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Leadership Styles and Service Delivery at Kenyatta National Hospital, Kenya

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Abstract

Employee service delivery is a critical determinant of healthcare quality, as it reflects the efficiency, responsiveness, and professionalism of staff in meeting patient needs. Despite its importance, service delivery in Kenya's healthcare institutions, particularly at Kenyatta National Hospital, the country's largest referral facility, has been constrained by leadership-related challenges. Few studies examined hospital service impact in Kenya; this study fills gap. Grounded in SERVQUAL, Likert Leadership, and LMX theories, it used descriptive design on 1,592 staff (747 doctors, 845 nurses). Stratified random sampling picked 160 respondents, with a pilot on 16 excluded. Structured questionnaires given in departments; pilot group excluded to preserve validity. Data analyzed with descriptive, inferential, and regression methods using SPSS. Results appeared in tables, charts, and narratives to show links between leadership and service delivery. Ethics covered consent, confidentiality, and voluntary participation. The study aimed to provide practical insights for hospital leaders and policymakers to strengthen healthcare outcomes in Kenya and also the administrators, the Ministry of Health and Kenyatta National Hospital. Visionary, reward-based, delegative, and authoritarian leadership styles significantly boosted employee service delivery at Kenyatta National Hospital. The study concludes that The visionary leadership translates into better-trained, more motivated health workers who deliver high-standard patient care at the hospital. The study concludes that a reward-contingent leadership style motivates employees to perform better, since they feel accepted and respected at the workplace. The delegative leadership style empowers employees through offering them autonomy to make informed decisions, thus improving their motivation and job satisfaction. The authoritarian style of management contributes to improved employee productivity and efficiency because employees have a higher likelihood of following strict instructions and protocols. The study recommends that the hospital can foster clear communication of a compelling vision that is in line with the hospital goals and promote staff commitment and involvement in decision-making. The hospital can implement a structured performance-based reward scheme that identifies and incentivizes the best performing employee service provision. The hospital management should center on empowering staff using clear communication, job delegation with clear prospects and quantifiable results. The hospital can improve its authoritarian leadership style through embracing improved participatory and empowerment strategic approach. Study recommends further research on other leadership styles at KNH to address 28.9% gap from regression. It also suggests similar work in lower-level or private hospitals.

Keywords: *Leadership Styles, Service Delivery, Kenyatta National Hospital, Kenya*

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1.0 Background to the Study

Human resources form the foundation of organizational success since the quality of employee service delivery is closely tied to institutional outcomes (Shmailan, 2016). In healthcare institutions particularly, employee service delivery defines how effectively patients are treated, how efficiently processes run, and how well institutional goals are achieved. Omkar (2020) suggested that poor service delivery is mainly a result of ineffective leadership, while good service provision is always associated with good management leadership practices. The way managers lead, instruct, and communicate with their employees largely determines how responsive, reliable, and high-quality services become. This is vividly demonstrated at KNH, where outpatient waiting times stood between 3 and 6 hours — about three times longer than the under-2-hour benchmark at top regional hospitals — and bed occupancy exceeded 150%, with patients sharing beds or sleeping on the floor (Daily Nation, 2019; KHIS, 2021). These realities confirm that leadership weaknesses directly disable employees from offering services effectively.

Leadership styles strongly shape service quality worldwide. Visionary leaders motivate staff, improving service through timeliness, flexibility, and satisfaction (Popli & Rizvi, 2016; Hussein et al., 2022). Reward-contingent leadership similarly sets clear rewards and penalties that drive performance, especially when coupled with psychological capital or conflict management strategies (Abasilim et al., 2019; Baig et al., 2019; Kurniawan et al., 2025). Delegative leadership, however, often deteriorates service delivery by promoting lethargy and lack of accountability (Abasilim et al., 2019). Authoritarian leadership can get work done only in compliance-focused settings but lowers morale and reduces overall quality (Iqbal et al., 2015; Drewniak et al., 2020). Evidence from Kenya's horticultural industry and hospitality sector further demonstrates that leadership influences measurable service outcomes such as timeliness, responsiveness, staff commitment, and customer satisfaction (Otieno, Waiganjo & Njeru, 2015; Wanjala, 2014), confirming that different leadership styles have direct effects on service delivery quality across organisations.

Leadership styles are patterned ways of behaviour that managers use to influence how employees carry out their tasks and deliver services (Kobusinge, 2018), and they determine the nature of leader-follower relationships within organisations (Mullins, 2005). Visionary leadership is grounded in four dimensions — intellectual stimulation, motivation, personal consideration, and influence — that enable leaders to present inspiring visions, challenge outdated practices, guide staff development, and pursue shared goals (Bass & Riggio, 2019). Intellectual stimulation encourages innovative thinking, while inspirational motivation binds employees emotionally to organisational objectives. Visionary leadership serves as a catalyst for trust, satisfaction, and engagement at work, which are fundamental ingredients for better service delivery (Aga et al., 2016; Asrar-ul-Haq & Kuchinke, 2016). Al Khajeh (2018) further confirms that internally generated motivation under visionary leadership results in punctuality and high-quality outputs in healthcare. At KNH, teamwork and productivity were selected as key indicators precisely because they directly reflect visionary leadership traits tied to stronger service delivery performance.

Transactional leadership relies on contingent rewards and management-by-exception, with leaders setting clear performance targets, monitoring progress, and providing tangible rewards such as promotions, bonuses, or verbal commendation when employees meet their goals (Idowu, 2019). Contingent rewards tie employee efforts directly to service delivery outcomes, ensuring accountability and timely results, while management-by-exception guides corrective action when

performance falls short of desired standards (Breevaart et al., 2014). These mechanisms prioritise efficiency, compliance, and measurable service results. However, Choudhary, Akhtar, and Zaheer (2013) caution that excessive reliance on rewards can dampen creativity and long-term engagement. Despite this limitation, reward-contingent leadership remains highly useful in structured environments with established rules demanding strict accountability, such as hospitals (Northouse, 2021). Delegative leadership, characterised by reduced supervision, extensive autonomy, and wide distribution of decision-making powers (Al-Malki & Juan, 2018), relies on employee self-motivation and independent execution (Page, Kramer & Klemic, 2019), though Iqbal, Anwar, and Haider (2015) warn it tends to generate role ambiguity and disengagement.

Authoritarian leadership is characterised by concentration of authority in a single person, unilateral decision-making, and strict adherence to instructions (Daft, 2008), with employees having very little input into decisions and rule-following constituting the primary mode of interaction (Omkar, 2015). While this approach can be productive in time-sensitive situations requiring swift and confident decisions, Gordon (2013) asserts it predominantly stifles creativity, lowers morale, and undermines employee involvement. Jooste (2009) further notes that sustained authoritarian leadership generates workplace stress, disengagement, and rising staff turnover. The evidence of this is visible at KNH, where frequent strikes — doctors in 2017 and nurses in 2020 — illustrate the deep disengagement resulting from poor leadership relations (Mutua, 2021; Okech, 2021). Beyond strikes, the mismanagement of resources evidenced by shortages of essential equipment despite budget allocations reflects lack of oversight and accountability (OAG, 2020), compelling patients to seek care at private hospitals they perceive as more dependable, despite higher costs.

Service delivery is a reflection of how well employees perform to the point of exceeding user expectations, with major emphasis on both efficiency and quality (Ladhari, 2009), and represents not merely an operational output but a workflow of dependability encompassing accuracy and responsiveness (Grönroos, 2015). The WHO (2018) specifies that healthcare service delivery must be timely, safe, and compassionate, dimensions that extend beyond clinical skills into human dignity and empathetic communication. The SERVQUAL framework (Parasuraman et al., 1988) operationalises service quality through reliability, responsiveness, assurance, and empathy, with service accuracy and staff reliability primarily responsible for patient trust, while empathy and assurance address the emotional dimensions of hospital encounters. Critically, Aiken et al. (2018) demonstrate that employees who perceive adequate managerial support are more inclined to exhibit the responsiveness and confidence that patients require. Al-Abri and Al-Balushi (2014) further found that patient satisfaction and institutional trust increased when staff demonstrated genuine concern and communicated effectively, reinforcing satisfaction as a central marker of effective service delivery.

Kenya's health sector, as per Vision 2030, should uniformly offer quality healthcare services to the entire population (GOK, 2017), a mandate that KNH — as the largest referral hospital in East and Central Africa with 50 wards, 24 theatres, an emergency ward, and specialised services including neurosurgery, heart surgery, and kidney transplants — is uniquely positioned to fulfil (KNH, 2017; PARAG, 2012). Founded in 1901 as the Native Civil Hospital and renamed at independence in 1963, KNH's vision is to be a world-class patient-centred specialised care hospital (Willis, 2015; REACH, 1989). However, persistent leadership failures — manifested through resource mismanagement, staff disengagement, and rising patient complaints that reached a 35% increase between 2018 and 2022 (MOH, 2022) — reveal a critical gap between this vision and operational

reality. Harmful management leadership styles have demonstrably decreased employee commitment, reduced accountability, and disorganised systems, lowering overall service delivery quality. Leadership reform anchored in accountability, participatory management, and service-oriented approaches is therefore not optional but essential if KNH is to honour its mandate as a first-rate healthcare provider in the region.

KNH began in 1901 as the Native Civil Hospital with 45 beds, expanding in 1953 (Abdullah, 1985). Renamed Kenyatta National Hospital in 1963, it grew into a public referral center supporting research and development (REACH, 1989; Abdullah et al., 1985). In 1991, employees of Kenyatta National Hospital were given access to pension funds given by the government and a certain amount of money was deducted from their salaries (Collins, Njeru & Meme, 1996). Kenyatta National Hospital Vision is "to be a world class patient-centered specialized care hospital. (Willis, 2015). Kenyatta National Hospital is the largest publicly funded hospital in Kenya, it provides health care services to citizens of Kenya, and it provides healthcare services to also referred patients from hospital across East Africa and Africa at large. In addition, it conducts surgery services such as heart surgery, neurosurgery, kidney transplant, reconstructive surgery amongst others (PARAG, 2012). Kenyatta National Hospital is the largest referral hospital in East and Central Africa; it contains 50 wards, 24 theaters and an emergency ward. Kenyatta National Hospital has a statutory board which oversees various functions of the hospital, a management board and directors who are responsible for smooth running of the hospital (KNH, 2017).

1.1 Statement of the Problem

KNH, Kenya's largest referral and teaching hospital, serves a vital role in specialized care, training, and research (KNH, 2017). Despite this mandate, service delivery at the hospital has increasingly come under scrutiny. Ministry of Health reports show that patient satisfaction at KNH fell below 55% between 2018 and 2022, attributed to long waiting times, overcrowding, limited staff responsiveness, and inadequate communication with patients (MOH, 2022). Recurrent complaints of patient neglect, corruption in service points, delayed procedures, mismanagement of resources, and poor coordination of departments have further undermined public trust (Okech, 2021). These failures directly contradict the national goal of providing accessible, efficient, and high-quality healthcare (GOK, 2017).

KNH's strategic plan highlights leadership accountability, efficiency, and staff commitment as fundamental drivers of excellent service delivery (KNH, 2018). However, existing operational realities show persistent gaps between these strategic intentions and actual service outcomes. Audit assessments have repeatedly flagged procurement inefficiencies, delayed decision-making, and misallocation of funds, which disrupt availability of drugs, essential equipment, and critical supplies (Auditor General, 2020). Staff shortages remain severe: between 2019 and 2021, KNH operated with a nurse-to-patient ratio of 1:20, far below the WHO-recommended 1:6, resulting in rushed care, burnout, and reduced service quality (WHO, 2021). During the same period, strikes by healthcare workers, largely linked to poor leadership communication, inadequate engagement, and weak conflict-resolution mechanisms, led to halted services and increased patient mortality risk (Njenga, 2020). These issues reflect systemic leadership weaknesses that directly impede consistent, timely, and quality service delivery.

Empirical studies across different countries show that visionary, transformational, and democratic leadership styles enhance employee motivation, involvement, and service quality (Hundie &

Habtewold, 2024; Kurniawan et al., 2025; Marhendra & Wahyuningtyas, 2025; Zulmariad et al., 2022; Basuki, 2022). Quantitative evidence further demonstrates statistically significant effects of these leadership styles on service delivery indicators (Sulantara et al., 2020; Handayani, 2021; Sabastian, 2021). However, findings on authoritarian and delegative leadership remain inconsistent, with some studies reporting positive effects in rigid, bureaucratic institutions, while others associate them with low morale and poor service delivery (Amussah, 2020; Biloa, 2023). In certain public institutions, leadership styles showed no notable impact, pointing to context-specific results (Manajemen & Malang, 2022). Compounding this variability, mediators such as motivation, organizational commitment, and communication further complicate how leadership influences service outcomes (Na'im et al., 2024; Sokolic et al., 2024).

Despite global evidence, little is known on how leadership shapes service in Kenya's referral hospitals, where breakdowns persist. Existing assessments at KNH focus largely on operational inefficiencies, staffing shortages, and resource gaps, yet rarely interrogate the managerial leadership styles that drive employee behavior, responsiveness, accountability, and patient experience. This represents a critical contextual gap. Therefore, this study sought to determine how specific leadership styles practiced by management at KNH influence service delivery, with the aim of providing evidence-based insights to improve patient experience, operational efficiency, and quality of care.

1.2 Objectives of the Study

i. To determine the effect of visionary-oriented leadership style on service delivery at KNH.
ii. To assess the effect of reward-contingent leadership style on service delivery at KNH.
iii. To examine the effect of delegative leadership style on service delivery at KNH.
iv. To evaluate the effect of authoritarian style on service delivery at KNH.

2.0 Literature

This section covers theories, empirical literature, and highlights the study's conceptual framework.

2.1 Theoretical Review

The research rests on the SERVQUAL Model and two theories: Likert Leadership Theory and the Leader-Member Exchange Theory. Parasuraman, Zeithaml, and Berry (1988) created SERVQUAL to gauge service quality by comparing expectations with delivery across five dimensions: reliability, responsiveness, assurance, empathy, and tangibles. The model helps link leadership styles to how staff deliver services, as good leadership can strongly influence employees to adopt traits of reliability and responsiveness, leading to customer satisfaction (Zeithaml et al., 1990). A visionary leader, for instance, may enhance assurance and empathy by motivating staff to establish genuine relationships with patients, whereas a reward-contingent leader may prioritise reliability through formalised plans and quantifiable standards. At KNH specifically, the model provides significant insight into how different leadership styles are linked to service delivery results that determine patient satisfaction and institutional confidence. In bureaucratic cultures, leadership stresses reliability and compliance, ensuring predictable processes but limiting empathy and responsiveness, while participative leadership enhances both responsiveness and empathy. Once leadership is aligned with the five SERVQUAL dimensions, the organisation can identify service gaps, develop interventions, and promote a workplace where staff deliver superior patient-centred care.

Rensis Likert introduced the Likert Leadership Theory in 1977 to establish a link between leadership styles at different managerial levels and employees' responses to their leadership (Hersey, Blanchard & Johnson, 2008). Leadership styles and behaviour are not static but change depending on the situation and the nature of the task assigned (Eagly & Johnson, 2003), while organisational environment and subordinate behaviour also exert large influence on leadership styles (Kreitner & Kinichi, 2007). Likert (1977) identified four progressive styles: exploitive-authoritative, which breeds fear as leaders impose ideas to drive service gains; benevolent-authoritative, where decisions are imposed but rewards are given for work done; consultative, where leaders adopt subordinates' opinions during decision-making (Hersey et al., 2008); and participative, which builds teamwork and motivation through joint decision-making between leaders and members (Cole, 2008). Likert's contributions on leadership, service delivery, and workplace environment make his work directly valuable to this study, as it supports the analysis of visionary, reward-contingent, delegative, and authoritarian leadership styles on employee performance at Kenyatta National Hospital, providing a historical and structural basis for understanding how managerial approaches shape frontline service outcomes.

Dansereau, Graen, and Haga (1975) introduced the Leader-Member Exchange (LMX) Theory to explain leadership through the quality of leader-follower relationships, departing from models that assume equal treatment of all employees. LMX demonstrates that leaders form distinct ties with different employees, where strong exchanges build trust and respect while weaker ones remain formal and reward-based (Graen & Uhl-Bien, 1995), with the level of exchange quality serving as a strong indicator of how well employees deliver service, how satisfied they are, and how long they stay (Martin et al., 2019). Leaders, being limited in time and resources, form more intimate relationships with select "in-group" members who receive more attention, freedom, and growth opportunities, while "out-group" members receive fewer benefits and remain confined to formal contractual roles (Dansereau et al., 1975; Gerstner & Day, 1997). At KNH, with over 6,000 workers, this differentiation carries massive implications: a nurse with a high-quality supervisor exchange feels more supported and empowered, extending beyond formal requirements to improve patient care, while employees with low-quality exchanges become alienated and uncommitted, leading to poor service delivery (Hassan et al., 2019). Despite limitations including risks of favouritism, measurement subjectivity, and inability to address bureaucratic structural constraints (Dulebohn et al., 2012), LMX remains a powerful framework for explaining how leadership styles translate into employee service delivery outcomes in healthcare settings.

2.2 Empirical Review

Nzinga, McGivern, and English (2018) studied mid-level clinical leadership in Kenyan public hospitals using qualitative case study methods supplemented by ethnographic observations, interviews, and focus groups with departmental leaders and frontline staff. Their findings indicated that leadership was commonly deemed a characteristic of one individual and was limited by professional norms, resource shortages, and organisational culture, which prevented coordination in service delivery and hindered quality improvements on a day-to-day basis. Njoroge et al. (2022) investigated transformational and visionary elements of leadership among managers and millennial staff in level five private hospitals in Nairobi using a mixed methods cross-sectional approach with 415 respondents, finding that individualised consideration and intellectual stimulation boosted staff dedication and service quality, while future-focused communication

spurred innovation in service routines, though the study's reliance on self-reported measures was identified as a key limitation requiring longitudinal follow-up studies.

Minwuye et al. (2022) surveyed 532 primary care managers in East Gojam, Ethiopia, finding through regression analysis that leadership practice scores were positively associated with managerial experience, leadership training, organisational communication, and emotional intelligence, while poor leadership practice was qualitatively linked to lower staff morale, disrupted workflows, and reduced client satisfaction. Saif et al. (2024) surveyed over 200 clinicians and health managers in Pakistan using SEM, demonstrating that visionary leadership positively influenced knowledge sharing and indirectly supported service improvement through digital citizenship behaviours enabling better use of health information systems, though the study measured intentions rather than hard service metrics. Berman et al. (2020) conducted a descriptive correlational study among 464 nurse interns in Egyptian tertiary hospitals, finding that visionary leadership boosted creativity and perceived organisational effectiveness, with organisational support partly mediating the link, though cross-sectional design limited determination of actual service delivery changes such as error rates or throughput.

Uddin and Joya (2019) examined reward-based leadership and its impact on service delivery in Bangladesh's public banks through a descriptive survey of 312 employees from six state-owned banks, revealing that managers who clearly communicated reward criteria motivated employees to perform on time, fostered responsibility, and increased customer satisfaction, while lack of strict reward implementation reduced employee motivation. Kibui and Gachunga (2021) examined contingent reward leadership in Kenyan public universities through surveys of 280 staff plus semi-structured interviews, finding that clear communication of service expectations linked to material rewards produced staff compliance with service procedures and greater responsiveness, though heavy reliance on external rewards was found to potentially impair intrinsic motivation and long-term efficiency improvements, with no strict evaluation conducted on whether improved service routines translated into higher student satisfaction or successful institutional outcomes.

Tetteh and Opoku (2021) examined contingent reward leadership in Ghana's hospitality sector through a cross-sectional survey of 225 hotel staff, finding that reward-contingent practices including recognition, promotions, and bonuses strongly impacted customer orientation, speed of service, and problem-solving behaviours, while also lowering employees' intentions to leave and thereby enhancing service continuity. Hermina et al. (2019) surveyed 198 nurses and clinical officers in Kenya's county referral hospitals using a descriptive correlational design, revealing that contingent reward methods such as recognition allowances and training opportunities significantly improved staff attendance, compliance with clinical protocols, and patient satisfaction levels, though leadership behaviours were evaluated solely through employee perceptions without corroboration from objective hospital service delivery data. Kalyango and Mutiso (2023) conducted qualitative interviews with 40 project managers and employees from eight non-governmental health organisations in Uganda and Kenya, finding that contingent rewards enhanced accountability regarding timely reporting and community engagement targets, though excessive emphasis on rewards discouraged staff creativity.

Nzinga et al. (2018) explored delegative leadership among Kenyan public hospital staff through qualitative ethnographic methods in two county hospitals, finding that delegation occurred informally but was complicated by rigid hierarchical structures, and while delegative leadership empowered workers in decision-making, lack of accountability undermined hospital process

effectiveness. Mutinda and Njoroge (2020) studied delegative leadership in Kenyan parastatals through a descriptive survey of 312 employees, finding that delegation with decision-making authority produced high staff morale and job ownership resulting in efficient service routines, while delegation without proper supervision caused poor service delivery due to misaligned priorities.

Omar and Hussain (2020) analysed authoritarian leadership in Malaysian public hospitals by surveying 312 nurses and supervisors using SEM, finding that the authoritarian style lowered employee morale and creativity yet enhanced compliance with clinical guidelines, resulting in consistent but inflexible service delivery, with the authors arguing that short-term compliance gains came at the cost of long-term employee involvement essential for performance improvement. Ndegwa and Iravo (2020) investigated authoritarian leadership in Kenyan county government health units through a descriptive survey of 240 respondents, finding that coercive, directive methods produced employee anger and high turnover rates, undermining service delivery sustainability through erosion of institutional trust. Gebremedhin and Tsegaye (2022) analysed authoritarian leadership in Ethiopian referral hospitals through a cross-sectional survey of 276 staff, finding that while authoritarian leaders instilled discipline and adherence to service guidelines enhancing efficiency, health workers simultaneously experienced high stress, low motivation, and reduced problem-solving initiative, limiting adaptability in dynamic service environments.

2.3 Conceptual Framework

Conceptual framework shows how variables connect predictors (independent) and outcomes (dependent)

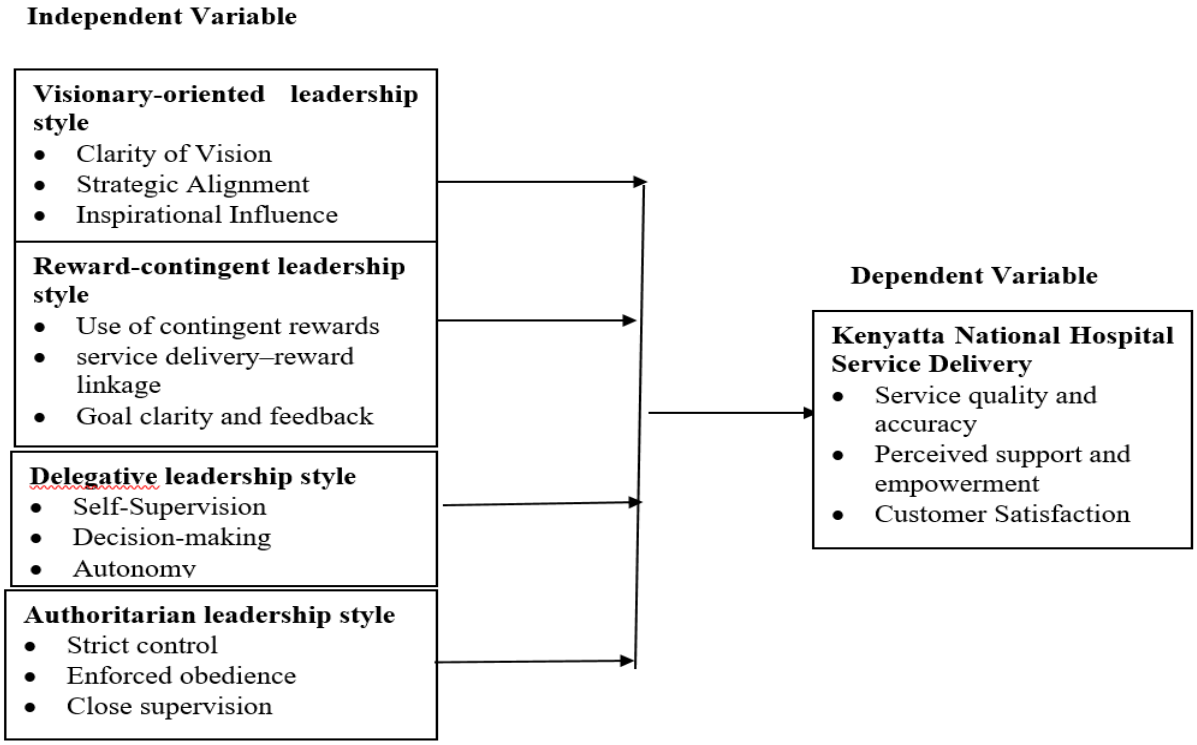

Figure 1: Conceptual Framework

3.0 Research Methodology

The study adopted a descriptive research design, which Mugenda and Mugenda (2003) define as a plan guiding data collection, measurement, and analysis that records population traits or relationships as they exist without manipulating variables. Kothari (2011) affirms that descriptive design objectively captures perceptions and attitudes to reflect present realities, while Cooper and Schindler (2014) note its capacity to investigate frequencies, patterns, and trends by concentrating on the what and how of issues. This design was appropriate for examining how managers' leadership styles shaped staff performance in service delivery at KNH, as it enabled collection of employee perspectives without manipulating leadership behaviours. The target population comprised 1,592 KNH doctors and nurses, specifically 747 doctors and 845 nurses, whose service delivery is shaped by managerial leadership. Using proportionate stratified random sampling, the population was divided into homogeneous subgroups based on professional category and seniority level, with a 10% sample of 160 respondents — 75 doctors and 85 nurses — selected to ensure fair, representative, and generalisable findings with reduced selection bias (Saunders, Lewis & Thornhill, 2012).

Data was collected using a structured questionnaire with closed items measured on a five-point Likert scale, chosen for its efficiency in terms of cost and time (Amin, 2005). A pilot study involving 16 participants from a separate public referral hospital was conducted to identify weaknesses and ambiguities in the instrument, with Cronbach's Alpha used to assess reliability, producing an aggregate score of 0.755, with all individual variables exceeding the 0.70 threshold recommended by Field (2005) and Kline (2002), confirming instrument reliability. Validity was assured through face and content validity reviews conducted by research specialists and lecturers from Kenyatta University (Wiersma, 1991; Mugenda & Mugenda, 2003). Ethical compliance was ensured through permits obtained from NACOSTI, Kenyatta University, and KNH Research and Ethics Board, with respondents assured of confidentiality and anonymity. Data was analysed using SPSS through descriptive statistics and multiple regression with results presented in tables and graphs. The regression model for this study is outlined below:

$$SD = \beta 0 + \beta 1TFLSit + \beta 2TSLSit + \beta 3LFLSit + \beta 4ALSit + \epsilon$$

Where:

$\beta 0$ = Constant

SD = Kenyatta National Hospital Employee Service Delivery

TFLS = Visionary-oriented leadership style

TSLS = Reward-contingent leadership style

LLS = Delegative leadership style

ALS = Authoritarian style

$\beta 1 – \beta 4$ = Coefficients of Regression Analysis

ε = Error Coefficient

4.0 Research Findings and Discussions

The main purpose of this chapter is to present the findings obtained during the data examination process based on response rate, descriptive and inferential statistics and to involves in a thorough discussion concerning their implications of each findings.

4.1 Response Rate

Questionnaires went to 160 respondents, but full response rate was not achieved (see Table 1).

Table 1: Response Rate

Category	Frequency	Percentage
Returned	149	93.1%
Not returned	11	6.9%
	160	**100%**

Source: Research Data (2026)

The study results regarding the achieved response rate show that 149 questionnaires from the 160 administered were returned forming a response rate of 93.1%. Eleven questionnaires were not returned, giving a 6.9% non-response. Still, the achieved rate was representative, since Nulty (2021) notes 70%+ is adequate for descriptive analysis.

4.2 Descriptive Statistics Results

Respondents' agreement on each variable was shown using percentages, mean, and standard deviation.

Table 2: Visionary-Oriented Leadership Style and Service Delivery at KNH

Statements	SD %	D %	N %	A %	SA %	M	St.Dev
Management provides clarity of vision that guides employees' work	4.5	10.2	5.7	40.3	39.4	4.31	0.787
Leaders align hospital goals with employees' tasks and responsibilities	10.1	8.3	3.2	36.8	41.6	4.12	0.883
Leaders inspire staff through a shared long-term vision	9.0	11.3	4.4	33.5	41.8	3.97	1.032
Hospital leadership communicates strategic priorities effectively	8.8	7.9	2.0	45.6	35.6	4.16	0.843
Leaders encourage innovation to achieve strategic goals	21.5	19.5	5.4	27.7	26.1	3.26	1.725
Visionary leadership motivates employees to deliver better services	7.1	12.7	7.6	42.5	30.3	4.00	0.989
Aggregate score	**10.2**	**11.7**	**4.7**	**37.7**	**35.8**	**3.97**	**1.043**

Source: Research Data (2026)

Aggregate mean was 3.97, SD 1.043, showing moderate agreement. Average agreement stood at 73.5%, neutral 4.7%, and disagreement 10.2%. Most respondents viewed visionary leadership as key to KNH service delivery. Low SD reflected consistent perceptions. The finding concurs with Njoroge et al. (2022) research who investigated transformational and visionary elements of leadership among managers and millennial staff in level five private hospitals in Nairobi, and found that visionary aspects embedded within transformational practice improved staff motivation and perceived service responsiveness in private Kenyan hospitals.

Table 3: Reward-Contingent Leadership Style and Service Delivery at KNH

Statements	**SD %**	**D %**	**N %**	**A %**	**SA %**	**M**	**St.Dev**
Employees are encouraged to make decisions independently.	2.2	2.7	0.0	38.3	56.8	4.62	0.487
Leaders delegate responsibilities with minimal interference.	0.0	1.6	0.0	36.6	61.7	4.58	0.667
Staff have autonomy in managing their tasks.	23.1	12.2	6.1	25.4	33.2	3.58	1.420
Leaders trust employees to self-supervise their work.	2.1	6.2	0.0	55.3	36.4	4.33	0.670
Goal clarity of duties enhances service efficiency.	7.4	11.1	4.4	34.2	42.8	4.23	0.77
Reward contingent leadership style fosters employee accountability.	8.6	5.4	2.8	42.0	41.2	4.03	0.97
Aggregate score	**7.2**	**6.5**	**2.2**	**38.6**	**45.4**	**4.23**	**0.831**

Source: Research Data (2026)

Reward-contingent leadership scored mean 4.23, SD 0.831. Agreement was 83.9%, neutral 2.2%, and disagreement 13.8%. Generally, this finding implies that reward-contingent leadership was observed to have contributed positively in enhancing service delivery of the hospital, which could positively affect employee motivation, performance, and organizational culture. This finding aligns with Kibui & Gachunga (2021), who studied transactional leadership especially contingent reward in Kenya's public universities. They showed that when leaders set clear service expectations and tied them to tangible rewards, staff followed protocols better and responded more to student needs.

Table 4: Delegative Leadership Style and Service Delivery at KNH

Statements	SD %	D %	N %	A %	SA %	M	St.Dev
Leaders exercise strict control over employees' work.	13.3	5.3	2.8	38.3	40.3	4.02	0.978
Hospital leadership enforces obedience from staff.	6.7	7.2	3.8	51.1	31.2	4.16	0.839
Employees' tasks are closely supervised by management.	8.2	18.0	6.6	38.8	28.4	3.61	1.291
Rules and regulations are rigidly enforced by leaders.	10.2	11.7	4.7	37.7	35.8	3.97	1.043
Delegative leadership reduces employees' decision-making power.	7.2	6.5	2.2	38.6	45.4	4.23	0.831
Strict supervision influences the quality of service delivery.	7.1	14.8	5.5	36.1	36.6	3.80	1.273
Aggregate score	**8.8**	**10.6**	**4.3**	**40.1**	**36.3**	**3.97**	**1.014**

Source: Research Data (2026)

Mean stood at 3.98, SD at 1.014. The findings suggest that within the service delivery of Kenyatta National Hospital, a delegative leadership style may foster a generally high level of agreement and neutral responses, indicating a degree of staff confidence and autonomy in decision-making processes. The average agreement level of 76.4% and a neutral score of 4.3% imply that staff are largely comfortable with the delegation approach in enhancing KNH service delivery through empowerment and motivation. But the 19.4% disagreement shows that there are staff members that feel uncertain or dissatisfied because of poor communication. This observation is supported by Mutinda & Njoroge (2020), who explored the impact of delegative leadership on the performance of staff and services delivered in Kenyan Parastatal agencies. It was observed that when the managers gave their staff members ample authority in making decisions, they were satisfied and felt proud of their work.

Table 5: Authoritarian Leadership Style and Service Delivery at KNH

Statements	SD %	D %	N %	A %	SA %	M	St.Dev
Leaders exercise strict control over employees' work.	6.2	17.4	10.1	32.1	34.2	4.36	0.64
Hospital leadership enforces obedience from staff.	9.4	17.3	2.4	32.8	38.1	3.06	1.94
Employees' tasks are closely supervised by management.	8.8	10.6	4.3	40.1	36.3	3.97	1.014
Rules and regulations are rigidly enforced by leaders.	4.4	11.5	6.6	37.7	39.9	3.97	1.150
Authoritarian leadership reduces employees' decision-making power.	3.8	13.7	10.9	49.7	21.9	4.52	0.628
Close supervision influences the quality of service delivery.	10.6	16.1	8.4	28.5	36.4	4.09	0.909
Aggregate score	**7.2**	**14.4**	**7.1**	**36.8**	**34.5**	**3.99**	**1.047**

Source: Research Data (2026)

Mean was 3.99, agreement 71.3%. Respondents largely saw KNH leadership as authoritarian. The relatively low neutral percentage of 7.1% and the high level of disagreement at 21.6% serve to reinforce this finding. The finding corroborates that by Omar & Hussain (2020), who conducted research on authoritarian leadership in Malaysian public hospitals, which found that authoritarian leadership styles lowered employee morale and innovation but, surprisingly, increased compliance with clinical guidelines, thereby ensuring standardized services.

Table 6: Service Delivery at KNH

Statements	SD %	D %	N %	A %	SA %	M	St.Dev
Employees consistently achieve high service delivery in their roles.	23.1	12.2	6.1	25.4	33.2	3.58	1.420
Productivity levels meet hospital expectations.	9.4	17.3	2.4	32.8	38.1	3.06	1.94
Work deadlines are regularly met by staff.	12.6	21.3	0.0	25.9	40.2	3.99	1.010
Service delivery is efficient and patient-centered.	13.3	5.3	2.8	38.3	40.3	4.02	0.978
Employees contribute to overall improvement in hospital services.	25.6	19.1	3.3	20.4	31.6	3.14	1.860
Hospital leadership enhances employees' ability to meet service delivery targets.	36.4	28.2	5.9	12.3	17.2	3.05	1.949
Aggregate score	**20.1**	**17.2**	**3.4**	**25.9**	**33.4**	**3.47**	**1.536**

Source: Research Data (2026)

The findings demonstrate that respondents commonly lean towards agreement concerning employee service delivery at KNH, with an aggregate mean score of 3.47 representing a moderate to high level of agreement on the scale used. The standard deviation of 1.526 reflects some variability in responses, suggesting that perceptions differed amongst respondents. The average agreement level of 59.3% further supports this, although a significant portion (37.3%) of responses indicates disagreement, highlighting areas of concern or dissatisfaction. The finding aligns with Al-Abri and Al-Balushi (2014) who observed that when staff demonstrate genuine concern and communicate clearly, patients report higher satisfaction and greater trust in health institutions, reinforcing satisfaction as a central marker of effective service delivery.

4.3 Multiple Regression Analysis Results

Multiple regression results are shown through model summary, ANOVA, and coefficients.

Table 7: Model Summary

Model	R	R Square	Adjusted R Square	Std. Err. Est
1	0.875	0.766	0.711	0.517

Source: Research Data (2026)

Adjusted R^2 was 0.711, meaning 71.1% of KNH service delivery variation came from visionary, reward-contingent, delegative, and authoritarian leadership styles. Therefore, other leadership styles not considered by the study are represented by 28.9%.

Table 8: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	201.362	4	50.341	59.882	0.002
	Residual	121.056	144	0.841		
	Total	322.418	148			

Source: Research Data (2026)

Significance value was 0.002 (<0.05). Mean square 50.341, below F value 59.882. Model proved statistically significant.

Table 9: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	0.498	0.215		2.316	0.002
Visionary-oriented	0.751	0.315	0.514	2.384	0.003
Reward-contingent	0.778	0.206	0.449	3.777	0.002
Delegative	0.791	0.119	0.613	6.647	0.001
Authoritarian	0.706	0.227	0.591	3.110	0.004

Source: Research Data (2026)

Constant value was 0.498, meaning KNH service delivery would stand at that level if all leadership styles were held constant. The resultant regression equation is expressed as;

Service delivery = 0.498 + 0.514(visionary-oriented leadership style) + 0.449(reward-contingent leadership style) + 0.613(delegative leadership style) + 0.591(authoritarian style).

The study established that visionary-oriented leadership style had a positive significant effect on service delivery at Kenyatta National Hospital, Kenya (β=0.514, p=0.003). The finding agrees with Minwuye et al. (2022) research who assessed healthcare leadership practice and associated factors targeting primary healthcare managers in East Gojam zone, Ethiopia and found that leadership practice scores were positively associated with age, managerial experience, leadership training, organizational communication and emotional intelligence, all factors that plausibly support the enactment of visionary leadership and thereby the delivery of consistent services.

Reward-contingent leadership had beta 0.449, p = 0.002, showing a strong positive effect on KNH service delivery. The finding aligns with Kalyango and Mutiso (2023) study who explored the dynamics of transactional leadership, focusing on contingent rewards, among non-governmental health organizations operating in Uganda and Kenya. The findings showed that visionary rhetoric alone was insufficient in resource-constrained environments, while contingent reward practices drove disciplined adherence to service schedules.

Delegative leadership showed positive, significant impact on KNH service delivery (β = 0.613, p = 0.001). This echoes Tessema & Tesfay (2020), who found in Ethiopia's regional hospitals that delegation improved ownership and responsiveness, though too much autonomy risked uneven practices.

The beta value for authoritarian style was 0.591 with a significance value of 0.004, demonstrating that the authoritarian style had positively and significantly influenced the service delivery at Kenyatta National Hospital, Kenya. The finding concurs with Gebremedhin and Tsegaye (2022) who investigated the relationship between authoritarian leadership and healthcare worker service delivery in Ethiopian referral hospitals. The study revealed that authoritarian leaders maintained discipline and compliance with service protocols, which sometimes improved timeliness of service.

5.0 Conclusions of the Study

Study concludes visionary leadership strongly links to employee quality in public service. It stands out as the best style for driving hospital vision and success. The visionary leadership translates into better-trained, more motivated health workers who deliver high-standard patient care at the hospital. Hospital staff under visionary leaders show stronger commitment to KNH's mission of specialized, quality care. The study concludes that a reward-contingent leadership style motivates employees to perform better, since they feel accepted and respected at the workplace. The reward-contingent leadership style which can take a form of bonuses, promotions, or other incentives, results to increased job satisfaction, minimized turnover rates, and enhanced employee commitment. The reward-contingent leadership style encourages employees to take individual responsibility their job assignment, striving for excellence and providing better patient care, eventually improving the general quality of service provision at the hospital.

The study concludes that the delegative leadership style empowers employees through offering them autonomy to make informed decisions, thus improving their motivation and job satisfaction. The delegation of job tasks assists the hospital management to center on strategic planning, policy formulation, and resource distribution, letting for more efficient utilization of resources. The delegative leadership style facilitates the employee development and skill development since employees take ownership of their tasks and responsibilities, resulting to enhanced service quality and patient results. The study concludes that the authoritarian style of management contributes to improved employee productivity and efficiency because employees have a higher likelihood of following strict instructions and protocols. The authoritarian style leads to improved order and discipline within the hospital, resulting to a safer and more planned work environment. The authoritarian style leads to faster decision-making because an authoritarian leader is able to make quicker decisions without the need for consulting with others.

6.0 Recommendations of the Study

Study recommends KNH foster clear vision aligned to goals, strengthen communication, and involve staff in decisions. The hospital can offer continuous training and development to improve skills, and establish and reward exemplary service. The hospital can cultivate a culture of innovation and continuous development, leveraging feedback from employees and patients. The hospital can ensure a strong leadership support to inspire its employees in delivering higher quality care and service, eventually improving patient satisfaction and hospital performance.

Study recommends KNH adopt structured, performance-based rewards to recognize and motivate top service providers. The hospital will be able to define explicit and measurable standards of performance based on hospital objectives, provide constant feedback, and ensure that the staff is rewarded promptly when they meet or exceed performance standards. The hospital can create a culture of openness, equality, and professional development to motivate its employees to continuously deliver better services.

In the findings of the research, it is advisable that the hospital administration focuses on the empowerment of its employees through effective communication, delegation of work with realistic goals and measurable outcomes. The hospital must offer necessary resources and support to its employees and continuously evaluate their performance. There must be an open-door policy in the hospital where the employees feel free to give their suggestions. The hospital should establish a culture of accountability, where its employees are held accountable for their actions and outcomes.

The study recommends that the hospital can improve its authoritarian leadership style through embracing improved participatory and empowerment strategic approach. The hospital can introduce regular town hall conferences, unidentified suggestion boxes, and performance-led incentives to facilitate improved collaborative and democratic work setting, where each employee is feel valued and inspired to offer better service. The hospital can incorporate a patient-based strategic approach and quality improvement initiatives to assist in identifying and addressing service delivery gaps, and promotion of a culture of continuous development and excellence.

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