

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

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Abstract

The purpose of the study is to determine the effect of democratic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya. The study adopted correlational research and targeted Isiolo County referral hospital, Garbatulla hospital and Merti hospital in Isiolo County. The respondents included 3 medical superintendents, 29 departmental heads, 62 health care staff, and 38 operations staff. The medical superintendents and departmental heads were sampled using purposive sampling method, whereas the staff were sampled using simple random method. The questionnaires were administered to the staff, while interviews were conducted on the management. A pilot study was conducted in Marsabit county hospital and reliability tested through Cronbach Alpha coefficient. Complete questionnaire's data were coded into SPSS version 25 for the analysis of both descriptive and inferential statistics. It is thus noted that with regards to democratic leadership, public hospitals had ensured that there were strong systems that were supported by employee innovations and collaborations between the management and staff. However, the communication pattern between the management and other stakeholders was found to be limited. The study recommends that the county government leadership, should develop strategic policies that will guide on the interactions of hospital's management with internal and external stakeholders more effectively. This could be informed by the constitution and existing MOH guidelines.

Keywords: *Democratic Leadership, Organizational Performance, Level Four and Five Public hospitals, Isiolo County, Kenya.*

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1.0 Introduction

Democratic leadership is the process of identifying with different parties that have an interest in the organization, analyzing their needs, allowing them to plan for resources that are needed, and implementing strategic actions that seek to satisfy them, as a measure of improving performance (Aguilera et al., 2024). A hospital interacts with various stakeholders who have different interests in its operations. Therefore, in the interaction process, their involvement in strategic stages is crucial for effectiveness. Depending on their level of interaction, some stakeholders such as regulators are included in the planning and designing of major strategies to satisfy constitutional requirements (Abu Al Hijaa, 2023). Additionally, other stakeholders with expertise are included in the implementation of strategies to save on the cost of operations and increase efficiency. Notably, stakeholders such as internal and external auditors are

included to facilitate the process of monitoring and evaluating the attainment of set strategies. This is to ensure that the organizational performance is attained.

Organizational performance is the ability of a hospital organization to deliver its constitutional and legal mandate to the public through adequate resource allocation to various operations for the common good (USAID, 2024). In the public service transformation agenda of the government, the need for quality service cuts across even in public hospitals. Health, being a vital sector in the economy, requires ultimate seriousness on its implementation and financing to facilitate customer satisfaction. This is done through improving internal business processes to promote the general well-being of the strategic implementation through the leadership (Hallo & Obuba, 2021). Regrettably, public hospitals have been struggling to attain enhanced performance in their operations.

Globally, public hospitals in Atlanta have been struggling with increased waiting times to receive service, while those in Michigan have faced a lack of clear strategic direction (Miller & Whitehead, 2024). In European nations such as Hungary, public hospitals have continually faced poor resource allocation to departments during the implementation stage of strategies (Winkelmann et al., 2021). In the Netherlands, ineffectiveness in operations and lack of ownership of strategic goals in various departments have been the greatest concerns. In Asian nations such as China, poor communication and coordination of departments as a measure of attaining set strategies have been identified by Jiaxiang et al. (2024) as impediments facing public hospitals. In India, government-funded hospitals have experienced inadequate strategic management staff that aligns organizational goals with laid-down strategies (Kalita et al., 2023).

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

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

1.1 Problem Statement

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

in Kenyan public hospitals due to inefficiencies in strategic operations. According to MOH (2023), a lack of adequate strategies has caused 69% of public hospitals to lack infrastructure that can support, electronic healthcare information system (EHIS), 50% had laboratory services, and 51% of the hospitals lack functional ambulances. Furthermore, insufficiency of quality strategies impedes informed decision-making processes that lead to allocation of adequate finances, recruitment of more qualified staff, acquisition of medical supplies, and other key factors necessary for effective running of the hospitals (Abkiyo et al., 2024). In Isiolo County, the inefficiencies caused by poor strategic leadership have caused the closure of 13 public facilities due to not meeting the standard quality thresholds required by public organizations for the dispensation of public service (MOH, 2023). Notably, failure to address the poor coordination by the strategic management team in developing clear strategies may lead to complete paralysis in the functionality of public hospitals, which could be fatal in addressing the health status of the economy (Owuor, 2024).

1.2 Purpose of the Study

To evaluate the effect of democratic leadership on organizational performance of level four and five public hospitals in Isiolo County, Kenya

1.3 Research Hypothesis

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

2.0 Literature Review

2.1 Theoretical Review

Stakeholder theory was developed by Freeman (1984) and it underpinned the need for an organization to consider the needs of all stakeholders and not just the shareholder's needs only. This ensured that the organization was able to contribute significantly towards the society's demands and as well as attain its objectives. Therefore, inclusivity of stakeholders in the strategic leadership process was of essence since it gave them a chance to provide their opinion (Ikuru & Opuala-Charles, 2024). Therefore, the management was eventually provided range of ideas that once their implementation cost was ascertained, may prove effective towards improving the performance. Notably, to democratic leadership through including stakeholders to take part in the strategic management practices (Nailantei & Iloka, 2024). Notably, the experience level of some stakeholders, such as experts, would prove valuable in quality decision making that ensures that the strategic plans are well analyzed and resources provided. Additionally, designing how a strategy would play out and who would implement it was critical towards ensuring its success. Therefore, since the hospital set-up was located within the jurisdiction of various stakeholders, they would be needed in some instances (Ougo & Sasaka, 2024).

2.2 Empirical Review

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

Nevertheless, Aguilera et al. (2024) used secondary data collection in making the conclusion that strategic decision makers were not provided. The study collected primary data and inquired directly from the hospital management on how they involve the stakeholders when undertaking strategic management processes.

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

Nailantei and Iloka (2024) examined Machakos County's healthcare projects, their performance, and measures employed to identify stakeholders. Three hundred and forty-one projects were considered as administered in eight sub-counties. There were one hundred and eighty-four respondents included through a descriptive research design and sampled through a stratified method. They were issued with the questionnaires and interview guides to proclaim that when stakeholders were engaged, the performance of healthcare projects improved significantly. Nevertheless, the reality of the findings was that most projects implemented related to healthcare did not identify or recognize stakeholders, analyze their needs, have any formal or informal documentation of their information. However, Nailantei and Iloka (2024) did not specify the level of management of the respondents in the study. This, therefore, complicated the study to underpin whether the opinions provided were based on the top, middle, or low level of management.

3.0 Methodology

The study adopted correlational research and targeted 3 public hospitals in Isiolo County, which were Isiolo County Referral Hospital, Garbatulla Hospital, and Merti Hospital. The respondents included 3 medical superintendents, 29 departmental heads, 62 health care staff, and 38 operations staff. The medical superintendents and departmental heads were sampled using a purposive sampling method, whereas the staff were sampled using a simple random method. The sample size included 3 medical superintendents, 29 departmental heads, 54 healthcare staff, and 35 operations staff. The questionnaires were administered to the staff, while interviews were conducted on the management. A pilot study was conducted in the Marsabit Hospital and reliability tested through the Cronbach Alpha coefficient. Content, criterion, and construct validities were also measured. Complete questionnaire data were coded into SPSS version 25 for the analysis of both descriptive and inferential statistics. There were descriptive statistics such as frequencies, percentages, and means, and inferential statistics such as model summary, ANOVA, and regression coefficients.

4.0 Results and Discussion

4.1 Response Rate

The study sampled 3 medical superintendents, 29 departmental heads, 54 healthcare staff, and 35 operational staff. The medical superintendents and departmental heads were interviewed while the healthcare staff and operational staff answered questionnaires. Their response rates are provided in Table 1.

Table 1: Response Rate

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

The results on Table 1 shows that 2(67%) medical superintendents, 23(79%) departmental heads, 47(87%) healthcare staff and 29(83%) operational staff responded to the study. The average response rate was 83% which was considered an excellent response rate by Booker et al. (2021). This means that the study was successful, with most of the respondents willing to take part in the study because healthcare is one of the primary concerns of the public. Therefore, the properly instituted strategic leadership would lead to increased efficiency and performance. According to Holtom et al. (2022), a study’s main focus and clear data collection processes are the main contributors towards increased response rate, with most of the respondents opting to take part in a study that has the potential to contribute to society.

4.2 Reliability Results

The study conducted a pre-test at Marsabit County hospital, and the reliability results are provided in Table 2.

Table 2: Reliability Results

Instrument	Cronbach's Alpha
Democratic Leadership	0.854
Organizational Performance	0.873
Average	0.863

Table 2 indicates that the Cronbach Alpha Coefficient for democratic leadership was 0.854; performance was 0.873 and the average Cronbach Alpha Coefficient was 0.863, which was above 0.7. The results indicate that the internal consistency of the questions was reliable and could be trusted to provide similar outcomes even when used at a future data. According to Roebianto et al. (2023), the reliability of the results provides an assurance that the questions provided in the study are accurate towards assessing a certain phenomenon. With regards to the structuring of the questions, Suhartini et al. (2021) revealed that when reliability is within the accepted threshold, it increases the chances of scholars considering the study as above par and hence could rely on the findings derived.

4.3 Results of Organizational Performance

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

Table 3: Organizational Performance of Level 4 & 5 Hospitals

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

Table 3 shows that 38(50%) of the respondents strongly agreed and 21(28%) agreed that the quality of services had improved due to reliability in the strategic management process (mean 4.31 and S.D. of 0.88). Additionally, 37(49%) of the respondents strongly agreed and 20(26%) agreed that the internal business processes had become efficient towards addressing the health care needs of the patients (mean of 4.12 and S.D. of 0.97). However, 40(53%) strongly disagreed and 18(24%) disagreed that the hospital's effective financing structure had facilitated departments in achieving the desired goals (mean of 2.62 and S.D. of 1.57). The results indicate that the presence of strategic leadership was a significant factor in determining the general direction of the organizational performance. This is because the strategic management in place made it possible to ensure that the processes related to internal business were reliable enough to result in improved quality of services. Therefore, the health care needs of the patients were also efficiently handled since strategies had been incorporated to lead to improved performance.

A study by Abu (2023) similarly pointed out that the performance of Jordan Healthcare had improved due to quality processes and procedures established by the strategic management in

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

The study noted that some of the health reforms that were implemented included ensuring that the hospitals are mostly self-reliant with minimal support from various governmental departments. In agreement with the current study, Kibe and Kihara (2022) noted that in developing economies such as Kenya, the main financing system for public hospitals is based on the government of the day since the revenue structure is still under developed in most hospitals.

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

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

A respondent's resp 9' noted that,

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

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

Further, when it comes to staff motivation, the study discovered that the present strategic leadership in place had a unique way of ensuring that every staff member felt wanted through offering equal opportunities, appropriate packages, and frequent rewards based on performance. Additionally, on resource utilization, the respondents noted that the strategic leadership was responsible for ensuring that the organizational resources were adequately utilized. This was through established systems that minimized wastage and encouraged accountability within a specific job role. A respondent's resp 9' noted that,

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

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

the interests of the stakeholders were not provided, they felt disconnected from the vision, hence the leadership bearing the strategic burden.

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

4.4 Results of Democratic Leadership

The study in this section sought to determine the effect of democratic leadership on the organizational performance of level four and five public hospitals in Isiolo County, Kenya. The indicators that were measured included strategic planning, designing, implementation, monitoring and evaluation, teamwork, and involvement in decision making. The results are provided in Table 4.

Table 4: Democratic Leadership

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

Table 4 shows that more than half of the respondents 42(55%) strongly agreed and 19(25%) of the respondents agreed that there were well-known avenues that were used by the management for stakeholders such as professional experts to contribute specific measurable, and well through strategic designs (mean of 4.38 and S.D of 0.75). Additionally, 34(45%) strongly agreed and 25(33%) agreed that stakeholders were allowed to set requirements needed to attain goals in specific departments as part of the implementation process (mean of 4.19 and S.D. of 0.92). However, 32(42%) of the respondents strongly disagreed and 29(38%) agreed that the management ensured that the hospital's stakeholders were well informed on the strategic planning process through diverse channels (mean of 2.28 and S.D. of 1.28). The outcome of the study in this section points out that the strategic leadership had laid down systems that allowed other knowledgeable sources to suggest innovative strategies and designs that could spur organizational performance. Additionally, the strategic leadership also collaborated with middle-level management members (staff) to develop goal achievement systems that would be realistic and timely.

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

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

Interviews were also done on 25 respondents who provided their consent (resp1- resp25). With regards to the first question, they were to state some of the strategic policies that the management had established to include the opinion of the staff. The policies mentioned by the respondents are provided in three themes, which include the establishment of communication channels that were open, the promotion of regular feedback, and the allowance of the staff to take part in strategic planning processes. The respondents indicated that the public hospital management had established communication systems that enabled the flow of information from one staff member to the management of the other staff. The communication system enabled information to be shared as soon as the sender deemed it fit to share it with colleagues. This was to increase knowledge on the suitability of a specific operation in the public hospital. Therefore, the strategic leadership was fond of ensuring that the communication system remained operational and allowed the other staff to offer their feedback as well. This was to support their way of view on established strategies and as well as allow them to get clarity on an ambiguous formulated strategy.

According to Abu (2023), when the staff were allowed to communicate and offer their thoughts, the operations were enhanced since they felt part of the group. Additionally, this gave the strategic management a chance to pick potential staff who can be mentored for top rank

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

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

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

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

With regards to the third question, they were to explain the challenges they experienced with other leaders as a result of incorporating the opinion of staff. The challenges mentioned include three themes, which are resistance to change, poor support from leadership, and poor communication. It was discovered that most time, institutional and county government politics interfered with the decision-making process in the public hospitals. This resulted in increased resistance to the formulated strategies by the staff, leading to increased inefficiencies within the organizations. At times, resistance to change is mainly brought about by external influence, while at other times it is due to fear of disruption of the operations (Kyomuhangi et al., 2024). In agreement, the management noted that the staff feared being disrupted in their roles, hence resisting any suggested changes. Additionally, the strategic leadership also noted that staff opinions on how to bring about efficiencies and innovation were based on increased utilization of resources. Therefore, when such a measure was suggested on scarce resource provision, it became hard for the management to agree and support a specific opinion. This therefore led to a notion that the strategic management failed to support the staff, which was not true in

accordance. In contradiction, Nyungu and Wainaina (2024) point out that employee feedback should not be put off due to the unavailability of resources but rather implemented in phases. However, Obuba (2022) notes that some of the opinions of employees may be poorly informed, setting unrealistic expectations for the management without considering the viability and adequacy of resources therein.

4.5 Pearson Correlation of Democratic Leadership

The study had research hypotheses that stated that there was no significant influence of democratic leadership on the performance of level four and five public hospitals in Isiolo County, Kenya. To test the hypothesis, the study used Pearson correlation analysis as provided in Table 5.

Table 5: Pearson Correlation of Democratic Leadership

		Organizational performance	Democratic Leadership
Organizational performance	Pearson Correlation	1	.645
	Sig. (2-tailed)		.004
	N	76	76
Democratic Leadership	Pearson Correlation	.645	1
	Sig. (2-tailed)	.004	
	N	76	76

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

As per Table 5, the correlation coefficient for democratic leadership is $r=0.645$, $t_{\alpha} < 0.04$, and 99% significance level. The study rejected the null hypothesis because the correlation coefficient was less than 1 and the p-value was less than 0.05. In support, Kyomuhangi et al. (2024) evaluated through a case study design on how Lyantonde Hospital in Uganda was able to deliver quality health services. It was discovered that when strategic managers offered directives through engaging various stakeholders, organizational performance was positively affected.

The study had a model that indicated that $Y = \beta_1 + \beta_1 X_1 + e$

Where:

Y = Performance of Public Hospitals

β_i = Coefficients to be estimated

C= Constant

X_1 = Democratic leadership

e = Error term

The regression coefficient analysis was determined, and the results are provided in Table 6.

Table 6: Regression Coefficient of Strategic Leadership

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	13.161	3.804		3.459	.001
1 Democratic Leadership	.268	.119	.265	2.272	.019

a. Dependent Variable: Organizational Performance

Table 6 shows that the constant was 13.161, democratic leadership was 0.268, and the standard error was 3.804. Therefore $C=13.161$, $X_1=0.268$, and $e=3.804$. When expressed in the equation, $Y=13.161C+0.268 X_1+3.804e$. This indicates that democratic leadership had a significant effect on the organizational performance since the values of t-statistics were all greater than 2 and the significance value was less than 0.05. The democratic leadership was significant in enhancing the performance of public hospitals. Having been closely attributed to the presence of clear strategic plans, the management to design the intended strategies of the implementation phase through collaborating with various departmental officers. Therefore, this means that at some point their involvement in decision making promotes quality assessment measures that reduce work errors as pointed out during the monitoring and evaluation. According to Taherdoost and Madanchian (2021), democratic leadership entails considering quality strategic plans that should be implemented within manageable risk and using known resources to increase organizational performance.

5.0 Conclusion

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

6.0 Recommendations

The study recommends that the county government leadership should develop strategic policies that will guide the interactions of the management with internal and external stakeholders more effectively. This could be informed by the constitution and existing MOH guidelines. Furthermore, there should be more interactive sessions, such as through corporate meetings developed by the strategic management team of the hospitals, to ensure that the common ground for communication is laid off and any barriers eliminated. The management should also consider providing information on developed policies through the public forums, such as the hospital website, the county government website, and social media. This is because they have a corporate responsibility to inform their undertakings being a public organization.

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