An Assessment of the Effect of Leadership Style on the Performance of Public Health Service Providers: A Case of Western Kenya

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Abstract

This study was designed to investigate the impact of leadership style on the performance of Public Health Service providers Western Region of Kenya. The study investigated the impact of Leadership style saw how it is tied to the end performance as measured in terms of the numbers reached, the quality of service provided and several other pertinent parameters listed in the Kenya Quality Model. This study was intended to generate knowledge that will enable Public Health Service Providers asses the connection between leadership style and performance of Public Health Service Providers. The study was conducted through a correlational descriptive survey design covering respondents from the Government owned healthcare facilities targeting specifically, District Hospitals in Western Kenya. Qualitative and quantitative data was collected through the use of structured questionnaires. Reliability of the selected measures was done through the use of Cronbach's Alpha coefficient due to its ability to determine internal consistency of items in a survey. The researcher tested the questionnaires on pilot group that did not form part of the main study. The pilot study enabled removal of any ambiguities hence focus the questionnaire to collect data relevant to the study. The study collected both secondary and primary using the prescribed data gathering tools to collect both qualitative and quantitative data. Data was analyzed using both descriptive and inferential statistics such as tabulations, measures of central tendency and regression analyses so as to arrive at appropriate conclusions. To determine the relationships between the study variables Karl Pearson's Coefficient of correlation was used to describe the strength and degree of the relationship. From the regression results, leadership style had significant effect on performance of Public Health Service Providers. The regression results also shows that 56.8 percent of the performance of Public Health Service Providers can be explained by leadership style (R squared = 0.568).

Keywords: Leadership styles, Performance, Public health service providers, Western Kenya

1. Introduction

Implementing strategy in not a new concept in business literature or in practice however its role had for long been placed secondary to strategy formulation. According to Thompson et al (2000), good strategy implementation involves creating a strong fit between the way things are done internally and what it will take for the strategy to succeed. It cuts across all facets of an organization and is an ongoing process and not a start and stop event. The task of implementing any a chosen strategy therefore entails assessing what it will take to develop the needed organizational capabilities so as to reach the targeted objectives on schedule. Hurd (2007), suggests that Vision is nothing without execution and argues that effective strategies are never really new in themselves but that what is important is making these ideas work for a given organization and most importantly getting the rest of the organization to agree with you. Sutton as quoted by Syrett (2007), puts it that success can only be accomplished by using old knowledge in new ways. How to use old knowledge in new ways therefore, operationalized strategy.

Glenngård and Maina (2007), suggest that making adequate health care services universally available requires striking a delicate balance between a population's health needs and available resources since the resources for health are scarce, and the disease burden is high in the Kenya. This therefore requires equitable and efficient allocation of resources. Without proper health care financing and management strategies, the government cannot hope to successfully meet the health needs of its citizens. These are all pertinent issues in the

implementation of any strategy. It is in cognizance of this fact that in 1989, the Kenyan government introduced cost sharing as a strategy to bridge the growing gap between health sector expenses and available resources this was anticipated to help the government avail healthcare to citizens from all walks of life. Since then, the government has strived to achieve a mix of health care financing strategies and implementation systems that are aimed providing its citizens with universal access to adequate basic health services (Health Policy Initiative, 2009).A number of government policy documents and successive national development plans have stated that the provision of health services should meet the basic needs of the population, place health services within easy reach of Kenyans, and emphasize preventive, promotive, rehabilitative and curative services .However despite all these initiatives the health sector is sill yet to reach a desirable threshold.

Drucker (2001) observes that Management Challenges of the twenty first century demand that all institutions, be they business organizations, universities or hospitals make global competitiveness a strategic goal if they hope to survive, let alone to succeed. Organisations need to measure up to the standards set by the leaders in its field in any place in the world. The issue of strategy implementation in the public healthcare service providing institutions in Kenya is one that is constantly raising concern. This, especially after strategies have been formulated often by the best teams in the field. Implementation is one of the areas that have continued to drag down performance of such institutions and in turn affect proper service delivery. From the top, the line ministries normally have well articulated plans but the reality on the ground is rarely reflects these plans. Cries about how the facilities are mismanaged and run down thus making them unable to provide much needed service as well as issues concerning the staff are always in the limelight and even as we speak there is an ongoing strike from doctors of the public health service providing institutions barely months after one such threat from the nurses was averted.

2 Literature Review

Leadership is a process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task, Kreitner, Kiniki(1998). Leadership entails more than just wielding power and exercising authority, it is result oriented, Peters and Austin (1995). Leaders deal with interpersonal aspects of a managers' job. Since leading is one of the four functions of managers, then all managers should be leaders. Leadership has been identified as on of the most important principles in quality management and improvement. Leadership that aids successful strategy implementation as interpreted by the World Health Organization requires transparency, clear communication, supportive direction, guidance with appropriate socioeconomic recognition of health workers. Marcus (2005) is of the opinion that any organization needs capable top leadership which should understand the company's mission and vision. The leadership should be able to establish core values and structure for carrying out the company's strategy. A good leader should be able to study the staff under him vis-à-vis the strategic objectives that have been set and come up with appropriate ways to guide the staff towards the desired achievements using various techniques of motivation.

From the perspective of the Public Health Service Providers good leadership promotes the set vision mission and core values while demonstrating commitment to improve the safety of healthcare by assessing and improving compliance with standards and guidelines Kenya Quality Model (2006). Good leadership in this context is also committed to continuous quality improvement, recognizes and appreciates efforts and achievements of all health workers and support staffs as well as inputs cost effective ways to improve quality of services. It is observable in the chosen communication strategies, the choice of methods of motivation and rewards among other factors as the leader endeavours to clarify and implement chosen strategy.

The above definitions of a leader for the Public Health Service Providers define by and large a transformational leader. This is one who stimulates and inspires followers to achieve extraordinary outcomes Bass (2006). According to Burns (1978), this kind of a leader motivates teams to be effective and efficient. Communication is the base for goal achievement focusing the group on the final desired outcome or goal attainment. This leader is highly visible and uses chain of command to get the job done. Transformational leaders focus on the big picture, needing to be surrounded by people who take care of the details. The leader is always looking for ideas that move the organization to reach the company's vision. Evidence shows that transformational leadership results in lower turn – over rates, high productivity, employee satisfaction, creativity, goal attainment, and better follower well-being. A transformational leader is one who is able to create and/or communicate a strategic vision, model the vision and build commitment and enthusiasm towards the vision and thus ensure its success.

2.1 Performance in the Public Health Sector

In this context Webster's comprehensive English Dictionary defines performance as the act of doing something to completion, achievement. It is the activity of a unit (be it individual, team, department, or division) of an organization intended to accomplish some desired result. The business dictionary defines performance as the accomplishment of a given task measured against preset known standards of accuracy, completeness, cost, and

speed. In this study and with specific regard to Public Health Service providers in Kenya performance can be understood by looking at the results on two fronts namely Outcome (the changes in the health status of individuals and communities) and Output (the deliverables of a service provider or program as directly influenced by managers and health service providers) , Kenya Quality Model (2006).The Master Checklist uses the term performance to cover both the output and outcome deliverables of the Public Health Service Providers as well as the interaction with other sectors and the effects on the health status of the Kenyan population .The Kenya Quality Model (2006), has outlined twelve performance parameters that are to be used to assess the performance of the Public Health Service Providers .This study will adopt four out of these twelve namely Patient/Client Satisfaction, Statistical Performance of the Public Health Service Providers, Progress of the PHC Programs and Staff Satisfaction.

Patient /client satisfaction refers to the patients or clients views based on the service delivery as measured in terms of time taken, cost and the resultant income all encompassed in the manner or delivery often resultant from the fact that an expectation has either been met or exceeded KQM,(2006). Client satisfaction is a fundamental indicator of success in any form of service delivery and is therefore a key component of performance measurement. A study by Bio Medical Central Health Services Research in 2010, study showed that interpersonal processes including perceived empathy, perceived technical competency, non-verbal communication and patient enablement significantly influence patient satisfaction. Therefore, health care providers should work towards improving the communication skill of their professionals along with having technically competent workers which could possibly affect the perception of the patient about all of the variables identified as independent predictors of patient satisfaction in this study. Organizations in general need to conduct all aspects of their businesses to satisfy customers as this will have a dramatic positive effect on their performance, Harrell and Frazier (1998). Statistical performance of Public Health Service Providers is defined and measured using the several predetermined indicators set by the Ministry Of Health (MOH) calculated on a monthly basis. The indicators are; Expenditure/Revenue ratio, Total financial resources in relation to number of beds, Bed occupancy rate, Average length of patient stay for all conditions as well as for Caesarean sections, Overall death rates/admissions, number of maternal deaths, number of deliveries, fraction of normal deliveries and Nosocomial infection rates. Primary Health Care (PHC) is defined as essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination, Obimbo (2003). Progress of PHC Programs is measured by looking at the Primary Health Care programs that have been given key attention by the Government with a view to change the health status and reduce the disease burden of The Kenyan population as well as inculcate modern practices. It involves a deliberate effort by the government to combat and eradicate specific diseases through collaboration between PHSP's and the community. These diseases include, EPI, Malaria, IMCI, HIV/AIDS/TB, FP/RH and all Communicable diseases.

Finally, Job satisfaction is a qualitative aspect of performance as assessed from the staff employed in the Public Health Service Providers monitored over some time. According to Bodur, (2002) it is also known that there is close correlation between the job satisfaction of health care staff and the total quality of health services. McShane and Von Glinow(2007) are of the idea that job Satisfaction represents a person's evaluation of different aspects of his or her job or work context that affects an individual performance. The authors argue that job satisfaction leads to performance and also to improved customer satisfaction. In this light, employers must ensure that regular job satisfaction and job quality evaluations are administered to make sure public health employment remains competitive and motivating as a career choice for its professionals .The KQM (2006),outlines several ways of assuring job satisfaction that include clear and well defined job descriptions, clear hierarchical order, defined work areas, performance based promotion, regular appraisal and involvement of staff in quality improvement and building of work improvement teams.

3.0 Methodology
3.1 Research Design
The study utilized a descriptive correlational survey design. This is a conclusive type of research design which gives a description of the relationships that exist between the variables under study in terms of its characteristics or functions as perceived by the selected respondents (Malhotra, 2010). The study design was used since it involves collection of the description of particular perception of a given situation, phenomena or variable and the views were taken to represent those of the entire population.

This study was conducted in the Western Region of Kenya. This is the area that was formerly known as Western Province. It covers four counties namely Bungoma, Vihiga, Kakamega and Busia. Western Kenya is specifically targeted because according to the last Population Census Results its considered to be one of the most populated areas in Kenya with a population of 4,334,282 against a geographical area of 8361 km^2 giving it

a population density of 518.4/km2 which is second only to that of the area formerly Nairobi Province(KNBS,2009). It is thought that the findings from this study will be representative of most if not all scenarios in the entire Country.

The target population of the study was the 21 District Hospitals in Western Kenya that deliver service to the general public. All these Public Health Service Providers will be used by the study as unit of analysis. However, in each of the 21 District Hospitals, the targeted respondents were the management staff such as Medical superintendents, Hospital administrators, nursing officers in charge among others for the reason that they were better placed to provide the most informed data on the subject matter given their scope of work and responsibility accorded to them. Management staffs were also easier to approach and this greatly enhanced the response rate of the study. These staff total to approximately 294 as per the records from the Provincial Medical Officer.

3.1 Sample Size and Sampling Technique

The study used simple random sampling technique to come up with a sample of 50% of the 21 Public Health Service Providers in Western Kenya. Random sampling technique was appropriate as it accords each member of the target population an equal chance of being included in the study being that the target population is homogenous in nature. Within the chosen sample, of 11 the researcher carried purposive sampling amongst the chosen categories of staff. These are the respondents to whom the questionnaires was administered .The criteria for picking the above respondents was based on their knowledge of the strategic directions and policy issues that comprise the competitive strategies implemented by their public health institution. As regards the customers who were approached to take part in the study, simple random sampling was used to come up with at least 1 respondent from every service point in the institution and thus bring the total of customers to 10 for every institution. The service points that was taken into account in this study were the registry/records office, the billing office/cashiers, the casualty area (for emergency cases),the outpatient clinic, the maternity clinics, dentistry clinic, child welfare clinics, physiotherapy clinics, male wards, female wards, This brought the total number of customers who were interviewed to 110. The study used both quantitative and qualitative approaches; the selected strategies are hoped, provided data that led to attainment of the objectives of the study.

Table 3.1 Sample Size

Category of staff	Number of officers in total	50% of the group
Medical Superintendents	21	11
Overall Nursing Officer in charge	21	11
Hospital Administrators	21	11
District Clinical Officer in charge	21	11
Pharmacist in Charge	21	11
Radiologist in Charge	21	11
Lab Technologist in Charge	21	11
Public Health Officer	21	11
Medical Social Worker in Charge	21	11
Medical Engineering Technologist in Charge	21	11
Nutrition Officer in Charge	21	11
Dentist in Charge	21	11
Physiotherapist in Charge	21	11
Health Records and Information officer in Charge	21	11
Customers/Patients		110
TOTAL	294	264

Source: Author

3.2 Data Collection

The study will collect both secondary and primary using the prescribed data gathering tools to collect both qualitative and quantitative data. For secondary data, a review of literature relevant to the study will be done by the researcher to give background information and support the study by showing the existing relationship between the variables if any. This information will be obtained from a review of written materials and documents such as journals, books and other relevant documents from authoritative sources. Primary data on the other hand will be collected by administering survey questionnaires on the sampled respondents in order to get first hand information on the phenomenon under study. The questionnaires will be composed of simple self administered Likert scale type of questions for the selected staff whereas those for selected patients/clients will be administered by the researcher.

3.3 Measurement of Variables.

Measurement is the process of mapping aspects of a domain onto other aspect of a range according to some rules of correspondent. It involves devising some form of scale in range and then mapping the properties of the object to be measured on this scale (Kothari 2010). In this study, the effect of strategy implementation on performance Public Health Service Providers in Kenya, strategy implementation is one of the key variables (Independent Variable) while performance is another key variable (Dependent variable) and the organizational factors. The study variables will be measured using both the ordinal scale and summated scale (likert-type scale) because these scales not only have more informational value but they come handy with respondent centred studies. Measurement scale operationalizing the study variables and indicators of these variables will be used to construct the research instrument

4. Findings

The study was based on the assumption that strategy Leadership Style influences Public Health Service Providers performance. In order to assess this influence the study had set the following null hypothesis;

$H_{01:}$ Leadership Style does not have significant effect on performance of Public Health Service Providers.

Regression coefficient (beta β) was used to test the hypothesis with the test criteria set that the study should reject the null hypothesis H_0 if p-value < α, otherwise fail to reject H_0 if p-value > α. All the questions in the questionnaire answered by the respondents had scores which scored marks according to the response of the respondents. The marks were then added up and finally divided by number of respondents answering the questionnaire to enable the researcher attain the mean score of every question. The same procedure was repeated for other questions measuring the independent and dependent variables. In order to test the hypothesis, the aggregate mean score of performance (P) measures were regressed against the mean score of measures of Leadership Style (LS) and results are shown in table 4.1 below.

Table 4.1 Regression Results of Leadership Style against Performance

Goodness of fit analysis				
Sample size	R	R Square	Adjusted R Square	Std. Error of the Estimate
21	0.754	0.568	0.557	0.388

Predictors: (Constant) Leadership style

Overall significance: ANOVA (F-test)					
	Sum of Squares	Degree of Freedom	Mean Square	F	Significance(p-value)
Regression	2.018	4	3.218	49.018	0.000
Residual	1.230	11	0.124		
Total	3.248	15			

Predictors: (Constant) Strategy implementation
Dependent Variable: Performance

Individual significance (T-test)	Unstandardized Coefficients		Standardized Coefficients		Significance(p-value)
	B	Std. Error	Beta (β)	T	
(Constant)	2.347	3.087		2.412	0.040
Means Leadership Style	0.152	0.187	0.754	1.089	0.001

Dependent Variable: Means of performance
Lever of significance, α = 0.05

Source: Research data

From Table 4.1 above, the regression results reveal that Leadership Style had overall positive significance impact on performance (p-value = 0.000). The regression results also shows that at individual level, there was a statistically significant positive linear relationship between leadership style and performance (β = 0.754; p-value = 0.001) therefore we reject the null hypothesis and conclude that leadership Style had significant effect on performance of Public Health Service Providers.

The regression results also show that 56.8 percent of the performance of Public Health Service Providers can be explained by leadership style (R square = 0.568). The relationship followed a simple regression model of the nature P= 2.347+0.754SI+ε

Where

P is the performance

2.347 is a constant intercept term

0.754 is the slope coefficient

LS is leadership style

ε is the error term.

4.5 Conclusion

This study on the effect leadership style on organizational performance among Public Health Service Providers (PHSPs) had a specific objective which was latter developed into null hypothesis and statistically tested. The study objective was to establish the effect of leadership style on performance of Public Health Service Providers in the study area. The regression results show that the performance of Public Health Service Providers was significantly influenced by leadership style. The study was based on the premise that leadership style influence Public Health Service Providers performance and the study results supported this premise in that the leadership style was found to influence Public Health Service Providers performance. It is therefore important for Public Health Service Providers to employ good leadership styles in their operations because leadership style has been seen by this study to have a positive and statistically significant effect on organizational performance of Public Health Service Providers in Kenya.

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