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ABSTRACT

Organizational culture, often referred to as corporate culture, encompasses the values, beliefs, attitudes, and behaviors shared by members of an organization It shapes the way employees interact with each other and with stakeholders outside the organization and significantly influences decision-making processes, work environment, and overall organizational performance. Organizational culture shapes employees' behaviour, attitudes, and performance within healthcare institutions. This study determined the effects of key drivers of culture on organizational performance at KNH. The study focused on Leadership, Knowledge Sharing and Communication, Quality and Safety Culture, Teamwork and Collaboration, Employee Engagement and Satisfaction as the key drivers of culture and their potential effect on organizational culture. The study focused on the gaps in these five focus areas that could lead to a positive organizational culture for enhanced performance at Kenyatta National Hospital.

Key Words: *Strategy, Culture and Organizational Performance*

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INTRODUCTION

The health sector is affected by changes in the turbulent and radical business environment. Some changes involve new technology and innovation, customer expectations, new organizational values, employee orientations, and environmental, economic, and political factors. These changes affect KNH, which is experiencing stiff competition from other level-six institutions and private hospitals. KNH must change its business strategy to remain relevant. Organizational culture (OC) is a key component in enhancing performance at KNH. Schein (1985) defined organizational culture "as the shared values, beliefs, and behaviors within an organization." OC influences employee attitudes, decision-making processes, and organizational performance. In healthcare settings, OC profoundly impacts patient safety, clinical outcomes, and overall quality of care (Scott et al., 2003).

Study Objectives

The primary objective was to analyze the drivers of culture that enhance organizational performance at KNH. The major drivers of Organizational culture that will be studied in depth include leadership, knowledge sharing and communication, healthcare quality and safety, teamwork, and employee engagement and satisfaction. Therefor this study targeted to:

- Examine how leadership and culture improves performance in healthcare at KNH.
- Determine the influence of knowledge sharing and communication on enhancing performance in KNH healthcare.
- Determine how the quality and safety culture influences performance in healthcare at KNH.
- Determine how teamwork and collaboration impact organizational performance at KNH.
- Assess how employee engagement and satisfaction affect overall organizational performance in healthcare service delivery at KNH.

Purpose of Study / Statement of the Problem

OC plays a pivotal role in shaping the performance outcomes of healthcare institutions. Indicators of performance outcomes include patient satisfaction, employee satisfaction, reduced turnover improved patient outcomes, quality and safety, and increased organizational efficiency and effectiveness (Harter et al., 2002). KNH conducts regular monitoring and evaluation of these indicators to ensure that the set targets are met. Currently, the Patient satisfaction index stands at 72, employee satisfaction at 79, and mortality rate at 1.7 per 1000 admissions, (Source KNH Annual Report FY 2022-23). Performance for these indicators is good as per the Performance Contracting guidelines. These indicators enable the Hospital to track its performance of specific, measurable goals for continuous improvement, enhanced efficiency, quality, and overall service delivery.

Despite the recognized importance of OC on performance, there remains a gap in translating the changes into reality. The hindrance to change occurs due to a lack of resources, leadership, and employee inadequacies, lack of clear vision and direction, conflicting cultural values in a large organization with different micro-cultures, employees not embracing change, lack of creativity, innovation, and enthusiasm leading to poor organizational performance (Zazzali et al., 2007).

LITERATURE REVIEW

A review of existing literature highlights various approaches towards enhancing organizational performance. The study synthesizes insights from past research to establish a foundation for assessing the effectiveness of innovation strategies.

OC is a complex and multifaceted concept that influences how organizations function, and employees perceive and interpret their surroundings. Schein (2017) argued that OC is a dynamic and evolving system of shared beliefs, values, and behaviors and that leaders play a crucial role in forming and disseminating the OC. Ann Cunliffe (2008) opined that OC is important for

several reasons: it shapes an organization's public image and brand, influences organizational effectiveness, provides a roadmap for the company, and brings employee satisfaction. OCs are conveyed through various forms, such as language, rewards and punishments, and leader behavior (Ashkanasy et al., 2006).

The Competing Values Framework (CVF),

The Competing Values Framework (CVF), developed by Cameron and Quinn, is a robust model for diagnosing and changing OC. The CVF categorizes organizational cultures into four distinct types: "Clan, Adhocracy, Market, and Hierarchy, each representing different values and characteristics" (Cameron & Quinn, 2011). Clan culture is characterized by a family-like atmosphere, emphasizing teamwork, participation, and consensus. Organizations with a Clan culture value employee involvement, team building, and a high degree of individual development. Leaders in Clan cultures are often seen as mentors or parent figures, fostering a nurturing environment (Cameron & Quinn, 2011). Adhocracy culture is dynamic and entrepreneurial, prioritizing innovation, risk-taking, and creativity. This culture type is constantly changing, and there is a need for adaptability and flexibility in an uncertain environment. Organizations with an adhocracy culture encourage autonomy and initiative, with leaders acting as innovators and risk-takers (Cameron & Quinn, 2011). Market culture focuses on competition, achievement, and getting results. It focuses on the external environment rather than internal affairs. Organizations with a market culture prioritize productivity, efficiency, and goal accomplishment (Quinn & Spreitzer, 1991). Leaders are often hard-driving and competitive, pushing for high performance and success (Cameron & Quinn, 2011). Hierarchy culture is structured and controlled, valuing stability, consistency, and efficiency. This culture type emphasizes formal procedures, clear lines of authority, and a well-defined hierarchy. The hierarchical culture reflects values and norms associated with bureaucracy (Quinn & Spreitzer, 1991). Leaders in hierarchical cultures are typically coordinators or organizers, ensuring standardized rules and procedures for the organization to run smoothly and efficiently (Cameron & Quinn, 2011).

Kotter's 8-Step Change Model

Kotter's 8-Step Change Model is a widely used framework for implementing successful OC change (Kotter, 1996). The Model is, however, less linear and requires a lot of planning for it to succeed. Moreover, it does not include the sustainability of the change process. The advantage of this model is that it works for any organization, regardless of the size and diversity of stakeholders. The steps involve problem identification to create a need to move to a better future (Kotter, 1996). Burke (2013) described this stage as a prelaunch phase where the principal leaders strategically collect information to answer the change needs in the organization and why. The next step is to regroup and identify change champions to drive the process. A leader's compelling, clear vision should win the employees' trust and help in the transition. Effective communication, often involving shifting goals, discontinuous activities, and hurdles in the change process, must be clearly understood by the employee's unexpected hurdles (Kotter, 1996). OC change is complex, time-consuming, and a long-term process. The leadership should own the process by celebrating short-term gains to maintain the momentum and motivate staff. They should also emphasize continuous improvement by building on the changes made. Finally, it reinforces and sustains the new changes achieved (Kotter, 1996).

Donabedian's Model

Donabedian's Model is a healthcare quality standard used to evaluate the quality of patient care and satisfaction by three key components: structure, process, and outcomes (Donabedian, 1988). The structure refers to the organizational infrastructure, equipment, safety devices, and human resources, including training and capacity building. The process involves the protocols, standard operating procedures, and clinical

guidelines of healthcare delivery balancing between benefits and risks (The National Roundtable on Health Care Quality, 1999; Ransom et al., 2005).

The process involves timely and accurate diagnosis, appropriate treatment, clinician-patient interactions, and ethical issues directly influencing patient care outcomes. Outcomes entail healthcare quality, including cost of care and patient satisfaction (Donabedian, 1988). KNH can identify areas for improvement and implement strategies to enhance overall performance and patient care by assessing and improving healthcare quality through applying Donabedian's Model.

The conceptual framework

The conceptual framework's independent variables are leadership, knowledge sharing and communication, quality and safety culture, teamwork, and employee engagement and satisfaction. The dependent variable is organizational performance in healthcare, which includes patient outcomes, service efficiency, patient satisfaction, and overall operational effectiveness.

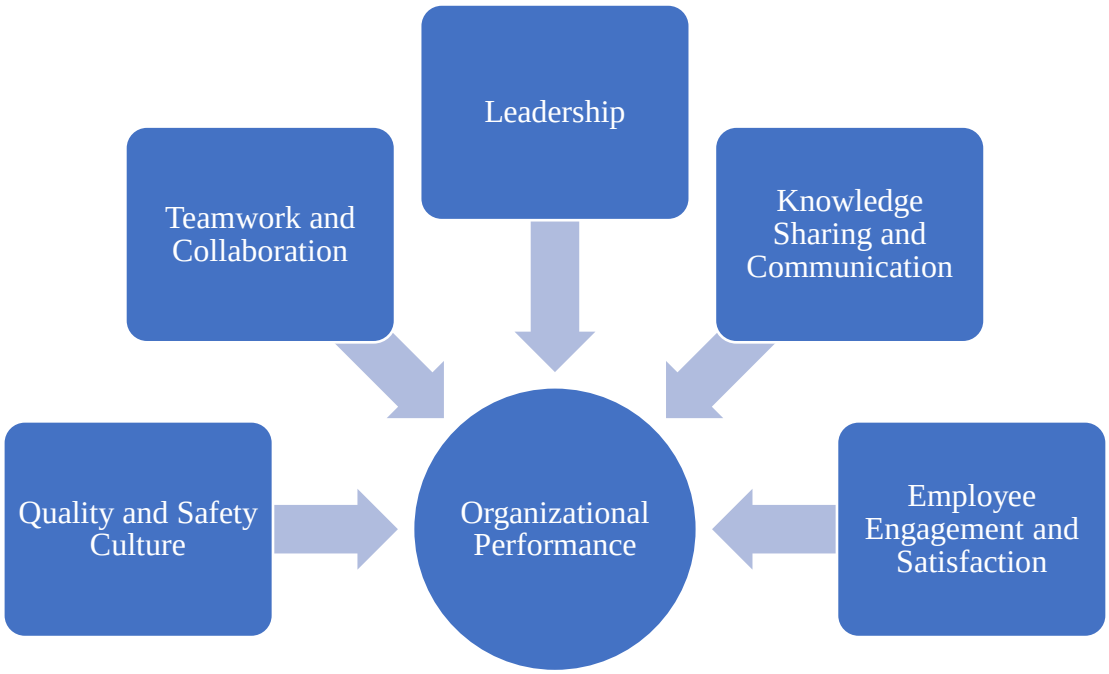

Figure 1 Conceptual framework

Leadership

The top management influences the performance of the OC by casting a new vision and steering the organization to new strategic directions and paradigms by taking advantage of opportunities that arise. They play a critical role in the success of OC change by supporting the culture change initiatives, following expected results, developing political support, and sustaining momentum. According to Lewin's change model of unfreeze-moving-refreeze (Lewin, 1947), an organization's unfreezing or current state is seen as motivating change and casting a clear vision in a non-intimidating manner. The moving stage of change requires political support and managing the transition, while the refreezing state is implementing change and sustaining momentum. The type of leadership also affects the change process.

Transactional leaders reward and punish workers to encourage the organization's performance (Bass, 1985), while transformational leaders are charismatic, inspirational, intellectual, and give individualized consideration (Bass, 1985). Transformational leadership inspires and transforms teams. These types of leaders are proactive in identifying and addressing barriers to performance.

However, leaders' major problem in managing change is the tendency towards "inertia" and "resistance to change," as employees tend to hold on to existing ways of doing things. Successful leaders must implement internal measures to prepare their staff for the change process, including managing grapevine, layoffs and redundancies, and resistance to change (Cummings & Worley, 2003). Leadership transparency affects the change process; the leaders must address what they anticipate and communicate to the employees, also known as the ethics of leadership in the change process (Armenakis & Harris, 2009).

Knowledge Sharing and Communication

Knowledge sharing and communication are critical components that significantly influence organizational performance, especially in healthcare settings like KNH Effective knowledge sharing and communication facilitate the dissemination of information, best practices, and innovations, enhancing the quality of care and operational efficiency (Nonaka, 1994).

Knowledge sharing refers to the process by which knowledge (both tacit and explicit) exchange occurs among individuals within the organization. This process is essential for fostering a learning culture where employees continuously acquire and apply new skills and information (Nonaka, 1994). Cummings and Worley (2003) defined knowledge sharing in an organization as a means of teams sharing customer service, performance outcomes, new ideas and innovations, decision-making, and problem-solving at multiple levels of the organization.

Organizations with knowledge-sharing cultures experience higher levels of employee engagement that lead to innovation and healthy competition. They also have better problem-solving capabilities, leading to a more efficient operations workforce that adapts to the unpredictable changing business environment, which are important drivers in enhancing performance (Argote & Ingram, 2000).

Effective communication is essential for aligning organizational goals with daily operations. When employees understand the organization's vision and how their roles contribute to achieving it, they are more likely to be motivated and committed to their work (Clampitt & Downs, 1993). This alignment is critical in healthcare, where coordinated efforts across various departments are necessary to provide comprehensive patient care.

Communication plays a major role in making timely and informed patient decisions in a health setup. The culture of communication and proper documentation of all decisions and actions are important in coordinating patient care and patient safety (Leonard et al., 2004). Documentation in the form of patient notes, telephone calls, emails, reports, and patient-staff interactions are important for future reference and research. Also, it leads to avoiding litigation related to the actions taken in patient care.

Quality and Safety Culture

Hospitals worldwide are experiencing stiff competition; hence, they are under increasing pressure to apply modern administrative practices and technology in healthcare (Deloitte, 2016). At KNH, Quality and safety culture are fundamental to enhancing organizational performance. Leddy et al. (2003) recommended six goals for improving health care, namely “safety, timeliness, efficiency, effectiveness, equity, and patient-centeredness” (p. 138). A robust culture of quality and safety ensures that patient care standards are consistently met, leading to improved health outcomes and operational efficiency (Institute of Medicine, 2001).

Quality culture refers to the collective commitment of an organization to improve the quality of healthcare services. It involves adhering to best practices, standards, and protocols to deliver superior patient care. A strong quality culture emphasizes evidence-based practices, ongoing training, and a proactive approach to identifying and addressing areas for improvement (Berwick, 1989). Quantitative data assesses quality improvement, including medical records, patient

surveys, employee surveys, routine work systems audits, and direct observation of patients or staff (Brook et al., 2000).

Quality standards (QS) in healthcare and accreditation are the best ways to provide excellent service and satisfy employees and patients (WHO, 2016). Realizing QS in hospitals is accomplished by carrying out hospital accreditation standards (Braithwaite et al., 2015; International Society for Quality in Health Care, 2004). The Joint Commission International (JCI) provides accreditation to healthcare institutions using defined criteria of a high-quality standard that improves quality healthcare services.

Safety culture in hospitals is concerned with the patient's environment, medication and interventions administered, and reporting of medical errors. A culture of reporting medical errors and near misses is encouraged to avoid repeating the same without intimidation or apportioning blame (Reason, 2016). A strong quality and safety culture lead to patient safety, reduced hospital-acquired infections, misdiagnosis, and efficient turnaround times that positively impact patient satisfaction and prudent use of resources, enhancing organizational performance (Singer et al., 2003; Shortell et al., 1995). Engaging all staff members can be achieved by creating interdisciplinary teams addressing specific quality and safety issues, problem-solving initiatives, and promoting employee ownership and accountability (Batalden & Davidoff, 2007).

Teamwork and Collaboration

Teamwork and collaboration are essential elements that significantly impact organizational performance in healthcare settings such as KNH. Effective teamwork and collaboration lead to better patient outcomes, increased efficiency, and enhanced job satisfaction among healthcare professionals (Salas et al., 2005). Successful OC change is usually best carried out as a team effort. Burnes (2004) argued that change models are effective when applied from the top, the bottom, and the middle levels; above all, every staff should participate in achieving successful change. Teamwork and collaboration in healthcare are multidisciplinary, involving coordinated activities among healthcare professionals working together towards common goals. Teamwork includes sharing responsibilities, supporting one another, and utilizing each member's expertise to provide comprehensive care (Baker et al., 2005). In teamwork and collaboration, there must be mutual respect for proper coordination and shared decision-making, and this may foster innovative solutions among the clinical teams, leading to better outcomes (Gittell, 2009). The collaboration efforts may extend to other stakeholders involved in patient care, such as supply and finance departments, medical social workers, and external partners (D'Amour et al., 2005).

The impact of teamwork and collaboration on healthcare performance leads to reduced average length of stay in hospital, reduced mortality, lower readmission rates, improved standard of care, and increased patient satisfaction (Mitchell et al., 2012). Furthermore, healthcare professionals who work in collaborative environments report higher levels of job satisfaction, reduced burnout, increased mental wellness, and less absenteeism (Leiter & Maslach, 2009). Efficient teamwork can lead to streamlined processes and improved resource utilization. For example, integrated care teams can reduce hospital readmissions and length of stay by providing coordinated and continuous care (Bosch et al., 2009).

Employee Engagement and Satisfaction

Employee engagement, satisfaction, and retention of the best talents is a competitive edge that enhances growth in a company. Employee engagement occurs in a good working environment with shared decision-making, feedback mechanisms, trust, and competency development that enhances organizational performance (Boudreau & Jesuthasan, 2011). OC key drivers like ease of communication, clear goals, autonomy, development opportunities, leadership styles, performance appraisals, salary structures, work-life balance, and health and safety of the work

environment affect employee engagement (Sundaray, 2011). Culture is dynamic, and a positive culture that strives for better working conditions attracts employee retention and satisfaction.

HR Analytics has revolutionized HR management by using descriptive, predictive, and prescriptive analysis to make informed decisions and improve talent management where organizations face unique challenges with a diverse workforce and talent scarcity (Margherita A.,2022). KNH has a varied, highly specialized workforce and needs help filling and retaining some of the talents like neurosurgery, vascular surgery, and interventional radiology, amongst others. A high turnover of skilled nurses going to better markets leads to a brain drain. Talent management initiatives for enhancing employee performance and engagement include training and skill transfer, establishing a mentorship and coaching program, enhancing succession management, and establishing rewards and sanctions ((Lewis & Heckman, 2006).

The benefits of high engagement and satisfaction extend beyond individual performance to the organizational level. Engaged and satisfied employees are motivated, leading to increased productivity, innovation, and continuous improvement initiatives, further enhancing the organization's performance (Harter et al., 2002). On the other hand, unengaged employees demonstrate poor customer service, lack of commitment, and poor performance (Bordia et al., 2004).

METHODOLOGY

Research Design

This research used a cross-sectional descriptive research design to determine the key drivers of culture that influenced organizational performance. The descriptive nature of the design helped to understand people's attitudes, beliefs, values, behaviors, opinions, habits, and desires. The design also allowed the researcher to assess associations between study variables, thus facilitating a test of whether the factors were statistically significantly associated.

The qualitative arm of the study used Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) within homogenous groups. Twenty (20) KIIs were conducted with hospital management, healthcare providers, and support staff to gather detailed insights on cultural drivers and their impact on performance. A semi-structured interview guide explored perceptions of organizational culture, key elements, and improvement recommendations. Additionally, four (4) FGDs with eight (8) participants each, including distinct groups of medical and support staff, provided collective perspectives. FGDs focused on cultural practices, interpersonal dynamics, and suggestions for improvement. Data from KIIs and FGDs were transcribed, coded, and analyzed thematically using qualitative data analysis software to identify common themes and patterns. Triangulation ensured the robustness of the findings. This approach offered a comprehensive understanding of the organizational culture at KNH and informed evidence-based strategies for cultural enhancement and performance improvement.

Target population

The population of this study comprised a sample from a total staff complement of 6,554 staff. This included hospital management, healthcare providers (doctors, nurses, allied health professionals), and support staff (administrative, technical, and auxiliary staff). For the qualitative component, twenty (20) KIIs were conducted with a diverse yet homogenous mix from these groups to gather in-depth insights into the cultural drivers and their impact on performance. Additionally, four FGDs with eight participants each, divided into distinct groups of medical and support staff, provided collective perspectives on cultural practices, interpersonal dynamics, and improvement suggestions.

Sampling technique

Stratified random sampling was used to administer the questionnaires across the hospital. This approach minimized selection bias and ensured a representative sample, allowing for accurate

inferences about the entire population of 6,554 employees. The sample size was determined at 364 responses. The sampling process began with defining the entire population, and each member was assigned a unique number. Using a random number generator, a set of numbers corresponding to the sample size was produced. These numbers were matched to the assigned numbers in the population list to identify the sample members. This method helped in obtaining a representative subset of the population, minimizing bias and ensuring the reliability of the study results.

Purposive sampling was employed to select participants for both KIIs and FGDs. This involved selecting participants based on their role and knowledge relevant to the study. The KII participants targeted Senior Directors and Directors as leaders, policymakers, and experts in the subject matter. FGD participants were selected to provide a wide range of perspectives in the study. The FGDs targeted staff across several cadres and work areas. The study used a stratified sampling technique for the FGDs.

Independent Variables

Included

- Leadership style, decision-making, support for innovation, and vision.
- Mechanisms for knowledge transfer, communication channels, technology and information accessibility, and transparency.
- Quality and Safety Culture includes adherence to safety protocols, continuous improvement practices, patient safety initiatives, and quality control measures.
- Teamwork and Collaboration include interdepartmental cooperation, multidisciplinary teams, team dynamics, and conflict resolution practices.
- Employee Engagement and Satisfaction included employee involvement and well-being, job satisfaction, recognition and rewards, and work-life balance.

Dependent Variables

The dependent variable was organizational performance at KNH, which included sub-variables of good patient outcomes, service efficiency, patient satisfaction, and overall operational effectiveness.

Data Management

The study used the SPSS program version 22 to analyse the quantitative data collected. The study determined the correlation coefficient between the dependent variable and each of the independent variables using the regression model statistics, which aided in the analysis of the relationships between the variables: $Y = \beta0 + \beta1X1 + \beta2X2 + \beta3X3 + \beta4X4 + \beta5X5 + \varepsilon$,

Where:

Y= Organizational Performance in Healthcare.

β0= constant (coefficient of intercept), β1…β5= regression coefficient of four variables.

X1= Leadership.

X2= Knowledge Sharing and Communication.

X3= Teamwork and Collaboration.

X4= Quality and Safety Culture.

X5= Employee Engagement and Satisfaction.

ε = Error term.

Analyzing qualitative data involved organizing and coding the data to uncover initial themes and patterns. The codes were then refined, with similar ones grouped into broader categories that captured the essence of the data. Next, interpretation of these categories was done in relation to the research questions, using quotes or examples to illustrate key points.

To ensure the validity of the interpretations, member checking or peer debriefing was conducted. Finally, the findings were synthesized into a cohesive narrative that effectively addressed the research objectives.

FINDINGS:

Perceptions of Leadership Effectiveness and Practices at KNH in Promoting a Positive Organizational Culture

The findings were as follows:

Table 1: Perceptions of Leadership Effectiveness and Practices at KNH in Promoting a Positive Organizational Culture

		f	%
How would you rate the effectiveness of leadership at KNH in promoting a positive organizational culture?	Effective	158	44.6%
	Ineffective	42	11.9%
	Neutral	116	32.8%
	Very Effective	23	6.5%
	Very Ineffective	15	4.2%
Leaders at KNH set clear goals and expectations.	Agree	183	51.7%
	Disagree	33	9.3%
	Neutral	78	22.0%
	Strongly Agree	47	13.3%
	Strongly Disagree	13	3.7%
Leaders at KNH lead by example	Agree	123	34.7%
	Disagree	74	20.9%
	Neutral	111	31.4%
	Strongly Agree	24	6.8%
	Strongly Disagree	22	6.2%
Leaders at KNH are approachable at supportive	Agree	149	42.1%
	Disagree	41	11.6%
	Neutral	114	32.2%
	Strongly Agree	34	9.6%
	Strongly Disagree	16	4.5%

From the table 1, 51.1% of respondents rated leadership at KNH as either effective or very effective in promoting a positive organizational culture, while 16.1% viewed it as ineffective or very ineffective. A significant portion (32.8%) remained neutral, indicating room for improvement in leadership practices. A majority (65.0%) of respondents agreed or strongly agreed that leaders at KNH set clear goals and expectations, reflecting a positive perception of this aspect of leadership. While 41.5% of respondents agreed or strongly agreed that leaders at KNH lead by example, a notable proportion (27.1%) disagreed or strongly disagreed.

This suggests a divide in perceptions regarding this critical leadership behaviour. Approximately 51.7% of respondents perceived leaders as approachable and supportive, while 16.1% disagreed or strongly disagreed. The remaining 32.2% were neutral, indicating that approachability could be enhanced further.

Knowledge Sharing and Communication Practices at KNH

The findings were as follows:

Table 2: Knowledge Sharing and Communication Practices at KNH

		f	%
How often do you share knowledge and information with your colleagues?	Frequently	162	45.8%
	Occasionally	94	26.6%
	Rarely	10	2.8%
	Very Frequently	88	24.9%
Communication channels at KNH are effective.	Agree	171	48.3%
	Disagree	42	11.9%
	Neutral	100	28.2%
	Strongly Agree	34	9.6%
	Strongly Disagree	7	2.0%
There is open and transparent communication at KNH.	Agree	149	42.1%
	Disagree	62	17.5%
	Neutral	108	30.5%
	Strongly Agree	20	5.6%
	Strongly Disagree	15	4.2%
Knowledge sharing is encouraged at KNH.	Agree	185	52.3%
	Disagree	22	6.2%
	Neutral	76	21.5%
	Strongly Agree	61	17.2%
	Strongly Disagree	10	2.8%

From table 2 a significant majority (70.7%) of respondents share knowledge either frequently or very frequently with colleagues, reflecting a strong culture of collaboration. Only 2.8% report rarely engaging in knowledge sharing, indicating this practice is well-established at KNH. Approximately 57.9% of respondents perceive communication channels as effective, while 13.9% disagree. However, nearly a third (28.2%) remained neutral, suggesting mixed experiences with communication efficiency. About 47.7% of respondents agreed or strongly agreed that communication at KNH is open and transparent. However, 21.7% expressed disagreement, and 30.5% were neutral. This indicates potential challenges in achieving fully transparent communication. The majority of respondents (69.5%) perceive knowledge sharing as actively encouraged at KNH, highlighting a supportive environment for collaboration. Only a small proportion (9.0%) expressed disagreement.

Perceptions of Quality and Safety Emphasis, Culture, and Practices at KNH

Table 3: Perceptions of Quality and Safety Emphasis, Culture, and Practices at KNH

The findings were as follows:

		f	%
How would you rate the emphasis on quality and safety at KNH?	High	121	34.2%
	Low	14	4.0%
	Moderate	164	46.3%
	Very High	48	13.6%
	Very Low	7	2.0%
KNH has a strong culture of safety.	Agree	167	47.2%
	Disagree	45	12.7%
	Neutral	101	28.5%
	Strongly Agree	33	9.3%
	Strongly Disagree	8	2.3%
Quality improvement is a continuous process at KNH	Agree	190	53.7%
	Disagree	20	5.6%
	Neutral	54	15.3%
	Strongly Agree	81	22.9%
	Strongly Disagree	9	2.5%
Staff are adequality trained on quality and safety procedures.	Agree	145	41.0%
	Disagree	55	15.5%
	Neutral	106	29.9%
	Strongly Agree	45	12.7%
	Strongly Disagree	3	0.8%

From table 3, a majority (80.5%) of respondents rated the emphasis on quality and safety at KNH as either moderate, high, or very high. Only 6.0% perceived it as low or very low, indicating general satisfaction with the focus on these critical aspects. Approximately 56.5% of respondents agreed or strongly agreed that KNH has a strong culture of safety, while 15.0% disagreed. A notable proportion (28.5%) were neutral, highlighting an opportunity to reinforce safety culture. A significant majority (76.6%) recognized quality improvement as a continuous process at KNH. Only 8.1% expressed disagreement, reflecting a positive perception of KNH's commitment to quality enhancement. While 53.7% of respondents agreed or strongly agreed that staff are adequately trained on quality and safety procedures, 16.3% disagreed. Nearly a third (29.9%) were neutral, indicating potential gaps in training or communication about training efforts.

Perceptions of Teamwork and Collaboration at KNH

The findings were as follows

Table 4: Perceptions of Teamwork and Collaboration at KNH

		f	%
How would you rate the level of teamwork at KNH?	High	109	30.8%
	Low	30	8.5%
	Moderate	182	51.4%
	Very High	24	6.8%
	Very Low	9	2.5%
Teamwork is valued at KNH.	Agree	163	46.0%
	Disagree	35	9.9%
	Neutral	88	24.9%
	Strongly Agree	61	17.2%
	Strongly Disagree	7	2.0%
There is good collaboration among different departments at KNH.	Agree	138	39.0%
	Disagree	64	18.1%
	Neutral	124	35.0%
	Strongly Agree	16	4.5%
	Strongly Disagree	12	3.4%
Teams at KNH are effective in achieving their goals.	Agree	176	49.7 %
	Disagree	24	6.8%
	Neutral	110	31.1%
	Strongly Agree	38	10.7%
	Strongly Disagree	6	1.7%

From table 4, a majority of respondents (82.2%) rated the level of teamwork at KNH as moderate, high, or very high. Only 11.0% perceived teamwork as low or very low, suggesting that teamwork is a well-integrated part of KNH's organizational culture. More than half of respondents (63.2%) agreed or strongly agreed that teamwork is valued at KNH. However, 24.9% remained neutral, and 11.9% expressed disagreement, indicating some scope for reinforcing the importance of teamwork. While 43.5% agreed or strongly agreed that there is good collaboration among departments, a notable 35.0% were neutral, and 21.5% disagreed. This highlights a need to address interdepartmental collaboration. A majority (60.4%) of respondents affirmed that teams at KNH are effective in achieving their goals. However, 31.1% of neutral responses suggest variability in perceptions of team effectiveness.

Employee Engagement and Satisfaction at KNH

The findings were as follows

Table 5: Employee Engagement and Satisfaction at KNH

		f	%
13. How would you rate your overall job satisfaction at KNH?	Dissatisfied	35	9.9%
	Neutral	105	29.7%
	Satisfied	172	48.6%
	Very Dissatisfied	12	3.4%
	Very Satisfied	30	8.5%
a. I feel engaged and motivated in my job.	Agree	138	39.0%
	Disagree	45	12.7%
	Neutral	112	31.6%
	Strongly Agree	41	11.6%
	Strongly Disagree	18	5.1%
b. My contributions are valued at KNH.	Agree	160	45.2%
	Disagree	50	14.1%
	Neutral	94	26.6%
	Strongly Agree	34	9.6%
	Strongly Disagree	16	4.5%
c. KNH provides opportunities for professional development.	Agree	176	49.7%
	Disagree	37	10.5%
	Neutral	58	16.4%
	Strongly Agree	69	19.5%
	Strongly Disagree	14	4.0%

From table 5, a majority (57.1%) of respondents expressed satisfaction with their jobs, while 13.3% indicated dissatisfaction. The 29.7% neutral responses suggest there is room for improvement in fostering greater satisfaction among employees. Approximately 50.6% of respondents feel engaged and motivated in their jobs, while 17.8% disagreed. The high proportion of neutral responses (31.6%) indicates a need to strengthen initiatives to improve employee engagement and motivation. A majority (54.8%) of staff agreed that their contributions are valued at KNH, but 18.6% felt otherwise. The 26.6% of neutral respondents present an opportunity for KNH to better communicate recognition and appreciation of staff contributions. Most respondents (69.2%) agreed that KNH provides opportunities for professional development, indicating strong satisfaction in this area. However, 14.5% disagreed, and 16.4% were neutral, suggesting some staff may be unaware of or unable to access these opportunities.

Overall Organizational Performance of KNH in Health Care Service Delivery

The findings were as follows:

Table 6: Overall Organizational Performance of KNH in Health Care Service Delivery

		f	%
15. How would you rate the overall performance of KNH in Health care service delivery?	Excellent	50	14.1%
	Fair	40	11.3%
	Good	147	41.5%
	Poor	5	1.4%
	Very Good	112	31.6%
a. KNH meets its Healthcare Service Delivery Goals	Agree	178	50.3%
	Disagree	35	9.9%
	Neutral	103	29.1%
	Strongly Agree	34	9.6%
	Strongly Disagree	4	1.1%
b. KNH provides high quality patient care.	Agree	177	50.0%
	Disagree	21	5.9%
	Neutral	92	26.0%
	Strongly Agree	62	17.5%
	Strongly Disagree	2	0.6%
c. The organizational culture at KNH contributes to its performance.	Agree	182	51.4%
	Disagree	25	7.1%
	Neutral	75	21.2%
	Strongly Agree	66	18.6%
	Strongly Disagree	6	1.7%
d. Staff agree with the purpose of the organization.	Agree	207	58.5%
	Disagree	24	6.8%
	Neutral	75	21.2%
	Strongly Agree	46	13.0%
	Strongly Disagree	2	0.6%

From table 6, a combined 87.2% of respondents rated KNH's performance as good, very good, or excellent. Only 12.7% rated it as fair or poor, reflecting a largely positive perception of KNH's healthcare service delivery. A majority (59.9%) of staff agreed or strongly agreed that KNH meets its healthcare service delivery goals, while 11% disagreed. A notable 29.1% remained neutral, indicating room for improvement in clarity or achievement of these goals. Most respondents (67.5%) acknowledged that KNH provides high-quality patient care, though 26% were neutral and 6.5% disagreed. These findings suggest that while quality care is widely recognized, there may be variability in its delivery. A majority (70%) of respondents agreed or strongly agreed that KNH's organizational culture contributes positively to its performance. However, 21.2% expressed neutrality, and 8.8% disagreed, suggesting areas for cultural enhancement. A significant majority (71.5%) of respondents felt aligned with the purpose of the organization, while 7.4% disagreed. The 21.2% neutral responses highlight an opportunity to reinforce the organization's vision and mission

among its staff. The findings indicate a strong positive correlation between structured innovation strategies and improved organizational performance. Leadership commitment, resource allocation, and market adaptability emerge as key determinants of success. Companies that embed innovation within their core strategies report higher profitability and competitiveness.

Table 7: Parameter Estimates

							95% Confidence Interval	
		Estimate	Std. Error	Wald	df	Sig.	Lower Bound	Upper Bound
Location	Leadership Influence	.077	.128	.361	1	.548	-.174	.328
	Knowledge_Sharing_and_Communication	.277	.147	3.552	1	.059	-.011	.565
	Quality_and_Safety_Culture	.501	.141	12.693	1	.000	.225	.777
	Teamwork_and_Collaboration	.432	.141	9.402	1	.002	.156	.708
	Employee_Engagement_and_Satisfaction	.405	.147	7.625	1	.006	.118	.692

The analysis involved examining the model's goodness-of-fit, the pseudo R-square values, and parameter estimates for various variables. The model's final -2 log likelihood was 1578.523, with a chi-square of 73.155, which was significant at $p < 0.001$. This indicated that the final model fit the data well, with a clear improvement over the intercept-only model (1651.678), which did not account for the predictors.

In terms of goodness-of-fit, the Pearson chi-square statistic was 6806.914 with 3895 degrees of freedom, which was significant at $p < 0.001$. This suggested a discrepancy between the expected and observed values, indicating that the model did not perfectly fit the data. Conversely, the deviance statistic was 1570.042 with 3895 degrees of freedom, and it was not significant ($p = 1.000$), implying that there was no major issue with the deviance.

The pseudo R-square values indicated a modest explanatory power of the model. The Cox and Snell R-square was 0.187, and the Nagelkerke R-square was 0.188, both indicating a relatively low but noteworthy fit. The McFadden R-square was 0.044, reflecting a smaller explanatory power.

The parameter estimates showed that several predictors were significant in influencing the outcome. Leadership influence (Estimate = 0.077) had an insignificant effect ($p = 0.548$). Knowledge sharing and communication (Estimate = 0.277) had a marginally significant effect ($p = 0.059$). However, quality and safety culture (Estimate = 0.501), teamwork and collaboration (Estimate = 0.432), and employee engagement and satisfaction (Estimate = 0.405) all showed statistically significant effects, with p-values less than 0.05. These estimates suggest that these factors positively influenced the dependent variable. Confidence intervals for the significant variables did not overlap zero, further supporting their significance in the model.

Qualitative analysis

The qualitative analysis of leadership, knowledge sharing, quality and safety culture, teamwork, and employee engagement at KNH reveals several key themes:

- Leadership and Organizational Culture – Leadership style significantly influenced workplace culture. Democratic leadership fostered teamwork and employee growth, while authoritarian styles led to disengagement. Effective leadership improved motivation and performance, emphasizing the need for emotional intelligence and innovation.
- Knowledge Sharing and Communication – While KNH excelled in clinical knowledge-

sharing through seminars and webinars, communication challenges existed. Generational gaps in communication preferences and delays in interdepartmental information flow hindered efficiency.

- Quality and Safety Culture – KNH prioritized quality through structured audits and safety committees. However, neutral staff perceptions highlighted the need for better training and engagement.
- Teamwork and Collaboration – Multidisciplinary teamwork was strong but affected by unhealthy competition and unresolved staff complaints. Improved collaboration mechanisms were recommended.
- Employee Engagement and Satisfaction – Engagement was driven by training opportunities and supportive leadership. However, career stagnation and lack of recognition impacted satisfaction, suggesting the need for enhanced career development structures.

CONCLUSION AND RECOMMENDATIONS

The findings of this study offered valuable insights into the factors influencing staff morale at KNH. A clear gender imbalance was noted, with a slight overrepresentation of females, which aligns with trends in other healthcare settings where women often form the majority of the workforce. The diverse age range of respondents also highlights the inclusive nature of the workforce, ensuring that the perspectives of both younger and older staff members were represented.

The study revealed that leadership effectiveness was perceived as moderately effective, with areas for improvement, especially in setting examples and approachability. This finding is consistent with similar research that suggests a gap between leadership expectations and practices, particularly in large institutions like hospitals. The moderate perception of leadership in fostering a positive organizational culture suggests that while efforts have been made, there remains significant potential for growth in leadership strategies.

The strong culture of knowledge sharing at KNH, with most respondents reporting frequent knowledge exchange, is a positive aspect of the hospital's internal communication. However, the mixed perception of communication effectiveness suggests that while the channels exist, there are challenges in ensuring seamless, transparent communication across all levels. These challenges are common in large healthcare organizations, where hierarchical structures can sometimes impede the free flow of information.

Quality and safety were highly regarded by most respondents, though some dissatisfaction with training and safety culture was noted. The relatively high rating for teamwork, despite some concerns regarding interdepartmental collaboration, reflects a positive organizational atmosphere but indicates areas for improvement in fostering more cross-departmental cooperation. Similarly, the overall satisfaction with job roles and engagement was moderate, with a notable proportion of neutral responses. These findings are reflective of broader healthcare studies that indicate a disconnect between job satisfaction and employee engagement, pointing to the need for targeted interventions to address these areas.

The inferential statistical analysis underscored the importance of factors such as quality and safety culture, teamwork, and employee engagement in influencing staff morale. These factors had significant effects on overall job satisfaction, reinforcing the notion that a supportive, well-structured work environment positively impacts employee morale. While the leadership effect was insignificant, knowledge sharing, teamwork, and engagement emerged as critical drivers of morale. The findings suggest that enhancing these aspects could significantly improve staff well-being at KNH.

KNH has a strong foundation in key drivers of organizational culture, including leadership, knowledge sharing, quality and safety culture,

teamwork, and employee engagement. These elements contributed significantly to the organization's overall performance. However, addressing identified gaps, such as enhancing leadership practices, improving communication transparency, strengthening staff training, and fostering greater engagement, is essential for further growth. By addressing these areas, KNH can continue to build a positive and inclusive organizational culture that drives enhanced performance in healthcare service delivery.

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