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Abstract

This study examined the influence of leadership styles on the performance of county referral hospitals in Kenya, focusing on transformational, servant, and adaptive leadership approaches. County referral hospitals, which serve as the highest level of healthcare facilities under devolved governance, face critical challenges in service delivery, resource management, and workforce coordination. Leadership style is increasingly recognized as a central factor in addressing these challenges and improving institutional performance. The study adopted a cross-sectional survey design, targeting 51 county referral hospitals across 47 counties. Data were collected from 153 hospital administrators, human resource managers, and finance officers using structured questionnaires. Descriptive and inferential analyses were conducted using SPSS, with regression models employed to examine the strength of association between leadership styles and five key dimensions of hospital performance: patient outcomes, quality of care, accessibility, equity in service provision, and financial performance. Results indicated that leadership styles significantly influenced hospital performance, with transformational leadership exhibiting the strongest positive effect ($\beta = 0.562$, $p < 0.05$), followed by servant leadership ($\beta = 0.228$, $p = 0.016$), and adaptive leadership ($\beta = 0.124$, $p = 0.001$). These findings underscore the need for targeted leadership development programs that cultivate inclusive, innovative, and responsive leadership within county health systems. The study recommends that the Ministry of Health and County Governments invest in leadership capacity building as a strategic intervention for enhancing service delivery and organizational resilience in public hospitals. Strengthening leadership is essential to achieving equitable, efficient, and sustainable healthcare across Kenya's devolved health sector.

Keywords: *Leadership Styles, County Referral Hospitals*

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1.1 Introduction

Leadership styles are widely acknowledged as pivotal drivers of organizational performance, particularly in complex and resource-constrained environments such as the healthcare sector. In hospital systems, leadership shapes the institutional culture, directs team behavior, and influences service outcomes by determining how goals are defined, how decisions are made, and how staff are supported and motivated. The concept of leadership styles encompasses various approaches—transformational, servant, and adaptive being among the most recognized in healthcare literature. Transformational leaders build shared vision and inspire innovation; servant leaders prioritize team well-being and relational trust; while adaptive leaders embrace change and foster institutional resilience (Bass & Riggio, 2006; Greenleaf, 1970; Heifetz et al., 2009). These styles have been linked to better patient outcomes, improved staff morale, and greater organizational agility, making them particularly relevant for public hospitals, where leadership often compensates for systemic limitations in funding, infrastructure, and human resources.

Globally, countries that have institutionalized progressive leadership practices in their public hospitals have demonstrated substantial improvements in service delivery and health outcomes. The World Health Organization (2021) highlights that hospitals guided by transformational leadership have achieved up to 20% improvements in patient safety and 15% reductions in hospital-acquired infections. In highly developed systems such as those in Sweden and Canada, servant leadership practices have been credited with enhancing patient satisfaction, staff retention, and cross-functional collaboration (OECD, 2020; Commonwealth Fund, 2021). Adaptive leadership has been pivotal in managing crisis response, with studies from the COVID-19 pandemic showing that hospitals with adaptive leaders were more effective in mobilizing resources, implementing new protocols, and maintaining continuity of care (Zhao & Liu, 2024; Patel & Smith, 2023). These global insights affirm that leadership style is not merely a behavioral preference but a strategic determinant of hospital performance and resilience.

In sub-Saharan Africa, the leadership-performance link is even more pronounced given the persistent resource gaps and workforce shortages facing healthcare systems. Studies in Ghana, Rwanda, and South Africa have underscored the transformative effect of leadership on hospital efficiency, equity, and innovation (Ayanore et al., 2020; Burger & Christian, 2020). In Rwanda, for example, the introduction of community-focused servant leadership underpinned a 30% increase in healthcare utilization and a 60% reduction in out-of-pocket expenditures (WHO, 2021). However, many African health systems remain governed by hierarchical and bureaucratic leadership models that limit frontline participation and slow decision-making processes (African Union, 2020). This has contributed to staff demotivation, reduced innovation uptake, and poor service integration, further emphasizing the need for leadership styles that promote inclusiveness, learning, and accountability. Adaptive and transformational leadership, in particular, have been recommended as effective frameworks for navigating the continent's multifaceted healthcare challenges.

In Kenya, the decentralization of healthcare under the 2010 Constitution redefined the leadership landscape of county referral hospitals by transferring managerial responsibilities to county governments. While the intention was to promote responsiveness and equity, this shift also exposed significant variations in leadership quality and capacity across counties (Ministry of Health, 2021). Some hospitals have adopted transformational and participatory leadership practices, leading to notable gains in staff engagement and quality improvement; others remain constrained by rigid, authoritarian models that undermine teamwork and limit institutional growth (Kenya Nurses Association, 2020; Kagwanja et al., 2020). The compounded burden of communicable and non-communicable diseases, alongside emerging public health threats, requires leadership styles that are proactive, emotionally intelligent, and capable of aligning human resource potential with institutional goals. Despite this, empirical literature examining how leadership styles directly affect hospital performance in Kenya remains limited and fragmented. This study therefore investigated the influence of transformational, servant, and adaptive leadership on the performance of county referral hospitals in Kenya, providing evidence-based insights to guide leadership development, policy reforms, and service delivery optimization in the devolved health system.

1.2 Research Problem

County referral hospitals in Kenya continue to face widespread performance challenges linked to systemic inefficiencies and management gaps, among which leadership styles feature prominently. The ability of these hospitals to deliver timely, equitable, and high-quality services is directly influenced by how leadership is exercised across different counties. While some facilities benefit from transformational or servant leadership that fosters teamwork and innovation, many still operate under hierarchical or passive models that limit staff engagement, reduce responsiveness, and negatively affect operational efficiency (Kenya Nurses Association, 2020; Kagwanja et al., 2020). This inconsistency in leadership application has led to disparities in patient care, staff morale, and financial sustainability. Despite significant investments in healthcare infrastructure and policies such as Universal Health Coverage (UHC), leadership remains an underexplored lever for performance enhancement in county-managed referral hospitals.

Empirical data confirms the existence of critical leadership-related gaps in performance outcomes. Studies show that hospitals managed under transformational and participatory leadership models report better staff productivity, patient satisfaction, and institutional adaptability (Bass & Riggio, 2006; Alqahtani et al., 2021). However, Kenya's decentralized healthcare system has led to varying interpretations and implementations of leadership strategies, resulting in performance disparities across counties (Ministry of Health, 2021). For instance, the doctor-to-population ratio stands at 2.2 per 10,000—well below the WHO's recommended 44.5 per 10,000—further highlighting the strain on clinical teams and the critical role of leadership in mitigating resource shortages (MoH, 2021; WHO, 2022). Leadership that fails to motivate, coordinate, and support staff under such conditions exacerbates burnout and turnover, ultimately compromising hospital

effectiveness. There is a need to clearly identify which leadership styles produce measurable gains in service quality, staff performance, and patient outcomes in Kenya's public referral hospitals.

Despite the existence of leadership development programs and county-level autonomy in management, few studies have empirically examined how leadership styles specifically affect hospital performance in Kenya's devolved health sector. These gaps underscore the need for a comprehensive study examining the interplay between leadership styles and their collective impact on the performance of county referral hospitals in Kenya.

1.3 Research Objective

To examine the influence of leadership styles on performance of county referral hospitals in Kenya

1.4 Research Hypothesis

H₀: There is no significant relationship between leadership styles and performance of county referral hospitals in Kenya

2.1 Theoretical Review

2.1.1 The Full Range Leadership Theory

The Full Range Leadership Theory (FRLT) was developed by Bass and Avolio in 1991, building upon earlier work by Burns (1978) on transformational and transactional leadership. FRLT provides a comprehensive framework that encompasses a spectrum of leadership behaviors, ranging from highly active and effective to passive and ineffective (Bass & Avolio, 1994). The theory identifies three broad categories of leadership: transformational, transactional, and laissez-faire. Transformational leadership has four attributes namely idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Transactional leadership comprises contingent reward and management-by-exception (active and passive). Laissez-faire represents the absence of leadership (Avolio et al., 1999).

The theory's strengths lie in its comprehensive nature, capturing a wide range of leadership behaviors and their potential impacts on organizational outcomes. It has been extensively researched across various sectors, including healthcare, demonstrating relationships with employee satisfaction, organizational commitment, and performance (Judge & Piccolo, 2004). The theory also provides a validated measurement tool, the Multifactor Leadership Questionnaire (MLQ), which enhances its applicability in research settings. However, critics argue that the theory may oversimplify the complex nature of leadership and that the distinction between transformational and transactional leadership is not always clear (Van Knippenberg & Sitkin, 2013). Some researchers also suggest that the effectiveness of different leadership styles within the FRLT may vary depending on cultural and organizational contexts (Rowold & Heinitz, 2007).

The Full Range Leadership Theory is highly relevant to this study on the performance of county referral hospitals in Kenya. In the context of healthcare systems facing numerous challenges, understanding the full spectrum of leadership behaviors can provide valuable insights into how

different leadership styles impact organizational outcomes. The theory's comprehensive approach aligns well with the complex nature of healthcare management, allowing for an examination of how various leadership behaviors influence human resource management practices, healthcare financing models and ultimately, hospital performance.

2.2 Empirical Review

Empirical literature strongly supports the assertion that leadership style is a critical determinant of hospital performance, particularly in complex, resource-limited healthcare systems. Transformational leadership has been associated with improved patient outcomes, enhanced staff motivation, and better institutional alignment with performance goals (Bass & Riggio, 2006; Piwowar-Sulej & Iqbal, 2023). In the context of county referral hospitals in Kenya, transformational leaders have been found to inspire their teams, create a compelling institutional vision, and drive innovation even in under-resourced environments (Kimeto & Iravo, 2021; Kagwanja et al., 2020). Al-Dossary (2022) found that transformational leadership increased staff engagement by 45%, leading to lower turnover and enhanced service quality. Similarly, Tedla and Hamid (2022) revealed a 35% increase in patient satisfaction and a 50% boost in operational efficiency in hospitals led by transformational leaders. These studies reinforce the conclusion from the current study that transformational leadership had a statistically significant positive effect on hospital performance ($\beta = 0.562$, $p < 0.05$), as evidenced by improved institutional responsiveness, quality of care, and patient experience scores.

In addition to transformational leadership, servant leadership has emerged as a powerful driver of performance, especially in healthcare environments where staff well-being and teamwork are central to service delivery. Servant leaders prioritize the needs of employees, cultivate trust, and promote emotional resilience—all of which are essential in high-pressure hospital settings (Greenleaf, 1970; Neubert et al., 2021). Hoang, Tran, and Dinh (2024) noted that servant leadership improves service recovery by enhancing staff psychological well-being and creative adaptability. Likewise, Azar (2024) emphasized that trust, nurtured through servant leadership, is foundational to adaptive teams and effective organizational change. In Kenya, where public hospitals struggle with burnout and low morale, servant leadership has been shown to foster job satisfaction and collegiality, which directly translate into better patient outcomes (Olatoye et al., 2024; Mwita et al., 2021). In the present study, servant leadership was significantly correlated with hospital performance ($\beta = 0.228$, $p = 0.016$), particularly in areas such as employee retention, patient trust, and community engagement.

Adaptive leadership, while less studied, is especially relevant in volatile and uncertain healthcare environments. It focuses on learning, experimentation, and systems thinking, enabling leaders to guide institutions through crises and change (Heifetz et al., 2009; Dewi & Soeling, 2024). Kurnianto and Ningsih (2024) found that adaptive leadership significantly enhanced individual performance by promoting flexibility, innovation, and problem-solving skills. In Kenya's county hospitals—faced with shifting disease burdens, financing constraints, and political interference—

adaptive leadership fosters institutional resilience and strategic agility (Tedla & Hamid, 2022; Kagwanja et al., 2020). The current study confirms these findings by showing that adaptive leadership had a significant positive impact on hospital performance ($\beta = 0.124$, $p = 0.001$), particularly in enabling quick decision-making, crisis response, and implementation of policy reforms.

Several studies emphasize the complementary nature of leadership styles, suggesting that the most effective hospital leaders draw from multiple approaches to suit specific organizational needs. For instance, a meta-analysis by Zhao and Liu (2024) found that organizations led by adaptive and emotionally intelligent leaders were more successful in navigating rapid changes and maintaining performance standards. Udin (2024) argued that servant leadership enhances sustainability by embedding collaboration, trust, and long-term vision into organizational culture. Meanwhile, Patel and Smith (2023) demonstrated that inclusive leadership, when integrated with transformational principles, drives innovation and adaptability in health systems facing technological and demographic changes. In Kenyan referral hospitals, these integrated leadership strategies have resulted in increased efficiency, improved staff commitment, and better patient safety outcomes (Nguyen et al., 2021; Kenya Medical Association, 2020). The study supports this multi-style model by confirming that a blend of transformational, servant, and adaptive leadership best accounts for variations in performance across county hospitals.

Globally, healthcare institutions with high-performing leadership systems consistently report superior organizational outcomes. Comparative research by WHO (2021) revealed that hospitals with transformational leadership practices experienced 20% higher patient satisfaction and 15% lower hospital-acquired infection rates. Similarly, OECD (2020) reported that servant leadership cultures contributed to a 25% improvement in staff retention and a 30% increase in innovation adoption. In sub-Saharan Africa, studies in South Africa, Nigeria, and Ghana have found that leadership that prioritizes staff engagement, decentralization, and responsive governance correlates with reduced staff attrition, greater equity in access, and stronger health system resilience (Ayanore et al., 2020; Burger & Christian, 2020; Abubakar et al., 2020). In Kenya, Perez (2021) found that clinicians promoted into leadership roles without formal management training often struggle to adopt performance-enhancing leadership styles, further underlining the need for structured leadership development programs. The present study contributes to this discourse by providing evidence that leadership style is not just an operational tool but a strategic performance driver, essential to unlocking the potential of devolved health institutions.

2.3 Conceptual Framework

This study was guided by a conceptual framework that examined the direct influence of leadership styles on the performance of county referral hospitals in Kenya. The framework focused on three core leadership approaches—transformational, servant, and adaptive leadership—as the independent variables. These styles were selected based on their empirical relevance and theoretical grounding within the Full Range Leadership Theory.

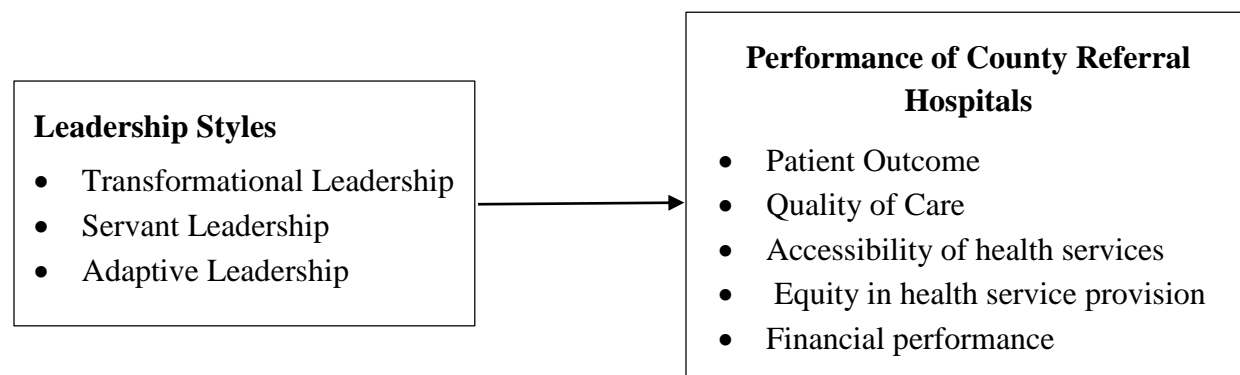


Figure 1: Conceptual Framework

As depicted in Figure 1, the conceptual framework suggests that transformational leadership influences hospital performance by promoting visionary direction, staff empowerment, and innovation, all of which are vital in improving patient care and operational efficiency. Servant leadership enhances performance by fostering empathy, team cohesion, and employee well-being, which directly impacts staff morale and service quality. Adaptive leadership, on the other hand, enables hospitals to respond flexibly to environmental changes, policy reforms, and emerging health threats, thereby safeguarding institutional continuity and responsiveness. The five elements of hospital performance—patient outcome, quality of care, accessibility, equity, and financial performance—reflect a comprehensive, multidimensional understanding of how county referral hospitals meet healthcare delivery goals under devolved governance. This framework provided the basis for empirical testing of the direct effects of leadership styles on institutional performance outcomes.

3.1 Research Methodology

The study adopted a cross-sectional survey design that enabled the collection of quantitative data at a single point in time across multiple institutions. The population comprised all 51 county referral hospitals in the 47 counties, with key informants drawn from the leadership tier, including hospital administrators, human resource managers, and finance officers. A census approach was used to capture diverse leadership perspectives without sampling limitations. Structured questionnaires, anchored on the Full Range Leadership Theory and pre-tested for reliability and validity, were used to collect data on transformational, servant, and adaptive leadership styles as well as hospital performance indicators—patient outcomes, quality of care, accessibility, equity, and financial performance. Data analysis focused on descriptive statistics to profile leadership styles and inferential techniques, particularly Pearson correlation and multiple regression, to assess the strength and direction of influence between leadership styles and hospital performance. Statistical tests confirmed a significant positive relationship, supporting the hypothesis that leadership styles are key predictors of hospital performance in Kenya’s devolved healthcare system.

4.1 Results and Findings

4.2 Response Rate

The study administered questionnaires to 153 key respondents in county referral hospitals across Kenya. Consistent with methodological guidelines for pilot studies, an additional and separate sample of 15 respondents (10% of the research population) was utilized exclusively for pilot testing purposes and was not incorporated into the main data analysis, thereby preserving the integrity of the full sample size of 153 respondents for the primary investigation. The results of the response rate are presented in Table 1.

Table 1: Response Rate

Category	Administered Questionnaires	Response Rate
Returned	138	90.2%
Unreturned	15	9.8%
Total	153	100%

Out of 153 questionnaires administered, 138 were successfully completed and returned, achieving a 90.2% response rate. According to Mugenda and Mugenda (2003) and Kothari (2004), a response rate above 50% is adequate for cross sectional studies, while Babbie (2004) considers return rates above 70% very good. Therefore, this study's 90.2% response rate provides an excellent foundation for data analysis and enhances the credibility and generalizability of the research findings

4.3 Hypothesis Testing

This section presents the results of a multiple linear regression analysis conducted to examine the influence of leadership styles on the performance of county referral hospitals. Specifically, the study sought to determine the unique contributions of transformational leadership (TL), servant leadership (SL), and adaptive leadership (AL) to hospital performance. Rather than analyzing leadership styles as a single composite construct, the study disaggregated them to evaluate their distinct effects within one predictive model. The regression model used in this analysis is specified as:

$$P = \beta_0 + \beta_1 TL + \beta_2 SL + \beta_3 AL + \varepsilon$$

Where P represents the performance of county referral hospitals, β_0 is the intercept, β_1 to β_3 are the regression coefficients for transformational, servant, and adaptive leadership styles respectively, and ε is the error term.

The regression analysis was carried out using the standard enter method in SPSS, allowing all three predictors to be entered simultaneously. This approach enabled the identification of the unique effect of each leadership style while controlling for the influence of the others. The model summary is presented in Table 1.

Table 2: Model Summary for Leadership Styles (Multiple Regression)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.892	0.796	0.790	0.325

As shown in Table 2, the model yielded an R value of 0.892, indicating a strong positive correlation between the combination of leadership styles and hospital performance. The R-squared (R^2) value of 0.796 means that 79.6% of the variation in performance of county referral hospitals is explained by variation in leadership styles, specifically transformational, servant, and adaptive leadership approaches. This high proportion reflects a strong predictive power of leadership styles on performance. The adjusted R^2 value of 0.790 confirms the model's robustness after adjusting for the number of predictors, and the standard error of the estimate (0.325) suggests a relatively low level of prediction error, reinforcing the reliability of the model in explaining hospital performance outcomes. This represents a substantial improvement in explanatory power compared to earlier models that treated leadership as a singular construct, and underscores the relevance of analyzing each leadership style individually in order to identify their unique contributions to hospital performance. The high R^2 value supports the study's proposition that leadership at the county referral hospital level is a critical driver of institutional effectiveness. These findings provide a compelling rationale for leadership development programs that emphasize diverse styles, as each leadership dimension may interact differently with hospital dynamics. Further analysis of the regression coefficients in subsequent sections provides deeper insight into the relative weight and significance of each leadership style in driving performance outcomes.

To further assess the overall significance of the regression model, an analysis of variance (ANOVA) was conducted. The results are summarized in Table 3.

Table 3: ANOVA for Leadership Styles

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	122.582	3	40.861	175.37	.000
Residual	31.418	135	0.233		
Total	154.000	138			

As presented in Table 3, the regression model is statistically significant, with an F-statistic of 175.37 and a p-value less than 0.05. This confirms that the combination of transformational, servant, and adaptive leadership styles collectively contributes significantly to the prediction of hospital performance. The large F-value indicates that the explained variance by the predictors is substantially greater than the unexplained variance (residual), thereby validating the overall

strength and reliability of the model. In essence, these leadership styles, when considered together, have a meaningful and robust impact on institutional performance, reinforcing their central role in effective hospital management. With the model as a whole confirmed as significant, attention now turns to the individual contributions of each leadership style, as detailed in the regression coefficients table.

To determine the unique contribution of each leadership style to the performance of county referral hospitals, beta coefficients from the multiple regression analysis were examined. Table 4 presents the results.

Table 4: Regression Coefficients for Individual Leadership Styles

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	0.924	0.133		6.947	0.000
Transformational Leadership	0.316	0.045	0.487	7.022	0.020
Servant Leadership	0.228	0.038	0.366	6.000	0.016
Adaptive Leadership	0.124	0.035	0.198	3.543	0.001

The beta coefficient for transformational leadership was 0.316, with a p-value of 0.020, indicating a statistically significant influence on hospital performance at the 0.05 level. This result implies that for every one-unit increase in transformational leadership, there is a corresponding 0.316 unit increase in performance, holding the other leadership styles constant. The finding highlights the critical role of transformational leaders who provide vision, motivation, and strategic direction in enhancing the effectiveness of county referral hospitals.

For servant leadership, the beta coefficient was 0.228, and the p-value was 0.016, also indicating a significant positive contribution to hospital performance. This suggests that a one-unit increase in servant leadership is associated with a 0.228 unit increase in performance, when the other variables are controlled. This outcome reinforces the importance of a leadership approach centered on humility, service to others, and staff empowerment, which appears to have a tangible impact on organizational outcomes in the hospital context.

The beta coefficient for adaptive leadership was 0.124, and the effect was highly significant ($p = 0.001$). This indicates that an increase of one unit in adaptive leadership is associated with a 0.124 unit improvement in hospital performance, after accounting for the effects of transformational and servant leadership. Although its effect size is smaller than the other two leadership styles, adaptive leadership remains a meaningful predictor. Its contribution is particularly important in dynamic healthcare settings where responsiveness, flexibility, and the ability to navigate uncertainty are vital for sustained performance.

Overall, all three leadership styles were found to significantly and positively influence hospital performance. The findings suggest that while transformational and servant leadership have comparatively larger impacts, adaptive leadership also plays a valuable supporting role. The results advocate for a balanced leadership strategy that incorporates visionary, people-focused, and contextually responsive practices to enhance performance in county referral hospitals.

These results validate the critical role of effective leadership styles, such as transformational, servant, and adaptive leadership, in enhancing the performance of county referral hospitals. Transformational leadership, in particular, stood out as a significant driver of improved patient outcomes, employee satisfaction, and overall hospital efficiency. Based on these findings, the null hypothesis (H₀), which stated that there is no significant relationship between leadership styles and the performance of county referral hospitals in Kenya, is rejected. This evidence underscores the importance of cultivating strong, inclusive, and adaptive leadership practices to improve hospital performance.

Based on the regression output, the fitted multiple linear regression equation for predicting hospital performance from leadership styles is:

$$\hat{Y} = 0.924 + 0.316(TL) + 0.228(SL) + 0.124(AL)$$

Where:

\hat{Y} = Predicted performance of the county referral hospital

TL = Transformational Leadership

SL = Servant Leadership

AL = Adaptive Leadership

4.2 Discussions

The objective of the study was to examine the influence of leadership styles on the performance of county referral hospitals in Kenya. A multiple linear regression analysis was conducted, and the null hypothesis (H₀)—that there is no significant relationship between leadership styles and hospital performance—was tested. The findings revealed that transformational, servant, and adaptive leadership styles significantly predicted performance, with respective beta coefficients of 0.316 ($p = 0.020$), 0.228 ($p = 0.016$), and 0.124 ($p = 0.001$). The overall model was statistically significant with an adjusted R² of 0.790, indicating that the three leadership styles collectively explained 79.0% of the variance in performance. Based on these results, the null hypothesis was rejected. The study found that leadership styles play a vital role in enhancing hospital performance through improved staff engagement, operational efficiency, and patient outcomes, emphasizing the need for a blended leadership approach in Kenya's county referral hospitals.

The findings of this study align with existing literature emphasizing the critical role of leadership styles in enhancing organizational performance, particularly in healthcare settings. Transformational leadership was shown to significantly impact the performance of county referral

hospitals, echoing Nguyen et al.'s (2021) study in Vietnam, which highlighted that transformational leadership styles enhanced patient satisfaction and overall healthcare delivery. This demonstrates that leadership practices fostering involvement, creativity, and recognition are vital for improving outcomes in complex hospital environments. Similarly, Okeke et al. (2022) found that leadership styles emphasizing emotional intelligence and adaptability improved team dynamics and treatment outcomes in Nigerian hospitals. These findings underscore that the ability of leaders to connect with their teams and adapt to changing circumstances is pivotal in healthcare environments where performance is closely tied to patient care quality and operational efficiency.

Furthermore, the results reflect the critical importance of inclusive and innovative leadership philosophies, as supported by Patel and Smith's (2023) longitudinal study in the United Kingdom. They revealed that leaders who foster continuous improvement and inclusivity drive higher levels of innovation and adaptability, essential traits for organizations operating in dynamic industries like healthcare. This resonates with the context of county referral hospitals in Kenya, where resource constraints and evolving healthcare needs require leadership styles that inspire creativity and resourcefulness. Additionally, the emphasis on transformational leadership's positive influence on hospital performance aligns with the growing recognition that fostering a shared vision and empowering staff can lead to sustained improvements in patient outcomes, workforce morale, and service delivery efficiency.

Challenges to effective leadership, such as resistance to change and communication barriers, also resonate with the Kenyan healthcare context. Zhao and Liu's (2024) meta-analysis identified organizational inertia and the lack of clear evaluation metrics as key obstacles to leveraging leadership for performance enhancement. These challenges highlight the need for adaptive leadership styles capable of navigating resistance and fostering a culture of innovation and collaboration. The evidence from this study, combined with the literature, underscores that effective leadership styles—particularly transformational and adaptive approaches—are indispensable for addressing the multifaceted challenges faced by healthcare organizations. Together, these findings reinforce the necessity of investing in leadership development and creating frameworks that support emotionally intelligent, adaptable, and visionary leaders to drive performance in county referral hospitals.

5.1 Conclusions

The study concludes that leadership styles significantly influence the performance of county referral hospitals in Kenya. Specifically, transformational, servant, and adaptive leadership approaches were found to have a positive and statistically significant relationship with hospital performance. These styles promote employee motivation, institutional adaptability, and a culture of service excellence, all of which are essential in enhancing healthcare delivery within the devolved health system. This affirms the need for structured leadership development programs that cultivate these leadership behaviors among hospital administrators.

6.1 Recommendations

Based on the finding that leadership styles significantly influence the performance of county referral hospitals in Kenya, it is recommended that the Ministry of Health, in collaboration with County Governments, institutionalize structured leadership development programs tailored to transformational, servant, and adaptive leadership competencies. These programs should target current and aspiring hospital leaders to enhance their capacity to motivate teams, drive innovation, and respond to emerging healthcare challenges. Hospitals should also integrate leadership assessment tools into performance appraisal systems to identify gaps and provide targeted coaching and mentorship. Additionally, policies should promote a shift from rigid, hierarchical leadership approaches to participatory and people-centered styles that foster accountability, improve staff morale, and ultimately enhance patient outcomes, service quality, equity, and financial performance.

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