Influence of Leadership Skills on Effectiveness of Departmental Leadership in Mogotio Sub County Hospitals in Kenya

Saul Kipkoech Kiptingos, Paul Gesimba, David Gichuhi

Abstract

Previous work in Kenyan public hospitals has revealed leadership gaps and poor communication between senior administration and lower cadres as an impediment to achieving better practice. Management training for senior health professionals has been recognized as a priority and is now being provided. The research study explored the influence of leadership skills on effective departmental leadership in Mogotio Sub County. The study used descriptive designs and targeted 32 hospitals consisting of 185 managerial staff in Mogotio Sub County. The stratified random sampling method was used to generate a sample of 126 respondents. Data was collected from this sample using questionnaires and analyzed descriptively and inferentially with the use of SPSS version 24. The correlation analysis determined there is a positive and statistically significant association between leadership skills and effective departmental leadership (r=756, p=.000). This verdict was reinforced by the linear regression results (β=.286, p=.001). The study concludes that leadership skill greatly helps improve effective departmental leadership in the public health sector. The study recommends that hospitals ought to emphasize mentoring leaders in the clinical setup in order to improve the effectiveness of leadership at the departmental level. There is a need to inculcate leadership training into the hospitals’ culture.

Keywords: Leadership Skills, Leadership Effectiveness, Mentorship, Hospitals, Job Rotation, Kenya

JEL Classification: O15

Introduction

The evidence points to the need for effective departmental leadership in healthcare institution. This is characterized by the ability to nurture a shared culture through management training, adopting leadership styles that are consistent across the organization, and cooperating and mentoring employees across departmental boundaries to deliver continually improving, high quality and compassionate patient care (West, Lyubovnikova, Eckert & Denis, 2014). It’s also most effective when all professionals including doctors, nurses and other clinicians, accept responsibility for their leadership roles (Daly, Jackson, Mannix, Davidson, & Hutchinson, 2014). Specialization of professions in the hospital and horizontal differentiation often cause communication conflicts and coordination (Wong & Laschinger, 2013). It is usually difficult to coordinate people of such diverse training background, as each of them considers the problems differently.

The teamwork-oriented nature of hospital process and consequently high levels of personnel’s work dependency concerning the diversity of team members increase conflicts and challenges for leaders (Veronesi, 2012). This conflict cannot be reduced by establishing independency and decreasing the necessity of communication. It can only be managed through effective leadership at the unit or department levels. Effective leadership is also crucial to the creation of warm and welcoming environment for patients and their kin. Healthcare personnel not only need professional skills but also must have close relationship with patients and their companions from different classes who are mainly unaware of the specialized treatment measures (Daly et al., 2014). Effective leadership also plays a key role in improvising care quality, performance and outcomes in health systems.

* Corresponding author. ORCID ID: 0000-0002-2636-1870

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There are numerous distinguished styles of leadership, whereas six sorts show up to be more common: transformational, value-based, despotic, laissez-faire, task-oriented, and relationship-oriented administration (Wong & Laschinger, 2013). Transformational leadership is characterized by making connections and inspiration among staff individuals. Transformational leaders have the capacity to rouse certainty and communicate devotion through a shared vision resulting in increased productivity, strengthen employee morale, and job satisfaction in transactional leadership the leader acts as a manager of change, making exchanges with employees (Wong & Laschinger, 2013). Transformational leaders prefer participative, facilitative and emotionally intelligent leadership, which is linked to greater team cohesion, lower stress, and higher empowerment.

Effective leaders are characterized as flexible, collaborative, power-sharing, and as using personal values to promote high quality performance. Authentic leadership skills are characterized by honesty, altruism, kindness, fairness, accountability, and optimism, authenticity implies consistency with values of providing high quality and compassionate patient care. In United States of America (USA), Wong and Giallonardo (2013) noted a relationship between nurses’ relational leadership styles and lower levels of mortality rates and medication errors. When nurse leaders gave nurses opportunities for participation in decision-making, nurses reported high levels of work engagement and job performance as a consequence.

A study involving a NHS sample of 3,447 respondents also found that leadership skills were associated with clear team objectives, high levels of participation, commitment to quality of care and support for innovation (Wang, Waldman, & Zhang, 2014). Where there was conflict about leadership within the team, team processes and outcomes were poor. Having a clearly designated team leader may be associated with less conflict over leadership and as a result, the enhanced ability of team members to smoothly assume leadership roles and responsibilities when their expertise is needed. Leader and leadership development are vital for healthcare, with considerable resources dedicated from budgets always under great pressure (Wang, Waldman, & Zhang, 2014).

In Sub-Saharan Africa (SSA), Dickinson (2013) found that departmental leadership varied across study sites as well as within organizations. Countries with organizations that have high levels of trained leadership recorded better performance on measures such as health care utilization, cost of delivering care, and patient satisfaction. The World Health Organization (2008) observed that although departmental leadership is recognized as a crucial element in health system strengthening and health policy globally, it has received very little attention in low- and middle-income countries. An analysis of departmental leadership tends to focus on senior-level individual leaders, overlooking a wider constellation of middle-level leaders delivering healthcare in practice in a way affected by their health care context.

In Kenya, a study conducted by Nzinga, McGivern, and English (2018) showed that most departments are headed by surgeons or senior doctors who are highly trained in the medical area but exhibit but have little training on leadership. These leaders exhibit unfamiliarity with leadership and organizational behaviour techniques because of inadequate on-the-job leadership and management training courses, and in many cases, managers’ disbelief in the effectiveness and necessity of learning these techniques. Nzinga, McGivern, and English (2019) also observed that clinical managers in Kenya are ill-prepared for administrative roles and are hesitant to assume these roles. Many hospitals have noted the gap in leadership and started developing different programs aimed at improving leadership skills such as leadership training and mentorship (Nyikuri, Kumar, English & Jones, 2020). However, from the literature reviewed so far, it is evident that no systematic study has been conducted to examine how the skills imparted by programs have shaped the quality of leadership in the hospitals. This paper examines how leadership skills contribute to effective departmental leadership in Kenyan Sub County hospitals with a specific focus on hospitals in Mogotio Sub County.

**Literature Review**

**Theoretical Background**

The study was guided by the Vroom-Yetton Model developed in 1973 to guide leaders through a logical process of an appropriate leadership style choice which suit certain situations (Vroom, 1973). Departmental leadership is the basic proposition of the model which is the degree to which the leader is supposed to share the power of decision making with his/her subordinates is dependent on the situation. There are five leadership styles each reflecting behavioural choices for leaders that have been identified by this model where the leader either makes the decision alone, asks for information from subordinates but makes the decision alone, shares the situation with the individual subordinates and may or may not be informed about the situation, asks subordinates for information and evaluation, but the leader alone makes the decision, meets with the subordinates as a group to discuss the situation, but the leader makes the decision, they meet as a group to discuss the situation, and the group including the leader makes the decision (MLs & Otcenaskova, 2013)

Vroom and Yetton argued that the ultimate effectiveness of decisions could be judged on the factors that the quality or rationality of the decision, the acceptance of the decision by employees, and the amount it takes to make the decision. The model has been faulted as intricate, demanding and burdensome (MLs & Otcenaskova, 2013), it however has been supported by some researchers that Vroom’s and Yetton’s work has been considered as a practical approach of leadership. There is also a strong relationship between transformational leadership to Maslow’s hierarchy of Needs which would fit into the higher levels, as it requires a high level of leadership skill being authenticity, self-esteem and self-actualization to successfully be a transformational leader. Ideals are higher in Maslow's Hierarchy, which does imply that lower concerns such as health and security must be reasonably safe before people pay serious attention to the higher possibilities for effective performance of organization (MLs & Otcenaskova, 2013).
Empirical Review

Existing literature characterize leadership the relationship between the individual/s who lead and those who make the choice to take after, whereas it alludes to the behaviour of coordinating and planning the exercises of a group or bunch of individuals towards a common objective (Mianda & Voce, 2018). There are numerous distinguished styles of authority, whereas six sorts show up to be more common: transformational, value-based, despotic, laissez-faire, task-oriented, and relationship-oriented administration. Gilmartin and D’Aunno (2007) researched healthcare leadership between 1989 and 2005 and concluded that the studies in health care provided strong support for transformational leadership theory and identified links with staff satisfaction, unit or team performance, organisational climate and turnover intentions when training and mentorship took place in those hospitals. They suggest these effects are stronger when assessed among more junior than senior staff. Positive effects of transformational leadership have also been demonstrated in relation to work-life balance, staff well-being, positive nursing outcomes, patient safety, openness about errors, and patient and staff satisfaction.

In South Africa, according to Mayosi, Flisher, Laloo, Sitak, Tollman, and Brdshaw (2009), 14 years since the inception of democracy, it still faces short comings when it comes to leadership skills and training in the health care sector. As stated by Chatterjee, Camie, Lockyer and Thomson (2017), this is mostly as a result of customary set of the health care organizations that are unaffected by change. However, competent leadership in the health care has never been in demand in the past like it has been in the present days due to changes in government regulations, unexpected outbreaks, or technological advances (Mianda & Voce, 2018).

Furthermore, Kieft, Brouwer, Francke, and Delnoij (2014) states that today’s health care workforce is different from that of the pasts and this might be due to the fact that the health care sector is becoming demanding every day. This change of environment requires good leadership to motivate health care workers to deliver excellent services to patients. The report on the concept of compassionate leadership in health care has the ability to be moved by others’ well-being (vulnerable state) and desire to change their situation for the better. Furthermore, compassionate leaders enable patients to feel that they can, and they will receive the help they need.

In Nigeria, Ofobruku and Nwakoby (2015) conducted a study on effects of mentoring on employees' performance in Selected Family Business in Abuja and found out that mentorships had significant positive correlation with performance. Effective performances among employees resulted from the degree of mentorship program put in place in the organization. The study further concluded that mentoring has positive impact on psychological status of employees because what employees learned by observing effective mentors dictates proper behavior and action. The study has a research gap as the research mainly featured family business in Nigeria creating a gap whereas the current carried out the research study in KRA which is government parastatal in Kenya, creating a research gap the study seeks to reduce.

Nyangori (2015) carried out a study on the effect of workplace mentoring on employee performance: a case study of SOS children’s villages. Descriptive research design was used in this study. The population of the study comprised the 160 staff of SOS Children’s Villages. The data relevant to the study was finally presented in table format. The study revealed that the lack of organization support describes the challenges inherent in mentoring relationships. Mentoring adequately needs management support. Difficulties may arise in coordinating programs within organizational initiatives and the resources associated with mentoring.

Allen, Moore, Moser, Neill, Sambamoorthi, and Bell (2016) wrote that individuals exhibiting servant leadership skills, which focuses on the development of followers, gets them to take full responsibility of their own work as a leadership skill, provide a satisfying climate for both health care workers and patients. In an environment as difficult as in the healthcare sector, it is no doubt that heartfelt leadership is needed to provide not only direction in the organization but also warmth in the hearts of patients as well as the care givers, as stated by Whaley and Gillis (2018). Schneider and Nxumalo (2017) outline four key leadership roles in health care: (1) To ensure that community health care services are aligned with the provincial and national policies, (2) Fostering accountability and organizational relations amongst health care institutions, communities and NPO’s, (3) Performing the four management functions, and ensuring that the relevant structure are in line with health care organizational needs and, (4) Providing direction, developing and implementing strategies.

In 2010 the South African Department of Health launched a re-engineering health care strategy in the Eastern Cape Province, in an effort to remedy the issues faced in by the healthcare sector. These issues, not limited to the following, do apply countrywide, which include difficulty in executing official strategies that govern the public health care sector (Pillay, 2009), nonexistence of and inadequate resource distribution, a nationwide sickness weight that is anticipated to be four times more poorer than in industrialized countries and a labour force that is endlessly moving to the private health care sector where apparent resources and working situation are deemed more favorable than in the public hospitals (Ashmore, 2013).

According to Al-Sawai (2013), an appropriate mission statement provides the basis for the renewal of the emphasis on effective leadership as being the pivotal point of the healthcare organizations’ duties towards a nation’s development and ability to compete globally. It is important to indicate that in Kenya, access to primary health care is identified as a fundamental human right as much as it is a great challenge. Gilson and Daire (2011) outline three key leadership abilities that can transform the health care: (1) the ability to use the extensive variety of information and data in decision making, that goes beyond statistics produced in the health care system to enable to identify constraints in operations. (2) Involve people in decision making rather than impose, however apply
transient procedures which are aligned to the teachings in leadership and management trainings. (3) Mentor strong with higher level of political support and other resourceful parties outside the system.

A study conducted by Adjei (2012) on the impact of job rotation on employees’ performance, a case of Utrak Financial Services Limited. Structured interview was also employed to collect data. The study revealed that job rotation is an important programme for allowing employees to acquire new skills, enhance staff productivity, develop new relationships across the company and gain skills needed for future career advancement. The participants in the job rotation programme who were interviewed expressed a high level of satisfaction with the programme. The study also revealed that the respondents appreciate the effectiveness of job rotation programme in their organization. The research gap is that the researcher used structured interviews and the study was conducted in a private company while in the current study the study will be conducted in a parastatal and structured questionnaires will used.

Akbari and Maniei (2017) carried out a study on the Effect of Job Rotation on employee performance a Case Study of Dana Insurance, found out that job rotation improves employee Performance. Therefore, organizations can carry out job rotation within the organization to increase knowledge, skills and competencies to improve their employees and thus increase their performance. Thus, when staff motivation increases amount of staff performance will be more and when staff motivation in work decreases their performance decreases too.

Chepkosgey (2015) conducted a study on an examination of the effect of job rotation on employee performance at KCB branches in the North Rift Region in Kenya. The researcher found out that job rotation has a high motivational power in KCB. According to Maslow, if a need is important to the individual and presently a deficiency exists between what is perceived as an appropriate level and what is presently provided, then it has a great motivating potential. The research gap is created where the research was carried out in a bank a gap that this study seeks to reduce.

**Conceptual Framework**

| Independent variables | Dependent Variable |
|-----------------------|--------------------|
| Leadership Skills     | Effective Departmental Leadership |
| • Leadership Training | • Good Departmental Plan |
| • Management Training | • Conflict Management |
| • Mentorship          | • Performance of Organization |

![Figure 1: Influence of Leadership Skills on Effectiveness of Departmental Leadership](image)

**Research and Methodology**

The researcher adopted descriptive research design to undertake the study. The study was conducted in Mogotio Sub County and targeted the population of 185 hospital administrators 32 hospitals in Mogotio Sub County. A sample size 126 respondents was arrived at using the Taro Yamane sample size formula. Stratified sampling was used to select the sample.

**Data Collection Instruments**

Data was collected using structured questionnaires administered that mainly comprised Likert type questions. The Likert scale based on 1 strongly agree and 5 strongly disagree to facilitate easy analysis. A pilot study was carried out in Nakuru County Referral Hospital in Nakuru County among 20 Administrative health officers to assess the validity and reliability of the questionnaire.

The pilot study data showed that the instrument had acceptable level of validity as it was able to generate the data needed to address the research objective. One question was adjusted as it was left unanswered by several respondents. Study validity was enhanced by seeking the opinion of experts, who are the supervising lecturers. Reliability was assessed by analyzing the pilot study data using the Cronbach alpha method. The scales measuring the two variables of the study had alpha values that were greater than 0.7 suggesting that they had acceptable levels of reliability.

The refined questionnaire was distributed to the respondents using the drop-off and pick-up method. The respondents were informed about the aim of the study, the rights, and instructed how to complete the questionnaire. They were left with the questionnaire for a period of 1 week after which the researchers returned to collect.

**Data Analysis and Presentation**

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Descriptive statistics were used to assess the existing situation in the hospitals in regards to leadership skills and the effectiveness of departmental leadership. Correlation and regression analysis were used to assess the relationship between the two variables. The following model guided the analysis:

\[ Y = \beta_0 + \beta_1 X_i + \epsilon \]

Where; \( Y \) - Effective Departmental Leadership, \( \beta_0 \)- Beta for the constant term, \( \beta_1 \) - regression coefficient for leadership skills, \( X_i \) – Leadership skills, and \( \epsilon \) - Stochastic term-the error

Results and Discussion

All the 126 questionnaires were completed and returned constituting a 100% response rate. The the majority (57%) of the respondents were male whilst (43%) respondents were female. This gender distribution reflects the gender composition in the general healthcare workforce. About 13% of the respondents had the diploma level of education, 56% had an undergraduate degree while 31% were postgraduate. About 4% of respondents had worked for less than an 1 year, 37% had worked for 1-5 years, 43% had worked for 6-10 years, and 16% of the respondents had worked for 11 years and above.

Leadership Skills

The study sought to establish the respondents' view on the effect of leadership skills at Mogotio Sub County Hospitals. Respondents were presented with a list of five statement and asked to indicate their level of agreement on a five-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. The results are summarized in Table 1

| Statement                                                                 | SD % | D% | N% | A% | SA% | MEAN | SD |
|---------------------------------------------------------------------------|------|----|----|----|-----|------|----|
| My organization allows experienced employees to train others and to share their expertise | 0    | 12 | 10 | 51 | 27  | 3.46 | 0.99 |
| Employee transfer from one department to another helps to impact skills and knowledge and set internal standards of leadership, | 0    | 4  | 8  | 43 | 45  | 3.98 | 0.89 |
| Leadership training is reinforced thoroughly | 0    | 2  | 0  | 47 | 51  | 3.89 | 1.29 |
| Benchmarking motivates me towards my professional advancement | 6    | 4  | 0  | 53 | 37  | 3.76 | 0.89 |
| My organization attaches new employees to mentors for guidance and support while mentorship enhances employee performance in the organization | 5    | 4  | 0  | 52 | 39  | 3.57 | 1.32 |
| Composite Mean | | | | | | 3.73 |

Source: Research Data, (2020)

The study findings in Table 1 indicated that most of the respondents agreed that their organization allows experienced employees to train others and to share their expertise with a mean of 3.46 and a 78% agreement response rate by the respondents as compared to the 12% by 12% who disagreed. Respondents agreed with a mean of 3.98 that Employee transfer from one department to another helps to impact skills and knowledge and set internal standards of leadership. Most of the respondents agreed that Leadership training is reinforced thoroughly as shown by a mean of 3.89. Respondents demonstrated with a mean of 3.76 that Benchmarking motivates them towards their professional advancement. Most of the respondents with a mean of 3.57 agreed that the organization attaches new employees to mentors for guidance and support while mentorship enhances employee performance in the organization. 39% strongly agreed, 52% agreed, 48 disagreed while 5% strongly disagreed. The overall mean of 3.73 shows that majority of the respondents generally agreed that leadership experience was highly effective and had assisted when it comes to effective departmental leadership in the organization. They indicated that strong leaders help departments perform better. This is in line with Allen et al. (2016) who state that individuals exhibiting servant leadership skills, which focuses on the development of followers, gets them to take full responsibility of their own work as a leadership skill, provide a satisfying climate for both health care workers and patients. In an environment as difficult as in the healthcare sector, it is no doubt that heartfelt leadership is needed to provide not only direction in the organization but also warmth in the hearts of patients as well as the care givers, as stated by Whaley and Gillis (2018). Schneider and Nxumalo (2017) outline four key leadership roles in health care: (1) To ensure that community health care services are aligned with the provincial and national policies, (2) Fostering accountability and organizational relations amongst health care institutions, communities and NPO’s, (3) Performing the four management functions, and ensuring that the relevant structure are in line with health care organizational needs and, (4) Providing direction, developing and implementing strategies.

Nyamori (2015) carried out a study on the effect of workplace mentoring on employee performance: a case study of SOS children’s villages. Mentoring adequately needs management support. Difficulties may arise in coordinating programs within organizational initiatives and the resources associated with mentoring.
Effectiveness of Departmental Leadership

The dependent variable was effectiveness of departmental leadership. To assess this variable, respondents were presented with a list of five statements and asked to rate them on a five-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. The results are summarized in Table 2

| Statement                                                                 | SD% | D% | N% | A% | SA% | MEAN | SD |
|---------------------------------------------------------------------------|-----|----|----|----|-----|------|----|
| Our organization has been able to meet the set targets of the organization| 2   | 2  | 3  | 48 | 44  | 3.99 | 1.72|
| Employees have been efficient in their work                                | 2   | 3  | 0  | 44 | 51  | 4.01 | 1.54|
| Customer effectiveness has been met due to increase in employee performance | 4   | 0  | 0  | 40 | 56  | 4.21 | 1.89|
| Employee performance has led to enhanced teamwork                         | 0   | 6  | 3  | 47 | 44  | 3.89 | 0.97|
| Improved performance reduces labor turnover                                | 4   | 6  | 1  | 47 | 42  | 3.95 | 1.55|
| Composite Mean                                                            |     |    |    |    |     | 4.01 |    |

Source: Research Data, (2020)

Majority of the respondents as indicated in Table 1 agreed that the Organization has been able to meet the set targets of the organization in Hierarchical Development with a mean of 3.99. 44% strongly agreed, 48 % agreed whereas 3% strongly disagreed and 2 % disagreed. Respondents were in agreement that Leaders have been efficient with their work with a mean of 4.01 and 95% of the population were in agreement with this concept. Most of the respondents indicated that Customer effectiveness has been met due to increase in good departmental plan with a mean of 4.21. Respondents indicated that Conflict Management has led to enhanced teamwork with a mean of 3.89. Most of the respondents indicated that improved organization performance reduces labor turnover with a mean of 3.95. 89% were in agreement while 10% did not agree with this at all.

The overall mean shows that 4.01 of the majority of respondents felt that the organization was performing very well. They felt leaders were actively involved at the workplace and this has directly contributed to that. This correlates with Kibugu (2018) who carried out a study on the leadership on organizational performance in the energy sector. The researcher found out that a great relationship exists between hierarchical qualifications, employee mentoring, induction program, job rotation, and employee performance.

Correlation Analysis

The study applied Pearson product moment correlation to assess the relationship between leadership skills and effectiveness of departmental leadership. Results are presented in Table 3

| Leadership Skills | Effectiveness | Pearson Correlation | .756** |
|-------------------|---------------|---------------------|--------|
| Sig. (2-tailed)   |               | .000                |        |

**Correlation is significant at 0.01 levels (2-tailed)**

The analysis yielded a Pearson correlation coefficient of $r = 0.756$, $p < 0.05$; indicating that strong relationship existed between the two variables. This finding implies that there is a statistically significant association between leadership skills and the effectiveness of departmental leadership.

Multiple Regression Analysis

Linear regression analysis was used to further assess the relationship between leadership skills and effectiveness of departmental leadership. Results are summarized in Table 4.
Conclusions

Most of the respondents felt leadership skill in the organization was effective and had assisted them to identify their most effective resources for departmental leadership roles. They were able after the analysing leadership experience to make choices satisfactorily. Respondents demonstrated that mentoring had helped progress their competitive position by challenging them to think beyond the immediate circumstance. Leadership and management training had contributed to the quick change of their aptitudes, behaviour, and execution. The larger part of the respondents agreed that they set and agreed on leadership goals together with their mentors and attended training that contributed to leadership development of the employees. This study was undertaken in the public sector which has distinctive structures when compared to the private sector. The study recommends that hospitals ought to emphasize on mentoring leaders in the clinical setup in order to improve the effectiveness of leadership at the departmental level. This can only be achieved if the hospitals train senior doctors and other medics on how to mentor their juniors. Mentors should be trained and should be friendly and easy to cope with. This will make those mentored to freely discuss their challenges. The mentor selection process should be based on qualifications and personality to avoid bias or ineffective mentoring.

The study further recommends that hospitals in Kenya should inculcate leadership training programmes into their cultures to guarantee consistency and development of employees’ leadership skills. Training will help to fill the existing leadership gaps among clinicians and change their attitude regarding the importance of leadership skills in their line of profession. Healthcare organizations should be keen on the selection of mentors at the workplace and ensure that those selected to mentor other employees have the required knowledge and skills.

Although most respondents felt that the Job rotation was effective, they seemed to be neutral on whether supervisors rotated them effectively since process began. Organizations should, therefore, make efforts to ensure that job rotations were clearly carried out and departments should be well equipped in order to enable them conduct job rotations smoothly and effectively for the nurture and growth of the employees. This study was undertaken in the public sector which has distinctive structures when compared to the private sector. The same study ought to be carried out within the private sector to compare the findings.

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Table 4: Results

| Variable       | r   | r²  | Constant | F     | P     |
|----------------|-----|-----|----------|-------|-------|
| Dependent      | .763| .641| 1.427    | 21.408*| .002  |
| Independent    | Beta| Standardized Beta | t |
| Work specialization | .286*| .202* | 2.065 | .001  |

The coefficient of determination that's the percentage variation determination within the subordinate variable that supported by the variety in independent variables is indicated by the R square which is 0.641. This implies that 64.1 % of the variance in effective departmental leadership at the Mogotio Sub- County Hospitals can be explained by leadership skills. The F-statistics confirm that leadership skills influenced the effectiveness departmental leadership at Mogotio Sub-County Hospitals. That is, there is a significant relationship between effective departmental leadership and the independent variable. The beta coefficient suggests that when leadership skills are improved by 1 unit, the effectiveness of department leadership would improve by 0.286 units.
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