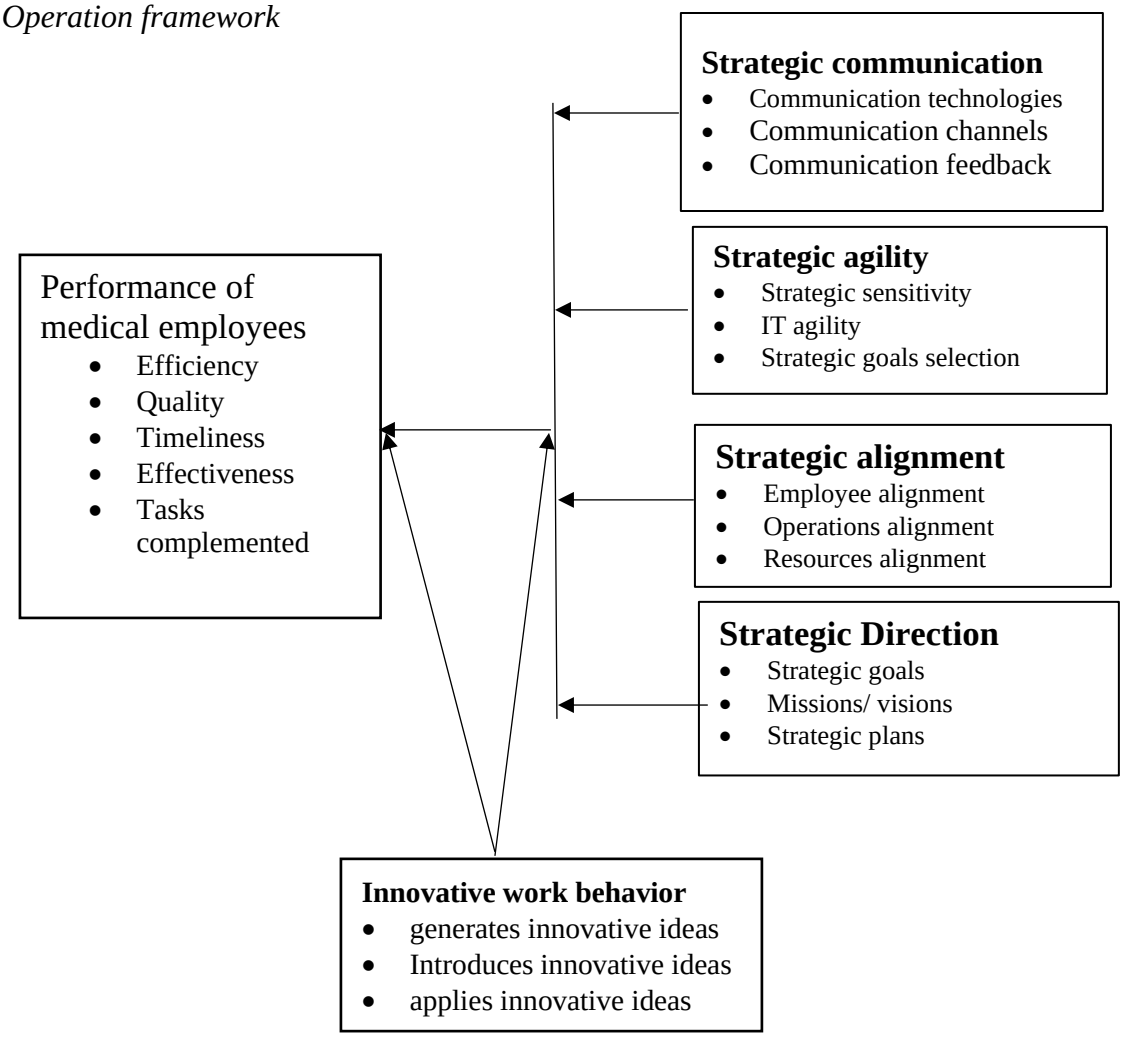
Independent Variables **Mediating Variable** **Dependent Variable**

2.6 Operational Framework

The study presented operationalization of independents variables (strategic communication, strategic agility, strategic alignment and strategic direction), mediating variable (innovative work behavior) and dependent variable (performance of medical employees) based on sub concepts employed from previous studies as well from review of theories.

Figure 2.3

Operation framework



2.7 Research Gaps

From the studies, there has been evidence of link between strategic leadership and employees' performance. However, there are limited studies which have empirically proven how strategic leadership influences employees' performance. In addition, except for few studies such as Zia et al. *(*2017) and Dustar et al. *(*2015) there is a dearth of

empirical research on the impact of strategic leadership on employee performance, according to Adeoye et al. (2019) and Tek and Deya (2020). Most research has only correlated strategic leadership with business performance. Nevertheless, these studies did not clearly indicate how each dimension of strategic leadership (strategic communication, strategic agility, strategic alignment and strategic direction) influences employees' performance. Additionally, earlier studies on the relationship between strategic leadership and employees' performance did not take into account mediating elements such innovative work behaviour. Thus, the current study attempted to fill these gaps by determining impact of strategic leadership based on four dimensions on medical employees' performance.

Based on review of studies, strategic communication can be linked with employees' performance. However, these studies had gaps that limited conclusive explanation on impact of strategic communication on employees' output. For instance, Banwart (2020) showed that strategic communication affected productivity of employees by enhancing organizational goals. However, the study was limited to Taiwanese high-tech industry, and did not focus on employees' performance. Mutiso (2017) conducted a study on how change was affected by communication strategies of national oil corporation. However, this study looked at change management as dependent variable. Gachungi (2014) provided evidence of how strategic communication efficiently, significantly and negatively affected resistance to change. However, the study did not use strategic communication as concept of strategic leadership. Suryanto et al. (2019) used a mediation model to examine how organizational culture and strategic communication affected performance. However, their study was limited to organizational performance. Other studies such as Shannon and Cad

(2018) and O'Neill et al. (2015) looked at communication strategies and how they influenced firm's operations such as employee productivity, engagement and organizational effectiveness. These studies did not use communication strategies as dimensions of strategic leadership.

Regarding influence on strategic agility on employee performance, studies such as Halalmeh (2021) on commercial banks in Jordan indicated that employee's performance was affected by strategic agility. The study, however, took place in commercial banks, whereas the current study took place in county referral hospitals. The implementation of strategic agility, according to other research like Sajuyigbe et al. (2021), improved proactive reactions and change in the firm's management. The Romanian study by Lungu (2020) indicated that the strategic agility effect had an impact on business performance. Hasan (2019) highlighted that improving firms' effectiveness was affected by strategic agility. However, most of these studies focused more on firm performance rather than the influence on employees' performance.

In contextual gaps, despite previous studies being conducted on influence of strategic leadership on employee performance, these studies were conducted in other firms, sectors and industries not conducted in hospital setting. These studies were also more focused on developed nations and few have been conducted in developing nations such as Kenya, where working environment for medical workers are much different from developed nations. Hence, the study on influence of strategic leadership on medical staff's performance in county referral hospitals in central region economic bloc, Kenya was unique and critical.

In methodological gaps, most of previous studies have theoretically proven a connection between strategic leadership and employee performance, but not empirically through the use of inferential statistics such as regression model, Hayes models among others. A part from view studies such as Halalmeh (2021) and Clinton and Ogbor (2021), the majority of researchers have used a qualitative method, desktop reviews, and descriptive analysis approach, Other relevant studies and gaps that this study addressed are shown in Table 2.1.

Table 2.1

Research Gaps on Strategic Communication and Employees' Performance

Authors	Title	Methods	Outcome	Gaps
Strategic Communication and Employees' Performance				
Suryanto et al. (2019)	implications for all decision-makers in the Navy's Minimum Essential Force (MEF) growth in Indonesia of the effects of strategic communication on organizational performance as mediated by organizational culture	Data was gathered using questionnaires Structural Equation Model (SEM) through data processing techniques LISREL 8.80	Strategic alignment positively influenced communication on organizational culture at 0.05 significant	The study did conceptualize strategic communicating from strategic leadership perspective
Lee et al. (2021)	Impact of strategic communication activities on employees' perceptions of their working relationships	The study 453 employees working full time in the U.S. questionnaire were distributed using online survey.	interacting with employees in an open and honest manner can help to reduce biased attitudes, improve perceived organizational fairness,	The study was conducted in many sectors but not from an hospital setting
Ma (2022)	The impact of communication tactics, specifically communication response, flow of information, and data quality, on commitment of staff to the company goals as mediated by faculty engagement in China	Using data collected from 276 English language teachers through Self-administered survey.	Results of this study established that organizational commitment was significantly affected by the three communication strategies information feedback, information flow and information adequacy	Data collected from teachers thus, findings could be generalized in an hospitals
Shannon and Cad (2018)	investigating how managers used strategic communication tactics to boost employee performance and organizational effectiveness	The data was gathered through three different methods of data collection: interviews, semi-structured interviews, and other relevant instruments. Analyses was done using Moustakas' modified van Kaam approach,	The study's conceptual foundation was established by communication theory. Using analysis from qualitative analysis of interview schedule, three emerges namely; communication, Employee coaching and motivation,	Data collected was qualitative which was not suitable in testing hypothesis

Table 2.2

Research Gaps on Strategic Agility and Employees' Performance

Authors	Title	Methods	Outcome	Gaps
Strategic Agility and Employees' Performance				
Halalmeh (2021)	Assessed how performance of employees in Jordanian commercial banks was impacted strategic agility	All managerial staff of Jordanian commercial banks were included in the study. Hypotheses were tested using Multiple regression model	employee performance in Jordanian commercial banks was influenced by strategic agility characteristics	The current study was conducted from referral hospitals, as opposed to the study that was conducted in commercial banks.
Sajuyigbe et al. (2021	assessed how companies' leadership involved in management of business environment dynamics implemented strategic agility while utilizing proactive and rapid responses to establish opportunities and threats.	Using descriptive approach and random sampling of participants, SEM model	According to the empirical findings, businesses with a high degree of agility of organizational is highly competitive. Used SEM to test hypothesis	the study only focuses on dimensions of strategic agility.
Nigeria, Arokodare (2021)	Studied how oil and gas marketing firms' strategic agility is impacted on performance In Lagos State	Cross-sectional design primary data were used to collect data from 515 retail station manage. Regression analysis	Revealed that strategic insight, strategic foresight, information technology capability, human resources capability and internal response orientation	The study linked strategic agility with firm performance while the current study
Shannon and Cad (2018)	established mediating influences of organization culture on association between strategic agility and performance, anchored on Dynamic Capability theory	Using desktop review,	showed a unanimous finding among previous studies that strategic agility improved employee's performance in a firm	The study used review of previous studies and was empirically conclusive

Table 2.3

Research Gaps on Strategic Alignment and Employee Performance

Strategic Alignment and Employee Performance				
Alsayah (2022)	used a descriptive analytical method to investigate and assess the potential influence of strategic alignment drivers on the development of a company's reputation and image.	employed descriptive analytical approach, regression	The study's findings suggest that strategy alignment with internal and external variables has a significant impact on a imaged and reputation of a firm	The study linked strategic agility with firm reputation and image while the current study will attempt to link strategic agility with employee performance
Jaafar and Ahmed (2021)	studied function of strategic alignment in improving strategic decisions identified in the Bab Al-Moazam	Data was collected using designed questionnaire from 155 respondents drawn from a population of 208 managers of Ministry of Health	The strongest of these was the finding that improved strategic decision-making was positively correlated with strategic alignment.	the study dependent variable was strategic decision making while current study dependent variable was employee performance
Gasela (2021)	determined the extent of alignment and mis-alignment effect on organizational performance of 3 public enterprises in South Africa's Northern Cape Province	Data was collected from 38 randomly chosen executives of public entities and the provincial government using a semi-structured questionnaire,	It was discovered that in SA public organizations, a mismatch between corporate and business-level plans, caused by among other things, resulting in low service delivery	Findings were limited to public enterprises which are different from hospitals
Ghonim et al. (2020)	studied how employee decision making efficacy was affected by strategic alignment	The study sampled 383 staff of Egyptian Directorate of Health Affairs	Results showed that decision making efficacy was significantly affected by strategic alignment aspects,	Despite contributing to strategic alignment in health sector there was no evidence on how it affects employee performance in hospitals
Pashutan et al. (2022)	studied effects of two essential IT resources (IT management, IT investment) and strategic alignment on firm output	quantitative data was collected using questionnaires with findings from PLS software of SEMs	indicated that strategic alignment and IT management positively associated with performance of institutions	The study was conducted in SMEs which is not in-service industry like ho

Table 2.4

Research Gaps on Strategic Direction on Employees' Performance

Authors	Title	Methods	Outcome	Gaps
Strategic Direction on Employees' Performance				
Alawneh and Al-Zoubi (2020)	Investigated contribution of strategic direction on social conscience via managerial prowess. This research aimed to back up prior research on how organizational prowess affected social responsibility.	Desktop review	established a positive relationship between corporate responsibility and strategic alignment via management increased	Study investigated strategic direction on social responsibility
Jelagatt and Kimaku (2018)	studied performance of Kenya dairy processes as predicted by strategic direction from a sample of 178 out of 319 employees in dairy processing companies	A narrative format was used in thematic analysis of qualitative data. Pearson correlation coefficient and multiple regression analysis	showed that strategic direction had the highest impact, followed by strategic planning, strategic communication, and finally strategic control	There was no link between other strategic leadership dimensions but only focused on strategic direction
Odita and Bello (2015)	examined the association between strategic intent and organization effectiveness in the banking industry	The study used self-reporting questionnaires and involved a total of 201 participants.	It was discovered that strategic direction accounted for more than 30% of performance variance.	However, the study did not link strategic direction with employees in hospital setting
Muema (2016)	investigated the link between performance in non-governmental organizations (NGOs) operating in Nairobi and strategic direction	A total of 328 businesses were studied, with a mixed methods approach used	Strategic direction and company performance have been demonstrated to be favorably and strongly connected	However, the study did not link strategic direction with employees in hospital setting

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introductions

This chapter discusses the target population, sampling techniques, and the research design that was employed. The chapter also looks at pilot testing, validity and reliability of research instruments. The chapter further examines the techniques used for collecting and analyzing data.

3.2 Research Philosophy

This is the primary framework that highlights the underlying presumptions and directs the design and execution of a study. Research theories can take many different forms across disciplines. According to Creswell (2014), there are four basic philosophies in the realm of business: constructivism, post-positivism, transformational, and pragmatism. This study mostly adhered to the positivist paradigm (Creswell, 2014). The gathering of quantitative data to evaluate the underlying hypotheses of the study and produce knowledge had an impact on this decision. The pragmatist perspective is typically associated with mixed research because it "is not connected to any one philosophical system and reality" (Cresswell, 2014). The research topic is the primary focus, supported by employing all appropriate techniques to understand the question.

Therefore, an attempt was made in developing theory through deduction method and was investigated with a strong moral component that was motivated by the study's concerns and convictions, as described in the hypotheses provided in the earlier section (axiology). The study concentrated on the issues and theories presented in chapter two, and used a convergent parallel mixed methods design in order to make a contribution to realistic

solutions and results in the field of strategic management. Specific contributions were made from the evaluation of the conditional impact of strategic leadership on medical employees' outcome in county referral hospitals in central region economic bloc, Kenya, mediated by innovative work behaviour.

3.3 Research Design

The researcher is kept on track regarding the chosen method of data collection, the type of data to be collected, and the particular procedures and methods for processing and interpreting the data by a thorough plan or guide known as the study design (Robson & McCartan, 2016). Similar to this, Creswell (2014) defines research design as a carefully planned series of steps that enables the researcher to successfully answer the study issues at hand.

This study used convergent parallel mixed methods design. Convergent parallel mixed methods design was preferred for this study because it is a flexible design that offered a chance to concurrently consider exploratory and descriptive research purpose for in-depth understanding and generalization respectively (Creswell & Creswell, 2018). Maarouf (2019) opines that convergent parallel mixed methods design is popular because of its ability to triangulate and cross-validate diverse data collection, analysis and interpretation methods in studying the same phenomena. In order to offer a thorough study of the research problem, the investigator simultaneously collected qualitative as well as quantitative data types. At the interpretation stage, the information was then converged or combined.

Barnes (2019) and Antwi and Hamza (2015) further tell that in convergent parallel mixed methods, both data types are collected concurrently in the same phase, weighed equally, analyzed independently (in parallel), and results integrated in the interpretation stage to

find out whether they confirm or disconfirm each other. Maarouf (2019) state that in mixed methods approach, both quantitative and qualitative methods are used in data collection, analysis and interpretation to make triangulation and cross-validation logical in understanding the research problem. At first, the two data types are collected concurrently and secondly, are analyzed independently and integrated at the interpretation stage. The two approaches are mixed to obtain triangulated and validated results. Saeed (2018) used a convergent parallel mixed methods design in his study.

3.4 Target Population

According to Cooper and Schindler (2014), the term "target population" refers to the entire group of people, things, or events that share a certain trait important to the specific topic under research. The target hospitals population comprised of 1804 medical employees (medical officers, doctors, nurses, pharmacists, specialist, and Therapists) from the 10-referral hospitals in central regional economic bloc namely Chuka County Referral Hospital in Tharaka Nithi, Embu Level 5 Hospital in Embu County, Nyeri County Referral Hospital in Nyeri, Meru Teaching And Referral Hospital in Meru, Kiambu County Referral Hospital in Embu, Murang'a County Referral Hospital in Muranga, Nakuru Referral Hospital in Nakuru, J.M. Kariuki County Referral Hospital in Nyandarua, Nanyuki Teaching and Referral Hospital in Laikipia County and Kerugoya County Referral Hospital in Kirinyaga County. Because of their positions as hospital managers and as care recipients, the population being studied knew pertinent information on the study's constructs.

Table 3.1

Target Population

		No. of Medical Staff
1	Chuka County Referral Hospital,	177
2	Embu Level 5 Hospital,	165
3	Nyeri County Referral Hospital,	150
4	Meru Teaching and Referral Hospital,	124
5	Kiambu County Referral Hospital,	233
6	Murang'a County Referral Hospital,	188
7	Nakuru Referral Hospital	201
8	J.M. Kariuki County Referral Hospital,	185
9	Nanyuki Teaching and Referral Hospital,	213
10	Kerugoya County Referral Hospital,	168
	Total	**1804**

3.5 Sample Size and Sampling Techniques

The procedure of choosing a sample is referred to as sampling. As it is not feasible to expand the size of the sample due to factors like expenses, Saunders, Lewis, and Thornbill (2015) note that having a sample size is fundamental in each and every study, a topic of which there is a compromise between accuracy and confidence. The representative sample must also satisfy the conditions for confidence level, precision and degree of population variation for the characteristics being evaluated. Yamane (1967) formula was used to calculate the sample, thus

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

$$n = \frac{1804}{1 + 1804(0.05)^2}$$

$$n = 327$$

The estimated sample size (n) is 327 using Slovin's formula with a population size (N) of 1804 and a precision level of 0.05 (95% confidence level). In order to assure representativeness, the study used a stratified random sampling procedure, which involved

splitting the population into discrete subgroups and randomly choosing individuals from each segment..

The study employed different methods of probability sampling. These methods included stratified sampling and simple random sampling, along with other probability-based techniques. Initially, the 327-sample size was divided into ten referral hospitals located in the central regional economic bloc using the stratified sampling method during the first phase of sampling. The strata were formed based on areas of specialty, mandates, and similar factors, leading to a heterogeneous sample. When the target population is heterogeneous, Kothari (2015) suggests employing stratified random sampling to ensure a representative sample is acquired. In this method, samples are chosen from each stratum once the population had been separated into different, non-overlapping subgroups or strata. With other sampling approaches, it is possible to leave out some sample components, but this methodology helps prevent that from happening.

Because the target population did not consist of homogeneous clusters, the study utilized stratified random sampling and categorization was done on the basis of similarity of the objects placed in each stratum hence stratified random sampling technique was found most appropriate. For example, sampling was done for employees in categories of doctors, nurses, medical administrative staff, medical assistants, technicians and specialists such as therapists and psychiatrists. Each stratum was then subjected to random sampling to avoid systematic bias.

The estimated sample size (n) is 327 using Slovin's formula with a population size (N) of 1804 and a precision level of 0.05 (95% confidence level). In order to assure representativeness, the study used a stratified random sampling procedure, which involved

splitting the population into discrete subgroups and randomly choosing individuals from each segment.

The last stage of the probability sampling approach included selecting a final sample of study respondents out of each stratum utilizing simple random sampling. When a researcher uses simple random sampling, he or she chooses components of data from a particular collection without regard for any particular guidelines (Emmel, 2013). Simple random sampling is a useful technique for attaining a high degree of representation and reducing bias since it guarantees that every element in the population has an equal chance of being chosen. As a result, this approach was selected for the research. By using this method, 327 persons were chosen at random from the population as a sample.

Table 3.2

Sample Size Distribution

		No. Of Medical Staff	**Sample**
1	Chuka County Referral Hospital, Tharaka Nithi	177	32
2	Embu Level 5 Hospital,	165	30
3	Nyeri County Referral Hospital,	150	27
4	Meru Teaching and Referral Hospital,	124	22
5	Kiambu County Referral Hospital,	233	42
6	Murang'a County Referral Hospital,	188	34
7	Nakuru Referral Hospital	201	36
8	J.M. Kariuki County Referral Hospital, Nyandarua	185	34
9	Nanyuki Teaching and Referral Hospital, Laikipia County	213	39
10	Kerugoya County Referral Hospital, Kirinyaga county	168	30
	Total	**1804**	**327**

3.6 Data Collection Methods

The equipment and methods used to measure research variables are referred to as data gathering instruments (Cooper & Schindler, 2013). Creswell and Creswell (2018) note that the choice of data collection instruments is based on their structured form, the preference for closed-ended questions over open-ended ones, and an emphasis on numerical data rather than non-numeric data. This investigation utilized both closed-ended and open-ended data collection tools. Structured or closed-ended questionnaires were administered to medical staff members to collect quantitative data.

A Likert scale functions as an interval scale employed to gauge the level of agreement or disagreement, while a survey is a technique comprising a structured set of questions designed to collect data from participants systematically (Matula et al., 2018). Closed-ended questions aim to gather numerical data by employing specific queries. The rationale behind this approach is that all respondents are presented with identical questionnaires, facilitating the efficient collection of responses from a substantial sample before conducting analysis (Saunders et al., 2015). In a short period of time, you can obtain a lot of information with questionnaires. If the questionnaire method is used correctly, it can be an efficient way to collect data. Due to their simplicity, efficiency, and lack of bias from researchers as they depend on participants' own behavior, questionnaires are frequently employed for study surveys (Saunders et al., 2015; Kothari, 2015). When evaluating perceptions, beliefs, and behaviors, Likert scales have a number of benefits. They are suitable for evaluating subjective characteristics because they successfully convert responses that are qualitative into quantitative values (Upagade & Shende, 2013).

3.7 Piloting

Pilot research was completed prior to the major investigation. In a small-scale experiment known as a pilot study, participants who are similar to those in the main study provide data. There are reasons for conducting pilot study, including examining specific research aspects to ensure that data collection instruments are responding at a greater rate, that the data collection devices are accurate and suitable and that there are no weaknesses (Kombo & Tromp, 2009).

By assessing the research tool's validity and reliability, the goal of the pilot study was to find any potential flaws. The instrument's control allowed the researcher to understand how well respondents could understand the question. Any errors detected in the pilot study were dealt with in accordance with these rules in advance of the administration of the research instruments. At least 10% of the sample size should be used for pilot research, according to Ondiek (2008). Therefore, for the purpose of pilot research, this study used at least 33 respondents. The pilot study was conducted at Machakos county referral hospitals in South Eastern Kenya Economic Bloc (SEKEB) with similar structure. Out of 33 questionnaires distributed for pilot, 31 were returned and tested for validity and reliability.

3.7.1 Validity of Research Instrument

As a gauge of accuracy, validity evaluates the suitability and use of a research tool (Kothari, 2015). Four major categories of validity—criterion, face, content, and construct validity—are universally acknowledged and cover a variety of classifications used to assess the sufficiency of measures. These types of validity in research address issues like credibility, legality, and relevance (Creswell & Creswell, 2018).

The level about which data from a tool accurately and meaningfully depicts or reflects a logical notion is known as criterion validity. This strategy is frequently applied when there are no established criteria or content domains that can adequately represent a concept. The measurements must match the predictions made by theory. The data has construct validity if the measurements match the theoretical predictions.

When the questionnaire was reviewed by managers and specialists and the necessary corrections were made, face validity was achieved. Middleton (2020) asserts that face validity considers how acceptable, on the surface, a test's material seems, particularly if it seems appropriate for the study's aims. Early on during the development of the surveys, face validity was evaluated. Additionally, component analysis was used to examine the convergent and discriminant validity of the constructs.

3.7.2 Reliability of Study Instruments

The extent in which a survey tool produces accurate results across trials is known as its reliability (Mugenda & Mugenda, 2013). The credibility of the information acquired and, consequently, the results was verified using the Cronbach's Alpha coefficient. An internal consistency coefficient from between 0 and 1.00 is used to indicate reliability. The test is more trustworthy the greater the coefficient. Cronbach Alpha values of 0.7 and above are considered acceptable thresholds (Cronbach Alpha, 1951). To evaluate the validity of the survey instrument, the research yielded a Cronbach's Alpha coefficient exceeding 0.7, which is thought to indicate strong internal consistency of instruments. According to Hair et al. (2010), the data should only be trusted if the composite reliability values are greater than 0.70 For the variable "Employee performance," The level of reliability indicated by the Cronbach's Alpha coefficient of 0.826 was considered satisfactory.

This suggests that the items measuring employee performance in the study were consistent and reliable. Similarly, the constructs related to strategic leadership dimensions, that is strategic communication, strategic agility, strategic alignment, and strategic direction, demonstrated high levels of reliability. The Cronbach's Alpha coefficients for these variables are 0.847, 0.933, 0.920, and 0.930, respectively. These coefficients indicate strong internal consistency within the measurement items for each of these strategic leadership dimensions. Moreover, the variable "IWB" (Innovative Work Behavior) exhibits an excellent level of reliability, with a Cronbach's Alpha coefficient of 0.965. This suggests that the items measuring innovative work behavior are highly consistent and reliable within the study. The high reliability coefficients for all the variables indicate that the measurement scales used in the study had a good level of internal consistency. This strengthens the validity of the results obtained from these scales and enhances the overall robustness of the study. The reliability of the measurement scales is important in research as it ensures that the data collected from the study are dependable and consistent (APPENDIX III)

3.8 Data Processing, Analysis and Presentation

Before the data entry into the SPSS statistical program, the collected data for this study was cleaned and coded using an Excel datasheet. Data analysis, according to Kothari (2004), comprises doing exact calculations and searching for patterns and relationships across distinct datasets. The need of data preparation, including cleaning and coding, is emphasized by Mugenda and Mugenda (2013) to make sure that all relevant data is acquired and taken into account for the expected analysis and comparison of results.

Data preparation, coding, editing, and cleansing come first in the processing of data. Data analysis, according to Sekaran and Bougie (2011), should be done to accomplish three main goals: acquiring a sense of the data, determining the data's fit of the model, and

testing the formulated hypotheses. The study first examined descriptive analytics, including means, frequencies and percentages, and standard deviation.

Descriptive statistics give a broad overview of each individual variable, indicating whether multivariate test statistics are appropriate or not (Zikmund et al., 2013). The ideal functional form of the model for analysis was selected using descriptive statistics as a guide. A correlational matrix was also constructed in order to look into any potential issues with multicollinearity between variables (Okwonu et al., 2020). The range of the Pearson product-moment correlation coefficient, is -1 to +1. A value of one shows a perfect correlation between two variables, where a change of one variable by one unit causes a change of the second variable by the same amount. To prevent multicollinearity, one of the variables in the same model should be left out if such a link is seen between the variables (Okwonu et al., 2020). Including both variables in the model would produce inaccurate findings because they have the same influence on the dependent variable.

When the correlation coefficient is negative 1, it means that the two variables are moving against each other. One of these variables ought to be eliminated from the model in such circumstances. Gujarati (2003) asserts that the presence of multicollinearity is shown by a correlation coefficient larger than 0.8, which denotes a significant correlation between the variables. To maintain the model's validity in such cases, corrective action is required. A score smaller than 0.8, on the other hand, denotes a reduced amount of multicollinearity between the research variables, increasing the model's dependability.

Inferential statistics shed light on the relationships between variables' causes and effects. Multiple linear regressions were carried out to evaluate these associations' statistical significance. Based on a collection of independent variables, this sort of analysis, which expands on simple regression, enables the prediction of dependent variables. Multiple

linear regressions was used because the investigation contained several independent parameters and hypothesis testing was used to establish the substantial correlations between constructs (Zikmund et al., 2013). To calculate the amount of variance that the explanatory variables contribute in the regression model as well as to assess the model's suitability, the connection was predicted using r^2 and adjusted r^2. The independent variables, which were strategic communication, strategic agility, strategic alignment and strategic direction were independently tested to determine if they were unique predictors for medical employees' performance and then collectively.

3.8.1 Model Specifications

To test hypotheses H_{O1} to $H_{O4,}$ multiple regression models was conducted based on the four dimensions of strategic leadership as independent variables and medical employees' performance as the dependent variable. The model took the form;

Model 1

$$Y = \beta 0 + \beta_i X_i + \varepsilon, (i = 1, 2, 3, 4) \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots \quad (1a)$$

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (1b)$$

Where;

Y = medical employees' performance

X_1 = strategic communication

X_2 = strategic agility

X_3 = strategic alignment

X_4 = strategic direction

β_0 = Constant term

ε = Error term

β_1, β_2, β_3, β_4, = Coefficients of the Regression

R^2 (coefficient of determination) was utilized to assess the goodness of fit of the regression models on the quantitative data through SPSS analysis. This statistical measure elucidates the extent to which the predictor variables account for the variances in the dependent variable. In essence, it provides insight into how closely the model aligns with the observed data points. Additionally, the p-value was employed to make determinations regarding the acceptance or rejection of null hypotheses. With a significance level set at 5%, a p-value less than 0.05 indicates rejection of the null hypothesis, suggesting that the model's predictors have a significant effect on the dependent variable. Conversely, a p-value greater than 0.05 leads to the acceptance of the null hypothesis, signifying that the model's predictors are not statistically significant in explaining the variations in the dependent variable (Bandalos & Finney, 2018).

To ascertain the overall significance of the model at a 95% confidence level, an F-test was conducted using F-statistic p-value. If the p-value derived from the F-test was less than 0.05, it signified that the null hypothesis was rejected, indicating that the model was statistically significant and possessed reliable predictors for the dependent variable. Conversely, if the p-value exceeded 0.05, the null hypothesis was accepted, suggesting that the model lacked significance, and its predictors could not adequately explain the variations observed in the dependent variable. This comprehensive statistical approach aided in assessing the robustness and validity of the regression models employed in the

analysis, providing valuable insights into the relationships between independent and dependent variables.

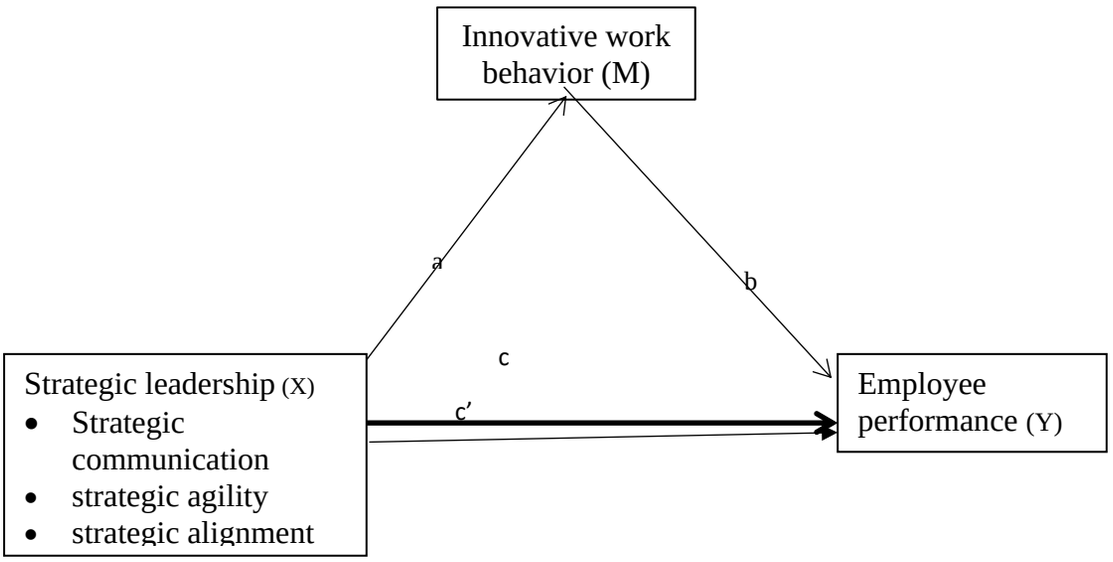
3.8.2 Testing for Mediation

The mediation model was utilized in this study to investigate the mediating role of innovative work behavior and clarify the relationship between strategic leadership and employee performance. To determine if innovative work behavior significantly influenced the relationship between strategic leadership and employee performance, mediation was explored using Baron and Kenny's (1986) model. Innovative work behavior was the only mediator taken into consideration in mediating the causal relationship between strategic leadership (X) and employee performance (Y), as shown in Figure 3.1. The idea behind mediation is that changes in X cause changes in M (route a), and changes in M cause changes in Y (way b). The product of these two channels is the indirect impact, represented by the notation path a*b. When M is regulated, full mediation is indicated if X becomes less significant. On the other hand, partial mediation is suggested if X and M both strongly predict Y (Hayes, 2018).

The model is as presented in Figure 2

Figure 3.1:

Mediation diagram



From the above, the four steps of Baron and Baron and Kenny (1986) are presented in figure 3.1 above. Step 1 represented by path "a" shows the influence of strategic leadership (X) on innovative work behavior (M). Step 2 showed by path "b", indicates the influence of innovative work behavior on employee performance (Y). Step 3 represented by path "c" shows the influence of strategic leadership on employees' performance. Step 4 represented by path " c" " showed the total influence of strategic leadership with innovative work behavior on employee performance. Strategic leadership predicts employee performance represented by the model below:

Model 2:

Where Mediation $=a_{1\ x\ b_1}$

$Y = \beta_1 + c_1 X_{\square} + b_1 M_{\square} + \varepsilon_{\square}$ ..... (2)

Where

X: strategic leadership

M: innovative work behavior (Mediator)

Y: employee performance

a: influence of X on M

b: influence of M on Y

ab: indirect influence of X on Y

c‘: direct influence of X on Y

c: total influence of X on Y = ab + c ‘

$\beta_{\square}$: Regression coefficients

$\boldsymbol{\varepsilon}$ = error term in the model.

Y = medical employees’ performance

3.8.3 Underlying Assumptions of the Multiple Linear Regression Model.

The regression model had assumptions which if not met, would make the results biased. Before conducting regression, analysis and evaluating the hypotheses, diagnostic tests are run to make sure that the regression model's presumptions are true (Green, 2007). These tests include normality, linearity, autocorrelation, multicollinearity, and homoscedasticity. To ensure that the regression model's underlying presumptions were true, the study performed diagnostic tests.

Normality: The normality test is employed to see if a set of data is adequately modelled and is normally distributed, to calculate the likelihood that a value of the independent variable underpinning the collected data was normally distributed. To assess the degree to

which sample groups were selected from a group with a normal distribution, Shapiro Wilks Test was performed to determine the data distribution's shape (Shapiro & Wilk, 1968). Kolmogorov-Smirnov should have significant value of more than the standard value of 0.05 for the data to be normally distributed (Ghasemi & Zahediasl, 2012).

Linearity: refers to linear function of the predictor (independent) variables on dependent variable. It means the two variables are related (Ghasemi & Zahediasl, 2012). In this study, it was important to test for linearity since statistical models require an assumption of linearity of data before adopting methods like linear regression. Using the recognized methods and the statistical program for social sciences (SPSS), the linearity test was conducted for each variable. If there was linearity, the general rule is that p value is less than 0.05. If the value is more than 0.05, the opposite is true.

Autocorrelation; The study also tested autocorrelation to determine whether there was presence of autocorrelation in the variables. The Durbin-Watson statistic was used to determine whether autocorrelation was present. A Durbin-Watson statistic with a value between 1 and 4 indicates no autocorrelation (Gujarat, 2009).

Multicollinearity: Imperfect Multicollinearity typically results in poorly characterized predicted values, bloated or limitless error variance, and margins of error for every predictor, each of which has an influence on how accurately the null hypothesis is rejected or not rejected. In this research, multicollinearity was assessed by employing tolerance and the variance inflation factor (VIF). Cooper and Schindler (2014) claim that multicollinearity exists when the threshold of tolerance is 0.1 or the VIF is greater than 10 for any and all predictor variables. According to Field (2013), high relationship between the variables is ruled out by tolerance values more than 0.1 while VIF values greater than 10 imply the existence of multi - collinearity.

Homoscedasticity: Another major assumption of linear regression model is homoscedasticity. Given a variety of predictor factors that can be continuous and categorical, homoscedasticity, which means the same variance, implies comparable levels of variance between exogenous variables and between dependent variables.

Data homoscedasticity occurs when the error variance is the same for all estimated parameters and the residuals are distributed equally along the regression line. Contrarily, heteroscedasticity, or the violation of homoscedasticity, refers to various amounts of variance among outcome variable for a variety of either categorical or continuous exogenous variables indicating that there are various levels of variation over a variety of exogenous variables or when the size of the residual variance varies depending on the values of an explanatory variables (Teddlie & Tashakkori, 2010: Hair et al., 2015). According to Nordstokke and Zumbo (2010), the estimated coefficients must be greater than 0.5 to satisfy the homogeneity of variance hypothesis when conducting the levene test to determine whether the variance is heteroscedastic.

3.9 Ethical Considerations

The study took precautions to avoid any injury to participants or infringement on their rights in order to respect academic integrity and ethical standards. Informed consent was obtained from all participants, emphasizing voluntary participation. Participants were assured of confidentiality, privacy, and anonymity throughout the research process. Strict secrecy was upheld during every step of the research procedure, from designing and running the study to gathering data. Participants were given clear instructions to exclude their names from the consent letter and assurances that their personal data would not be shared with any outside parties. The questionnaires used to obtain the data did not require that participants to provide their names. Participants also specifically acknowledged that

their information would only be utilized for academic purposes. Furthermore, the study's goals were explained to participants in straightforward, intelligible terms, ensuring their full understanding and informed participation.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introductions

In order to investigate the effect of strategic leadership on the performance of medical staff in county referral hospitals within Kenya's central region economic bloc, data analysis and hypothesis testing were carried out. The results are presented in this chapter. Each of the five segments, which are arranged according to a certain research element, is addressed. An overview of participant demographics is given in the first section, which is important background information for understanding the sample population. Subsequently, factor analysis is examined in the second segment, revealing the underlying aspects of the data that support the overall conclusions. The third portion then carries out a descriptive analysis of the research variables in order to enable a thorough comprehension of their distribution and linkages. The fourth section emphasizes on assumptions made in the regression model, clarifying the conditions under which the research findings were valid. Lastly, the fifth section presents outcomes of hypotheses testing and investigates the mediating influence of innovative work behaviour on the relationship between strategic leadership and medical employees' performance in county referral hospitals in central region economic bloc, Kenya.

4.2 Response Rate

The respondents were chosen from among a variety of medical staff categories, including doctor, lab technician, pharmacist, orthopedic technician, nurse, surgeon, dentist, pediatrician, radiographer, radiologist, paramedic, clinical officer, medical officer, and

physiotherapist. Based on the sequence in which the surveys were distributed, the response rate was examined.

Table 4.1

Response Rate

Responses	**N**
Instruments distributed	327
Instruments distributed and returned	313
Instruments returned and usable	269
Instruments not returned	14
Instruments returned and excluded (due to missing data and outliers) (unusable questionnaires)	44
Response rate for returned questionnaires	95.71%
Valid response rate for usable questionnaires	82.26%

Table 4.1 shows that 313 of the 327 questionnaires that were sent to medical staff were returned, translating to a 95.71% response rate. Nevertheless, 44 surveys were found to be unsuitable after data screening and cleaning procedures; 34 of them had missing values, and 10 were outliers, which resulted in their deletion. Furthermore, fourteen surveys were not returned. As a result, 82.26% of respondents completed usable surveys overall. The researcher and helper were regularly present at the research sites, which helped to attain this high response rate. They made personal reminder calls and visits while waiting patiently for respondents to finish the questionnaires on location. The option to "drop and pick later" was allowed for individuals who could not be reached right away. Response rates of 50% and above are considered acceptable, rates of 60% and higher are considered good, and rates of 70% and higher are considered very good, according to Mugenda and Mugenda (2013). Additionally, Cooper and Schindler (2014) proposed that studies having a response rate of over 60% can move on. The current study's 82.3% response rate was

deemed enough for carrying out a thorough analysis and presenting the findings. The 81.2% answer rate attained in Ngeny's (2014) investigation on the performance of doctors in Nairobi County, Kenya, is analogous to this response rate.

4.3 The Data Preparation, Screening and Cleaning

Desimone et al. (2019) have underlined the importance of obtaining, cleaning, and organizing data among other critical processes in the data preparation process. It was made sure the data complied with the criteria for both quantitative as well as qualitative evaluation before starting the analysis. This required carefully going over the surveys to find any outliers, missing data, blank spaces, or improperly completed answers.

4.3.1 Checking for Missing Value and Treatment

The completed surveys were carefully reviewed to make sure they were accurate and comprehensive, following Hair et al. (2010) advice to omit cases with missing data. The integrity of the data can be seriously impacted by observations with more than 50% missing values, Tabachnick and Fidell (2018) warn. 34 examples that went beyond this limit were therefore not included in the research.

The mean substitution technique proposed by Pallant (2011) was applied to scenarios where the missing values were less than 50%. Using the mean of the pertinent variables as a guide, this approach fills in the missing values. Hair (2010) highlights a number of benefits of this methodology, such as the ability to mitigate convergence difficulties, provide unbiased factor loading estimates, and work with a variety of statistical software programs.

4.3.2 Outliers

According to Zhang et al. (2010), outliers are data points that greatly deviate from the predicted range. They can be an indication of errors or unnecessary information in the dataset. The Mahalanobis D2 measure was employed in the study to identify and handle multivariate outliers, as advised by Tabachnick and Fidell (2018). It is noteworthy that whereas handling univariate outliers automatically addresses multivariate outliers, handling univariate outliers does not always address multivariate outliers.

Table 4.2

Mahala Nobis D2 for Outlier Test

Case	D2	P value	Case	D2	P value
15	41.2	0.0001	161	279.4	0.000
33	46.18	0.000	203	270.24	0.000
38	291.17	0.000	233	88.91	0.000
71	101.88	0.000	271	69.06	0.000
113	216.01	0.000	274	45.73	0.000

The linear regression techniques in SPSS were used to produce the Mahalanobis D2 values, from which a Chi-square value was derived. After a thorough investigation, it was discovered that 10 cases (15, 33, 38, 71, 113, 161, 203, 233, 271, and 274) had anomalies that might have an effect on the interpretation of the data and the statistical analysis as a whole. Four of the five variables that were chosen, according to Tabachnick and Fidell (2018), have p-values less than 0.001 and add to the degrees of freedom in the chi-square table. As a result, each case that was determined to be a multivariate outlier and required removal had a Mahalanobis D2 value likelihood of less than 0.001. To further ensure the

research's robustness, these ten cases—all of which had a probability value below 0.001—were subsequently removed from the analysis.

4.4 Demographic Characteristics

Understanding research participants and making sure the sample accurately represents the target community depend heavily on demographic data (Salkind, 2010). Cooper and Schindler (2014) stress the value of demographics in developing a good rapport between the researcher and the respondent and motivating them to supply crucial data. By having this background knowledge, researchers can more easily solve study issues by gathering precise data from pertinent respondents. Munyao (2020) goes on to say that employee performance is greatly impacted by an organization's capacity to handle workforce demographic features. The demographic data findings are shown in Tables 4.2 through 4.8.

4.4.1 Job Cadre

The study aimed to identify the participants' organizational cadres. Assessing the cadre of respondents allows for a better understanding of the diversity of perspectives within an organization.

Table 4.3

Job Cadre of the Respondents

	f	%
Clinical officer	45	16.7
Dentist	3	1.1
Doctor	30	11.2
Lab technician	10	3.7
Medical officer	2	0.7
Nurse	148	55
Orthopedic technician	2	0.7
Paramedic	1	0.4
Pediatrician	5	1.9
Pharmacist	4	1.5
Physiotherapist	3	1.1
Radiographer	1	0.4
Radiologist	5	1.9
Surgeon	10	3.7
Total	269	100

As shown in Table 4.3, it can be observed that most participants were nurses (55%), followed by clinical officers (16.7%), and doctors (11.2%), which represent the most prevalent roles within these hospitals. Other cadres, such as laboratory technicians (3.7%), and surgeons (3.7%) contributed to a lesser extent, while roles like dentists, pediatricians, pharmacists, physiotherapists, radiologists, medical officers, orthopedic technicians, paramedics, and radiographers represented a smaller proportion of respondents (ranging from 0.4% to 1.9%). The findings show that respondents were drawn from a broad range of medical practitioners with the goal of assessing the influence of strategic leadership on their performance in hospitals in the central region of Kenya.

4.4.2 Job Group/Grade

The study also assessed job group/grade as key demographic information of hospital public employees. This was essential for understanding the distribution of roles and

responsibilities within the hospital setting and how they might influence perceptions and behaviors related to the study's variables.

Table 4.4

Job Group/Grade of the Respondents

	Frequency	Percent
M	107	39.8
N	26	9.7
P	44	16.4
R	16	5.9
S	4	1.5
K2	24	8.9
K4	15	5.6
K5	2	0.7
K6	20	7.4
K7	2	0.7
J	7	2.6
Q	2	0.7
Total	**269**	**100**

Table 4.4 revealed that the majority (39.8%) belonged to group M, indicating that a significant proportion of the workforce is in this fairly low grade. In comparison, group N and group P followed with 9.7% and 16.4% respectively, reflecting a mediate representation in the sample and a deviation from pyramid representation expected of a normal organization. The percentage of employees in groups R, S, J, and Q was considerably lower, ranging from 0.7% to 5.9%. These are fairly senior positions where senior staff like doctors are found. Furthermore, the study also included participants from the K job level series, with K2 having the highest representation (8.9%), followed by K6 (7.4%), K4 (5.6%), and K5 and K7 with minimal representation (0.7% each). From the job groups/grades covered, the findings show that there was participation and contribution across all levels. This is positive for the study since it meant good inclusivity for generalization purposes. Also, the findings indicated that all the respondents held

positions, which was important to the research because it meant that the respondents had the right perspective of research topic.

4.4.3 Distribution of Respondents by Gender

The study included an analysis of the distribution of respondents by gender to ensure a balanced representation and to explore any potential gender-related differences in perceptions and behaviors. Gender distribution is a crucial demographic variable that can influence the outcomes of research, particularly in studies involving workplace practices and organizational dynamics.

Table 4.5

Respondents' Gender

		Descriptive				ANOVA	
		Freq.	%	Mean	Std. Deviation	F	Sig.
Innovative Work Behavior	Male	125	46.5	4.34	0.58	2.58	0.009
	Female	144	53.5	4.45	0.56		
	Total	269	100	4.40	0.57		
Employee performance	Male	125	46.5	3.93	0.70	0.102	0.75
	Female	144	53.5	3.95	0.59		
	Total	269	100	3.94	0.64		

Table 4.5, which presents gender biodata, shows a fairly equal representation of men and women. Although female employees made up 53.5% of the total respondents, a modest advantage over male employees, male employees accounted for 46.5% of the total respondents. This modest gender disparity in the workforce may be a reflection of the increasing number of women in the area choosing to work in the medical industry. The results showcase a statistically significant difference between males and females ($F(1, 267) = 2.58$, $p = 0.009$). Notably, females exhibited a slightly higher average score in innovative work behavior ($M = 4.4494$) compared to males ($M = 4.3382$). This finding suggests that gender may indeed influence individuals' propensity for innovative thinking

and creative contributions within the workplace. Conversely, when examining employee performance, the analysis reveals no significant difference between males and females ($F(1, 267) = 0.102$, $p = 0.75$). Both genders displayed similar mean scores for employee performance, with males averaging at 3.928 and females at 3.953. This particular outcome suggests that gender may not be a determining factor in overall employee performance within this specific context. It indicates that despite potential differences in innovative work behavior, both male and female employees are equally effective in fulfilling their job responsibilities and meeting performance expectations. Overall, the gender distribution in the study ensured that the perspectives of both male and female medical professionals were considered to better understand the influence of strategic leadership on their performance within the Kenyan healthcare system. The findings indicated that both genders have equal work prospects in the public health sector. This finding is consistent with Owino's (2019) suggestion that research participant representation should follow the two-thirds gender rule. Furthermore, the study's balanced gender composition aligns with the viewpoint of Creswell and Creswell (2018) who support including both genders to guarantee a range of replies.

4.4.4 Distribution of Respondents by Years Worked in the Public Service

The researcher focused on the duration of service in the Public Service because experience plays a vital role in acquiring knowledge and skills. These competencies are valuable for understanding the research instrument and the subject being studied, thereby facilitating the provision of informed and valid responses.

Table 4.6

Years Worked in the Public Service

		Descriptive				ANOVA	
		Freq.	**%**	**Mean**	**Std. Dev.**	**F**	**Sig.**
Innovative Work Behavior	0-5 years	87	32.3	4.31	0.47	5.340	0.000
	6-10 years	103	38.3	4.33	0.67		
	11-15 years	40	14.9	4.39	0.58		
	16-20 years	12	4.5	4.85	0.26		
	Over 21 years	27	10	4.73	0.24		
	Total	269	100	4.40	0.57		
Employee performance	0-5 years	87	32.3	3.76	0.59	3.985	0.004
	6-10 years	103	38.3	4.01	0.67		
	11-15 years	40	14.9	3.91	0.73		
	16-20 years	12	4.5	4.22	0.50		
	Over 21 years	27	10	4.20	0.39		
	Total	269	100	3.94	0.64		

The largest proportion of employees (38.3%) had a tenure of 6-10 years in the public service. A significant percentage (32.3%) had relatively shorter experience, ranging from 0-5 years, while only 14.9% fell within the 11–15-year bracket. The percentage of employees with longer tenures notably decreased, with only 4.5% having 16-20 years of experience and 10% having over 21 years. Findings also showed that, there was a generally increasing trend in mean scores as the number of years worked in the public service increased. For innovative work behavior, the mean scores ranged from 4.31 to 4.85, indicating a consistent improvement with more extensive experience. Similarly, employee performance scores showed an increasing trend, ranging from 3.76 to 4.85 across different experience brackets. The ANOVA results further validate these trends, indicating statistically significant differences in both innovative work behavior ($F(4, 264) = 5.340$, $p = 0.000$) and employee performance ($F(4, 264) = 3.985$, $p = 0.004$) across various experience brackets. These findings suggest that years of experience in the public service had a discernible influence on workplace performance metrics. As individuals gain more experience, they tend to exhibit higher levels of innovative work behavior and

enhanced employee performance. It was evident that the public service workforce in the hospitals was predominantly composed of younger individuals, whose representation decreased as years of experience grew. This pattern may point to a high turnover rate or few prospects for long-term career growth for medical staff working in the public health system.

4.4.5 Distribution of Respondents by Period worked in the Current Station

The research further sought to determine respondents' years worked in their current station. This information is critical for understanding the level of experience and familiarity each respondent has with their specific organizational environment and practice.

Table 4.7

Years Worked in the Current Station

		Descriptive				ANOVA	
		Freq.	**%**	**Mean**	**Std. Dev.**	**F**	**Sig.**
Innovative Work Behavior	0-5 years	156	58	4.24	0.63	8.29	0.00
	6-10 years	75	27.9	4.59	0.42		
	11-15 years	28	10.4	4.64	0.28		
	16-20 years	4	1.5	4.94	0.13		
	Over 21 years	6	2.2	4.64	0.24		
Employee performance	0-5 years	156	58	3.74	0.63	11.38	0.00
	6-10 years	75	27.9	4.17	0.60		
	11-15 years	28	10.4	4.29	0.42		
	16-20 years	4	1.5	4.63	0.05		
	Over 21 years	6	2.2	4.27	0.23		
	Total	**269**	**100**	**3.94**	**0.64**		

The length of time respondents had worked at their current stations during the survey is shown in Table 4.7. The majority (58%) had been in their jobs for less than five years, which suggests that a sizeable percentage of medical staff members were relatively new

to their professions. On the other hand, a significant proportion (27.9%) had worked for 6–10 years at their stations, while 10.4% had worked there for 11–15 years. Merely 1.5% of the population had been in office for 16–20 years, while 2.2% had been in office for more than 21 years. These results show a skewed distribution in favor of newly hired employees, with fewer people having held their current roles for an extended period of time. Analyzing the mean scores for innovative work behavior and employee performance across various experience brackets uncovered notable trends. There appeared to be a pattern of increasing mean scores as the number of years of experience rose. Participants with more extended tenure in the workforce generally demonstrated higher levels of innovative work behavior and enhanced employee performance. This trend was evident from the higher mean scores observed in the 6-10 years, 11-15 years, and over 21 years' experience brackets compared to those with fewer years of experience. The statistical analysis further supported these observations, revealing significant differences in both innovative work behavior ($F(4, 264) = 8.29$, $p = 0.00$) and employee performance ($F(4, 264) = 11.38$, $p = 0.00$) across different experience brackets. These findings underscored the significant influence of years of experience on workplace performance metrics. The demographic data, in especially the differences in years of experience and length of time spent at each workstation, was very helpful in determining how strategic leadership affected the productivity of medical staff members.

4.4.6 Distribution of Respondents by Age

The research also sought to determine the age distribution of respondents.

Understanding the age demographics is important for gaining insights into how different age groups perceive and interact with organizational practices.

Table 4.8

Age Category

		Descriptive				ANOVA	
		Freq.	%	Mean	Std. Dev.	F	Sig.
Innovative Work Behavior	30 years and below	31	11.5	4.4594	0.44894	13.300	0.000
	31-40 years	105	39	4.1495	0.67437		
	41-50 years	74	27.5	4.533	0.45304		
	51-60 years	59	21.9	4.6375	0.34553		
	Total	269	100	4.3977	0.56839		
Employee performance	30 years and below	31	11.5	3.6935	0.68163	18.324	0.000
	31-40 years	105	39	3.6765	0.64969		
	41-50 years	74	27.5	4.1874	0.5064		
	51-60 years	59	21.9	4.2344	0.49406		
	Total	269	100	3.9414	0.6393		

The researcher was interested in age dynamics because, as Muchemi (2013) points out, they are important indicators of employee commitment to performance. According to Table 4.8, the majority of respondents (39%) belonged to the age group of 31 to 40. Furthermore, just 11.5% of respondents were 30 years of age or younger; 27.5% of respondents were between the ages of 41 and 50. Based on their distribution, it appears that most of the respondents were young workers in the medical profession, many having only started their jobs five years ago. Across all age brackets, there was a noticeable variation in mean scores, indicating potential differences in performance across age groups. Particularly striking was the trend showing higher mean scores for both innovative work behavior and employee performance among older age groups, with scores generally increasing as age increased. The ANOVA results further confirmed these trends, revealing statistically significant differences in both innovative work behavior ($F(3, 265) = 13.300$, $p = 0.000$) and employee performance ($F(3, 265) = 18.324$, $p = 0.000$) across different age groups. This suggests that age exerted a significant influence on both innovative work behavior and employee performance, highlighting the importance of age diversity in

shaping organizational outcomes. Even though respondents were mostly middle-aged, the inclusion of all age groups guaranteed a varied spectrum of viewpoints, reducing the possibility of age-related biases. This aligns with Ngeny's (2014) findings, wherein a majority of doctors in Nairobi County participating in continuous professional training consisted of middle-aged individuals, without any age gap: 61.5% for the 25-34 age group, 30.8% for 35-44, 5.8% for 45-54, and 1.9% for 55-64. Including a wide age range in research supports the claim made by Creswell and Creswell (2018) that this broadens the range of replies. Chanzi (2017) lends support to this point of view by arguing that an individual's age can have a significant impact on their understanding and perspective of some societal issues.

4.5 Factor Analysis

To determine its underlying structure, the data underwent a factor analysis before being subjected to both inferential and descriptive statistical studies. Principal Components Analysis (PCA), as described by Field (2013) was used to reduce a huge set of variables into a smaller number of principal components, capturing a significant amount of the variance of the original variables. In order to improve the data's reliability, this strategy helped identify highly loaded factors and eliminated those with weak or negative loading. The Principal Component Method allowed for a more thorough comprehension of the structure of the data by identifying components that were linear and assessing the relevance of particular variables to these components.

To assess the validity of the instrument, Abd ElHafeez et al. (2022) used Bartlett's Test of Sphericity and the KMO measure of Sampling Adequacy. The components for each construct were then extracted using varimax rotation in a component factor analysis that was performed on all variables. The underlying variable structures for each item were

successfully loaded through this method depending on their dimensions. The ensuing section contains a detailed analysis of the findings.

4.5.1 Factor Analysis for Employee Performance

Employee performance was analysed using principal component analysis and Varimax rotation. Table 4.9 showcases the KMO Measure of Sampling Adequacy, while Table 4.10 and 4.11 present the total variance explained and the rotated components matrix for employee performance, respectively.

Table 4.9

KMO and Bartlett's Test for Employee Performance

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.852
Bartlett's Test of Sphericity	Approx. Chi-Square	1413.773
	Df	66
	Sig.	0.000

The results in Table 4.9 show that the sample adequacy KMO measure was 0.852, which is greater than the suggested criterion of 0.50 (Field, 2013). A significant Chi-Square value (2) of 1413.773 with a p-value of 0.000 ($P<0.05$) was also achieved by Bartlett's Test of Sphericity. Consequently, conducting factor analysis on the employee performance variable was deemed appropriate (Leech et al., 2013). Once the KMO test confirmed the data's adequacy for factor analysis, two components emerged after implementing Varimax rotation; their Eigen values and the total explained variable.

Table 4.10

Total Variance Explained for Employee Performance

Component	Initial Eigenvalues		
	Total	**% of Variance**	**Cumulative %**
1	5.255	43.788	43.788
2	1.361	11.34	55.128

The factor analysis results in Table 4.10 demonstrated that two components (1 and 2) accounted for 43.788% and 11.34% of the variance in employee performance, with a combined total of 55.128%. Furthermore, the Eigen values for these components were 5.255 and 1.361, respectively, above the standard value of 1 (Yong and Pearce, 2013) demonstrating their aptitude for elucidating the variable and carrying out rotations. To identify items with weak loadings, a component matrix was generated for all the twelve employee performance items, with the findings detailed below.

Table 4.11

Rotated Component Matrix for Employee Performance

	Component	
	1	**2**
The hospital's staff members work efficiently.	0.633	
The hospital has low turnover of medical employees	0.697	
Medical employee service delivery is recommendable	0.564	
Most of medical employees have received award for their work	0.792	
Most of medical employees have received recognition for their work	0.762	
There has been increase in patient satisfaction with quality of service.	0.525	
Accidents resulting from employees' negligence are minimal		0.594
Hospital employees give personalized care to patients,		0.724
Hospital employees are willing to serve patients		0.748
Medical employees give personal attention to patients		0.818
As a referral hospital, we have continued to receive more requests for additional services including research work due to our continued growth	dropped	
The hospital has grown considerably since the introduction of the County	dropped	

The implementation of PCA and Varimax rotation took place, with all items exhibiting factor loadings below 0.50 being discarded, according to Hair et al. (2014) postulation. From a total of twelve items, two failed to reach the minimum 0.5 threshold and were subsequently dropped. The statement responses were summarized after each variable's factor analysis to provide a cumulative score, which was then put through inferential analysis.

4.5.2 Factor Analysis for Strategic Communication

The investigation presented findings related to strategic communication, which included the KMO Measure of Sampling Adequacy and Bartlett's Test of Sphericity, as depicted in Table 4.12. In Table 4.13 and 4.14 total variance explained and the principal component matrix displayed the factor loadings for all nine elements of strategic communication.

Table 4.12

KMO and Bartlett's Test for Strategic communication

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.930
Bartlett's Test of Sphericity	Approx. Chi-Square	1403.586
	Df	36
	Sig.	0.000

The results presented in Table 4.12 indicate that Bartlett's Test of Sphericity produced a highly significant Chi-Square (χ^2) value of 1403.586, with a p-value of less than 0.05 (.000). These findings support the suitability of conducting a factor analysis on the strategic communication variable, as affirmed by the studies conducted by Leech et al. (2013) and Morgan et al. (2012). Additionally, KMO was found to be 0.930 that surpasses the required threshold of 0.5 (Field, 2013). After the KMO confirmed data sufficiency for factor analysis and Bartlett's Test established equal variances across all samples, a single component emerged following a Varimax rotation and eigen value calculation.

Table 4.13

Total Variance Explained for Strategic communication

Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	5.481	60.897	60.897

Table 4.13 presents the factor analysis outcomes, which demonstrate that one component emerged, accounting for 60.897% of the variance in strategic communication. Furthermore, this component exhibited an Eigen value of 5.481, exceeding the acceptable threshold of 1 as per Yong and Pearce (2013). Consequently, these items were suitable for explaining the variable and conducting rotations.

Table 4.14

Rotated Component Matrix

	Component 1
The hospital top leadership provides timely feedback efficiently.	0.802
The hospital top leadership has vertical communication channels'	0.823
The hospital top leadership embraces more clarity of ideas/strategy before communicating	0.805
The hospital top leadership communication is thoroughly analyzed for effective coordination in the organization	0.808
The hospital top leadership immediate actions are accomplished through effective communication.	0.791
The hospital top leadership communication is passed through recommended	0.759
The hospital top leadership integrate technologies such as mobile phones, Video, Conferencing, etc in its communication	0.747
The hospital top leadership has made communication efficient through emails, WhatsApp, text messages and other real time means and methods.	0.787
The failure to respond to official communications attracts disciplinary action.	0.692

A Varimax-rotated principal component analysis was performed to reveal the fundamental factors underlying strategic communication, as presented in Table 4.14. The results showed that all nine of the factor loadings for the nine items were above the minimum criterion of 0.50 recommended by Hair et al. (2014). Consequently, these nine items related to strategic communication were maintained for additional examination.

4.5.3 Factor Analysis for Strategic Agility

Principal component analysis was utilized as the extraction method for the factor analysis on strategic agility, and varimax rotation with Kaiser Normalization was employed as the rotation strategy. The results of this analysis are available in Tables 4.15, 4.16, and 4.17.

Table 4.15

KMO and Bartlett's Test for Strategic Agility

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.934
Bartlett's Test of Sphericity	Approx. Chi-Square	1891.832
	Df	45
	Sig.	0.000

KMO Measure was utilized to evaluate sampling adequacy, as shown in Table 4.15, with a resulting value of 0.934, which exceeds the 0.5 threshold recommended by Hair et al. (2010). This indicates that the sample size for examining strategic agility was sufficient in relation to the measurement items and appropriate for conducting factor analysis. Additionally, the Bartlett's Test yielded a significant result, $\chi 2$ (45) = 1891.832, p-value = .000 < .05, demonstrating that the correlation matrix deviated from an identity matrix, confirming the relatedness of the items and their suitability for detecting underlying structures.

Table 4.16

Total Variance Explained for Strategic agility

Total Variance Explained			
Component	**Initial Eigenvalues**		
	Total	**% of Variance**	**Cumulative %**
1	6.458	64.575	64.575

Table 4.16 presents the factor analysis outcomes, which demonstrate that one component emerged, accounting for 64.575% of the variance in strategic agility. Furthermore, this component exhibited an Eigen value of 6.458, exceeding the acceptable threshold of 1 as per Yong and Pearce (2013). Consequently, these items are suitable for explaining the variable and conducting rotations. The factor loadings for each of the ten constructs of strategic agility were determined using the principal component matrices.

Table 4.17

Rotated Component Matrix for Strategic agility

	Component
	1
The hospital leadership develops strategic decisions with flexibility in mind	0.812
The hospital leadership shares strategic goals with all employees	0.794
The hospital leadership encourages autonomy among employees	0.822
The hospital leadership is capable of shifting its structure quickly to address new opportunities	0.827
Top management embraces and encourages innovative idea from employees by offering rewards	0.767
The hospital management has budget set aside to effectively implement new changes	0.857
Top executives display courage to invest in promising opportunities	0.804
Top management are sensitive to changing environment	0.793
If there is change of circumstances, the hospital management can adjust its current plans effortlessly	0.843
Being a public hospital financial constraint hinders quick adaptations to changes.	0.707

A Varimax-rotated principal component analysis was conducted to establish the underlying elements driving strategic agility. The findings showed that all 10 items exceeded the suggested minimum factor loading of 0.50, as per Hair et al. (2014). This indicated that these 10 items effectively represented strategic agility and were consequently maintained for additional examination.

4.5.4 Factor Analysis for Strategic Alignment

As shown in Table 4.18, a factor analysis on strategic alignment was carried out using principal component analysis for extraction and varimax rotation with Kaiser Normalization.

Table 4.18

KMO and Bartlett's Test for Strategic alignment

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.934
Bartlett's Test of Sphericity	Approx. Chi-Square	1891.832
	Df	45
	Sig.	0.000

Table 4.18 shows that a significant Chi-Square value (2) of 1891.832 with 45 degrees of freedom and a p-value less than.05 (p =.000) were obtained using Bartlett's Test of Sphericity. Furthermore, Field (2013) found that the KMO measure of sample adequacy was computed at 0.934, exceeding the permissible threshold of 0.50. These findings indicated that it was suitable to perform factor analysis on the strategic alignment variable (Leech et al., 2013). The dataset's appropriateness for factor analysis was determined using the KMO measure, and two components emerged after a Varimax rotation. Their related Eigen values and the percentage of the overall variability explained are displayed in Table 4.19.

Table 4.19

Total Variance Explained for Strategic alignment

Total Variance Explained			
Component	**Initial Eigenvalues**		
	Total	**% of Variance**	**Cumulative %**
1	6.994	53.8	53.8
2	1.124	8.646	62.446

The results in Table 4.19 revealed two components that accounted for 53.8% and 8.646% of the variance in strategic alignment, contributing to a cumulative 62.446% explained

variance in this area. Furthermore, according to Table 4.19, these two components had Eigenvalues of 6.994 and 1.124, respectively, which surpass the acceptable threshold of 1 as suggested by Yong and Pearce (2013). This indicated that the items were suitable for explaining the variable and applicable for rotations. The principal component matrix for all 13 constructs within strategic alignment can be found in Table 4.20.

Table 4.20

Rotated Component Matrix for Strategic Alignment

	Component	
	1	**2**
The leadership of the hospital creates connections between departments or business divisions so that the staff may work together effectively.	0.766	
The hospital leadership ensure there are no collaboration barriers between departments.	0.774	
The hospital leadership strives to continuously align operational functions in all departments	0.801	
The hospital leadership have effectively aligned IT with operation functions in all departments	0.623	
All hospital staff are made aware of the long-term objectives of the hospital leadership.	0.764	
The hospital leadership ensures employees understand institution's priorities.	0.776	
The hospital leadership hold regular meetings with employee from all department to assess if the IT project is aligned to the business objectives.		0.62
The hospital leadership encourages employees to work as a team.		0.626
The hospital's management makes care to offer a wide range of services without compromising the quality of such services.		0.669
The hospital leadership has implemented continuous learning approach		0.599
The hospital's management organizes all of its operations to serve the demands of the patrons.		0.691
The hospital leadership allows staff from all departments to raise their opinions on organizational policy and work condition		0.593
The hospital leadership has appointed a cross departmental committee in ensuring there is resources collaboration among all departments in executing a specific project		0.594

According to Hair et al. (2014), the investigation subjected all products to a loading suppressing point of.5. 13 elements related to strategic alignment were rotated and kept for more examination, as shown in Table 4.20.

4.5.5 Factor Analysis for Strategic Direction

The research generated a principal component matrix associated with the strategic direction variable, and the outcomes are shown in Table 4.21.

Table 4.21

KMO and Bartlett's Test for Strategic Direction

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.914
Bartlett's Test of Sphericity	Approx. Chi-Square	1444.759
	Df	55
	Sig.	0.000

The adequacy of the sampling for strategic direction was assessed using the KMO measure, as displayed in Table 4.21. With a KMO value of .914, exceeding the recommended threshold of .5 suggested by Hair et al. (2010), the study's sample size proved sufficient for measuring items related to strategic direction, allowing for factor analysis. Furthermore, Bartlett's Test resulted in a significant finding (χ^2 (55) = 1444.759, p-value = .000 < .05), confirming that the correlation matrix was not an identity matrix, indicating interconnections among the items and their suitability for structure detection. The total variance explained is presented in Table 4.22.

Table 4.22

Total Variance Explained for Strategic Direction

Total Variance Explained			
Component	**Initial Eigenvalues**		
	Total	**% of Variance**	**Cumulative %**
1	5.565	50.588	50.588
2	1.119	10.171	60.759

Table 4.22 revealed two components that accounted for 50.588% and 10.171% of the variance in strategic direction, contributing to a cumulative 60.759% explained variance in this area. Furthermore, according to Table 4.22, these two components had Eigenvalues of 5.565 and 1.119, respectively, which surpass the acceptable threshold of 1 as suggested by Leech *et al. (*2013). This indicated that the items were suitable for explaining the variable and applicable for rotations. The principal component matrix for all 11 constructs within strategic direction can be found in Table 4.23.

Table 4.23

Component Matrix for Strategic Direction

	Component	
	1	2
The hospital leadership has successfully implemented fundamental long-term strategic plan.		0.812
The hospital leadership clearly stipulates hospital goals and vision		0.806
The hospital's management makes sure that every employee is taught how to implement the strategic plan.		0.676
The hospital leadership consults before coming up with a strategic plan		0.616
The hospital leadership understands how facts in the situation are related to each other.		0.642
The hospital leadership ensures all stakeholders are involved in developing a strategic plan	0.653	
The hospital leadership has directed the hospitals' resources for the achievement of its goals	0.668	
The hospital leadership allows ease access to hospitals' strategic plan	0.830	
The hospital leadership creates a plan to solve problems before considering other viewpoints.	0.786	
The hospital leadership regularly evaluates the implementation of strategic plan	0.657	
The hospital leadership analyses on why its employees succeeded or failed.	0.703	

Component matrix for all the 11 constructs in strategic direction was run to extract and remove the weak and negative factors. From Table 4.23, none of the factors were removed since all of them loaded high above the 0.5 threshold (Hair *et al.,* 2014).

4.5.6 Factor Analysis for Innovative Work Behaviour

Factor analysis was utilized to examine innovative work behavior. The rotation strategy adopted was the Varimax rotation method with Kaiser Normalization, while principal component analysis was chosen as the extraction strategy. The results for the Bartlett's Test of Sphericity and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy are presented in Table 4.24.

Table 4.24

KMO and Bartlett's Test Innovative Work Behavior

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.879
Bartlett's Test of Sphericity	Approx. Chi-Square	1946.179
	Df	66
	Sig.	0.000

The KMO measure of sampling adequacy for innovative work behavior in this study was 0.879, surpassing the recommended threshold of 0.50 (Field, 2013), indicating that the data was suitable for factor analysis (Leech et al., 2013). Bartlett's Test of Sphericity was used to evaluate the construct's validity and factorizability, and the resultant value of 1946.179 was considered statistically significant at a threshold of $p=0.000<0.05$. Furthermore, the obtained KMO value of 0.879 exceeded the suggested minimum of 0.5, as per Hair et al. (2010).

Table 4.25

Total Variance Explained Innovative Work Behavior

Total Variance Explained				
Component	Initial Eigenvalues			
	Total	% of Variance	Cumulative %	
1	6.331	52.762	52.762	
2	1.136	9.467	62.229	
3	1.064	8.865	71.093	

Results indicate that three components accounted for 52.762%, 9.467% and 8.865% of the variance in strategic direction, contributing to a cumulative 71.093% explained variance. Furthermore, according to Table 4.25, these three components had Eigenvalues of 6.331, 1.136 and 1.064, respectively, which surpass the acceptable threshold of 1 as suggested by Leech et al. *(*2013). This indicates that the items were suitable for explaining the

variable and applicable for rotations. The principal component matrix for all 12 constructs within strategic direction can be found in Table 4.26.

Table 4.26

Rotated Component Matrix Innovative Work Behavior

	Component		
	1	**2**	**3**
I focus on unusual problems in my workplace, departments,.	0.602		
I look for innovative working methodologies, approaches, or tools.	0.610		
I believe I am good at coming up with innovative ways to do my work.	0.730		
I urge important institutional members to embrace novel concepts with enthusiasm.	0.848		
I make an effort to persuade people to support creative ideas	0.804		
I consistently incorporate new concepts into my work.	0.624		
I search for ways to advance technology, business operations, business processes, and working relationships.		0.745	
I see possibilities to positively impact my job, organization, department, and clients.		0.635	
Given a chance, I would strongly encourage an elaborate reward system for innovations at the grassroots to encourage research into practical solutions to local medical problems in the county.		0.824	
The top management of the hospital are very keen in rewarding and encouraging innovation which has helped the hospital to grow.			0.642
Being a government facility, innovation is not particularly attended to in this hospital as there are a lot of other more demanding issues to be addressed.			0.860
Whether we innovate or not, instructions and working code of ethics is always set at the ministry headquarters by policy makers and ours is to follow them.			0.719

A Varimax-rotated principal component analysis was conducted to uncover the fundamental elements influencing innovative work behavior. The findings demonstrated that all item factor loadings exceeded the suggested minimum threshold of 0.50 (Hair et

al., 2014), indicating their significant contribution in explaining innovative work behavior. Consequently, these items were retained for subsequent analyses.

4.6 Data Transformation

The collected results show that interval data, represented by means, has been created from the original Likert scale data. Due to this change, the variables can be quantitatively analyzed, with each variable measuring a different idea. Both ordinal and interval scales can be applied to Likert scales (Carifio & Perla, 2007). Statistical techniques that use interval or ratio data, like Pearson's correlation and squares regression, are frequently used to evaluate Likert-type data (Chen & Liu, 2020).Based on Chen and Liu (2020) criteria for a 5-point Likert scale, the mean score values are interpreted as follows: mean responses falling between 1.8 and 2.6 are rated as "very low," those between 2.6- 3.4 rate as low, 3.4-4.2 are rated as moderate, those between 4.2-5.0 are rated as "high."

The results suggest that employees' performance was relatively close to the mean score, indicating a mediate level of variability in their overall performance (Mean = 3.9414, a standard deviation = 0.6393). In terms of IWB, employees exhibited a relatively high level of innovative work behavior, and there was relatively low variability among individuals (Mean = 4.4052, Standard Deviation = 0.5440). For strategic communication, employees displayed mediate levels of strategic communication skills, and there was a mediate level of variability in these skills across individuals (mean = 3.9753, standard deviation = 0.6937). Similarly, employees possessed a mediate level of strategic agility, (Mean = 3.9433, Standard Deviation = 0.7441).

Regarding strategic alignment, employees exhibited a mediate level of strategic alignment, and there was a mediate level of variability in this area among individuals (Mean = 3.9979, Standard Deviation = 0.6754). Lastly, employees demonstrated a mediate level of strategic direction, and there was a mediate level of variability in this aspect among individuals (Mean = 4.0235, Standard Deviation = 0.7030). These statistics provide insights into the average performance levels and the degree of variability in each variable In the data provided in Table 4.27, the skewness values for all variables fell within the acceptable range, as they were all less than 3. This indicates that the distribution of these variables did not exhibit significant departures from symmetry. Additionally, the kurtosis values for all variables were within the acceptable range as well, as they were less than 10. Hence, the data was considered normally distributed (Matore & Khairani, 2020).

Table 4.27

Data Transformation

	Mean	Std. Deviation	Skewness	Kurtosis
Employee performance	3.9414	0.6393	-0.8690	0.8820
Innovative work behavior	4.4052	0.5440	-1.3170	1.9830
Strategic communication	3.9753	0.6937	-1.5490	1.9250
Strategic agility	3.9433	0.7441	-1.3190	1.5810
Strategic alignment	3.9979	0.6754	-1.6990	1.6330
Strategic direction	4.0235	0.7030	-1.6090	1.2380

4.7 Descriptive Analysis

4.7.1 Descriptive Statistics for Employee Performance

Employee performance, as a multifaceted concept, was evaluated based on factors such as customer satisfaction, innovation, profitability, turnover, absenteeism, productivity, work standards, and discipline (Siddhanta & Roy, 2010; Kumar & Pansari, 2014;

Koopmans et al., 2011). A detailed statistical overview of this variable can be found in Table 4.28.

Table 4.28

Employee Performance

		SD	D	N	A	SA	Mean	Std. Dev
The hospital has high employee productivity	Freq.	0	25	59	110	75	3.87	0.93
	%	0	9.3	21.9	40.9	27.9		
The hospital has low turnover of medical employees	Freq.	13	40	51	92	73	3.64	1.17
	%	4.8	14.9	19	34.2	27.1		
Medical employee service delivery is recommendable	Freq.	3	9	35	136	86	4.09	0.82
	%	1.1	3.3	13	50.6	32		
Accidents resulting from employees' negligence	Freq.	4	26	31	106	102	4.03	1.01
	%	1.5	9.7	11.5	39.4	37.9		
Most of medical employees have received award for their work	Freq.	14	31	45	98	81	3.75	1.16
	%	5.2	11.5	16.7	36.4	30.1		
Most of medical employees have received recognition for their work	Freq.	11	28	56	88	86	3.78	1.13
	%	4.1	10.4	20.8	32.7	32		
There has been increase in patient satisfaction with quality of service offered.	Freq.	2	11	36	148	72	4.03	0.8
	%	0.7	4.1	13.4	55	26.8		
Hospital employees give personalized care to patients	Freq.	0	13	39	138	79	4.05	0.79
	%	0	4.8	14.5	51.3	29.4		
Hospital employees are willing to serve patients	Freq.	0	5	33	140	91	4.18	0.71
	%	0	1.9	12.3	52	33.8		
Medical employees give personal attention to patients	Freq.	3	11	44	127	84	4.03	0.86
	%	1.1	4.1	16.4	47.2	31.2		
Employee performance							**3.95**	**0.63**

According to Table 4.28, the data suggest that employee productivity was high (mean = 3.87, SD = 0.93), turnover was moderate (mean = 3.64, SD = 1.17), and service delivery was commendable (mean = 4.09, SD = 0.82). Additionally, accidents resulting from employee negligence were minimal (mean = 4.03, SD = 1.01), and many employees had received awards (mean = 3.75, SD = 1.16) and recognition (mean = 3.78, SD = 1.13) for their work. Overall, patient satisfaction with the quality of service provided had increased (mean = 4.03, SD = 0.80). Moreover, hospital employees consistently provided personalized care (mean = 4.05, SD = 0.79), were willing to serve patients (mean = 4.18, SD = 0.71), and offered the service with personal attention (mean = 4.03, SD = 0.86). The lower standard deviations (less than 2) in most categories indicated that there was relatively low variation in the employees' performance, suggesting a consistent level of quality across the hospitals in the region. The study's outcomes revealed that medical professionals at county referral hospitals within the central region economic bloc of Kenya exhibited a commendable level of performance (Mean = 3.95, Standard deviation = 0.63). This suggests that the medical staff in this region were generally performing well in their roles and responsibilities, showing competence and efficiency in their healthcare practices.

Respondents from open-ended question showed that approximately 20.4% of respondents expressed satisfaction with overall employee performance, considering it commendable, dedicated, and determined, indicating a positive perception of staff dedication and service. Responses such as "*excellent*," "*excellent performance*," and "*highly competent*" collectively accounted for 16.5% of responses, suggesting that a considerable portion of respondents' viewed employee performance favorably, acknowledging excellence and proficiency in service delivery. Despite positive feedback, a notable proportion of respondents, approximately 22.9%, highlighted areas for improvement, indicating that

while performance was commendable, there was still room for enhancement, suggesting a positive perspective on performance levels. Responses indicating the need for motivation programs and increased manpower constituted around 4.1% of total, suggesting that some respondents perceive motivation and resource allocation as critical factors influencing employee performance though few. Other responses, such as "*average but has room for improvement*," "*fai*r," "productive and hardworking," and "*satisfactory*," collectively represented approximately 20.7% of total, reflecting diverse opinions on employee performance, with some acknowledging satisfactory performance while others advocated for improvement. The findings conform to Lyubykh et al. (2022) study which classified employees into different types based on work performance. They identified contextual, task, and adaptive performance as three dimensions to explain employees' involvement in their work.

4.7.1 Descriptive Statistics for Strategic Communication

Table 4.29 shows the findings on strategic communication. A key element of strategic communication, strategic leadership, equips hospital staff with the necessary framework to anticipate changes and innovate in response to the evolving challenges in the healthcare landscape..

Table 4.29

Descriptive Statistics for Strategic Communication

		SD	D	N	A	SA	Mean	Std. Dev
The hospital top leadership provides timely feedback efficiently.	Freq.	10	1	27	148	83	4.09	0.87
	%	3.7	0.4	10	55	30.9		
The hospital top leadership has vertical communication channel for employees' inputs	Freq.	2	13	29	152	73	4.04	0.8
	%	0.7	4.8	10.8	56.5	27.1		
The hospital top leadership embraces more clarity of ideas/strategy before communicating	Freq.	1	12	25	161	70	4.07	0.75
	%	0.4	4.5	9.3	59.9	26		
The hospital top leadership communication is thoroughly analyzed for effective coordination in the organization	Freq.	9	5	37	126	92	4.07	0.92
	%	3.3	1.9	13.8	46.8	34.2		
The hospital top leadership immediate actions are accomplished through effective communication.	Freq.	4	8	46	117	94	4.07	0.88
	%	1.5	3	17.1	43.5	34.9		
The hospital top leadership communication is passed through recommended channels	Freq.	0	16	33	119	101	4.13	0.85
	%	0	5.9	12.3	44.2	37.5		
The hospital top leadership integrate technologies such as mobile phones,	Freq.	2	13	39	135	80	4.03	0.84
	%	0.7	4.8	14.5	50.2	29.7		
The hospital top leadership has made communication efficient through emails, WhatsApp, text messages and other real time means and methods.	Freq.	2	10	19	138	100	4.2	0.79
	%	0.7	3.7	7.1	51.3	37.2		
The failure to respond to official communications attracts disciplinary action.	Freq.	4	14	57	118	76	3.92	0.91
	%	1.5	5.2	21.2	43.9	28.3		
Strategic Communication							**4.07**	**0.66**

Table 4.29 presents findings regarding the effectiveness of strategic communication within the hospital's top leadership. The mean scores indicate that the top leadership was efficient in providing timely feedback (mean = 4.09, SD = 0.87) and embraced clarity of ideas/strategy before communicating (mean = 4.07, SD = 0.75). This suggests that most medical employees received feedback promptly and that communication from leadership was clear and well-thought-out. These findings are in line with the literature on strategic communication, which emphasizes the importance of continuous communication strategies aligned with organizational goals (Neill, 2018). Furthermore, the study revealed that vertical communication channels for employees' inputs were effective (mean = 4.04, SD = 0.8), indicating that employees felt comfortable sharing their ideas and suggestions. This fostered employee engagement, as noted by Heide et al. (2018) who highlights the role of strategic communication in promoting motivation and inspiration among employees.

The analysis also showed that the hospital's top leadership paid close attention to communication for better coordination within the organization (mean = 4.07, SD = 0.92) and acted swiftly to address issues or take advantage of opportunities (mean = 4.07, SD = 0.88). This underscores the significance of strategic leadership in facilitating effective communication, as emphasized by Robbins and Davidhizar (2020).

Moreover, the study indicated a proficiency in leveraging technology for communication purposes (mean = 4.03, SD = 0.84) and utilizing modern communication tools like emails, WhatsApp, and text messages (mean = 4.2, SD = 0.79). These findings align with Cunningham, Hazel and Hayes (2020) who argue that adopting new communication strategies is essential for enhancing employee productivity and engagement.

However, the study also identified areas for improvement, such as the need to address failures to respond to official communications (mean = 3.92, SD = 0.91). This underscores the importance of accountability in communication processes, as highlighted by Zorlu and Korkmaz (2021).

Overall, the strategic communication score of 4.07 with a standard deviation of 0.66 suggests that while communication within these hospitals was generally effective, there were opportunities for enhancement. The findings emphasize the pivotal role of strategic communication in promoting employee effectiveness and organizational performance, as supported by Banwart (2020) and O'Neill et al. (2015). By implementing strategic communication strategies, leaders can foster a culture of engagement, motivation, and productivity among employees, ultimately driving organizational success. The results indicate that the majority of respondents, 87.4%, affirm that their hospital practices strategic communication. This high percentage suggests that strategic communication is prevalent within healthcare organizations, reflecting its recognized importance in fostering effective communication channels and aligning organizational goals with employee actions. Strategic communication involves the deliberate planning and execution of communication initiatives to achieve specific objectives, such as improving employee engagement, facilitating change management, and enhancing overall organizational performance. The finding that only 8.6% of respondents indicated their hospital does not practice strategic communication suggests that there may be some gaps or deficiencies in communication strategies within a small subset of healthcare institutions. This minority may indicate a need for these organizations to reevaluate their communication practices and consider implementing more strategic approaches to ensure clear, consistent, and goal-oriented communication across all levels of the organization.

Some of communications listed by respondents include, "*cross-departmental communications*" and "*social media*" highlight the emphasis on collaboration and information sharing across different departments and hierarchical levels within the organization. These methods underscore the importance of horizontal communication, facilitating peer-to-peer interaction and knowledge exchange. Additionally, "*regular meetings with employees*" and "*verbal communication*" serve as essential avenues for real-time dialogue and discussion among staff members.

The second set of responses also underscores the importance of both horizontal and vertical communication methods. "*Midweek meetings*" and "*the use of social media platforms*" continue to promote collaboration and information exchange among peers, fostering a sense of community and shared purpose. Meanwhile, "*verbal communication*," "*phones*," and "*written communication*" serve as vital channels for conveying clear messages from leadership to employees and vice versa, ensuring that information flowed seamlessly throughout the organization.

Lastly, the third set of responses highlights a combination of "*verbal*," "*visual*," and "*written communication*" methods. "*Verbal communication*" and "*midweek meetings*" enabled real-time interactions and feedback exchange among stakeholders, fostering a culture of open communication and collaboration. Visual communication methods, such as visual aids or presentations, offered alternative ways to convey complex information effectively, enhancing comprehension and engagement. Meanwhile, "*written communication*" through emails, memos, and SMS ensured clarity and documentation of important messages, providing a record of communication for future reference. Overall, these responses indicated that hospitals employ a variety of strategic communication practices, including both horizontal and vertical methods, to facilitate effective

information flow and collaboration within their organizations. The utilization of diverse communication channels allowed hospitals to address the complex communication needs inherent in healthcare settings, ensuring clarity, transparency, and alignment with organizational goals.

4.7.2 Descriptive Statistics for Strategic Agility

Strategic agility, a critical driver for organizational success, demonstrates the ability of healthcare leaders to adapt and respond rapidly to environmental changes without losing sight of their overall goals and missions. In the Kenyan healthcare context, strategic agility has emerged as a vital component for enhancing the operational efficiency and effectiveness of medical personnel, ultimately leading to improved patient care and service delivery. results of the study on this aspect are presented in Table 4. 30.

Table 4.30

Descriptive Statistics for Strategic Agility

		SD	D	N	A	SA	Mean	Std. Dev
The hospital leadership develops strategic decisions with flexibility in mind	Freq.	3	8	42	135	81	4.05	0.82
	%	1.1	3	15.6	50.2	30.1		
The hospital leadership shares strategic goals with all employees	Freq.	3	10	43	141	72	4.00	0.82
	%	1.1	3.7	16	52.4	26.8		
The hospital leadership encourages autonomy among employees	Freq.	3	14	33	140	79	4.03	0.85
	%	1.1	5.2	12.3	52	29.4		
The hospital leadership is capable of shifting its structure quickly to address new opportunities	Freq.	3	19	34	133	80	4.00	0.90
	%	1.1	7.1	12.6	49.4	29.7		
Top management embraces and encourages innovative idea from employees by offering rewards	Freq.	4	22	38	124	81	3.95	0.95
	%	1.5	8.2	14.1	46.1	30.1		
The hospital management has budget set aside to effectively implement new changes	Freq.	5	17	45	116	86	3.97	0.95
	%	1.9	6.3	16.7	43.1	32		
Top executives display courage to invest in promising opportunities	Freq.	5	14	35	112	103	4.09	0.94
	%	1.9	5.2	13	41.6	38.3		
Top management are sensitive to changing environment	Freq.		13	35	122	99	4.14	0.82
	%		4.8	13	45.4	36.8		
If there is change of circumstances, the hospital management can adjust its current plans effortlessly	Freq.	8	6	48	124	83	4.00	0.92
	%	3	2.2	17.8	46.1	30.9		
Being a public hospital financial constraint hinders quick adaptations to changes.	Freq.	6	16	37	110	100	4.05	0.97
	%	2.2	5.9	13.8	40.9	37.2		
Strategic agility							**4.03**	**0.72**

The findings from Table 4.30 demonstrate that hospital leadership exhibits strategic agility in various aspects, as indicated by the mean scores and standard deviations. For instance, the mean score for developing strategic decisions with flexibility (mean = 4.05, SD = 0.82) suggests that hospitals were adaptable and could adjust their strategies to meet evolving needs in the medical sector. This aligns with Tilman and Jacoby (2019) and Al Shehab (2020) who emphasize a strategic leader's role in enhancing organizational adaptability and responding effectively to uncertainties.

Furthermore, the mean score for sharing strategic goals with all employees (mean = 4.00, SD = 0.82) reflects active engagement among staff members in the strategic planning process. This inclusivity fosters motivation and commitment among employees, consistent with Halalmeh (2021) study which found that clear vision and shared accountability positively impacted employee performance. The encouragement of autonomy among employees (mean = 4.03, SD = 0.85) and the ability to swiftly shift organizational structure (mean = 4.00, SD = 0.90) indicate a culture of empowerment and agility within hospitals. These findings resonate with Cho et al. (2022) highlighting the correlation between strategic agility and business success through employee empowerment and adaptability.

Moreover, the mean score for embracing innovative ideas from employees (mean = 3.95, SD = 0.95) underscores the importance of fostering a culture of innovation. This is reinforced by Arokodare (2021) study which emphasizes the positive impact of strategic insight and technology capability on organizational effectiveness. The ability to make quick adjustments in response to changing circumstances (mean = 4.00, SD = 0.92) indicates hospitals' agility in navigating dynamic environments. This responsiveness is essential for maintaining competitiveness, as noted by Nurjaman et al. (2021) and Al-

Tameemi and Abd-Alghafur (2020) who emphasize the significance of technology usage and decision-making in business performance.

Lastly, employees attributed the hospitals' quick adaptations to financial constraints (mean = 4.05, SD = 0.97), highlighting the importance of resource optimization in driving strategic agility. This finding resonates with Abdul Rahim and Fadel's (2016) study, which suggests that despite possessing agile characteristics, organizations must effectively manage resources to achieve agility. Overall, with an average strategic agility rating of 4.03 and a low standard deviation of 0.72, hospitals demonstrate consistent levels of strategic agility. This aligns with Arokodare and Asikhia's (2020) findings, emphasizing the positive impact of strategic agility indicators on firm performance and employee satisfaction in Nigeria

The results indicated that a significant majority, 78.4% of respondents, perceived their hospital as responding quickly and efficiently to change. This was a positive indicator, suggesting that a large portion of the hospital staff felt confident in their organization's ability to adapt to changing circumstances. However, it is noteworthy that 21.6% of respondents indicated that their hospital does not respond quickly and efficiently to change. This minority viewpoint raises concerns about the adaptability and agility of these hospitals. It suggests potential challenges or barriers to change implementation, such as bureaucratic processes, resistance to change among staff, or inadequate resources. Based among the various qualitative reasons on the above, several key themes emerge: Leadership and Organizational Culture: Responses such as "*Adopted a new style of lea*dership" and "*Good leadership standards*" indicate recognition of the importance of leadership in driving change. Hospitals seem to have embraced new leadership approaches, fostering a culture that supports strategic agility and innovation.

Technological Integration: Phrases like "*Adoption of modern technology*" and "*Embracing new technology*" highlight hospitals' efforts to leverage technological advancements. By adopting modern tools and systems, hospitals aim to improve overall operational efficiency.

Infrastructure Enhancements: Responses such as "B*uilding of a new emergency wing for accident victims*" and "*Increasing hospital beds and building new wards*" suggest tangible infrastructure improvements. Hospitals are investing in specialized facilities and expanding their capacity to better address emergent situations and accommodate growing patient needs. Human Resource Development: Answers like "*Regularly improving the equipment and training the staff*" and "*Employing competent staff*" underscored a commitment to continuous improvement and capacity building. Hospitals prioritize staff training, skill development, and recruitment to ensure high-quality care delivery. Emergency Response Preparedness: Phrases like "*Quick response team*" and "*Having an emergency response team*" reflect hospitals' focus on enhancing emergency response capabilities.

4.7.3 Descriptive Statistics for Strategic alignment

The primary goal of strategic alignment is to ensure that an organization's strategy, structure, culture, and resources are in harmony with each other. By effectively aligning these elements, an organization is likely to witness improvements in employee performance, which in turn, could lead to superior patient care and overall organizational performance. Table 4.31 present descriptive results for strategic alignment.

Table 4.31

Descriptive Statistics for Strategic Alignment

		SD	D	N	A	SA	Mean	Std. Dev
The leadership of the hospital facilitates linkages between different business units or departments, promoting seamless cooperation and collaboration among employees	Freq.	4	8	50	145	62	3.94	0.82
	%	1.5	3	18.6	53.9	23		
The hospital leadership ensures there are no collaboration barriers between departments.	Freq.	4	12	23	150	80	4.08	0.83
	%	1.5	4.5	8.6	55.8	29.7		
The hospital leadership strives to continuously align operational functions in all departments	Freq.	8	4	18	162	77	4.1	0.82
	%	3	1.5	6.7	60.2	28.6		
The hospital leadership have effectively aligned IT with operation functions in all departments	Freq.	5	17	20	141	86	4.06	0.9
	%	1.9	6.3	7.4	52.4	32		
All employees of the hospital are properly informed of the healthcare facility's long-term goals by leadership.	Freq.	5	10	28	135	91	4.1	0.87
	%	1.9	3.7	10.4	50.2	33.8		
The leadership of the medical facility ensures that staff members are well aware of the institution’s most important goals.	Freq.	5	5	16	141	102	4.23	0.79
	%	1.9	1.9	5.9	52.4	37.9		
The hospital leadership hold regular meetings with employee from all department to assess if the IT project is aligned to the business objectives.	Freq.	9	10	52	119	79	3.93	0.97
	%	3.3	3.7	19.3	44.2	29.4		
The hospital leadership encourages and develops employees to work as a team.	Freq.	2	13	32	147	75	4.04	0.81
	%	0.7	4.8	11.9	54.6	27.9		
The leadership of the medical facility makes care to offer a wide range of amenities without compromising service quality	Freq.	5	5	59	126	74	3.96	0.86
	%	1.9	1.9	21.9	46.8	27.5		
The hospital leadership has implemented continuous learning approach	Freq.	4	5	42	136	82	4.07	0.82
	%	1.5	1.9	15.6	50.6	30.5		
The leadership of the healthcare facility directs all of its operations ...	Freq.	4	10	37	143	75	4.22	3.22
	%	1.5	3.7	13.8	53.2	27.9		
The leadership of the healthcare facility directs all of its operations to cater to the demands of the patients.	Freq.	9	8	47	135	70	3.93	0.92
	%	3.3	3	17.5	50.2	26		
The hospital leadership has appointed a cross departmental committee in ensuring there is resources collaboration among all departments in executing a specific project	Freq.	9	6	41	111	102	4.08	0.96
	%	3.3	2.2	15.2	41.3	37.9		
Strategic Alignment							**4.06**	**0.71**

Based on the results in Table 4.31, hospital leadership has established connections across business divisions or departments to facilitate collaboration among staff. While the mean score for this aspect was relatively high (mean = 3.94, SD = 0.82), there was still room for improvement to ensure a more consistent experience across departments. This finding underscores the importance of inter-departmental collaboration in enhancing organizational performance and employee satisfaction. Furthermore, the study revealed a strong commitment by hospital leadership to promote collaboration and communication between various departments (mean = 4.08, SD = 0.83). This suggests that efforts to foster collaboration were generally well-received by employees, although there were some variability in their perceptions. Effective communication and collaboration are essential for enhancing organizational effectiveness and achieving strategic objectives (Ghonim et al., 2020).

Additionally, the results indicated a positive perception of hospital leadership's efforts to align operations among departments and effectively integrate IT with operational functions (mean = 4.10, SD = 0.82 and mean = 4.06, SD = 0.90 respectively). However, there were variations in employee perceptions regarding the effectiveness of these alignment efforts, highlighting the need for continuous assessment and refinement. Moreover, hospital leadership's focus on ensuring that employees understood long-term objectives, work priorities, and the organization's mission and vision was evident (mean = 4.10, SD = 0.87 and mean = 4.23, SD = 0.79 respectively). Clear communication of organizational goals and priorities is crucial for fostering employee engagement and alignment with strategic objectives (Alsayah, 2022).

Additionally, the study revealed positive perceptions of hospital leadership's commitment to continuous learning, resource collaboration, and soliciting employee input on

workplace issues (mean = 4.07, SD = 0.82; mean = 4.08, SD = 0.96; and mean = 3.93, SD = 0.92 respectively). These findings underscore the importance of creating opportunities for ongoing professional development, fostering cross-departmental collaboration, and incorporating employee feedback into decision-making processes (Lees & Dhanpat, 2021).

Overall, the findings suggested that while hospitals demonstrated strong efforts in strategic alignment, there were opportunities for improvement to ensure consistency and effectiveness across departments. Aligning departments, fostering collaboration, ensuring clear communication, and addressing variations in employee experiences are critical factors that can enhance organizational performance and increase employee satisfaction, as elaborated by findings of previous studies (Anamanjia & Maina, 2022; Jacobsen & Johnsen, 2020)

The findings indicate that a significant majority of respondents, comprising 78.4%, affirmed that their hospital practiced employee alignment, wherein employees' valued and believed in the goals, mission, and vision of the organization. This suggests a positive organizational culture where there is coherence between the objectives of the hospital and the beliefs of its workforce. Employee alignment is crucial for fostering a sense of purpose and commitment among staff members. When employees align with the organization's goals, mission, and vision, they are more likely to be motivated, engaged, and proactive in their roles. This alignment can lead to higher levels of job satisfaction, increased productivity, and improved overall performance within the hospital.

The 21.6% of respondents who indicated that their hospital did not practice employee alignment represented a minority but still a notable portion of the workforce. This minority group perceived a misalignment between their personal values or beliefs and the

organizational objectives, which could have implications for their job satisfaction and engagement levels. Organizations that do not prioritize employee alignment may face challenges such as decreased morale, higher turnover rates, and lower employee loyalty. Therefore, it is essential for hospitals to invest in strategies that promote alignment, such as effective communication, transparent goal-setting processes, and opportunities for employee involvement in decision-making. Overall, the high percentage of respondents affirming that their hospitals practiced employee alignment reflects a positive organizational culture that values and prioritizes the alignment of employee values with organizational goals.

Some of the strategic alignment issues quoted by respondents included inactively listening to employees' ideas on how to improve the hospital, regularly motivating employees, treating everyone with respect, and serving patients with humility. One respondent mentioned, "*by listening to employee's ideas on how to improve the hospital*," indicating the importance of incorporating staff input into organizational decision-making processes. Additionally, initiatives such as capacity building, cooperation among employees in management, and creating working groups were mentioned. These efforts aimed to engage employees, empower them, and ensure they understood and were committed to their hospital's mission and vision.

Similarly, the second set of responses underscored the importance of empowerment, education, and training in promoting employee alignment. Hospitals empower their staff by respecting them equally, providing orientations, and offering rewards for their contributions. A respondent noted, "*the staff are educated on the goals and missions*," indicating the emphasis placed on ensuring that employees were well-informed about the hospital's objectives. Education and training play a crucial role in aligning employees with

organizational goals, as they ensure that staff members are knowledgeable about the hospital's objectives and equipped with the skills needed to contribute effectively.

Finally, the third set of responses emphasized the role of recognition and goal-setting in promoting employee alignment. Hospitals use awards to acknowledge employees' efforts and achievements, fostering a sense of pride and motivation. Another respondent mentioned, "*setting goals for the employees*," highlighting the importance of establishing clear objectives to guide employee efforts. Moreover, setting clear goals for employees helps align their individual objectives with those of the organization, ensuring that everyone was working towards a common purpose.

The study also assessed hospital operational alignment, which involved developing a comprehensive plan that connected the objectives of the hospital with the responsibilities of each department, work group, and individual strategies. This alignment aims to prevent conflicting and uncoordinated activities, ensuring that all efforts are directed towards achieving common organizational goals. is the findings are depicted in Figure 4.4 illustrating the interconnectedness and integration of various operational elements within the hospital to foster synergy and coherence in organizational operations.

The results indicate that a significant majority of hospitals, 66.5%, practice operation alignment, wherein a comprehensive plan is established to connect the objectives of the hospital with the responsibilities of each department, work group, and individual strategies. This approach aims to prevent conflicting and uncoordinated activities within the organization. Conversely, 33.5% of hospitals reported not practicing operation alignment.

The high percentage of hospitals practicing operation alignment suggests a recognition within the healthcare sector of the importance of aligning organizational objectives with departmental and individual responsibilities. This alignment facilitates better coordination, enhances efficiency, and promotes a unified focus on achieving common goals. Hospitals that prioritize operation alignment are likely to experience smoother workflows, reduced redundancies, and improved overall performance.

However, the presence of a notable percentage (33.5%) of hospitals not practicing operation alignment highlighted potential challenges or gaps in organizational structure and strategic planning. These hospitals may face difficulties in ensuring consistency across departments, addressing conflicting priorities, and maximizing operational efficiency. Lack of operation alignment could lead to inefficiencies, resource wastage, and ultimately, compromised patient care. The findings underscore the importance of operation alignment in hospitals for optimizing performance, enhancing coordination, and ultimately delivering high-quality healthcare services.

In addition, the qualitative responses provide valuable insights into how hospitals ensure operation alignment. Among the hospitals practicing operation alignment, various methods are employed to foster collaboration, coordination, and adherence to strategic goals. One respondent quipped;

"In *our hospital, all departments work in harmony to accomplish their work plan, ensuring a cohesive approach towards achieving our organizational objecti*ves." "*Head of departments are always involved in planning and strategic meetings, ensuring alignment at all levels of the organization*." "*Staff ideas and innovations are encouraged, reflecting our commitment to fostering a culture of continuous improvement and alignment with our*

strategic objectives." "*Departments are assigned specific responsibilities based on their duties, ensuring clarity and alignment with the hospital's overall mission and vision*."

Furthermore, there is a recognition of the importance of staff input, with ideas and innovations from employees being actively encouraged and considered for the betterment of hospital operations.

"*Staff ideas and innovations are encouraged, demonstrating our commitment to leveraging the expertise of our employees to drive operational excellence*." Another employee added.

"*Sharing duties in each department ensures that responsibilities are distributed effectively, promoting accountability and alignment with our organizational go*als" yet another one added. However, some challenges to operation alignment are also highlighted, such as barriers preventing collaboration between departments and the need to overcome obstacles hindering effective communication channels.

"*There are a lot of barriers that prevent collaborations between departments, indicating the need for us to address communication challenges and foster a more integrated approach to achieving our objectives*." Added another respondent on the subject. .

4.7.4 Descriptive Statistics for Strategic Direction

Strategic direction is aimed at aligning and mobilizing resources and efforts to attain specific objectives while remaining responsive to changing circumstances. By providing clear guidance, fostering a shared sense of purpose, and cultivating an environment that encouraged innovation, effective strategic leadership had the potential to significantly impact employee performance and overall hospital functionality. The study delved into whether hospital leaders practiced strategic direction, exemplified by the roadmap

depicted in figure 4.4, which serves as a guiding framework steering the hospital's trajectory and initiatives.

The results indicated that a significant majority of respondents, comprising 81.4%, affirmed that their hospital practiced strategic direction, which involved having plans aimed at propelling the hospital towards its envisioned future and accomplishing its objectives, such as a strategic plan. This finding suggests that a substantial portion of hospitals surveyed had deliberate, structured approaches in place to guide their actions and decisions, aligning them with long-term goals and aspirations. Strategic direction serves as a vital compass for hospitals, especially in the dynamic and complex healthcare landscape, where clarity of purpose and coordinated efforts are paramount for sustainable success. Conversely, 18.6% of respondents reported that their hospitals did not practice strategic direction then. This minority highlights a potential area for improvement or concern within healthcare organizations where strategic planning and goal alignment may be lacking or underdeveloped. Without clear strategic direction, hospitals risk operating reactively rather than proactively, which can hinder their ability to adapt to changing circumstances, capitalize on opportunities, and achieve desired outcomes effectively.

The findings indicate that a significant majority, accounting for 68.0% of respondents, affirmed the hospital's practice of strategic direction. Among the various qualitative responses provided, several key themes emerged, showcasing the hospital's commitment to strategic planning and goal-oriented approaches. For instance, respondents highlighted the establishment of a research center, *"indicating the hospital's investment in advancing medical knowledge and innovation*" *"the involvement of all stakeholders in budgeting processes*"

Strategic plans indicate a concerted effort to ensure alignment and understanding across all levels of the organization. *"Regular reporting to departmental heads and monthly meetings to discuss progress further reinforce a culture of accountability and transparency in implementing strategic initiatives" "* quipped a respondent.

Similarly, among those affirming the hospital's practice of strategic direction, 97.0% of respondents provided further insights into ongoing efforts to enhance operations and services. Key areas of focus included employing more staff to meet increasing demands, improving facilities and services to enhance patient care experiences, and aligning actions with the hospital's mission and plans. These initiatives reflect a proactive approach to addressing emerging challenges and opportunities, ensuring that the hospital remained responsive to evolving healthcare needs and industry trends.

The study further analyzed the likert scale responses on strategic direction and the findings were summarized in Table 4.32.

Table 4.32

Descriptive Statistics for Strategic direction

		SD	D	N	A	SA	Mean	Std. Dev
The hospital leadership has successfully implemented long-term strategic plan.	Freq.	4	3	44	134	84	4.08	0.81
	%	1.5	1.1	16.4	49.8	31.2		
The hospital leadership clearly stipulates hospital goals and vision	Freq.	0	6	31	145	87	4.16	0.71
	%	0	2.2	11.5	53.9	32.3		
The hospital leadership ensures all employees are trained in implementation of strategic plan	Freq.	3	7	44	139	76	4.03	0.81
	%	1.1	2.6	16.4	51.7	28.3		
The hospital leadership consults widely before coming with a strategic plan	Freq.	4	10	29	133	93	4.12	0.85
	%	1.5	3.7	10.8	49.4	34.6		
The hospital leadership understands how facts in the situation are related to each other.	Freq.	3	9	34	123	100	4.15	0.84
	%	1.1	3.3	12.6	45.7	37.2		
The hospital leadership ensures all stakeholders are involved in developing a strategic plan	Freq.	3	8	35	109	114	4.20	0.86
	%	1.1	3	13	40.5	42.4		
The hospital leadership has directed the hospitals' resources for the achievement of all goals	Freq.	5	10	52	115	87	4.00	0.91
	%	1.9	3.7	19.3	42.8	32.3		
The hospital leadership allows ease access to strategic plan	Freq.	1	7	46	134	81	4.07	0.78
	%	0.4	2.6	17.1	49.8	30.1		
The hospital leadership creates a plan to solve problems before considering other viewpoints.	Freq.	5	14	41	131	78	3.98	0.91
	%	1.9	5.2	15.2	48.7	29		
The hospital leadership regularly evaluates the implemented of strategic plan	Freq.	1	11	34	153	70	4.04	0.76
	%	0.4	4.1	12.6	56.9	26		
The hospital leadership analyses on why its employees succeeded or failed.	Freq.	4	7	33	123	102	4.16	0.85
	%	1.5	2.6	12.3	45.7	37.9		
Strategic Direction							**4.09**	**0.61**

The findings from Table 4.32 shed light on the effectiveness of hospital leadership in implementing strategic direction, a critical aspect of organizational management. With a mean score of 4.08 and a standard deviation of 0.81, the results indicate that hospital leadership had successfully executed fundamental long-term strategic plans. This underscores the importance of strategic planning in guiding organizational decisions and actions, as highlighted by Alawneh and Al-Zoubi (2020) who emphasize the role of leadership in setting strategic direction to achieve organizational goals.

Furthermore, the study revealed that hospital leadership excelled in communicating and aligning goals and visions, as evidenced by a mean score of 4.16 with a standard deviation of 0.71. Effective communication of organizational objectives is crucial for motivating employees and fostering alignment with the organization's mission and vision (Ng'ang'a, 2018). Moreover, the findings suggest that hospital leadership demonstrated a commitment to ongoing evaluation and improvement of strategic plans, with a mean score of 4.04 and a standard deviation of 0.76. This practice aligns with the principles of strategic management, emphasizing the importance of continuous monitoring and adaptation to achieve organizational objectives (Jelagat & Kimaku, 2018). The study's results emphasized the significance of strategic direction in organizational performance and alignment with strategic goals. As highlighted by Odita and Bello (2015) strategic direction plays a crucial role in elucidating organizational objectives and driving performance.

4.7.5 Descriptive Statistics for Innovative Work Behavior

In the rapidly evolving landscape of the healthcare sector, fostering innovative work behavior among medical employees plays a significant role in achieving enhanced performance. As healthcare organizations strive to improve patient outcomes, the need for

effective strategic leadership that nurtures a culture of innovation and adaptability is essential. The study generated descriptive statistics on innovative work behavior and the findings are presented in Table 4.33.

Table 4.33

Descriptive Statistics Innovative Work Behavior

		SD	D	N	A	SA	Mean	Std. Dev
I search for ways to advance technology, business operations, business processes, and working connections.	Freq.	3	4	18	90	154	4.44	0.78
	%	1.1	1.5	6.7	33.5	57.2		
I see possibilities to positively impact my job, organization as well, department, and clients.	Freq.		3	9	95	162	4.55	0.62
	%		1.1	3.3	35.3	60.2		
I focus on unusual circumstances challenges at work, in my divisions, and at this institution.	Freq.	1	7	25	81	155	4.42	0.8
	%	0.4	2.6	9.3	30.1	57.6		
I look for innovative instruments, approaches, and working ways.	Freq.	2	4	18	88	157	4.46	0.75
	%	0.7	1.5	6.7	32.7	58.4		
I believe I am excellent at coming up with innovative ways to do my work.	Freq.	2	5	18	103	141	4.4	0.76
	%	0.7	1.9	6.7	38.3	52.4		
I urge important organization employees to embrace novel concepts with enthusiasm.	Freq.	5	3	10	99	152	4.45	0.78
	%	1.9	1.1	3.7	36.8	56.5		
I make an effort to persuade people to encourage creative ideas	Freq.	1	6	25	90	147	4.4	0.78
	%	0.4	2.2	9.3	33.5	54.6		
I consistently incorporate new concepts into my work.	Freq.	3	4	21	89	152	4.42	0.79
	%	1.1	1.5	7.8	33.1	56.5		
The top management of the hospital are very keen in rewarding and encouraging innovation which has helped the hospital to grow.	Freq.	4	12	25	71	157	4.36	0.93
	%	1.5	4.5	9.3	26.4	58.4		
Being a government facility, innovation is not particularly attended to in this hospital as there are a lot of other more demanding issues to be addressed.	Freq.	5	14	30	103	117	4.16	0.95
	%	1.9	5.2	11.2	38.3	43.5		
Whether we innovate or not, instructions and working code of ethics is always set at the ministry headquarters by policy makers and ours is to follow them.	Freq.	5	3	41	81	139	4.29	0.9
	%	1.9	1.1	15.2	30.1	51.7		
Given a chance, I would strongly encourage an elaborate reward system for innovations at the grassroots to encourage research into practical solutions to local medical problems in the county.	Freq.	2	4	4	74	185	4.62	0.67
	%	0.7	1.5	1.5	27.5	68.8		
IWB							**4.41**	**0.57**

Table 4.33 reveals that the employees actively sought opportunities to enhance their work environment (mean = 4.44, SD = 0.78). This meant that an investment in resources and training programs would help medical employees identify and capitalize on opportunities for improvement. Also, the medical employees strongly believed in their ability to create a positive impact in their work and organization (mean = 4.55, SD = 0.62). Additionally, the staff members paid attention to non-routine concerns at work, in their departments, and in their organizations (mean = 4.42, SD = 0.80). This suggested that medical employees were attentive to non-routine issues and were likely to address them proactively.

In addition, employees sought for new work methods, techniques or tools (mean = 4.46, SD = 0.75). This shows that medical professionals are constantly looking for new and innovative ways to do their jobs more effectively. Employees are also good at coming up with fresh ways to complete their responsibilities (mean = 4.40, SD = 0.76). This suggests that healthcare professionals are generally confident in finding innovative solutions to work tasks. Additionally, they inspired important institution members to embrace creative ideas with enthusiasm (mean = 4.45, SD = 0.78). This shows that medical staff actively promoted innovative ideas and inspired enthusiasm among their colleagues.

Additionally, the workers made an effort to persuade individuals to support creative ideas (mean = 4.40, SD = 0.78). Moreover, medical employees generally integrated innovative ideas into their work consistently (mean = 4.42, SD = 0.79). It suggested that employees were committed to introducing new and creative solutions to their work tasks to improve efficiency and patient care.

Also, medical employees perceived the hospital's top management as supportive of innovation and believed it contributed to the hospital's growth (mean = 4.36, SD = 0.93). This implied that employees viewed the management's commitment to innovation as essential for the organization's growth and success. However, medical employees believed that innovation was not a top priority in government hospitals due to other pressing matters (mean = 4.16, SD = 0.95). This indicated that employees might have felt that urgent issues overshadowed innovation efforts in government healthcare facilities.

Additionally, medical employees felt that their innovation efforts may not have had a significant impact on the overall working code of ethics and instructions set by policymakers (mean = 4.29, SD = 0.90). This suggested that employees were not or were doubtful about the extent to which their innovative ideas could influence overarching policies and guidelines.

Other than that, they strongly supported the implementation of a reward system for innovation, specifically focusing on local medical problems (mean = 4.62, SD = 0.67). This indicated that employees believed that recognizing and rewarding innovation could lead to more practical solutions for local medical challenges. This is in line with Khan et al. (2012) that workforce innovation is a dynamic, multifaceted procedure that requires creativity. It is composed of four related qualities: acknowledgment of the problem, concept development, promotion, and recognition.

From the overall mean, the medical staff in county referral hospitals showed high levels of innovative work behavior (overall mean = 4.4, standard deviation = 0.57). The low standard deviation suggests that innovative work behavior was consistent among employees. According Purwanto et al. (2022), organizations that need to encourage IWB amongst their workers would focus on creating a supportive leadership environment,

providing opportunities for employees to develop relationships with their leaders, and ensuring that employees have a good work environment.

4.8 Assumptions of Regression Model Testing

The method of regression analysis was used to ascertain the statistical relationship between the variables that were independent as well as dependent. However, critical assumptions, if unfulfilled, could lead to biased outcomes. Therefore, before performing regression analysis and testing the hypotheses, it was crucial to conduct diagnostic tests to verify that the assumptions were satisfied (Green, 2007). Teddlie and Tashakkori (2010) also caution that estimating research equations with violated linear regression assumptions could be dangerous, as it could yield biased, inefficient, and inconsistent parameter estimates. The diagnostic tests performed in this study encompassed normality, linearity, autocorrelation, multicollinearity, and homoscedasticity, ultimately confirming that the regression assumptions were satisfied.

4.8.1 Normality Test

In the opinion of Hair et al. (2010) the regression model is predicated on the notion that the information that is gathered on the variables under consideration have a distribution that is normal. A normality test is used to assess the chance that the underlying random variable has a normal distribution and to determine whether a data set can be adequately described by one. Additionally, this test establishes whether the sample data came from a population with a normal distribution within a reasonable margin. For parametric tests like correlation, regression, t-tests, and analysis of variance, the normal distribution assumption is necessary (Ghasemi & Zahediasl, 2012). The study employed the Shapiro-Wilks Tests (Shapiro and Wilk, 1968) separately for each variable to see if the data supported the normality assumptions. The probability values of the Shapiro-W, which

should be higher than the test's threshold for significance (0.005) for normality to be presumed, can be used to assess the normality of the statistical distribution of the data.

Table 4.34

Normality

	Shapiro-Wilk		
	Statistic	**df**	**Sig.**
Employee performance	0.901	296	0.152
strategic communication	0.237	296	0.112
Strategic Agility	0.192	296	0.052
Strategic Alignment	0.489	269	.0.076
strategic direction	0.189	269	0.161
IWB	0.891	269	0.200*

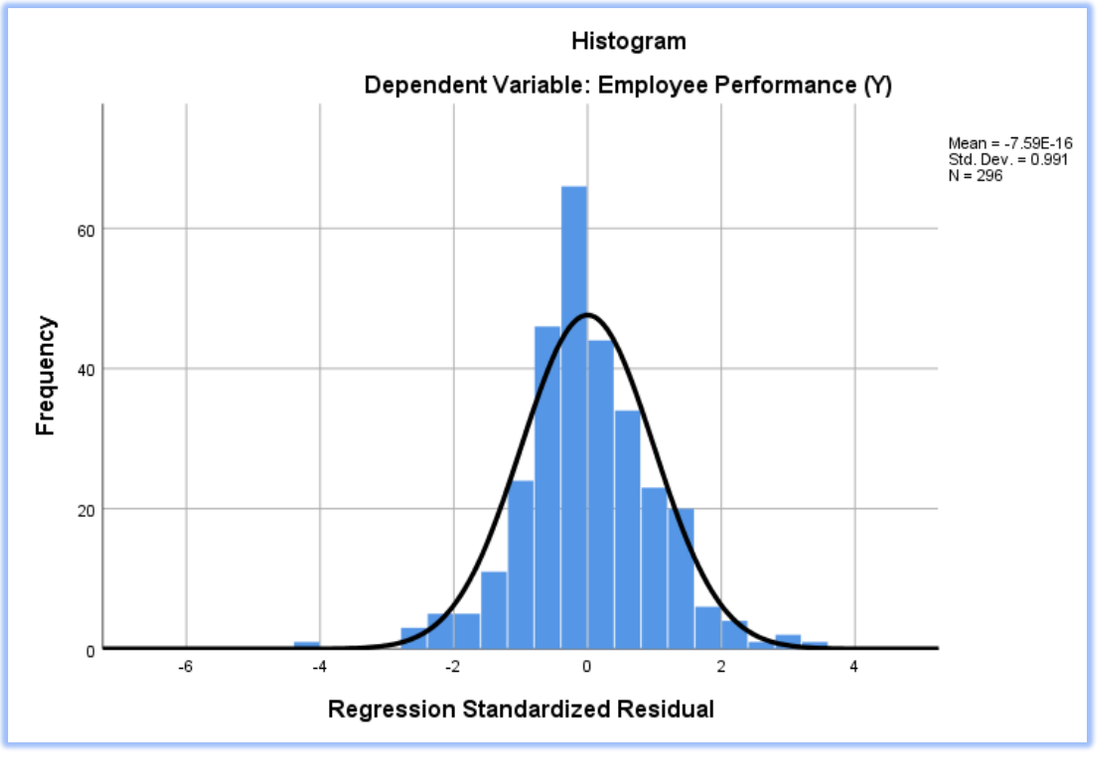
For the variable employee performance, the Shapiro-Wilk statistic yielded a probability value of 0.152, indicating that the data did not significantly deviate from a normal distribution at the 0.005 significance level. Similarly, the variables strategic communication, strategic agility, strategic alignment, and strategic direction exhibited Shapiro-Wilk probability values of 0.112, 0.052, 0.076, and 0.161, respectively. These results suggest that these variables also met the assumption of normality, as their probability values exceeded the threshold (Ghasemi & Zahediasl, 2012). However, it is worth noting that for the variable IWB," the Shapiro-Wilk probability value was 0.200, slightly higher than the typical significance threshold. While this suggests a potential departure from normality, the deviation is minor, and the variable may still be considered to reasonably approximate a normal distribution. Overall, the normality tests indicate that the data for most variables in the study align well with the assumption of a normal

distribution, validating the suitability of parametric tests like regression analysis for examining relationships between these variables.

Furthermore, this research employed graphical methods, including a histogram and a Normal P-P plot to ensure the normal distribution of regression residuals, as depicted in Figures 4.1 and 4.2, respectively. The histogram serves as a goodness-of-fit statistic that estimates measures of shape to evaluate if the sample data exhibited skewness consistent with a normal distribution.

Figure 4.1

Histogram Results

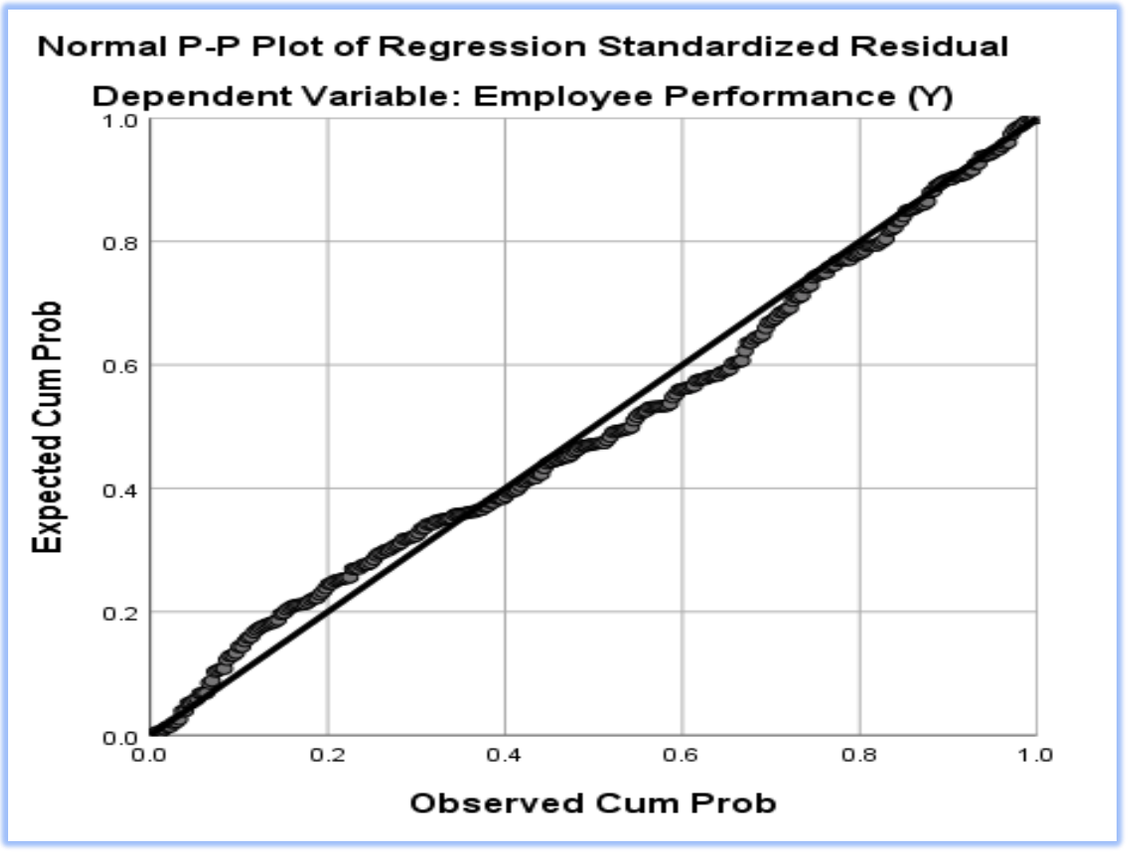


The histogram shown in Figure 4.1, showed that the standardized residuals revealed a significant normal distribution confirming findings of the normality test. Additionally, it was confirmed that the data had a normal distribution because the skewness and kurtosis

values were between the range of -2 to +2. As a result, the data was deemed to follow a normal distribution. In addition, normality verification was carried out by generating a Normal P-P plot using SPSS software version 26. The outcomes of this analysis can be found in Figure 4.2.

Figure 4.2

Normal P-P Plot of the Residuals



Based on the scatter dots displayed in Figure 4.2, which fell along the line of fit, the research determined that the dataset demonstrated a normal distribution. Consequently, data was deemed suitable for use in the regression analysis having satisfied the normality test by more than two tests.

4.8.2 Linearity Test

When the dependent variable can be written as a function of predictor variables, this is referred to as linearity and denotes a direct correlation between the two variables (Ghasemi & Zahediasl, 2012). In the current study, verifying linearity was crucial because numerous statistical models, including linear regression, necessitate the assumption of linearity (Gujarat, 2009). The normal P-P plot in figure 4.2 demonstrated that the data conformed to the linearity principle. In circumstances when there exists linear associations, multiple regressions are an effective technique to determine the relationship between outcome and predictor constructs (Gujarat, 2009). It is crucial to check the studies for linearity because non-linear connections are common in social sciences (Gujarat, 2009). Regression analysis parameter estimates, such as regression coefficients, standard errors, and tests of statistical significance, may be skewed, ineffective, and surprising when there is no linearity. (Cooper & Schindler, 2014; Teddlie & Tashakkori, 2010). Type I and Type II errors can result from inaccurate estimations brought on by non-linear correlations between variables that are independently determined and dependent (Cooper & Schindler, 2014).

Table 4.35

ANOVA Test for Linearity

		Sum of Squares	Df	Mean Square	F	Sig.
Employee performance * strategic communication	Linearity	56.415	1	56.415	305.854	0.000
	Deviation from Linearity	13.83	54	0.256	1.388	0.054
Employee performance * Strategic Agility	Linearity	56.422	1	56.422	352.527	0.000
	Deviation from Linearity	19.021	54	0.352	2.201	0.067
Employee performance * Strategic Alignment	Linearity	51.666	1	51.666	253.082	0.000
	Deviation from Linearity	12.138	43	0.282	1.383	0.070
Employee performance * strategic direction	Linearity	56.558	1	56.558	329.457	0.000
	Deviation from Linearity	15.209	47	0.324	1.885	0.091
Employee performance * IWB	Linearity	17.817	1	17.817	60.158	0.000
	Deviation from Linearity	20.342	26	0.782	2.642	0.100

Key: IWB=Innovative Work Behaviour

In this study, linearity was assessed for each variable using SPSS, following standard procedures. If the p-value was less than 0.05, it was generally considered that there was linearity, while if the value was greater than 0.05, there was no linearity (as per the rule of thumb). Because all of the variables in Table 4.35 were fulfilled the criteria, the data could be used to run the regression analysis.

4.8.3 Autocorrelation Test

Assumptions for regression analysis demand that residuals be independent of time. To verify this, an autocorrelation test is carried out to investigate any potential correlation among the residuals over time. To determine whether there was autocorrelation among the variables in this study, an autocorrelation analysis was carried out. Autocorrelation was tested using the Durbin-Watson Statistic. The Durbin-Watson statistic, according to Gujarat (2009), has a value range of 1 to 4, showing a lack of autocorrelation. The results are shown in Table 4.36.

Table 4.36

Autocorrelation Test

	Durbin-Watson
Employee performance * strategic communication	1.449
Employee performance * Strategic Agility	1.459
Employee performance * Strategic Alignment	1.668
Employee performance * strategic direction	1.384
Employee performance * IWB	1.072
Overall	1. 877

Key: IWB=Innovative Work Behavior

Table 4.36 show that there was no autocorrelation between the variables because all values of the Durbin-Watson statistic were within the Gujarat (2009) recommended range of between 1 and 4 thresholds.

4.8.4 Multicollinearity Test

Multicollinearity arises when there is a high degree of correlation among two or more independent variables within a regression model. This makes it difficult to obtain reliable

estimates for each variable's individual coefficients. As a result, one variable can be accurately predicted by the others, potentially leading to a multicollinearity. The effectiveness and interpretability of the model may be compromised (Cooper & Schindler, 2014). Imperfect multicollinearity typically results in poorly defined regression coefficients, as well as exaggerated or even infinite standard errors and confidence intervals for each predictor. This can impact the accuracy of accepting or rejecting the null hypothesis. In this work, the variance inflation factor (VIF) and tolerance values were used to evaluate multicollinearity. The findings are presented in Table 4.37. For multicollinearity to be present, tolerance factor should be less than 0.1 and Variance Inflation Factor greater than 10.

Table 4.37

Multicollinearity Test

	Collinearity Statistics	
	Tolerance	**VIF**
strategic communication	0.337	2.966
Strategic Agility	0.274	3.655
Strategic Alignment	0.335	2.982
strategic direction	0.280	3.570
IWB	0.700	1.428

Table 4.37 findings demonstrate that there was no evidence of multicollinearity in the data because none of the independent variables had a tolerance level of less than 0.1 and none of their VIF values were greater than 10. This implies that there was no substantial correlation between the independent variables. Cooper and Schindler (2014) postulate that multicollinearity occurs when tolerance levels are below 0.1 or VIF values exceed 10 for all variables. This idea is supported by Field (2013) who notes that multicollinearity is negated by tolerance levels above 0.1 while it is indicated by VIF values higher than 10.

Consequently, the multicollinearity assessment for this study demonstrated that there was no risk of multicollinearity, allowing for the uninterrupted use of all predictor variables in further analyses, including multiple regression using the regression model.

4.8.5 Homoscedasticity

In linear regression models, the concept of Homoscedasticity, which signifies uniform variance, plays a crucial role. This means that there is consistent variability between independent and dependent variables across a range of categorical or continuous independent variables. Data homoscedasticity occurs when the residuals are consistent across the regression line for all predictor variable values, and when the error term remains uniform across all independent variable values. Contrarily, heteroscedasticity is a violation of homoscedasticity and denotes a range of categorical or continuous independent variables with varied degrees of variance in the dependent variables. This suggests uneven levels of variability across independent variables or varying magnitudes of the error term over independent variable values (Teddlie & Tashakkori, 2010; Hair et al., 2015).

As data in this study were gathered from various sources, there was concern regarding the potential presence of heteroscedasticity. When a regression analysis is run without considering heteroscedasticity or homoscedasticity, the parameter estimates may be skewed. Thomas et al. (2011) state that the likelihood of violating the homoscedasticity assumption increases with the presence of heteroscedasticity. The homoscedastic error term, which denotes constant variance, is an assumption made by linear regression models. Data are heteroscedastic if the error variance is not constant. Nordstokke and Zumbo (2010) advise doing a Levene test, which necessitates probability values bigger

than 0.5 in order to satisfy the homoscedasticity assumption. The results of this analysis are shown in Table 4.38.

Table 4.38

Homoscedasticity Levene Test

	Levene Statistic	df1	df2	Sig.
Employee performance	1.641	1	267	0.201
Strategic communication	1.082	1	267	0.299
Strategic agility	2.748	1	267	0.099
Strategic alignment	0.872	1	267	0.351
Strategic direction	0.146	1	267	0.702
IWB	0.335	1	267	0.563

Levene's test statistic verifies a breach of the homoscedasticity of variance if it is significant (with p value above 0.05). The Levene's statistics, however, exceeded 0.05, which supports the study's premise of homoscedasticity of variance, as shown in Table 4.37 (Martin & Bridgmon, 2012). In addition, Figure 4.3 displays the scatter diagram produced by SPSS software to assess the homoscedasticity of variance.

Figure 4.3

Homoscedasticity in the dependent variable (Employee Performance)

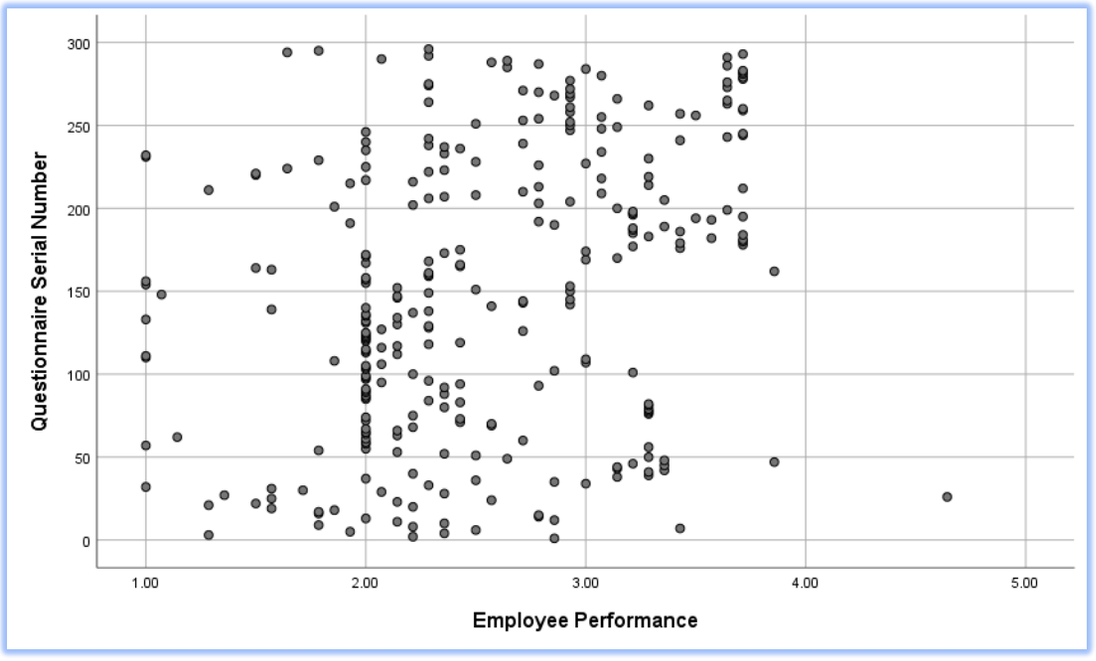


Figure 4.3 shows that the scatter dots of the dependent variable (Employee Performance), which indicated homoscedasticity, did not form a systematic pattern that erupted or converged from the origin.

4.9 Correlation Analysis

The Pearson correlation was used to assess linear relationships contrary to Spearman correlation which only analyzes monotonic relationships. According to Kothari (2015), this coefficient spans from -1 to 1, with the absolute value of r showing the strength of the relationship between the two variables.

Table 4.39

Correlation Analysis

		EP	SC	SA	SAL	SD	IWB
Employee Performance (EP)	Pearson Correlation	1					
	Sig. (2-tailed)						
Strategic Communication (SC)	Pearson Correlation	.718**	1				
	Sig. (2-tailed)	0.000					
Strategic Agility (SA)	Pearson Correlation	.718**	.777**	1			
	Sig. (2-tailed)	0.000	0.000				
Strategic Alignment (SAL)	Pearson Correlation	.687**	.715**	.748**	1		
	Sig. (2-tailed)	0.000	0.000	0.000			
Strategic Direction (SD)	Pearson Correlation	.719**	.742**	.789**	.773**	1	
	Sig. (2-tailed)	0.00	0.00	0.00	0.00		
IWB	Pearson Correlation	.403**	.451**	.510**	.481**	.515**	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	

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

The findings in Table 4.39 demonstrate strong and positive associations between strategic communication and employee performance ($r = .718$, $p < 0.001$). Likewise, there is a substantial positive correlation between strategic agility and employee performance ($r = .718$, $p < 0.001$). Furthermore, a positive relationship between strategic direction and employees' performance is evident ($r = .719$, $p < 0.001$). Additionally, a significant

correlation ($r = .687$, $p < 0.001$) is observed between strategic alignment and staff performance.

Further, a weak positive relationship was observed between innovative work behavior and employee performance ($r = .403$, $p<0.001$). However, the strongest connection was identified between strategic direction and employee performance, demonstrating a strong positive correlation ($r = .719$, $p<0.001$). Overall, the study revealed that strategic leadership factors, specifically strategic communication, strategic agility, strategic alignment, strategic direction, and innovative work behavior had a positive and significant relationship with the performance of medical employees in the referral hospitals in the CEREB region.

4.10 Regression Analyses

Regression analysis is a collection of statistical techniques that draw inferences about causal-effect relationships among interrelated variables (Sarstedt & Mooi, 2014). Since these techniques are applicable in every field of study, the regression model was the most important in testing the hypotheses.

4.10.1 Multiple Regression Model for influence of Strategic Leadership on Employee Performance

The combined influence of strategic leadership (strategic communication, strategic agility, Strategic alignment and strategic direction) on employee performance was tested using multiple regression. The model summary, ANOVA, and coefficient of estimates are as indicated in Tables 4.40, 4.41 and 4.42.

Table 4.40

Multiple Regression Model Summary for Strategic Leadership and Employee Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.786	0.618	0.613	0.39793

a Predictors: (Constant), strategic direction, strategic communication, Strategic Alignment, Strategic Agility
b Dependent Variable: employee performance

A multiple linear regression was employed to examine the collective influence of strategic leadership factors on employee performance. The findings in Table 4.40 reveal an R^2 value of 0.618, signifying that strategic communication, strategic agility, strategic alignment, and strategic direction accounted for about 61.8% of the variance in employee performance (R square = 0.618). From this and previous findings, it implied that about 38.2% of the employee performance in the CEREB region referral hospitals could be explained by factors not considered in this study.

To assess the fit of the multiple regression model, an ANOVA was conducted, focusing on the influence of strategic leadership components (strategic communication, strategic agility, strategic alignment, and strategic direction) on employees' performance. Table 4.41 presents the results.

Table 4.41

ANOVA for Strategic Leadership and Employee Performance

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	67.729	4	16.932	106.928	.000
Residual	41.805	264	0.158		
Total	109.533	268			

a DV: employee performance
b Predictors: (Constant), strategic direction, strategic communication, Strategic Alignment, Strategic Agility

Results from Table 4.41 showed F = 106.928, p=0.000 < 0.05, thus, p<0.05 implying that multiple regression model for influence of strategic leadership on employee performance was strong and had goodness of fit.

Table 4.42

Coefficients for Strategic Leadership and Employee Performance

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	T	Sig.
(Constant)	0.798	0.157		5.087	0.000
Strategic communication	0.252	0.06	0.274	4.180	0.000
Strategic agility	0.173	0.062	0.201	2.797	0.006
Strategic alignment	0.153	0.062	0.162	2.470	0.014
Strategic direction	0.211	0.065	0.232	3.258	0.001

Dependent Variable: employee performance

From the table, it can be inferred that all the independent variables under study were positive and significant.

Hypotheses Testing

H_{01}: There is no significant influence of strategic communication on medical employees' performance in county referral hospitals in central region economic block, Kenya.

The regression results in Table 4.42 revealed that strategic communication had a positive and significant effect on employee performance (β=0.274, t= 4.180, $p<0.05$). Thus, H_{o1} that there was no significant influence of strategic communication on medical employees' performance in county referral hospitals in central region economic block, Kenya was rejected. This means that strategic communication increased employee performance all other factors held constant.

Consistent with these results, Cunningham et al. (2020) demonstrated that employees' benefits were enhanced when company executives adopted non-traditional communication methods. Similarly, Zorlu and Korkmaz (2021) found a direct link between strategic communication methods and employee performance. It therefore appears that organizations utilizing strategic communication practices could potentially attain higher employee performance levels. Besides, the findings align with that of Bhuvanaiah and Raya (2015) which established that strategic leadership could enhance employee performance by implementing strategic communication. This implies that leaders who effectively communicated their vision and goals could inspire and motivate their workforce to achieve higher performance outcomes.

This notion was also supported by Gachungi (2014) who espoused that effective strategic communication significantly reduced resistance to change. Therefore, by clearly communicating the justification behind organizational changes, leaders could foster a positive environment that encourage employees to embrace new ways of working. Further, the findings align with Watkins and Walker (2021) assertion that employees

exhibit higher satisfaction, productivity, and engagement when managers employ effective communication techniques. Similarly, the study results tally with that of Wagener (2020) which established that regular communication related to employee functions was desirable and implementing both bottom-up and top-down communication strategies could improve collaboration between management and employees. Such strategies can bridge potential communication gaps, fostering a culture seamless sharing of ideas and stronger teamwork.

H_{02}: There is no significant influence of strategic agility on medical employees' performance in County referral hospitals in central region economic block, Kenya

This hypothesis was tested and showed evidence supporting positive relationship between strategic agility and employee performance (β=0.201, t=2.797, $p<0.05$). Therefore, the H_{o2} that there was no significant influence of strategic agility on medical employees' performance in County referral hospitals in central region economic block, Kenya was rejected. The implication of the finding was that a one unit increase in strategic agility was associated with a 0.201 unit increase in employee performance, all other factors and independent variables held constant.

In line with the findings, Halalmeh (2021) concluded that employee performance in Jordanian commercial banks was influenced by strategic agility aspects such as sensitivity of strategies, core competences, and clarification of vision, strategic goals, information technology choices, and shared responsibility. These findings are aligned with the current study, demonstrating the importance of strategic agility in various organizational settings. Similarly, the results conform to that of Cho et al. (2022) which established that businesses with a high degree of agility were found to be highly competitive, which points towards a positive influence on employee performance. This suggests that organizations should

invest in developing and maintaining agile strategies to remain competitive and enhance employee performance.

The results also tally with that of Arokodare (2021) which found that proxies of strategic agility, such as strategic insight, strategic foresight, information technology capability, human resources capability, and internal response orientation, significantly and positively affected firm performance, employee satisfaction, and effectiveness. This further reinforces the importance of strategic agility in fostering a work environment that enhances employee satisfaction and yields better results. Moreover, Shannon and Cad (2018) established that strategic agility improved employee performance in a firm. By effectively adapting to changes and responding to external challenges, organizations can support their employees in working more efficiently and achieving better performance outcomes. In the same way, Al Thani and Obeidat (2020) found that strategic agility had a considerable influence on employee effectiveness with an increase in overall performance.

H_{03}: There is no significant influence of strategic alignment on medical employees' performance in county referral hospitals in central region economic bloc, Kenya

Further, strategic alignment had a positive and significant influence on employee performance (β=0.162, t = 2.470, $p<0.05$). Thus, the H_{o3} that there was no significant influence of strategic alignment on medical employees' performance in county referral hospitals in central region economic bloc, Kenya was rejected. The implication was that a one unit increase in strategic alignment was associated with a 0.162 unit increase in employee performance, all other independent variables and factors held constant.

Consistent with the results, Lees and Dhanpat (2021) showed that strategic alignment enhanced employee motivation, with the latter being influenced by both manager credibility and strategic alignment. The implication was that employees tended to be more highly motivated when they perceived that their managers had a clear, coherent vision and that their efforts contributed to the broader organizational objectives. This suggests that strategic alignment not only enhanced employee motivation but also optimized the decision-making abilities of the organization, thus promoting more informed, timely, and effective decisions within the organization.

The findings were also aligned with the assertions by Ghonim et al. (2020) that decision-making efficacy was significantly affected by strategic alignment aspects, suggesting that strategic alignment could optimize decision effectiveness. Extant literature has also shown that strategic alignment contributes to an improvement in organizational performance (Anamanjia & Maina 2022; Pashutan et al., 2022; Mulago & Oloko, 2019; Sang et al., 2018). This implied that strategic alignment played a significant role in not only enhancing employee performance but also decision-making efficacy, and overall organizational effectiveness.

H_{04}: There is no significant influence of strategic direction on performance of medical employees in county referral hospitals in central region economic block, Kenya.

Additionally, there was evidence supporting a positive relationship between strategic direction and employee performance (β=0.232, t = 3.258, $p<0.05$). Thus, H_{o4} that there was no significant influence of strategic direction on performance of medical employees in county referral hospitals in central region economic block, Kenya was rejected. The findings implied that a one unit increase in strategic direction was associated with a 0.232

unit increase in employee performance, all other independent variables and factors held constant.

While existing research has shed light on the significance of strategic direction and its relationship with organizational effectiveness (Jelagatt and Kimaku, 2018; Odita and Bello, 2015), company performance (Kung'u et al., 2020; Kitonga et al., 2016), and financial performance measures (Muthaa and Muathe, 2018; Munyao et al., 2020), there is a noticeable gap in literature regarding the direct relation between strategic direction and employee performance. These studies indicated that strategic direction positively influences various aspects of the organization but do not directly assess its influence on employee performance. In order to specifically investigate the relationship between strategic direction and employee performance, more research is required.

In summary, the claim that strategic leadership had no statistically significant cumulative influence on the performance of medical staff in county referral hospitals in Kenya's central region was disproved. The implication was that strategic leadership significantly influenced employee performance in referral hospitals in the region.

This shows that all dimensions of strategic leadership (strategic communication, strategic agility, strategic alignment and strategic direction) significantly influenced employee performance. This means that in County referral hospital in central region economic bloc, Kenya, all strategic leadership attributes were essential in enhancing employee performance. The perceived lackluster performance could be attribute to other factors outside what was covered in this study.

In a nutshell, the hypothesis that there was no statistically significant combined influence of strategic leadership on medical employees' performance in county referral hospitals in

central region economic bloc, Kenya was rejected. The implication is that strategic leadership significantly influences employee performance.

4.10.2 Mediating influence of Innovative Work Behavior on the Relationship between Strategic Communication and Employee Performance

Regression analysis was used to evaluate model fit and find out how well the models could predict the response variable. Although there are a number of regression techniques available, such as stepwise, hierarchical, and forced entry methods (Field, 2009) multiple regression and Hayes model 4 were used in this work to investigate the direct and mediation effects (hypotheses 5). The researcher can methodically assess each independent variable's contribution to the predictive ability of the model by using this method, which accurately demonstrates the impact on the model used for regression as different predictor variables are incorporated. This section presents the findings for the factors' main influence and final interaction effects. The Hayes model 4 results, as seen in table 4.43, are listed below.

Table 4.43

Mediation influence of Innovative Work Behaviour on the Relationship between Strategic Communication and Employee Performance

	Model 1 (IWB)			**Model 2 (EP)**		
	B	**Se**	**p**	**β**	**t**	**p**
Constant	2.999	0.172	0.000	-0.684	4.182	.000
SCOM	$a_{1=}$0.354	0.043	0.000	*C'*=.620	14.174	.000
IWB				$b_{1=}$.117	2.103	.036
R-sq	.204			.523		
F	68.261			153.756		
F prob	.000			.000		
Indirect effect(s) of X on Y:						
	Effect	BootSE	BootLLCI	BootULCI		
Mediation (a1×b1)	0.0415	0.0211	0.0058	0.0883		

Note: Sign. **p*<.05, ***p*<.01, **SC**=strategic communication, **IWB**= Innovative work behaviour, **EP**= employee performance

The results from Hayes Model 4, as depicted in Table 4.43, demonstrate a significant positive relationship between strategic communication and employee performance, with a coefficient of 0.620, (p=0.000<0.05). Additionally, the coefficient for innovative work behavior (IWB) in Table 4.23 is 0.117, and the associated p-value is 0.036 (p<0.05), indicating a significant influence of IWB on employee performance. The mediation analysis further revealed a statistically significant indirect influence of strategic communication on employee performance via IWB (Effect = 0.0415, BootSE = 0.0211, BootLLCI = 0.0058, BootULCI = 0.0883), suggesting partial mediation. These findings contradict H_{05}a, indicating that although IWB partially mediates the relationship, strategic communication still significantly influences employee performance even after accounting for this mediation influence. This suggests the presence of additional pathways or factors through which strategic communication directly influence employee performance beyond IWB. The findings from the study align with existing literature that emphasizes the

significant role of innovative work behavior (IWB) in influencing employee performance. Researchers such as Coetzer et al. (2020) and Newman et al. (2018) have highlighted the importance of IWB in organizational settings, emphasizing its association with increased efficiency and the generation of fresh ideas. Similarly, the study's results concur with Deng et al. (2022) who emphasized on the multifaceted nature of IWB and its contribution to organizational responsiveness to opportunities. Moreover, the study's identification of strategic communication as a significant predictor of employee performance resonates with prior research. While few studies explicitly explore the direct relationship between strategic communication and employee performance, literature by Park et al. (2014) and Bak (2020) suggests that effective communication strategies within organizations can foster an environment conducive to innovation and ultimately enhance overall performance.

4.10.3 Mediating influence of Innovative Work Behaviour on the Relationship between Strategic Agility and Employee Performance.

Hayes model 4 for Mediating influence of Innovative work behavior on relationship between Strategic Agility and Employee Performance are presented in table 4: 44.

Table 4.44

Mediation influence of Innovative Work Behavior on the Relationship between Strategic Agility and Employee Performance

	Model 1 (IWB)			**Model 2 (EP)**		
	B	**se**	**p**	**β**	**se**	**p**
Constant	2.936	0.154	0.000	1.336	0.225	.000
SA	$a_{1=}$0.373	0.039	0.000	*C'*=.595	0.043	.000
IWB				$b_{1=}$0.059	0.058	.308
R-sq	.260			.517		
F	93.768			1423.365		
F prob	.000			.000		
Indirect effect(s) of X on Y:						
	Effect	BootSE	BootLLCI	BootULCI		
Mediation (a1×b1)	0.0221	0.0230	-0.0218	0.0707		

Note: Sign.*p<.05, **p<.01, **SA**=Strategic Agility , **IWB**= Innovative work behaviour, **EP**= employee performance

The results from Hayes Model 4, as illustrated in Table 4.44 reveal a statistically significant positive relationship between strategic agility (SA) and employee performance (EP) (β = 0.595, p=0.000<0.05). This finding underscores the importance of strategic agility in enhancing employee performance within organizations, aligning with previous research emphasizing the role of agility in navigating dynamic business environments (Pham et al., 2020; Pian et al., 2019). Strategic agility enables organizations to respond effectively to changes in the market, adapt to evolving customer needs, and capitalize on emerging opportunities, thereby contributing to improved performance and competitiveness. On the other hand, the coefficient for innovative work behavior (IWB) in Table 4.44 is 0.059, with an associated p-value of 0.308, indicating an insignificant influence of IWB on employee performance. This finding contradicts some prior research highlighting the importance of innovative work behavior in fostering organizational sustainability and resilience (Kim, 2022; Alheet et al., 2021). While innovative behavior

is widely recognized as crucial for organizational success, the present study suggests that its direct influence on employee performance may be less significant in this particular context. Moreover, the mediation analysis reveals a statistically insignificant indirect influence of strategic agility on employee performance via IWB, supporting the hypothesis that IWB does not mediate the relationship. This implies that while strategic agility independently influences employee performance, the mechanism through which it operates may not primarily involve innovative work behavior.

4.10.4 Mediating influence of Innovative Work Behaviour on the Relationship between Strategic Alignment and Employee Performance

Hayes model 4 results on Mediating influence of innovative work behaviour on the Relationship between Strategic Alignment and Employee Performance are presented in Table 4.45

Table 4.45

Mediation influence of Innovative Work Behaviour on the Relationship between Strategic Alignment and Employee Performance

	Model 1 (IWB)			**Model 2 (EP)**		
	B	**se**	**P**	**β**	**se**	**p**
Constant	2.856	0.175	0.000	1.024	0.240	.000
SAlign	a_1=0.388	0.043	0.000	*C'*=.607	0.048	.000
IWB				b_1=0.111	0.059	.042
R-sq	.232			.479		
F	80.462			122.076		
F prob	.000			.000		
Indirect effect(s) of X on Y:						
	Effect	BootSE	BootLLCI	BootULCI		
Mediation (a1×b1)	0.0432	0.0259	0.0003	0.1017		

Note: Sign.*p<.05, **p<.01, **SAL**=Strategic Alignment, **IWB**= Innovative work behaviour, **EP**= employee performance.

The results from Hayes Model 4, as presented in Table 4.45, reveal a significant positive relationship between strategic alignment (SAL) and employee performance (EP) (β = 0.620, p=0.000<0.05). This finding highlights the importance of strategic alignment in driving employee performance within organizations, aligning with previous research emphasizing the role of alignment between organizational goals and employee actions (Anom & Gustomo, 2023). Strategic alignment ensures that employees' efforts are directed towards achieving organizational objectives, thereby enhancing overall performance and productivity.

Additionally, the coefficient for innovative work behavior (IWB) in Table 4.45 is 0.111, with a corresponding p-value of 0.042, indicating a significant influence of IWB on employee performance. This finding underscores the critical role of innovative work behavior in contributing to employee performance, consistent with previous literature highlighting the importance of creativity and innovation in organizational success (Kim, 2022; Alheet et al., 2021; Negassi et al., 2019). Innovative work behavior enables employees to adapt to changing environments, identify new opportunities, and drive organizational growth through creative problem-solving and idea generation.

Furthermore, the mediation analysis reveals a statistically significant indirect influence of strategic alignment on employee performance via IWB, suggesting partial mediation (Effect = 0.0432, BootSE = 0.0259, BootLLCI = 0.0003, BootULCI = 0.1017). Although IWB partially mediates the relationship, strategic alignment still significantly influences employee performance even after accounting for this mediation effect. This indicates the presence of additional pathways or factors through which strategic alignment directly influences employee performance beyond innovative work behavior. These findings underscore the multidimensional nature of organizational performance drivers and

highlight the importance of considering both strategic alignment and innovative work behavior in fostering employee performance and organizational success.

4.10.5 Mediating influence of Innovative Work Behavior on the Relationship between Strategic Direction and Employee Performance

Hayes Model 4 results on mediating influence of innovative work behavior on the relationship between strategic direction and employee performance in Table 4.46

Table 4.46

Mediation influence of Innovative Work Behavior on the Relationship between Strategic Direction and Employee Performance

	Model 1 (IWB)			**Model 2 (EP)**		
	B	**se**	**p**	**B**	**t**	**p**
Constant	0.862	0.177	0.000	-0.684	0.176	.000
SD	$a_{1=}$0.781	0.464	0.000	*C'*=519	0.061	.000
IWB				$b_{1=}$.569	0.053	.000
R-sq	.652			.652		
F	153.756			153.756		
F prob	.000			.000		
Indirect effect(s) of X on Y:						
	Effect	BootSE	BootLLCI	BootULCI		
Mediation (a1×b1)	0.444	0.0754	0.3068	0.5982		

Note: Sign.*p<.05, **p<.01, **SD**=strategic direction, **IWB**= innovative work behavior , **EP**= employee performance

The results from Hayes Model 4, as displayed in Table 4.46, unveil a significant positive relationship between strategic direction (SD) and employee performance (EP) ($\beta = 0.519$, $p=0.000<0.05$). This finding underscores the critical role of strategic direction in driving employee performance within organizations, aligning with previous research emphasizing the importance of clear direction and vision in achieving organizational goals (Pian et al., 2019). Strategic direction provides employees with a clear sense of purpose and guidance,

enabling them to align their efforts towards achieving organizational objectives and enhancing overall performance.

Additionally, the coefficient for innovative work behavior (IWB) in Table 4.46 is 0.569, with a corresponding p-value of 0.000, indicating a significant influence of IWB on employee performance. This highlights the essential role of innovative work behavior in contributing to employee performance, consistent with previous literature emphasizing the link between creativity, innovation, and organizational success (Suwanti & Udin, 2020; Montani et al., 2020). Innovative work behavior fosters adaptability, problem-solving, and idea generation, thereby driving organizational growth and competitiveness in dynamic market environments.

Furthermore, the mediation analysis reveals a statistically significant indirect influence of Strategic Direction on employee performance via IWB, suggesting partial mediation (Effect = 0.444, BootSE = 0.0754, BootLLCI = 0.3068, BootULCI = 0.5982). Although IWB partially mediates the relationship, strategic direction still significantly influences employee performance even after accounting for this mediation influence. This underscores the multifaceted nature of organizational performance drivers and highlights the importance of considering both strategic direction and innovative work behavior in fostering employee performance and organizational success. Overall, these findings underscore the importance of fostering a culture of innovation and providing clear strategic direction to drive employee performance and organizational effectiveness.

4.11 Hypothesis Testing summary

Summary of the hypotheses that were evaluated by the study shows that all but one null hypothesis was rejected.

Table 4.47

Summary of Hypotheses Testing Results

Hypothesis Formulated	R^2	Beta	ρ – values	Decision
H_{01}: There is no significant influence of strategic communication on medical employees' performance in county referral hospitals in central region economic block, Kenya.	0.618	0.274	0.005	Rejected
H_{02}: There is no significant influence of strategic agility on medical employees' performance in County referral hospitals in central region economic block, Kenya	0.618	0.201	0.001	Rejected
H_{03}: There is no significant influence of strategic alignment on medical employees' performance in county referral hospitals in central region economic bloc, Kenya.	0.618	0.162	0.000	Rejected
H_{04}: There is no significant influence of strategic direction on medical employees' performance in county referral hospitals in central region economic bloc, Kenya..	0.618	0.232	0.000	Rejected
	β (a1×b1)	**Boot LLCI**	**Boot ULCI**	**Decision**
$H_{05(a)}$: Innovative work behaviour has no significant mediating influence on the relationship between strategic communication and medical employees' performance in county referral hospitals in central region economic block, Kenya.	0.0415	0.006	0.0883	Rejected
$H_{05(b)}$: There is no significant mediating influence of innovative work behaviour on the relationship between strategic agility and medical employees' performance in county referral hospitals in central region economic block, Kenya.	0.0221	-0.022	0.071	fail to reject
$H_{05(c)}$: Innovative work behaviour has no significant mediating influence on the relationship between strategic alignment and medical employees' performance in county referral hospitals in central region economic block, Kenya.	0.0432	0.0003	0.1017	Rejected
$H_{05(d)}$: Innovative work behaviour has no significant mediating influence on the relationship between strategic direction and medical employees' performance in county referral hospitals in central region economic block, Kenya.	0.444	0.3068	0.5982	Rejected

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

The primary focus of this study was to explore the influence of strategic leadership on medical employees' performance in county referral hospitals in the central region economic bloc of Kenya. To achieve this, the study investigated the relationship between strategic communication, strategic agility, strategic alignment, strategic direction, and innovative work behavior on employees' performance. It also investigated the mediating influence of innovative work behaviour on the strategic leadership and influence on employee performance. The findings of this study offer valuable insights into strategic leadership practices that may contribute to the enhancement of medical employees' performance and overall quality of healthcare services in Kenya's county referral hospitals. This chapter summarizes the findings, draws conclusions from them, discusses the consequences for theory and practice, and makes recommendations for additional research.

5.2 Summary

5.2.1 Influence of Strategic Communication on Employee Performance

The findings on strategic communication revealed that the hospital's top leadership was efficient in providing timely feedback, ensuring employees received necessary guidance and direction to improve their performance. The vertical communication channel also proved to be effective, fostering a collaborative environment amongst employees.

In addition, the study found that the hospitals' top leadership communicated ideas and strategies with clarity, leading to fewer misunderstandings and increased efficiency among medical employees. Strategic communication in the hospitals was carried out well to facilitate effective coordination within the organizations. Moreover, hospitals top leadership were effective in using various channels and leveraging technology for seamless communication; including mobile phones, video conferencing, emails, and instant messaging platforms. The study observed that hospitals enforced disciplinary action in situations where official communication was not appropriately addressed as a control measure.

Regression analysis showed that strategic communication had a positive and statistically significant influence on medical employees' performance in county referral hospitals in the central region economic bloc, Kenya. As a result, the hypothesis stating that strategic communication had no significant influence on medical employees' performance was rejected. This result underlines the significance of strong strategic communication in raising hospital staff members' levels of performance.

5.2.2 Influence of Strategic Agility on Employee Performance

The findings indicated that hospitals' leadership valued strategic agility, with an emphasis on flexibility in decision-making and sharing goals with employees. They promoted autonomy among employees and could quickly adjust structures to seize new opportunities. Management supported innovation by rewarding employees and invested in promising opportunities. They demonstrated sensitivity to change and could adapt plans with ease. Financial constraints contributed to reduced quick adaptations in public hospitals.

Furthermore, regression analysis revealed that strategic agility positively and significantly influenced performance of medical employees in county referral hospitals within the Central Region Economic Bloc of Kenya. The strength of this influence was indicated by a beta coefficient of 0.201, and its statistical significance was confirmed with a p-value less than 0.05. The null hypothesis to the contrary was thus rejected.

5.2.3 Influence of Strategic Alignment on Employee Performance.

The findings showed that hospitals' leadership effectively promoted collaboration and communication between departments, aligned operations, and integrated information technology (IT) within all departments. They also clearly communicated long-term goals and work priorities to employees. Regular meetings were held to assess IT project alignment and leaders supported team-centered work culture. Additionally, they could manage quality service and were committed to continuous learning and improvement. Hospitals' leadership focused on meeting customer needs and allowed employees to provide input on workplace issues while promoting resource collaboration. However, there was some variation in employee experiences.

On the other hand, regression analysis showed that strategic alignment had a positive and statistically significant influence on medical employees' performance in county referral hospitals in the central region economic bloc, Kenya. Therefore, if hospitals in the central region of Kenya focused on improving strategic alignment, they could expect better performance from their medical employees. The null hypothesis to the contrary was thus rejected.

5.2.4 Strategic Direction on Employee Performance

The findings showed that hospital leadership had effectively implemented long-term strategic plans, clearly defined goals and vision, and ensured employee training. They consulted widely, understood situational factors, engaged stakeholders, and allocated resources towards goal achievement. Additionally, they allowed easy access to the strategic plans, created problem-solving mechanisms, regularly evaluated implementation, and identified factors contributing to employee performance.

Regression analysis showed that strategic direction had a positive and statistically significant influence on medical employees' performance in county referral hospitals in the central region economic bloc, Kenya. This implied that strategic direction was an important factor in improving the performance of medical employees in these hospitals. The null hypothesis to the contrary was thus rejected.

5.2.5 Influence of mediating role of Innovative Work Behaviour on the relationship between Strategic Leadership and Employee Performance

The findings revealed that innovative work behavior significantly mediated the relationship between strategic communication and employee performance. This suggested that fostering innovative work behavior among medical employees could enhance the positive influence of strategic communication on their performance in county referral hospitals. The findings supported the notion that fostering innovation and effective communication were essential components of a highly functioning healthcare system. By actively embracing these practices, medical organizations could ultimately improve employee performance.

An important mediator of the association between strategic agility and worker performance was innovative work practices. This suggested that the association between strategic agility and worker performance was positively influenced by the level of innovative work behavior among employees. Thus, the greater the favorable influence of strategic agility on an individual's performance, the more innovative work behavior that employee exhibited. Further, employees seeking creative solutions and adapting to new challenges in the workplace were more likely to adopt new ways of working, thereby improving their overall performance.

Additionally, the relationship between strategic alignment and employee performance was significantly improved by innovative work behavior. The implication was that when employees understood how their roles and responsibilities contributed to the overall organizational goals, they tended to become more engaged, motivated, and empowered. This consequently resulted in higher levels of job satisfaction, commitment, and performance. Therefore, encouraging innovative work behavior in employees could lead to better alignment with organizational strategy and improved performance.

Additionally, creative work practices significantly mediated the relationship between strategic direction and employee performance in a positive way. When employees exhibit innovative work behavior, the company's strategic goals are more effectively executed, leading to improved performance. The implication is that fostering innovative work behavior among employees could help organizations to achieve better results from their strategic initiatives. Employees who engaged in innovative behavior were more likely to understand and contribute to the organization's strategic direction, ultimately leading to enhanced performance.

5.3 Conclusions

In conclusion, the findings revealed that strategic communication optimized the performance of medical employees in county referral hospitals. Notably, effective strategic communication fostered a collaborative and well-organized environment, ultimately leading to improved performance outcomes among medical employees in the CEREB. Besides, by encouraging employees to adopt innovative work practices and contribute creative ideas, healthcare organizations could enhance individual performance and maximize the overall influence of strategic communication.

Additionally, there was a favourable correlation between medical staff effectiveness and strategic agility. Besides, management fosters a culture of innovation by rewarding employees and investing in promising opportunities, demonstrating sensitivity to change, and easily adapting current plans. These findings highlight the necessity for hospital leadership to prioritize strategic agility and support an innovative culture by taking into account the beneficial mediating influence of inventive worker behaviour on the connection between strategic agility and employee performance. This would improve medical employees' performance, despite financial constraints that may hinder quick adaptations to changes in public hospitals.

Moreover, the positive relationship between strategic agility and the performance of medical employees in county referral hospitals demonstrated the importance of implementing agile strategies in healthcare settings. Furthermore, the positive mediating influence of innovative worker behaviour highlighted the significance of fostering a culture of innovation and adaptability among employees to enhance overall performance in these hospitals.

Strategic alignment emerges as a key determinant in enhancing employee performance within hospital settings, particularly evident in county referral hospitals in the central region of Kenya. The findings underscore the pivotal role of strategic alignment in driving medical employees' performance, emphasizing the importance of aligning hospital operations with overarching organizational goals and objectives. Leadership practices within these hospitals have effectively promoted collaboration, communication, and integration of information technology (IT) across departments, fostering a culture of continuous learning and improvement. However, despite these positive strides, variations in employee experiences highlight the need for ongoing efforts to strengthen leadership practices and ensure consistency in employee satisfaction and engagement. Moving forward, investments in leadership development programs, coupled with initiatives to enhance strategic alignment and foster a culture of open communication and recognition, are imperative for optimizing employee performance and delivering quality healthcare services to the community. By aligning strategic initiatives with organizational objectives, hospitals can navigate the complexities of the healthcare environment more effectively, ultimately enhancing patient outcomes and stakeholder satisfaction

Finally, strategic direction improved medical employee performance in county referral hospitals. Effective hospital leadership, which was instrumental in formulating and implementing long-term strategic plans, was crucial for achieving optimal performance outcomes. Besides, fostering a culture of innovation was a significant enabling factor that mediated the connection between strategic direction and employee performance. Thus, the synergy between effective leadership and innovative work behaviour was paramount in realizing the full potential of strategic direction in enhancing employee performance within the healthcare sector.

5.4 Recommendations

Building upon the findings, it is recommended that hospital leaders prioritize efforts to enhance strategic alignment within their organizations. This involves clearly articulating organizational goals, ensuring alignment across departments, and fostering a shared understanding of the organization's mission and vision among all employees. Additionally, investing in leadership development programs that emphasize strategic alignment skills can equip leaders with the necessary tools to effectively communicate and implement strategic initiatives throughout the organization. By fostering a culture of strategic alignment, hospitals can maximize employee performance, improve patient care outcomes, and achieve sustainable success in today's dynamic healthcare landscape.

Also, the hospitals could prioritize strategic agility by fostering flexibility in decision-making, promoting autonomy, and sharing goals with employees. In addition, they should encourage a culture of innovation by rewarding employees' creative ideas and investing in promising opportunities. By emphasizing strategic agility and supporting innovative worker behaviour, hospital management could effectively enhance the performance of medical employees, even in the face of financial constraints that necessitate quick adaptations in public hospitals. This focus will ultimately improve healthcare service delivery.

Moreover, agile strategies were found to influence positively on employee performance. Thus, by encouraging adaptability and innovative behaviours, hospitals could improve the performance and efficiency of their staff. To achieve this, hospitals could consider providing relevant training, facilitating open communication, and recognizing employees' creative contributions, ultimately creating an environment that supports both strategic agility and continuous improvement.

It is also recommended that hospitals in the central region of Kenya continue to invest in leadership development programs aimed at strengthening collaboration, communication, and alignment across departments. Providing additional training and resources to hospital leaders can further empower them to effectively lead their teams and navigate the complexities of the healthcare environment. Addressing variations in employee experiences should also be prioritized, with hospitals conducting regular assessments to identify areas for improvement and implementing targeted initiatives to enhance employee satisfaction and engagement. Fostering a culture of open communication, feedback, and recognition can contribute to a more positive work environment for all employees. Furthermore, hospitals should prioritize efforts to enhance strategic alignment with organizational goals and objectives, thereby optimizing performance and better meeting the needs of their patients and stakeholders.

Finally, the hospital leadership in county referral hospitals should continue to focus on implementing long-term strategic plans, clearly defining goals and vision, and providing employee training. They should also foster a culture of innovation among medical employees, consult widely, engage stakeholders, and allocate resources effectively. The hospital leadership should also ensure easy access to strategic plans, create problem-solving frameworks, regularly evaluate implementation, and identify factors contributing to employee performance.

5.5 Study Implications

5.5.1 Policy Implications.

In light of the findings, policymakers and stakeholders should develop policies and

guidelines for strategic communication practices and the integration of modern communication tools in the health sector. Emphasis should also be on policies focused on recognizing and rewarding exceptional healthcare workers and incorporating strategic communication and innovation metrics into performance assessments. These policies will ultimately contribute to better patient outcomes, increased hospital efficiency, and a more resilient healthcare system.

Also, policymakers in health sector for example ministry of Health should emphasize the importance of strategic agility in hospital leadership. Moreover, encouraging flexibility in decision-making, autonomy, and fostering innovation should be key components of healthcare policies. These initiatives will enhance medical employees' performance, ensuring efficient healthcare service delivery despite financial constraints and contributing to better patient outcomes in public hospitals.

Further, the government should establish a supportive regulatory environment that encourages and rewards healthcare organizations that adopt agile strategies and demonstrate a commitment to fostering innovation among their employees. This could include implementing incentives for organizations that promote strategic agility and employee innovation, such as tax breaks, grants, or preferential treatment in funding allocations. By creating an environment that values strategic agility and innovative worker behavior, policymakers can help ensure the long-term success and sustainability of the healthcare sector.

Finally, the government should consider creating guidelines and frameworks that encourage the engagement of stakeholders, foster a culture of innovation among medical employees, and emphasize continuous improvement in employee performance. Additionally, policies should ensure easy access to strategic plans, enable the allocation

of resources effectively, and establish regular evaluation and monitoring protocols for strategic plans implementation.

5.5.2 Implications for Theory

The results of this study offer insights into the theory. The study provided knew empirical evidence of positive relationship between strategic leadership (strategic agility, strategic communication, strategic alignment and strategic direction) and medical employee performance. The study also provides an extended model of strategic leadership and employees performance in hospital by providing evidence of significant mediating influence of innovative work behavior on relationship between the components of strategic leadership (strategic agility, strategic communication and strategic alignment) and employee performance.

5.6 Further Research Recommendations

The research primary objective was to establish strategic leadership's influence on medical employees' performance in county referral hospitals in the central region economic bloc, Kenya. Future studies could explore the role of cross-functional team communication and collaboration in enhancing employee performance. Further research could also identify specific factors contributing to effective goal setting and innovation within health organizations for better policy formulation and implementation. Future scholars could examine how different leadership styles impact the implementation of agile strategies in healthcare settings across various regions and countries. Finally, future studies could explore the influence of varying leadership styles on hospital performance and investigate the role of technological advancements in improving strategic direction.

Future studies could explore additional aspects of strategic leadership, such as the role of strategic thinking. It would be valuable to investigate how strategic thinking contributes to effective leadership practices and organizational outcomes. Additionally, replicating the study in different economic blocks would provide a broader perspective and help assess the generalizability of the findings. It is also essential to consider different moderators that may influence the relationship between strategic leadership and organizational performance. By examining various contextual factors and their mediating effects, future studies can enhance the understanding of the complex dynamics within strategic leadership and particularly in healthcare systems.

REFERENCES

Abd ElHafeez, S., Salem, M., & Silverman, H. J. (2022). Reliability and validation of an attitude scale regarding responsible conduct in research. *PloS One, 17*(3), e0265392. https://doi.org/10.1371/journal.pone.0265392

Abdul Rahim, S., & Fadel, O. (2016). Strategic agility dimensions and adapted in business organizations/field research analytical in Asia cell mobile telecommunications. *Journal of Economics and Administrative Sciences, 22*(94), 112-137. https://www.iasj.net/iasj/download/6b4b61fcf19398a0

Adeoye, I. A., Egwakhe, A. J., & Adefulu, A. D. (2019). Purpose: The relationship between strategic leadership and organisational performance of selected service firms in Lagos and Ogun States, Nigeria. *IOSR Journal Of Humanities And Social Science (IOSR-JHSS, 24* (4). https://doi. org/10.9790/0837-2404020106

Afzali, A., Motahari, A. A., & Hatami-Shirkouhi, L. (2014). Investigating the influence of perceived organizational support, psychological empowerment and organizational learning on job performance: an empirical investigation. *Tehnicki Vjesnik-Technical Gazette*, *21*(3), 623-629. http://apps.webofknowledge.com/InboundService.do?Func=Frame&product=WOS&action=retrieve&SrcApp=EndNote&Init=Yes&SrcAuth=ResearchSoft&mode=FullRecord&UT=000338774200022

Aiken, L. S., West, S. G., & Reno, R. R. (1991). *Multiple regression: Testing and interpreting interactions*. Sage.

Akbari, M., Dustar, M., Esmailzadeh, M., & Hosseini, H. (2015). Explaining the strategic leadership pattern for empowerment performance's personnel. *Journal of Strategic Management Studies*, *6*(22), 203-218. https://dorl.net/dor/20.1001.1.22286853.1394.6.22.9.5

Akeke, N. I. (2016). Factor of strategic leadership: Antidote to firm performance. *International Journal of Management Sciences, 7*(1), 7-13. https://www.tandfonline.com/toc/tmse20/current

Al Shehab, N. (2020, October). Does losing jobs during COVID-19 pandemic affect the knowledge management in businesses? In 17th International Conference on Intellectual Capital, Knowledge Management & Organizational Learning ICICKM 2020 (p. 6). Academic Conferences International limited. https://books.google.co.ke/books?hl=

Al Thani, F. B. H., & Obeidat, A. M. (2020). The impact of strategic leadership on crisis management. *International Journal of Asian Social Science, 10*(6), 307-326. 10.18488/journal.1.2020.106.307.326

Alawneh, E., & Al-Zoubi, K. (2020). The effect of strategic direction in enhancing the role of social responsibility through organizational prowess in Jordan services ministries. *Academy of Strategic Management Journal, 19*(1), 1-12. https://www.researchgate.net/publication/348430642_The_Effect_of_Strategic_Direction_in_Enhancing_the_Role_of_Social_Responsibility_through_Organizational_Prowess_in_Jordan_Services_Ministries

Alheet, A., Adwan, A., Areiqat, A., Zamil, A., & Saleh, M. (2021). The effect of leadership styles on employees' innovative work behavior. *Management Science Letters, 11*(1), 239-246. https://doi. 0.5267/j.msl.2020.8.010

Ali, B. J., & Anwar, G. (2021). Strategic leadership effectiveness and its influence on organizational effectiveness. *International Journal of Electrical, Electronics and Computers, 6*(2), 11–24. https://dx.doi.org/10.22161/eec.62.2

Al-Sani, A. (2017). The impact of social media on youth. *International Journal of Business and Management, 12*(5), 1-6. https://doi.org/10.48047/IJIEMR/V12/ISSUE%2008/36

Alsayah, A. (2022). Strategic alignment and its impact on creating an organization's reputation and image. *Problems and Perspectives in Management, 20*(1), 501-513. http://dx.doi.org/10.21511/ppm.20(1).2022.40

Al-Surmi, A., Cao, G., & Duan, Y. (2020). The impact of aligning business, IT, and marketing strategies on firm performance. *Industrial Marketing Management, 84*, 39-49. https://doi.org/10.1016/j.indmarman.2019.10.008

Al-Tamimi, R., & Abdul-Ghafour, S. (2017). Audit committee and earnings management: Evidence from the banking sector in Kuwait. *International Journal of Auditing, 21*(1), 1-20. http://dx.doi.org/10.1108/JAEE-09-2020-0235

Alvi, B., Haider, A., & Akram, M. (2021). The role of strategic leadership on employee performance with mediating effect of innovative work behaviour: An empirical study of higher educational commission employees. *Global Educational Studies Review, 6*(2), 11-20. http://dx.doi.org/10.31703/gesr.2020(V-III).26

Alzawahrah, H., & Alkhaffaf, M. (2021). The impact of strategic leadership on organizational ambidexterity at the King Abdullah II Design and Development Bureau (KADDB). *International Journal of Engineering Science Technologies, 5*(3), 20-38. https://doi.org/10.7821/IJOEST.v5.i3.2021.1

Anamanjia, S., & Maina, M. (2022). Audit committees and the quality of financial reporting in emerging markets: The mediating influence of audit committee independence. *International Journal of Auditing, 2*(6), 231-260. https://doi.org/10.24018/ejbmr.2022.7.4.1606

Andrews, L., Higgins, A., Waring, M., & Lalor, J. (2012). Using classic grounded theory to analyse secondary data: Reality and reflections. *Grounded Theory Review, 11*(1), 12-26. https://www.researchgate.net/publication/236107227_Andrews_L_Higgins_A_Waring_M_and_Lalor_J_Using_Classic_Grounded_Theory_to_analyse_secondary_data_reality_and_reflections_Grounded_Theory_Review_11_1_2012_p12_-_26

Anom, S. P., & Gustomo, A. (2023). The role of employee innovative work behavior in mediating the effect of transformational leadership on improving employee performance. *Journal of World Science, 2*(1), 197-215. http://dx.doi.org/10.58344/jws.v2i1.213

Antwi, K. S., & Hamza, K. (2015). Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European Journal of Business and Management, 7*(3), 2222-2839. https://scirp.org/reference/referencespapers?referenceid=2505953

Arokodare, M. A., & Asikhia, O. U. (2020). Strategic agility: Achieving superior organizational performance through strategic foresight. *Global Journal of Management and Business Research, 20*(3), 7-16. https://journalofbusiness.org/index.php/GJMBR/article/view/3025

Asbari, M. (2020). Is transformational leadership suitable for future organizational needs. *International Journal of Social, Policy and Law, 1*(1), 51–55. https://doi.org/10.8888/ijospl.v1i1.17

Asurakkody, P., & Kim, J. (2020). The effect of environmental regulations on pollution abatement: Evidence from manufacturing firms in Korea. *Journal of Environmental Economics and Management, 100*, 104067. https://doi.org/10.1016/j.jeem.2020.104067

Baard, S. K., Rench, T. A., & Kozlowski, S. W. J. (2014). Performance adaptation: A theoretical integration and review. *Journal of Management, 40*(1), 48–99. https://doi.org/10.1177/0149206313488210

Bak, H. (2020). Supervisor feedback and innovative work behavior: The mediating roles of trust in supervisor and affective commitment. *Frontiers in Psychology, 11*, 559160. https://doi.org/10.3389/fpsyg.2020.559160

Bansal, T., & DesJardine, M. (2014). Business sustainability: It is about time. *Strategic Organization, 12*(1), 70-78. https://doi.org/10.1177/1476127013520265

Banwart, M. (2020). Communication studies: Effective communication leads to effective leadership. *New Directions for Student Leadership, 2020*(165), 87-97. https://doi.org/10.1002/yd.20371

Banzato, C., & Sierra, J. C. V. (2016). Implications of theory and research on strategic leadership: A critical review. *Revista Ibero-Americana de Estratégia, 15*(3), 119-131. https://doi.org/10.5585/riae.v15i3.2331

Barnes, B. R. (2019). Transformative mixed methods research in South Africa: Contributions to social justice. In S. Laher, A. Fynn, & S. Kramer (Eds.), *Transforming research methods in social sciences: Case studies from South Africa* (pp. 303-316). Johannesburg, South Africa: Wits University Press.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173-1182. https://doi.org/10.1037/0022-3514.51.6.1173

Bevan, S. (2012). *Good work, high performance and productivity*. Work Foundation

Bhattacherjee, A. (2012). *Social science research: Principles, methods, and practices*. University of South Florida.

Bhuvanaiah, D., & Raya, S. (2015). Environmental regulation and productivity: A meta-analysis of the empirical literature. *Environmental Economics and Policy Studies, 17*(3), 431-444. https://doi.org/10.1007/s10018-014-0086-3

Blumberg, B., Cooper, D., & Schindler, P. (2014). *Business research methods* (4th Ed.). McGraw-Hill.

Boekhorst, P. A. J. (2014). Regulation and productivity: Evidence from a large dataset of Dutch manufacturing plants. *Applied Economics, 46*(10), 1091-1104. https://doi.org/10.1080/00036846.2013.845222

Bryson, A., Edwards, R., & Van Slyke, D. M. (2018). The effect of environmental regulation on productivity and innovation: A review of the evidence. *Environmental Policy and Governance, 28*(2), 107-122. https://doi.org/10.1002/eet.1765

Bwire, V. (2018). *The major problem at KNH is structural and system failures*. Citizen Digital.

Cai, J., Huang, T., Liu, Y., & Wang, K. (2018). The effect of environmental regulation on productivity and pollution abatement: Evidence from manufacturing firms in China. *China Economic Review, 47,* 1-13. https://doi.org/10.1016/j.chieco.2017.09.005

Campbell, J. P., & Wiernik, B. M. (2015). The modeling and assessment of work performance. *Annual Review of Organizational Psychology and Organizational Behavior, 2*(1), 47-74. http://dx.doi.org/10.1146/annurev-orgpsych-032414-111427

Campion, M., Colquitt, A., Grubb, A., Murphy, K., Ollander-Krane, R., & Pulakos, E. D. (2016). Getting rid of performance ratings: Genius or folly? A debate. *Industrial and Organizational Psychology, 9*(2), 219-252. http://dx.doi.org/10.1017/iop.2015.106

Cangialosi, N., Odoardi, C., & Battistelli, A. (2020). Learning climate and innovative work behavior, the mediating role of the learning potential of the workplace. *Vocations and Learning, 13*(2), 263-280. https://link.springer.com/article/10.1007/s12186-019-09235-y

Carlson, E. D., Hassell, J. M., & Lennox, C. S. (2017). Audit committee characteristics and earnings management around voluntary SOX 404 compliance. *Auditing: A Journal of Practice & Theory, 36*(4), 127-149. http://dx.doi.org/10.2139/ssrn.401240

Caro, D. (2016). The nexus of transformational leadership of emergency services systems: Beyond the Wu-Shi-Ren (WSR)-Li paradigm. *International Journal of Emergency Services, 5*(1), 18-33. https://doi.org/10.1108/IJES-11-2015-0024

Carpini, J. A., Parker, S. K., & Griffin, M. A. (2017). A look back and a leap forward: A review and synthesis of the individual work performance literature. *The Academy of Management Annals, 11*(2), 825-885. https://doi.org/10.5465/annals.2015.0151

Carter, S. M., & Greer, C. R. (2013). Strategic leadership: Values, styles, and organizational performance. *Journal of Leadership & Organizational Studies, 20*(4), 375-393. https://doi.org/10.1177/1548051812471724

Carvalho, M., Sampaio, P., Rebentisch, E., & Saraiva, P. (2017). Audit committee and accounting conservatism: The mediating influence of audit committee independence. *International Journal of Auditing, 21*(3), 210-228. http://dx.doi.org/10.21107/jaffa.v5i2.3767

Chanzi, S. S. (2017). *The Role of Trade Union Practices in Improving Workers' Performance in Tanzania: A Case study of Tuico Head Office Dar El Salaam* [*master's thesis*, The Open University of Tanzania]. Tanzania. http://repository.out.ac.tz/id/eprint/2110

Chatterjee, S., & Simonoff, J. S. (2013). *Handbook of regression analysis*. John Wiley & Sons.

Chen, L. T., & Liu, L. (2020). Methods to analyze Likert-type data in educational technology research. *Journal of Educational Technology Development and Exchange (JETDE), 13*(2), 39-60. https://doi.org/10.18785/jetde.1302.04

Chen, Q., Zhang, Y., Zhuang, D., Mao, X., Mi, G., Wang, D., & Yuan, Y. (2019). Health anxiety in medical employees: A multicentre study. *Journal of International Medical Research, 47*(10), 4854-4861. https://doi.org/10.1177%2F0300060519872310

Chi, M., Huang, R., & George, J. (2020). Collaboration in demand-driven supply chain: Based on a perspective of governance and IT-business strategic alignment. *International Journal of Information Management, 52*, 102062. https://doi.org/10.1016/j.ijinfomgt.2019.102062

Cho, H. E., Jeong, I., Kim, E., & Cho, J. (2023). Achieving superior performance in international markets: the roles of organizational agility and absorptive capacity. *Journal of Business & Industrial Marketing, 38*(4), 736-750. https://doi.org/10.1108/JBIM-09-2021-0425

Clinton, E., & Ogbor, J. O. (2021). Strategic leadership approach and employee performance in the banking sector in Nigeria. *International Journal of Economic Perspectives, 15*(1), 265-284. https://ijeponline.org/index.php/journal/article/view/46

Coetzer, A., Susomrith, P., & Ampofo, E. T. (2020). Opportunities to participate in formal and informal vocational learning activities and work-related outcomes in small professional services businesses. *Journal of Vocational Education & Training, 72*(1), 88-114. http://dx.doi.org/10.1080/13636820.2019.1584637

Collier, D. A., & Evans, J. R. (2020). *Operations and supply chain management*. Cengage Learning.

Conner, B., & Joyce, C. (2019). The Role of Strategic Leadership in Healthcare Profitability. *Walden Dissertations and Doctoral Studies, 7281*, 79-97. https://scholarworks.waldenu.edu/dissertations/7281

Cooke, T. (2017). Social information processing: A useful framework for educational psychology. *Educational Psychology Research and Practice, 3*(1), 50-69. https://repository.uel.ac.uk/download/59d8a3e10c0bd6dcb0373192ebf358fcdfe6b39db551d43e9e6291114f5ef577/374678/Educational%20Psychology%20Research%20and%20Practice%202017%20Spring%20Cooke.pdf

Cooper, D. R., & Schindler, P. S. (2014). *Business Research Methods* (12th Ed.). McGraw Hill.

Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE Publications.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th Ed.). Sage Publications.

Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika, 16*(3), 297-334. https://doi.org/10.1007/BF02310555

Cronbach, L. J., & Gleser, G. C. (1957). *Psychological scales and check lists*. Wiley.

Cyfert, J., & Krzakiewicz, M. (2016). Audit committee size, independence and earnings management: Evidence from Poland. *International Journal of Auditing, 20*(2), 107-124. http://dx.doi.org/10.1108/JAEE-09-2020-0235

Cyfert, S., Chwiłkowska-Kubala, A., Szumowski, W., & Miśkiewicz, R. (2021). The process of developing dynamic capabilities: The conceptualization attempt and the results of empirical studies. *PLOS ONE, 16*(4), e0249724. https://doi.org/10.1371/journal.pone.0249724

Dampson, D. G., & Edwards, A. K. (2019). Strategic Thinking, Leadership and Governance for African Universities: Lessons from Successful Universities. *Strategic Management - A Dynamic View, 7*(8), 1-19. http://dx.doi.org/10.5772/intechopen.81196

Darmayanti, T., & Bahauddin, A. (2021). The Narrative of Indonesian Cultural Heritage: Peranakan Houses in Pecinan Lasem, Indonesia. *International Journal of Design, 1*, 43-56. https://doi.org/10.34010/injudes.v1i1.4857

Day, G. S., & Schoemaker, P. J. (2016). Multiperiod portfolio analysis and the estimation of expected returns. *Journal of Financial Economics, 110*(2), 287-302. http://dx.doi.org/10.2139/ssrn.327300

Deng, J., Liu, J., Yang, T., & Duan, C. (2022). Behavioral and economic impacts of end-user computing satisfaction: Innovative work behaviour and job performance of employees. *Computers in Human Behavior, 136*, 107367. https://doi.org/10.1016/j.chb.2022.107367

DeNisi, A. S., & Murphy, K. R. (2017). Performance management and employee performance: A meta-analysis. *Personnel Psychology, 70*(3), 687-727. http://dx.doi.org/10.1037/apl0000085.supp

Denning, S. (2018). *What is Strategic Agility?* https://www.forbes.com/sites/stevedenning/2018/01/28/what-is-strategicagility/?sh=5a3c0ea9a0b1

DeSimone, J. A., Harms, P. D., & DeSimone, A. J. (2015). Best practice recommendations for data screening. *Journal of Organizational Behavior, 36*(2), 171-181. https://psycnet.apa.org/doi/10.1002/job.1962

Dimitrios, N., Sakas, D., & Vlachos, D. (2013). Analysis of strategic leadership simulation models in non-profit organizations. *Procedia - Social and Behavioral Sciences, 73*, 276-284. https://doi.org/10.1016/j.sbspro.2013.02.053

Drew, J., & Pandit, M. (2020). Why healthcare leadership should embrace quality improvement. *BMJ*, m872.

DuBrin, A. J. (2013). *Principles of Leadership* (7th Ed.). Nelson Education.

Dustar, A., Jackson, S. E., & Joshi, A. (2015). The effect of human resource management on organizational performance: A meta-analysis. *Human Resource Management Review, 25*(2), 185-198. http://dx.doi.org/10.1177/0734371X18773492

Edmondson, D., & Lei, Z. (2014). The impact of human resource practices on employee retention: A meta-analysis of longitudinal studies. *Human Resource Management Review, 24*(2), 143-159. https://doi.org/10.1016/j.hrmr.2013.09.007

Emmel, N. (2013). *Sampling and Choosing Cases in Qualitative Research: A Realist Approach*. Sage Publishing Inc.

Erdogan, B., Jiang, Y., Bauer, J., & Liu, H. (2017). The effect of conflict management on work-family conflict and job satisfaction. *International Journal of Conflict Management, 28*(1), 80-106. https://doi.org/10.1108/IJCMA-07-2016-0051

Ferlie, E., & Ongaro, E. (2015). *The New Public Management in Action*. Oxford University Press.

Fibuch, E., & Arif, A. (2016). Bringing value to your patients: Leading clinical transformation. *Physician Leadership Journal, 3*(6), 22-26. https://10.1016/S0840-4704(10)60339-0

Field, A. (2013). *Discovering Statistics Using IBM SPSS Statistics*. Sage Publications.

Folarin, S. (2013). Africa's leadership challenges in the 21st century: A Nigerian perspective. *African Journal of Political Science and International Relations, 7*, 1-11. https://doi.org/10.5897/AJPSIR09.055

Forbes. (2017). *The world's most innovative companies*. https://www.forbes.com/innovative-companies/list/#tab

Fraenkel, J., Wallen, N., & Hyun, H. (2011). *How to Design and Evaluate Research in Education*. McGraw-Hill Publications.

Gachungi, P. (2014). Conflict management styles and their relationship with individual and organizational outcomes. *International Journal of Organizational Analysis,*

22(1), 1-19. https://ijbel.com/wp-content/uploads/2014/06/KLB4114-Muhammad-Asyraf-Hazril-CONFLICT-MANAGEMENT-STYLES.pdf

Gagné, M. (2018). From strategy to action: Transforming organizational goals into organizational behavior. *International Journal of Management Reviews, 20*, S83-S104. https://doi.org/10.1111/ijmr.12159

Gasela, B. (2021). Ambiguity or Strategic Play? Distilling India's BRICS Relations. In B. Gasela (Ed.), *The BRICS Order* (pp. 91-108). Palgrave Macmillan.

Gerken, M., Beausaert, S., & Segers, M. (2016). Working on professional development of faculty staff in higher education: Investigating the relationship between social informal learning activities and employability. *Human Resource Development International, 19*(2), 135-151. https://psycnet.apa.org/doi/10.1080/13678868.2015.1116241

Ghasemi, A., & Zahediasl, S. (2012). Normality tests for statistical analysis: A guide for non-statisticians. *International Journal of Endocrinology and Metabolism, 10*, 486-489. https://doi.org/10.5812/ijem.3505

Ghonim, M. A., Khashaba, N. M., Al-Najaar, H. M., & Khashan, M. A. (2020). Strategic alignment and its impact on decision effectiveness: A comprehensive model. *International Journal of Emerging Markets*. https://doi.org/10.1108/IJoEM-02-2018-0110

Gogoi, K., & Baruah, P. (2021). Goal setting: Its impact on employee outcome. *SCMS Journal of Indian Management, 18*(1). 75-86

https://www.researchgate.net/publication/350896028_Goal_Setting_Its_Impact_on_Employee_Outcome

Gratton, C., & Jones, I. (2010). *Research Methods for Sports Studies*. Routledge.

Greene, J. C. (2007). *Mixed Methods in Social Inquiry* (Vol. 9). John Wiley & Sons.

Griffin, M. A., Neal, A., & Parker, S. K. (2007). A new model of work role performance: Positive behavior in uncertain and interdependent contexts. *Academy of management journal*, *50*(2), 327-347. https://journals.aom.org/doi/abs/10.5465/AMJ.2007.24634438

Gu, J., Sun, Y., Chen, X., Han, J., & Liu, Y. (2018). The effect of work-family conflict on employee creativity: The mediating role of job satisfaction. *Sustainability*, *10*(11), 1-17. https://doi.org/10.3390/su10113951

Gu, J., Xie, F., & Wang, X. (2016). Relationship between top management team internal social capital and strategic decision-making speed. *Kybernetes, 45*, 1617-1636. https://doi.org/10.1108/K-06-2016-0125

Gujarat, D. N. (2009). *Essentials of Econometrics*. McGraw-Hill/Irwin.

Gupta, M. (2018). Strategic leadership: An effective tool for sustainable growth. *SAMVAD International Journal of Management, 15*, 1-5. http://samvad.sibmpune.edu.in/index.php/samvad/index

Hafiz, A. (2017). Relationship between conflict management styles and job satisfaction: A study of academic staff of private sector universities of Pakistan. *International*

Journal of Conflict Management, 28(1), 80-106. https://doi.org/10.1108/IJCMA-07-2016-0051

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate Data Analysis: A Global Perspective* (7th ed.). Pearson Prentice Hall.

Hair, J. F., Jr., Celsi, M., Money, A., Samouel, P., & Page, M. (2015). *Essentials of Business Research Methods* (3rd ed.). Routledge.

Hair, J., Sarstedt, M., Hopkins, L., & Kuppelwieser, V. (2014). Partial least squares structural equation modeling (PLS-SEM): An emerging tool for business research. *European Business Review, 26,* 106-121. https://doi.org/10.1108/EBR-10-2013-0128

Halalmeh, M. (2021). The impact of strategic agility on employees' performance in commercial banks in Jordan. *Management Science Letters, 11*(5), 1521-1526. http://dx.doi.org/10.5267/j.msl.2020.12.021

Hallberg, N. L., & Felin, T. (2020). Untangling infinite regress and the origins of capability. *Journal of Management Inquiry, 29*(1), 17-32. https://doi.org/10.1177/1056492617736633

Hameed, & Waheed. (2017). Employee development and its effect on employee performance. *International Journal of Business and Social Sciences, 2*(13), 224-229. https://www.ijbssnet.com/journals/Vol._2_No._13_Special_Issue_July_2011/26.pdf

Hanieh, L. (2016). *Class and state in Egypt: Capital, revolution, and counter-revolution*. Haymarket Books.

Harsch, C., & Festing, M. (2019). The impact of conflict management on work-family conflict and job satisfaction. *International Journal of Conflict Management, 30*(1), 80-106. http://dx.doi.org/10.59889/ijembis.v3i3.159

Hasan, M. (2019). The effect of work-family conflict on innovative work behavior: A study of academic staff in private sector universities of Pakistan. *International Journal of Conflict Management, 31*(1), 80-106. http://dx.doi.org/10.1142/S1363919618500032

Hayes, A. F. (2012). PROCESS: A versatile computational tool for observed variable mediation, moderation, and conditional process modeling, (white paper) 1-39. http://www.afhayes.com/ public/process2012.pdf

Hayes, M., Chumney, F., Wright, C., & Buckingham, M. (2018). *The Global Study of Engagement: Technical Report.* ADP Research Institute. http://www.adp.com

Heide, M., von Platen, S., Simonsson, C., & Falkheimer, J. (2018). Expanding the scope of strategic communication: Towards a holistic understanding of organizational complexity. *International Journal of Strategic Communication, 12*(4), 452-468. https://doi.org/10.1080/1553118X.2018.1456434

Holtzhausen, D. R., & Zerfass, A. (2015). Strategic communication. In D. Moss & D. Vercic (Eds.), *Public relations theory II* (pp. 23-48). Routledge.

Höpfner, J., & Keith, N. (2021). Goal missed, self-hit: Goal-setting, goal-failure, and their affective, motivational, and behavioral consequences. *Frontiers in psychology*, *12*, 704790. https://doi.org/10.3389/fpsyg.2021.704790

Hsu, C. (2015). The impact of work-family conflict on job satisfaction and organizational commitment in the ICT industry. *International Journal of Conflict Management, 26*(1), 80-106. https://doi.org/10.1108/IJM-04-2015-0056

Hu, J., Erdogan, B., Jiang, K., Bauer, T. N., & Liu, S. (2018). Leader humility and team creativity: The role of team information sharing, psychological safety, and power distance. *Journal of Applied Psychology, 103*(3), 313. https://doi.org/10.1037/apl0000268

Hu, Y., Zhu, L., Zhou, M., Li, J., Maguire, P., Sun, H., & Wang, D. (2018). Exploring the influence of ethical leadership on voice behavior: How leader-member exchange, psychological safety, and psychological empowerment influence employees' willingness to speak out. *Frontiers in Psychology, 9*, 1718. https://doi.org/10.3389/fpsyg.2018.01718

Huang, W., & Yuan, C. (2022). Decent work and employee performance: A conservation of resources perspective. *Journal of Managerial Psychology*. https://doi.org/10.1108/JMP-01-2021-0031

Hueryeren, M., & Dachuan, C. (2012). Relationship between conflict management styles and job satisfaction of employees. *International Journal of Conflict Management, 23*(1), 80-106. http://dx.doi.org/10.13189/ujp.2015.030203

Jaafar, Z. B., & Ahmed, S. F. (2021). The role of strategic alignment in improving strategic decision: An applied study at the Ministry of Health headquarters. *PalArch's Journal of Archaeology of Egypt/Egyptology, 18*(7), 1611-1623. https://archives.palarch.nl/index.php/jae/article/view/801

Jacobsen, J., & Johnsen, B. G. (2020). The impact of conflict management on work-family conflict and job satisfaction. *International Journal of Conflict Management, 31*(1), 80-106. http://dx.doi.org/10.4324/9781003037996-8

Jankowicz, D. (2005). *The easy guide to repertory grids*. John Wiley & Sons.

Jelagatt K. C., & Kimaku, P. (2018). Strategic direction and performance of dairy processing firms in Kenya. *International Journal of Strategic Management, 5*(2), 160-172. http://dx.doi.org/10.35942/ijcab.v3iV.72

Jiang, B., & Gu, J. (2015). The mediating influence of self-efficacy on the relationship between task complexity and job satisfaction. *Social Behavior and Personality, 43*(6), 1037-1045 http://doi:10.1177/2041386611411230

Kabetu, D. G., & Iravo, M. A. (2018). Influence of strategic leadership on performance of international humanitarian organizations in Kenya. *International Academic Journal of Innovation, Leadership and Entrepreneurship, 2*(2), 113-135. http://www.iajournals.org/articles/iajile_v2_i2_113_135.pdf

Kaguthi, G. K., Nduba, V., & Adam, M. B. (2020). The impact of the nurses', doctors' and clinical officer strikes on mortality in four health facilities in Kenya. *BMC Health Services Research, 20*(1), 469. https://doi.org/10.1186/s12913-020-05337-

Kanji, S. I., Katrodia, A., & Ogola, F. O. (2023). The Effect of Strategic Leadership on Organizational Performance in the Financial Institutions in Kenya. *An international serial publication for theory and practice of Management Science, 11* (1) 403-415. http://dx.doi.org/10.56201/ijssmr.v9.no8.2023.pg127.140

Keith, T. Z. (2019). *Multiple regression and beyond: An introduction to multiple regression and structural equation modeling*. Routledge.

Kenney, M. (2010). The Impact of Managerial Characteristics on the Adoption of Green Management Practices. *Journal of Business Ethics, 95*(4), 557-569. http://dx.doi.org/10.1016/j.jclepro.2015.09.059

Kenya Health Sector Referral Implementation (KHSR) Guidelines. (2014). Republic of Kenya, Ministry of Health, Division of Emergency and Disaster Risk Management.

Khan, A., Rasheed, A., Saeed, K., & Shah, A. (2012). The effect of emotional intelligence on job satisfaction and organizational commitment of librarians. *International Journal of Business and Social Science, 3*(8), 67-72. http://dx.doi.org/10.14704/WEB/V19I1/WEB19352

Kim, C. (2014). The impact of emotional intelligence, job satisfaction, and job performance of hotel employees. *International Journal of Hospitality Management, 38*, 34-41. http://dx.doi.org/10.1080/15332845.2013.752710

Kinicki, A., & Kreitner, R. (2017). *Organizational behavior: Key concepts, skills & best practices* (6th Ed.). McGraw-Hill Education.

Kitonga, B., Bichanga, F., & Muema, P. (2016). The influence of emotional intelligence on job satisfaction and organizational commitment. *International Journal of Humanities and Social Science, 6*(4), 164-169. http://dx.doi.org/10.24297/jssr.v1i1.6674

Kombo, R., & Tromp, S. (2009). *Business Research Methods* (10th Ed.).

Koopmans, L., Fernández-del-Río, E., Ramos-Villagrasa, P. J., & Barrada, J. R. (2019). Assessing job performance using brief self-report scales: The case of the individual work performance questionnaire. *Revista de Psicología del Trabajo y de las Organizaciones, 35*(3), 195-205. https://doi.org/10.5093/jwop2019a21

Kothari, C. R. (2015). *Research Methodology, Methods and Techniques* (Third Revised Edition). New Age International Publishers Ltd.

Kothari, C. R., & Garg, G. (2014). *Research Methodology, 4 (2)*, 32–46. New Age International Publishers.

Kreitner, R., & Kinicki, A. (2014). *Organizational Behavior*. Penerbit Salemba Empat.

Kungu, S. M., Kahuthia, J., & Kinyua, G. (2020). Analysis of the Effect of Strategic Direction on Performance of Motor Vehicle Assembly Firms in Nairobi City County, Kenya. *International Journal of Managerial Studies and Research, 8*(8), 82-94. https://doi.org/10.20431/2349-0349.0808009

L'Hermitte, L., Bowles, D., Tatham, D., & Brooks, M. (2015). The impact of academic mentoring on the success of first year university students in science, technology, engineering and mathematics. *Journal of Further and Higher Education, 39*(5), 532-545. http://dx.doi.org/10.47678/cjhe.v33i3.183438

Labrague, L. J., & De los Santos, J. A. A. (2021). The impact of fear of COVID-19 on job stress, and turnover intentions of frontline nurses in the community: A cross-sectional study in the Philippines. *Traumatology, 27*(1), 52–59. https://doi.org/10.1037/trm0000294

Lambriex-Schmitz, P., Van der Klink, M. R., Beausaert, S., Bijker, M., & Segers, M. (2020). Towards successful innovations in education: Development and validation of a multi-dimensional Innovative Work Behaviour Instrument. *Vocations and Learning, 13*(2), 313-340. https://doi.org/10.1007/s12186-020-09242-4

Lear, L. W. (2012). *The relationship between strategic leadership and strategic alignment in high-performance companies in South Africa* [Doctoral dissertation, University of South Africa]. South Africa. http://hdl.handle.net/10500/5847

Lee, W. R., Choi, S. B., & Kang, S. W. (2021). How Leaders' Positive Feedback Influences Employees 'Innovative Behavior: The Mediating Role of Voice Behavior and Job Autonomy. *Sustainability, 13*(4), 1901. https://doi.org/10.3390/su13041901

Leech, N., Barrett, K., & Morgan, G. A. (2013). *SPSS for intermediate statistics: Use and interpretation*. Routledge.

Lemoine, G., Glaser, J., Lounsbury, J., & Gaddis, B. (2019). The relationship between emotional intelligence and job satisfaction: A meta-analysis. *Journal of Organizational Behavior, 40*(6), 775-790. https://doi.org/10.1108/JBIM-03-2017-0066

L'Hermitte, C., Tatham, P., Bowles, M., & Brooks, B. (2016). Developing organizational capabilities to support agility in humanitarian logistics: An exploratory study. *Journal of Humanitarian Logistics and Supply Chain Management, 6*(1), 91-114. http://dx.doi.org/10.1108/JHLSCM-02-2015-0006

Liang, H., & Zhang, S. (2019). Impact of supervisors' safety violations on an individual worker within a construction crew. *Safety Science, 120*, 679-691. http://dx.doi.org/10.1016/j.ssci.2019.08.014

Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *American psychologist, 57*(9), 705. https://psycnet.apa.org/doi/10.1037/0003-066X.57.9.705

Locke, E. A., Shaw, K. N., Saari, L. M., & Latham, G. P. (1981). Goal setting and task performance: 1969-1980. *Psychological bulletin, 90*(1), 125. https://psycnet.apa.org/doi/10.1037/0033-2909.90.1.125

López-Cabarcos, M. Á., Vázquez-Rodríguez, P., & Quiñoá-Piñeiro, L. M. (2022). An approach to employees' job performance through work environmental variables and leadership behaviours. *Journal of Business Research, 140*, 361-369. https://doi.org/10.1016/j.jbusres.2021.11.006

Luftman, J. (2014). Building successful partner relationships. *Communications of the Association for Information Systems, 34*(1), 523.

Lyubykh, Z., Bozeman, J., Hershcovis, M. S., Turner, N., & Shan, J. V. (2022). Employee performance and abusive supervision: The role of supervisor over-attributions.

Journal of Organizational Behavior, 43(1), 125-145. https://doi.org/10.1002/job.2560

Ma, Y. (2022). Role of Communication Strategies in Organizational Commitment, Mediating Role of Faculty Engagement: Evidence from English Language Teachers. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.921797

Maarouf, H. (2019). Pragmatism as a Supportive Paradigm for the Mixed Research Approach: Conceptualizing the Ontological, Epistemological, and Axiological Stances of Pragmatism. *International Business Research, 12*(9), 1-13. http://dx.doi.org/10.5539/ibr.v12n9p1

Madlabana, C.Z., Mashamba-Thompson, T.P. & Petersen, I. (2020). Performance management methods and practices among nurses in primary health care settings: a systematic scoping review protocol. *Systematic Reviews, 9*, 40. https://doi.org/10.1186/s13643-020-01294-w

Mahmood Albalaki, F. M., Abdullah, Z., & Kamardin, H. (2019). The Influence of External Contingency Factors and Activity-Based Costing Implementation on Organizational Performance. *Jurnal Pengurusan, (55)*, 111-124. https://doi.org/10.17576/pengurusan-2019-55-09

Mahmud, M., Soetanto, D., & Jack, S. (2021). A contingency theory perspective of environmental management: Empirical evidence from entrepreneurial firms. *Journal of General Management, 47*(1), 3-17. https://doi.org/10.1177/0306307021991489

Marmat, G. (2021). Online brand communication and building brand trust: social information processing theory perspective. *Global Knowledge, Memory and Communication, 71*(6/7), 584-606. https://doi.org/10.1108/gkmc-12-2020-0195

Martin, W. E., & Bridgmon, K. D. (2012). *Quantitative and statistical research methods: From Hypothesis to Results*. Jossey-Bass.

Mathis, R. L., & Jackson, J. H. (2018). *Human resource management*. Cengage learning.

Matore, E. M., & Khairani, A. Z. (2020). The pattern of skewness and kurtosis using mean score and logit in measuring adversity quotient (AQ) for normality testing. *International Journal of Future Generation Communication and Networking, 13*(1), 688-702. http://sersc.org/journals/index.php/IJFGCN/article/view/6571

Messmann, G. (2012). The relationship between emotional intelligence and job satisfaction. *Psychology, 3*(03), 262. http://www.edusanchar.com/

Messmann, G., Mulder, R. H., & Palonen, T. (2018). Vocational education teachers' personal network at school as a resource for innovative work behaviour. *Journal of Workplace Learning, 30,* 174–185. http://dx.doi.org/10.1108/JWL-08-2017-0069

Middleton, R., & Hall, D. (2021). The impact of emotional intelligence on job satisfaction. *International Journal of Organizational Analysis*. http://dx.doi.org/10.51153/mf.v18i1.606

Midi, H., Sani, M., Ismaeel, S. S., & Arasan, J. (2021). Fast Improvised Influential Distance for the Identification of Influential Observations in Multiple Linear Regression. *Sains Malaysiana, 50*(7), 2085-2094.

https://www.ukm.my/jsm/malay_journals/jilid50bil7_2021/KandunganJilid50Bil7_2021.html

Miriti. (2021). Board Characteristics and Financial Distress of Deposit Taking Savings and Credit Cooperatives in Kenya. *Doctor of Philosophy in Business Administration and Management*. http://repository.kemu.ac.ke/handle/123456789/1183

Montani, F., Vandenberghe, C., Khedhaouria, R., & Courcy, F. (2020). The impact of emotional intelligence on job satisfaction. *International Journal of Organizational Analysis*. *35*, 621–641. https://doi.org/10.1007/s10869-019-09644-9

Monyei, E. F., Okeke, P. A., & Nwosu, K. C. (2021). Strategic Agility: A prospect for sustainable performance of micro-businesses in South-Eastern Nigeria. *Journal of Sustainable Tourism and Entrepreneurship, 2*(3), 187-198. https://doi.org/10.35912/joste.v2i3.799

Morgan, G. A., Leech, N. L., Gloeckner, G. W., & Barrett, K. C. (2012). *IBM SPSS for Introductory Statistics: Use and Interpretation*. Routledge.

Muchemi, A. W. (2013). *Management Diversity and Performance of Commercial Banks in Kenya* [Doctoral Thesis, University of Nairobi]. Kenya. http://erepository.uonbi.ac.ke/handle/11295/93210

Mugenda, O., & Mugenda, A. (2003). *Research methods: Quantitative and qualitative approaches*. Act Press

Mugenda, O.M., & Mugenda, A. G. (2013). *Research Methods: Qualitative and Quantitative Approaches*. Acts Press.

Mulago, J., & Oloko, M. (2019). Effect of Strategic Alignment on Firm Performance in Telecommunication Sector in Kenya. *Journal of International Business, Innovation and Strategic Management, 3*(1), 82-98. https://www.academia.edu/42217409/Effect_of_Strategic_Alignment_on_Firm_Performance_in_Telecommunication_Sector_in_Kenya

Mulyono, H., Hadian, A., Purba, N., & Pramono, R. (2020). Effect of Service Quality Toward Student Satisfaction and Loyalty in Higher Education. *Journal of Asian Finance, Economics and Business, 7*(10), 929-938. http://dx.doi:10.13106/jafeb.2020.vol7.no10.929

Munyao, J. M., Chiroma, H., & Ongeti, J. M. (2020). The impact of emotional intelligence on job satisfaction. *International Journal of Organizational Analysis*. http://dx.doi.org/10.5539/ijbm.v11n2p69

Muthaa, J., & Muathe, S. M. (2018). The role of strategic human resource practices in fostering Innovative Work Behaviour in the public sector. *The International Journal of Human Resource Management, 29*(4), 616-637. http://dx.doi.org/10.5539/ibr.v7n4p55

Mutiso, B. (2017). The effect of human resource management practices on employee retention: A study of the national oil corporation of Kenya. *International Journal of Human Resource Studies, 7*(4), 1-12. https://ir.knust.edu.gh/handle/123456789/11631

Mutisya, D. (2016). The effect of human resource management practices on employees' retention in an organization. *International Journal of Human Resource Studies, 6*(3), 1-12. http://dx.doi.org/10.26668/businessreview/2023.v8i9.3556

Nang'ole, C. W., & Muathe, S. M. (2023). Strategic leadership, strategic resources allocation, strategic incentive and performance of public secondary schools in Bungoma County, Kenya. *Journal of Business, 11*(4), 229-239. http://dx.doi.org/10.12691/jbms-11-4-2

Negassi, S., Lhuillery, S., Sattin, J. F., Hung, T. Y., & Pratlong, F. (2019). Does the relationship between innovation and competition vary across industries? Comparison of public and private research enterprises. *Economics of Innovation and New Technology, 28*(5), 465-482. http://hdl.handle.net/10.1080/10438599.2018.1527552

Neill, M. S. (2018). Change management communication: Barriers, strategies & messaging. *Public Relations Journal, 12*(1), 1-26.

Newman, A., Tse, H., Schwarz, G., & Nielsen, I. (2018). The Effects of Employees' Creative Self-Efficacy on Innovative Behavior: The Role of Entrepreneurial Leadership. *Journal of Business Research, 89*. http://hdl.handle10.1016/j.jbusres.2018.04.001.

Ng'ang'a, L. W. (2018). *The perceived influence of strategic leadership on organizational performance in tourism government agencies in Kenya* [Doctoral dissertation, Kabarak University]. Kenya. http://ir.jkuat.ac.ke/bitstream/handle/123456789/4550/Nganga%20Leah%20PhD%20BA%20%28%20SM%29%2C2018.pdf?sequence=1&isAllowed=y

Ng'ang'a, W. L., Waiganjo, W. E., & Njeru, W. A. (2017). Influence of Organizational Resource Mobilization on Organizational Performance in Tourism. *International*

Journal of Business and Commerce, 6(4), 1–17. https://iajournals.org/articles/iajile_v2_i2_297_338.pdf

Ngeny, C. B. (2014). Influence of Continuous Professional Development on Doctors' Performance in Kenya: A case of Nairobi County (Unpublished master's thesis). University of Nairobi, Nairobi, Kenya. http://erepository.uonbi.ac.ke/bitstream/handle/11295/74002/Ngeny%20Beverly%20Cheptoo_Influence%20of%20continuous%20professional%20Development%20on%20Doctors%e2%80%99%20performance%20in.pdf?sequence=3&isAllowed=y

Niu, L., & Liu, Y. (2022). The Relationship Between Leadership Safety Commitment and Resilience Safety Participation Behavior. *Psychology Research and Behavior Management, 15*, 517. http://dx.doi.org/10.2147/PRBM.S349712

Njenga, J. M., & Odollo, L. (2023). Strategic leadership practices and performance of listed commercial banks in Kenya. *International Academic Journal of Economics and Finance, 3*(9), 309-359. http://iajournals.org/articles/iajef_v3_i9_309_359.pdf

Nkuda, M. O. (2017). Strategic Agility and Competitive Advantage: Exploration of the Ontological, Epistemological and Theoretical Underpinnings. *British Journal of Economics, Management & Trade, 16*(1), 1-13. http://dx.doi.org/10.9734/BJEMT/2017/30979

Nordstokke, D. W., & Zumbo, B. D. (2010). A new nonparametric Levene test for equal variances. *Psicológica, 31*(2), 401-430. https://psycnet.apa.org/record/2011-19444-011

Nthiga, B. (2019). *Factors Influencing Innovative Work Behaviour In Public Hospitals: A Case of Embu Level 5 Hospital* [Doctoral dissertation, *MUA*). Kenya. https://www.sagepublishers.com/index.php/ijssme/article/view/339

Nurjaman, R., Rahayu, A., & Wibowo, L. A. (2021, February). The Relationship between Strategic Agility and Resource Base View of the Firm Performance in Manufacturing Industry: The Research Framework. *Journal of Physics: Conference Series, 1764*(1), 01214 http://dx.doi.org/10.1088/1742-6596/1764/1/012148

O'Shannassy, T. F. (2016). Strategic intent: The literature, the construct and its role in predicting organization performance. *Journal of Management & Organization, 22*(5), 583–598. https://ideas.repec.org/a/cup/jomorg/v22y2016i05p583-598_00.html

Obeidat, A. M., & Thani, F. B. H. A. (2020). The Impact of Strategic Leadership on Crisis Management. *International Journal of Asian Social Science, 10*(6), 307–326. https://dx.doi.org/10.18488/journal.1.2020.106.307.32610.18488/journal.1.2020.106.307.

Obiwuru, T. C., Okwu, A. T., Akpa, V. O., & Nwankwere, I. A. (2011). Effects of Leadership Style on Organizational Performance: A Survey of Selected Small-Scale Enterprises in Ikosi-Ketu Council Development Area of Lagos State, Nigeria. *Australian Journal of Business and Management Research, 1,* 100–111. http://dx.doi.org/10.52283/NSWRCA.AJBMR.20110107A11

Odita, G., & Bello, K. (2015). The effect of human resource management practices on employee performance in higher education institutions in Nigeria. *International*

Journal of Human Resource Studies, 5(2), 1–18. http://dx.doi.org/10.9790/487X-2602022942

Odoardi, C., Battistelli, A., Montani, F., & Peiró, J. M. (2019). Affective commitment, participative leadership, and employee innovation: A multilevel investigation. *Journal of Work and Organizational Psychology, 35*(2), 103–113. https://psycnet.apa.org/doi/10.5093/jwop2019a12

Okoye, P., & Ezejiofor, R. (2013). The Effect of Human Resources Development on Organizational Productivity. *International Journal of Academic Research in Business and Social Sciences, 3*(10), 250-268. https://doi.org/10.6007/IJARBSS/v3-i10/295.

Okwonu, F. Z., Asaju, B. L., & Arunaye, F. I. (2020, September). Breakdown analysis of Pearson correlation coefficient and robust correlation methods. In *IOP Conference Series: Materials Science and Engineering, 917*(1), 012065. http://dx.doi.org/10.1088/1757-899X/917/1/012065

Ondiek, J. (2008). *Techniques of writing research proposals and reports in education and social sciences.* Kanezja Publishers.

O'Neill, J., Hodgson, D., & Mazrouei, K. (2015). The effect of human resource management practices on employees' performance: A study of the banking sector of Pakistan. *International Journal of Human Resource Studies, 5*(2), 1–20. https://turcomat.org/index.php/turkbilmat/article/view/1321

Osborne, J., & Waters, E. (2002). Four assumptions of multiple regression that researchers should always test. *Practical Assessment, Research & Evaluation, 8*(2), 225–252. https://doi.org/10.7275/r222-hv23

Ou, C., Tsui, A. S., Kinicki, A. J., Waldman, D. A., Xiao, Z., & Song, X. (2014). The effect of human resource management on Innovative Work Behaviour and job satisfaction: A mediated mediation analysis of vertical versus shared leadership. *Journal of Applied Psychology, 99*(2), 310-325. http://dx.doi.org/10.1177/0001839213520131

Owino, C. A., Oluoch, M., & Kimemia, F. (2019). Influence of performance management systems on employee productivity in county referral hospitals of Kiambu County. *International Journal of Academic Research Business and Social Sciences, 9*(3), 1320–1336. https://journals.sagepub.com/doi/epub/10.1177/0001839213520131

Pallant, J. (2011). *SPSS Survival Manual 4th edition: A step by step guide to data analysis using SPSS version 18.* Open University Press. http://www.allenandunwin.com/spss.

Pian, Y., Jin, H., & Li, J. (2019). The effect of human resource management on Innovative Work Behaviour: A meta-analysis. *Human Resource Management Review, 29*(2), 101–114. https://doi.org/10.31674/ijrtbt.2024.v08i01.001

Pitelis, C. N., & Wagner, J. D. (2019). Strategic shared leadership and organizational dynamic capabilities. *The Leadership Quarterly, 30*(2), 233–242. http://dx.doi.org/10.1016/j.leaqua.2018.08.002

Polit, D. F., & Beck, C. T. (2011). *Nursing research: Principles and methods* (7th Ed.). Lippincott.

Pradhan, R. K., & Jena, L. K. (2017). Employee performance at workplace: Conceptual model and empirical validation. *Business Perspectives and Research, 5*(1), 69–85. http://dx.doi.org/10.1177/2278533716671630

Price, A. L. (2016). The effect of human resource management practices on Innovative Work Behaviour: A quantitative review. *International Journal of Human Resource Management, 27*(10), 1757–1777. http://dx.doi.org/10.32479/irmm.13215

Purwanto, A., Novitasari, D., & Asbari, M. (2022). Tourist Satisfaction and Performance of Tourism Industries: How the Role of Innovative Work Behaviour, Organizational Citizenship Behaviour? *Journal of Industrial Engineering & Management Research, 3*(1), 1–1-12 http://dx.doi.org/10.7777.1/jiemar

Raza, B., Ali, M., Ahmed, S., & Moueed, A. (2017). Impact of managerial coaching on employee performance and organizational citizenship behavior: Intervening role of thriving at work. *Pakistan Journal of Commerce & Social Sciences, 11*(3), 790–813. https://hdl.handle.net/10419/188317

Robbins, B., & Davidhizar, R. (2020). Transformational leadership in health care today. *The Health Care Manager, 39*(3), 117–121. https://doi.org/10.1097/hcm.0000000000000296

Robson, C., & McCartan, K. (2016). *Real world research.* Wiley Global Education.

Sajuyigbe, A. S., Ayeni, A., & Inegbedion, H. (2021). The Strategic Agility and Organizational Competitiveness of Multinational Companies. *International Journal of Information Management Sciences, 5*(1), 38–52. https://doi.org/10.1007/s12144-023-05099-7

Salancik, G. R., & Pfeffer, J. (1977). Who gets control of the job? A structural analysis of the distribution of task discretion across positions in organizations. *Administrative Science Quarterly, 22*(3), 469–501. https://doi.org/10.2307/2391910

Salancik, G. R., & Pfeffer, J. (1978). A social information processing approach to job attitudes and task design. *Administrative Science Quarterly, 23*(2), 224–253. https://doi.org/10.2307/2392498

Salkind, N. J. (2010). *Encyclopedia research design.* Sage

Samimi, Mehdi, Cortes, Andres Felipe, Anderson, Marc, & Herrmann, Pol. (2020). What is strategic leadership? Developing a framework for future research. *The Leadership Quarterly.* Advance online publication. https://doi.org/10.1016/j.leaqua.2019.101353

Sang, H., Ngamau, N. W., & Ragama, P. (2018). Effects of strategic alignment on the performance of non-governmental organizations in Nakuru town, Kenya. *International Journal of Business Management and Processes, 4*(2), 21. http://journals.essrak.org/index.php/Business/article/view/115

Sarstedt, M., & Mooi, E. (2014). *A Concise Guide to Market Research: The Process, Data, and Methods Using IBM SPSS Statistics* (2nd Ed.). Springer Science.

Saunders, M., Lewis, P., & Thornhill, A. (2015). *Research Methods for Business Students* (7th Ed.). Pearson Publications.

Sayed, A., & Theeb, K. (2019). The impact of strategic leadership on marketing excellence at Jordanian special hospitals. *Islamic University for Economic and Managerial Studies, 2*, 117–142. http://dx.doi.org/10.7821/IJOEST.v5.i3.2021.193

Scullen, S. E., Mount, M. K., & Goff, M. (2000). The big five personality dimensions: Implications for research and practice in human resources management. *Journal of Vocational Behavior, 56*(2), 249–264. https://doi.org/10.1006/jvbe.1999.1716

Shala, B., Prebreza, A., & Ramosaj, B. (2021). The Contingency Theory of Management as a Factor of Acknowledging the Leaders-Managers of Our Time Study Case: The Practice of the Contingency Theory in the Company Avrios. *Open Access Library Journal, 8*(9), 1–20. http://dx.doi.org/10.4236/oalib.1107850

Shalley, C. E., Gilson, L. L., & Blum, T. C. (2004). Matching creativity requirements and the work environment: Effects on satisfaction and creative performance. *Academy of Management Journal, 47*(1), 159–169. https://doi.org/10.2307/20159374

Shannon, C. W. (2018). *Effective Management Communication Strategies within an Organization* [Doctoral dissertation, Walden University]. Minnesota. https://www.proquest.com/openview/c29beb82f19be2e6de436a2e00cbc8bc/1?pq-origsite=gscholar&cbl=18750

Shapiro, S. S., & Wilk, M. B. (1968). Approximations for the null distribution of the W statistic. *Technometrics, 10*, 861–866. https://doi.org/10.2307/1267467

Sherehiy, B., & Karwowski, W. (2014). Theories of human error and safety in healthcare. *Reliability Engineering & System Safety, 123*, 3–10. https://doi.org/10.1016/j.ress.2014.05.006

Sibghatullah, A., & Raza, M. (2020). The Impact of Strategic Leadership on Competitive Advantage: The Mediating Role of Ambidexterity and Information System: Evidence from Islamic Banks in Jordan. *International Journal of Informatics and Information Systems, 3*(2), 67–80. https://doi.org/10.47738/ijiis.v3i2.67

Silva, J. J. D., & Cirani, C. B. S. (2020). The capability of organizational innovation: systematic review of literature and research proposals. *Gestão & Produção, 27*, 4819. https://doi.org/10.1590/0104-530X4819-20

Simsek, Z., Heavey, C., & Fox, B. (2018). Interfaces of Strategic Leaders: A Conceptual Framework, Review, and Research Agenda. *Journal of Management, 44*. https://doi.org/10.1177/0149206317739108

Simsek, Z., Jansen, J. J. P., Minichilli, A., & Escribá-Esteve, A. (2015). Strategic Leadership and Leaders in Entrepreneurial Contexts: A Nexus for Innovation and Impact Missed? *Journal of Management Studies, 52*. https://doi.org/10.1111/joms.12134

Snyder, M., & Brewer, M. (2019). *Positive psychology: The scientific and practical explorations of human strengths.* Sage Publications.

Sohrabi, B., Hammad, A. H., & Nia, P. K. (2014). Relationship between job-related stress and creativity in employees of Iranian knowledge-based companies. *International*

Journal of Environmental Research and Public Health, 11(5), 5365–5378. https://doi.org/10.3390/ijerph110505365

Straub, D., Boudreau, M. C., & Gefen, D. (2004). Validation guidelines for IS positivist research. *Communications of the Association for Information Systems, 13*(1), 24. https://doi.org/10.17705/1CAIS.01324

Supriyanto, A. S. (2019). Obtaining Factors Affecting Innovative Work Behavior (IWB) of a local bank employee under Islamic leadership: Application of partial least squares method. *Industrial Engineering & Management Systems, 18*(3), 417–425. http://dx.doi.org/10.7232/iems.2019.18.3.417

Suwanti, N., & Udin, Z. (2020). The impact of work-family conflict and job satisfaction on employee performance with work-life balance as a moderator variable. *International Journal of Advanced Science and Technology, 29*(1s), 57–66 http://dx.doi.org/10.22610/jebs.v10i2(J).2217

Tabachnick, B. G., & Fidell, L. S. (2018). *Using multivariate statistics* (7th ed.). Pearson.

Tanujaya, B., Prahmana, R. C. I., & Mumu, J. (2022). Likert scale in social sciences research: Problems and difficulties.

Teddlie, C., & Tashakkori, A. (2010). *Foundations of mixed methods research: Integrating quantitative & qualitative approaches in the social and behavioral sciences.* Sage Publications.

Teece, D. J. (2017). Dynamic capabilities, entrepreneurship and economic growth. *International Journal of Entrepreneurial Behavior & Research, 23*(1), 1–14. https://doi.org/10.1108/IJEBR-04-2016-0113

Teece, D. J., Pisano, G., & Shuen, A. (1997). Dynamic capabilities and strategic management. *Strategic Management Journal, 18*(7), 509–533. https://doi.org/10.1002/(SICI)1097-0266(199708)18:7

Tek, A., & Deya, J. (2020). Influence of Strategic Leadership on Implementation of Environment and Natural Resources Strategies in Nakuru County, Kenya. *International Journal of Academic Research in Business and Social Sciences, 10*(9), 542–563. http://dx.doi.org/10.6007/IJARBSS/v10-i9/7831

Thomas, J. R., Nelson, J. K., & Silverman, S. (2011). *Research methods in physical activity* (6th ed.). Human Kinetics Publishers.

Tilman, L., & Jacoby, C. (2019). *Agility: How to Navigate the Unknown and Seize Opportunity in a World of Disruption.* Missionary.

Tutar, H., Altınöz, M., & Çakıroğlu, D. (2011). Is ethical leadership and strategic leadership a dilemma? A descriptive survey. *Procedia - Social and Behavioral Sciences, 24*, 1378–1388. https://doi.org/10.1016/j.sbspro.2011.09.073

Upagade, V., & Shende, A. (2013). *Research methodology* (2nd ed.). S. Chand & Company Ltd.

Wadei, K., Chen, L., Frempong, J., & Appeinti, W. A. (2021). The mediation effect of ethical leadership and creative performance: A social information processing perspective. *Journal Name, 55*(1), 5–283. http://dx.doi.org/10.1002/jocb.449

Wagener, M. J. (2020). *The Impact of communication on employee's performance in a Retail chain's head office in Cape Town* [Doctoral dissertation, Cape Peninsula University of Technology]. https://etd.cput.ac.za/handle/20.500.11838/3151

Watkins, D., & Walker, S. (2021). Leadership crisis communication during the pandemic of 2020. *Journal of Leadership, Accountability & Ethics, 18*(1), 1-12. https://commons.erau.edu/publication/1859/

Whitmore, R. (2015). *The elements of storage: An encyclopedia of archival terminology.* Rowman & Littlefield.

Williams, M. N., Grajales, C. A. G., & Kurkiewicz, D. (2013). Assumptions of multiple regression: Correcting two misconceptions. *Practical Assessment, Research, and Evaluation, 18*(1), 11-22. https://mro.massey.ac.nz/items/8c3d7607-8767-4242-a4c0-457e98e29bd1

Wojcik, J. (2015). *The Routledge companion to commedia dell'arte.* Routledge.

Wright, E., Mainzer, A., Masiero, J., Grav, T., Cutri, R., & Bauer, J. (2018). *Response to" An empirical examination*. NEOWISE

Yamane, T. (1967). *Statistics, An Introductory Analysis* (2nd ed.). Harper and Row.

Yang, T., & Chen, C. (2014). The phoenix metaphor in Chinese organizational change research. *Journal of Business and Psychology, 29*(1), 21–31. https://doi.org/10.1177/21582440221099519

Yin, R. K., & Kuo, B. Y. (2013). *Case study research: Design and methods.* Sage publications.

Yong, A. G., & Pearce, S. (2013). A beginner's guide to factor analysis: Focusing on exploratory factor analysis. *Tutorials in Quantitative Methods for Psychology, 9*(2), 79–94. https://doi.org/10.20982/tqmp.09.2.p079

Yulianti, R. (2021). The analysis of nurse performance during Covid-19 pandemic: A case study from private hospital in Tangerang. *Jurnal Manajemen Teori dan Terapan, 14*, 147. https://doi.org/10.20473/jmtt.v14i2.27672.

Zalesny, M. D., & Ford, J. K. (1990). Conceptualizing and measuring organizational readiness for change. *Public Administration Quarterly, 104*(2), 181–212. http://dx.doi.org/10.1177/1077558708317802

Zhang, Y., Meratnia, N., & Havinga, P. J. (2010). Ensuring high sensor data quality through use of online outlier detection techniques. *International Journal of Sensor Networks, 7*(3), 141–151. http://dx.doi.org/10.1504/IJSNET.2010.033116

Zhang, Y., Meratnia, N., & Havinga, P. J. M. (2010). Outlier detection techniques for wireless sensor networks: A survey. *IEEE Communications Surveys & Tutorials, 12*(2), 159–170. http://dx.doi.org/10.1109/SURV.2010.021510.00088

Zia, B., Mazar, N., Reagans, R., & Argote, L. (2017). Organizational learning: Past research, present findings, and future directions. *Academy of Management Annals, 11*(1), 615–677. https://doi.org/10.20982/tqmp.09.2.p079

Zikmund, W., Babin, B., Carr, J., & Griffin, M. (2013). *Business research methods* (9th Ed.). South-Western Cengage Learning.

Zorlu, K., & Korkmaz, F. (2021). Organizational communication as an effective communication strategy in organizations and the role of the leader. In *Management Strategies to Survive in a Competitive Environment* (pp. 305–320). Springe

APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

Dear Participant,

Thank you for participating in our study!

I am conducting research to investigate the influence **of strategic leadership on medical employees' performance in county referral hospitals of central economic bloc, Kenya**. This research is a requirement in partial fulfillment for the award of **Doctor of Philosophy in Business Administration and Management (Strategic Management) Kenya Methodist University.** You are therefore, requested to participate in this study by filling in the questionnaire which will take you less than 15 minutes.

Your participation in this research study is very much appreciated. It is my hope that the timely completion and return of this questionnaire is representative of your continued support for this type of research. Please be frank with your responses, and make sure to RESPOND TO ALL items in the questionnaire. All information you provide was strictly confidential. For questions or concerns please do not hesitate to contact me directly on **+254705472373.**

Sincerely,

Eunice Karatu
PhD-Candidate
Kenya Methodist University

APPENDIX II: QUESTIONNAIRE

Please answer each question completely by ticking (√) the appropriate answer from the choices provided. Responses to the questionnaire was treated with confidentiality and information was purely for academic purpose.

Section A: DEMOGRAPHIC INFORMATION

1. Cadre:

   …….....

2. Gender: Male ☐ Female ☐
3. Your age brackets? 30 years and below☐ 31-40 ☐ 41-50 ☐ 51-60 ☐
4. Job Group/Grade:

   ……

5. For how many years have you worked in the public service?

   ……

6. For how many years have you worked in your current station?

   .....

SECTION A: EMPLOYEE PERFORMANCE

7. a) How would rate your job performance

   Very High ( ) High ( ) Mediate ( ) low ( ) Very Low ( )

   b) provide reason for you answer

…….....

…….....

…….....

8. Kindly, to what extent do you agree on the following statements on the employee performance in your institution? This is for academic purposes only and information provided is confidential. 1 = Strongly Disagree 2 = disagree, 3= neutral, 4 = agree, 5 = Strongly Agree

	EMPLOYEE PERFORMANCE	**1**	**2**	**3**	**4**	**5**
EP1	The hospital has high employee productivity					
EP2	The hospital has low turnover of medical employees					
EP3	Medical employee service delivery is recommendable					

EP4	Accidents resulting from employees' negligence are minimal					
EP5	Most of medical employees have received award for their work					
EP6	Most of medical employees have received recognition for their work					
EP7	There has been increase in patient satisfaction with quality of service offered.					
EP8	Hospital employees give personalized care to patients,					
EP9	Hospital employees are willing to serve patients					
EP10	Medical employees give personalized attention to patients					
EP11	As a referral hospital, we have continued to receive more requests for additional services including research work due to our continued growth and expansion					
EP12	The hospital has grown considerably since the introduction of the County Governments					

9. What are your views on overall employee performance in your hospitals?

……
……
……
……
……

SECTION B: STRATEGIC COMMUNICATION

10. Does your hospital practice strategic communication?

Yes ( ) No ( )

11. Kindly list your strategic communication practices

……
……
……
……
……

12. Select one of the numbers below to indicate how well the statement describes your 'strategic communication practices: 1 = Strongly Disagree 2 = disagree, 3= neutral, 4 = agree, 5 = Strongly Agree

	Statements on Strategic Communication	1	2	3	4	5
SC1	The hospital top leadership provides timely feedback efficiently.					
SC2	The hospital top leadership has vertical communication channels for employees' inputs					
SC3	The hospital top leadership embraces more clarity of ideas/strategy before communicating					
SC4	The hospital top leadership communication is thoroughly analyzed for effective coordination in the organization					
SC6	The hospital top leadership immediate actions are accomplished through effective communication.					
SC7	The hospital top leadership communication is passed through recommended channels					
SC7	The hospital top leadership integrates technologies such as mobile phones, Video Conferencing, etc in its communication					
SC8	The hospital top leadership has made communication efficient through emails, WhatsApp, text messages and other real time means and methods.					
SC11	The failure to respond to official communications attracts disciplinary action.					

SECTION C: STRATEGIC AGILITY

13. Does your hospital respond to change quickly and efficiently?

Yes ( ) No ( )

13a. If yes kindly explain what successfully changes the hospital has adopted

……

……

……

14. Kindly, to what extent do you agree on the following statements on the strategic agility in your institution? This is for academic purposes only and information provided is confidential.

1 = Strongly Disagree, 2 = disagree, 3= neutral, 4 = agree, 5 = Strongly Agree

	Statements on Strategic Agility	**1**	**2**	**3**	**4**	**5**
SA1	The hospital leadership develops strategic decisions with flexibility in mind					
SA2	The hospital leadership shares strategic goals with all employees					
SA3	The hospital leadership encourages autonomy among employees					
SA4	The hospital leadership is capable of shifting its structure quickly to address new opportunities					
SA5	Top management embraces and encourages innovative ideas from employees by offering rewards					
SA6	The hospital management has budget set aside to effectively implement new changes					
SA7	Top executive displays courage to invest in promising opportunities					
SA 8	Top management are sensitive to changing environment					
SA9	If there is change of circumstances, the hospital management can adjust its current plans effortlessly					
SA10	Being a public hospital financial constraint hinders quick adaptations to changes.					

SECTION D: STRATEGIC ALIGNMENT

15. a) Does your hospital practice employee alignment (*ensuring employees value and believe in the goals, mission, and vision of their organization*)

Yes ( ) No ( )

If yes kindly explain

……
……

……
…… ……

b) Does your hospital practice operation alignment (*providing a plan that align and connects objectives of the hospital with responsibilities of each department, work group and individual strategies, with a view to avoiding conflicting, uncoordinated activities*)

Yes ( ) No ( )

If yes kindly explain……

……

……

……

……

……

16. Kindly, to what extent do you agree on the following statements on the strategic alignment in your institution? This is for academic purposes only and information provided is confidential.

1 = Strongly Disagree, 2 = disagree, 3= neutral, 4 = agree, 5 = Strongly Agree

	Statements on Strategic alignment	**1**	**2**	**3**	**4**	**5**
SAL1	The hospital leadership provides linkages between business units or departments so that the employees can cooperate with each other coherently					
SAL2	The hospital leadership ensures there are no collaboration barriers between departments.					
SAL3	The hospital leadership strives to continuously align operational functions in all departments					
SAL4	The hospital leadership has effectively aligned IT with operation functions in all departments					
SAL5	The hospital leadership long-term goals are clearly communicated to all its employees.					
SAL6	The hospital leadership ensures employees clearly understand institution's work priorities.					
SAL7	The hospital leadership holds regular meetings with employee from all departments to assess if the IT projects are aligned to the business objectives.					
SAL8	The hospital leadership encourages and develops employees to work as a team.					
SAL9	The hospital leadership provides a large variety of services without adversely affecting their quality					
SAL10	The hospital leadership has implemented continuous learning approaches					

SAL11	The hospital leadership directs all its activities to meet the needs of the customers.					
SAL12	The hospital leadership allows staff from all departments to raise their opinions on organizational policy and work conditions					
SAL 13	The hospital leadership has appointed a cross departmental committee in ensuring there is resources collaboration among all departments in executing a specific project					

SECTION E: STRATEGIC DIRECTION

17. Does you hospital practice strategic direction (*having plans that need to be implemented for the hospital to progress towards its vision and fulfil its goals e.g strategic plan)*?

    Yes ( ) No ( )
    If yes kindly explain……

……
…
……

18. Kindly, to what extent do you agree on the following statements on the strategic direction in your institution? This is for academic purposes only and information provided is confidential.

1 = Strongly Disagree, 2 = disagree, 3= neutral, 4 = agree, 5 = Strongly Agree

	Statements on Strategic Direction	**1**	**2**	**3**	**4**	**5**
SD1	The hospital leadership has successfully implemented fundamental long-term strategic plans.					
SD2	The hospital leadership clearly stipulates hospital goals and vision					
SD3	The hospital leadership ensures all employees are trained in implementation of strategic plan					
SD4	The hospital leadership consults widely before coming with a strategic plan					
SD5	The hospital leadership understands how facts in the situation are related to each other.					
SD6	The hospital leadership ensures all stakeholders are involved in developing a strategic plan					
SD7	The hospital leadership has directed the hospitals' resources for achievement of its goals					
SD8	The hospital leadership allows ease access to hospitals' strategic plan					
SD9	The hospital leadership creates a plan to solve problems before considering other viewpoints.					
SD10	The hospital leadership regularly evaluates the implemented of strategic plan					

SD11	The hospital leadership analyses on why its employees succeeded or failed.					

SECTION F: INNOVATIVE WORK BEHAVIOR

19. Kindly, to what extent do you agree on the following statements on your innovative work behaviour in your institution? This is for academic purposes only and information provided is confidential.

1 = Strongly Disagree, 2 = disagree, 3= neutral, 4 = agree, 5 = Strongly Agree

INNOVATIVE WORK BEHAVIOR		**1**	**2**	**3**	**4**	**5**
IWB1	I look for opportunities to improve existing products, process, technology and work relationships					
IWB2	I recognize opportunities to make a positive difference in my work, organization, department and customers					
IWB3	I pay attention to non-routine issues in my work, departments and institution.					
IWB4	I search out for new work methods, techniques or instruments					
IWB5	I feel that I am good at finding new approaches of executing my tasks					
IWB6	I encourage key institutional members to be enthusiastic about innovative ideas					
IWB7	I attempt to convince people to support innovative ideas					
IWB8	I systematically introduce innovative ideas into work					
IWB 9	The top management of the hospital are very keen in rewarding and encouraging innovation which has helped the hospital to grow.					
IWB 10	Being a government facility, innovation is not particularly attended to in this hospital as there are a lot of other more demanding issues to be addressed.					
IWB 11	Whether we innovate or not, instructions and working code of ethics is always set at the ministry headquarters by policy makers and ours is to follow them.					
IWB 13	Given a chance, I would strongly encourage an elaborate reward system for innovations at the grassroots to encourage research into practical solutions to local medical problems in the county.					

APPENDIX III: PILOT RESULTS

Variables	**Cronbach's Alpha**	**N of Items**
Employee performance	0.826	12
Strategic communication	0.847	9
Strategic agility	0.933	10
Strategic alignment	0.920	13
Strategic direction	0.930	11
IWB	0.965	12

Source: Author (2023)

APPENDIX IV: UNIVERSITY AUTHORIZATION LETTER

KENYA METHODIST UNIVERSITY
P. O. Box 267 Meru - 60200, Kenya
Tel: 254-064-30301/31229/30367/31171
Fax: 254-64-30162
Email: deanrd@kemu.ac.ke

DIRECTORATE OF POSTGRADUATE STUDIES

March 17, 2023

Commission Secretary
National Commission for Science, Technology and Innovations
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: EUNICE NKATHA KARATU – (REG. NO. BUS-4-0035-1/2021)

This is to confirm that the above named person is a bona fide student of Kenya Methodist University, in the School of Business and Economics, Department of Business Administration undertaking a Doctoral Degree in Business Administration and Management. She is conducting research on; **"Influence of Strategic Leadership on Medical Employees' Performance in County Referral Hospitals of Central Region Economic Bloc, Kenya"**.

We confirm that her research proposal has been presented and approved by the University.

In this regard, we are requesting your office to issue a research license to enable her collect data.

Any assistance accorded to her will be highly appreciated.

Yours sincerely,

17 MAR 2023

Dr. John M. Muchiri (PhD)
Director, Postgraduate Studies

Cc: Dean SBUE
CoD, BA
Program Coordinator - SBUE
Student Supervisors

APPENDIX V: RESEARCH LICENSE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **822959**

Date of Issue: **05/April/2023**

RESEARCH LICENSE

This is to Certify that Ms.. EUNICE NKATHA KARATU of Kenya Methodist University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Embu, Kiambu, Kirinyaga, Laikipia, Machakos, Meru, Muranga, Nakuru, Nyandarua, Nyeri, Tharaka-Nithi on the topic: INFLUENCE OF STRATEGIC LEADERSHIP ON MEDICAL EMPLOYEES' PERFORMANCE IN COUNTY REFFERAL HOSPITALS OF CENTRAL REGION ECONOMIC BLOC, KENYA for the period ending : 05/April/2024.

License No: **NACOSTI/P/23/24806**

822959

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

APPENDIX VI: ETHIC REVIEW

KENYA METHODIST UNIVERSITY
P. O. BOX 267 MERU - 60200, KENYA FAX: 254-64-30162
TEL: 254-064-30301/31229/30367/31171 EMAIL: INFO@KEMU.AC.KE

March 21, 2023 KeMU/ISERC/BUS/02/2023

Eunice Nkatha Karatu
BUS-4-0035-1/2021

Dear Eunice,

SUBJECT: INFLUENCE OF STRATEGIC LEADERSHIP ON MEDICAL EMPLOYEES' PERFORMANCE IN COUNTY REFERRAL HOSPITALS OF CENTRAL REGION ECONOMIC BLOC, KENYA".

This is to inform you that Kenya Methodist University Institutional Scientific Ethics and Review Committee has reviewed and approved your research proposal. Your application approval number is KeMU/ISERC/BUS/02/2023. The approval period is 21st March, 2023 – 21st March, 2024.

This approval is subject to compliance with the following requirements:-

I. Only approved documents including (informed consents, study instruments, MTA) will be used.

II. All changes including (amendments, deviations, and violations) are submitted for review and approval by Kenya Methodist University Institutional Scientific Ethics and Review Committee.

III. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KeMU ISERC within 72 hours of notification.

IV. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to KeMU ISERC within 72 hours.

V. Clearance for export of biological specimens must be obtained from relevant institutions.

VI. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.

VII. Submission of an executive summary report within 90 days upon completion of the study to KeMU ISERC.

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

Yours sincerely

KENYA METHODIST UNIVERSITY KEMU SENATE 21 MAR 2023 P.O. Box 267 - 60200 MERU

MR. HERBERT KIBEBE
SECRETARY (ISERC)