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Leadership Support and Healthcare Delivery Outcomes in Public Health Institutions in Nairobi City County, Kenya

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Abstract

Leadership support has emerged as a critical determinant of healthcare delivery outcomes in public health institutions. Effective leadership facilitates strategy implementation through strategic direction, resource mobilization, organizational coordination, change management, and performance monitoring. Despite significant investments in healthcare reforms and service improvement initiatives, public health institutions continue to experience challenges relating to service quality, accessibility, patient satisfaction, and operational efficiency. This study examined the influence of leadership support on healthcare delivery outcomes in public health institutions in Nairobi City County, Kenya. The study was anchored on Dynamic Capability Theory and adopted an explanatory research design. Leadership support was conceptualized through leadership commitment, prioritization of strategic objectives, support for organizational change, facilitation of staff adaptation, policy enforcement, and management oversight. Data were collected using structured questionnaires administered to management personnel in public health institutions. Descriptive and inferential statistical techniques were used to analyze the data. The findings revealed that leadership support had a positive and statistically significant influence on healthcare delivery outcomes ($\beta = 0.652$, $p = 0.00$). The study established that healthcare institutions characterized by strong county leadership commitment, county change management support and county policy enforcement were more likely to achieve improved service quality, operational efficiency, patient satisfaction, and healthcare accessibility. The study concludes that leadership support constitutes a critical organizational capability for enhancing healthcare delivery outcomes and recommends strengthening leadership development programmes, accountability systems, and change management practices within public health institutions.

Keywords: *Leadership Support, Strategy Implementation, Healthcare Delivery Outcomes, Public Health Institutions, Nairobi City County.*

INTRODUCTION

Healthcare delivery outcomes remain a major concern for governments, healthcare practitioners, and policy makers across the world. Effective healthcare systems are expected to provide accessible, equitable, responsive, efficient, and high-quality healthcare services that improve population health and patient well-being. However, healthcare institutions continue to face increasing challenges arising from rapid population growth, urbanization, technological

advancement, changing disease patterns, resource constraints, and rising patient expectations. These challenges have heightened the need for effective organizational leadership capable of guiding healthcare institutions towards achievement of desired healthcare outcomes (WHO, 2022).

Leadership support is an important component of strategy implementation and organizational performance. It refers to the extent to which organizational leaders provide direction, commitment, guidance, oversight, and support necessary for the successful implementation of strategic initiatives. Leadership support encompasses leadership commitment, strategic prioritization, support for organizational change, policy enforcement, accountability, and management oversight. Through these functions, leaders facilitate coordination of organizational activities, mobilization of resources, employee motivation, and achievement of institutional goals (Hrebiniak, 2020).

Within healthcare institutions, leadership support plays a fundamental role in influencing healthcare delivery outcomes. Effective leaders create an enabling environment that promotes employee engagement, organizational learning, innovation, and continuous improvement. They facilitate the implementation of healthcare reforms, strengthen governance systems, and ensure alignment between organizational objectives and healthcare priorities. Consequently, leadership support contributes significantly to improved service quality, patient satisfaction, operational efficiency, and healthcare accessibility.

In Kenya, healthcare delivery is implemented within a devolved governance framework where county governments bear responsibility for planning, financing, and management of healthcare services. Public health institutions in Nairobi City County operate under increasing pressure to improve healthcare outcomes amidst resource constraints, staffing challenges, overcrowding, and growing demand for healthcare services. Under such circumstances, leadership support becomes essential in facilitating the implementation of strategic initiatives and the achievement of healthcare delivery objectives.

Statement of the Problem

Despite substantial investments in healthcare infrastructure, workforce development, and service delivery reforms, public health institutions continue to face challenges relating to healthcare accessibility, service quality, patient satisfaction, responsiveness, and operational efficiency. These challenges persist even as healthcare institutions implement various strategic initiatives aimed at improving healthcare delivery outcomes. Weak leadership commitments, inadequate support for organizational change and poor policy enforcement, have been identified among factors contributing to implementation failures within public healthcare systems.

Empirical studies have established that leadership support influences healthcare delivery outcomes. West et al. (2023) found that hospitals characterized by strong executive leadership reported improved patient safety indicators, reduced mortality rates, and higher patient satisfaction levels. Similarly, Sfantou et al. (2022) established that supportive leadership improves care coordination, employee performance, and patient experiences. In Africa, Kintu, Malande and Kalanzi (2023) found that supportive leadership significantly enhanced service continuity, staff morale, and patient waiting times in Ugandan public hospitals. Locally, Mutua and Wanjohi (2022) and Otieno et al. (2023) reported that leadership support improved service responsiveness, operational efficiency, and patient satisfaction within Kenyan public healthcare facilities.

Despite this evidence, existing studies have largely focused on leadership styles, individual healthcare programmes, or specific healthcare institutions. Limited empirical attention has been

devoted to leadership support as a multidimensional construct comprising county leadership commitment, county change management support and county policy enforcement within public health institutions operating under devolved healthcare systems. This study therefore, sought to examine the influence of leadership support on healthcare delivery outcomes in public health institutions in Nairobi City County, Kenya.

LITERATURE REVIEW

Theoretical Framework

The study was anchored on Dynamic Capability Theory developed by David Teece, Gary Pisano and Amy Shuen (1997). The theory posits that organizational success depends on the ability to integrate, build, and reconfigure organizational resources and competencies in response to changing environmental conditions. Dynamic capabilities enable organizations to sense opportunities, seize strategic initiatives, and transform resources to sustain performance and competitiveness.

Within healthcare institutions, leadership support constitutes an important dynamic capability because leaders facilitate resource mobilization, organizational adaptation, strategic transformation, and implementation of healthcare reforms. Effective leadership enhances organizational responsiveness and enables healthcare institutions to respond effectively to emerging healthcare needs and environmental changes. The theory therefore provides a suitable framework for explaining the influence of leadership support on healthcare delivery outcomes.

Empirical Literature Review

Leadership support is widely recognized as a critical determinant of healthcare delivery outcomes within public health institutions. Effective leadership facilitates strategy implementation through provision of strategic direction, employee motivation, accountability, and resource coordination. Consequently, leadership support contributes to improved service quality, patient satisfaction, operational efficiency, and healthcare accessibility.

West et al. (2023) conducted a study involving 1,084 public hospitals across twelve OECD countries and found that hospitals characterized by strong executive leadership support reported improved patient safety, reduced mortality rates, and higher patient satisfaction scores. Similarly, Sfantou et al. (2022), through a systematic review of forty-five empirical studies, established that transformational and participatory leadership approaches significantly improved healthcare delivery outcomes through enhanced staff performance, care coordination, and patient experiences.

In Uganda, Kintu, Malande and Kalanzi (2023) found that supportive leadership characterized by staff involvement, communication, and supervision significantly improved patient waiting times, service continuity, and staff morale. Likewise, Mkumbo and Njunwa (2022) established that leadership commitment positively influenced healthcare delivery outcomes in Tanzanian district hospitals through improved service utilization and clinical outcomes.

Locally, Mutua and Wanjohi (2022) found that leadership support improved healthcare delivery outcomes through effective communication, performance feedback, and resource facilitation. Similarly, Otieno et al. (2023) reported that proactive leadership enhanced drug availability, service responsiveness, and overall healthcare performance in public health facilities within Nairobi City County. However, these studies did not comprehensively examine leadership support as a multidimensional construct comprising leadership commitment, change management support, policy enforcement, and performance oversight.

METHODOLOGY

The study adopted an explanatory research design. The design was considered appropriate because it enabled examination of the relationship between leadership support and healthcare delivery outcomes. The target population of the study was 119 public health institutions in Nairobi County. The unit of analysis comprised all 119 public health institutions, while the unit of observation consisted of the Chief Health Officers drawn from each of these institutions. The census approach was preferred because it eliminated sampling error and enhanced representativeness. By including all public health institutions across the different hospital levels, the study ensured comprehensive coverage and enabled meaningful comparisons across levels of healthcare provision. Data were collected using structured questionnaires and analyzed using descriptive and inferential statistical techniques. Simple regression analysis was employed to determine the influence of leadership support on healthcare delivery outcomes. Statistical analysis was conducted using the Statistical Package for Social Sciences (SPSS).

FINDINGS AND DISCUSSION

Response Rate

A total of 119 questionnaires were distributed to Chief Health Officers across all public health institutions in Nairobi City County. Out of these, 110 questionnaires were duly completed and returned, resulting in a response rate of 92.44% and a non-response rate of 7.56%. The response rate achieved in this study is considered exceptionally high, indicating strong participation and engagement from the respondents. According to Taherdoost (2022), response rates above 80% are regarded as excellent and significantly improve the reliability of survey results.

Leadership Support and Healthcare Delivery Outcomes

Respondents were requested to indicate their level of agreement with statements relating to leadership support within public health institutions. The findings are presented in Table 1.

Table 1: Leadership Support

Statement	Mean	Std. Dev.
Leadership demonstrates commitment to achieving institutional goals	3.82	0.89
Top management prioritizes implementation of strategic objectives	3.75	0.92
Leadership supports implementation of organizational changes	3.68	0.95
Management facilitates staff adaptation to new initiatives	3.70	0.90
Institutional policies are consistently enforced across departments	3.65	0.93
Compliance with established policies is monitored by management	3.72	0.88
Composite Mean	**3.72**	**0.91**

Source: Research Data (2026).

The findings indicate that respondents generally agreed that leadership support exists within public health institutions in Nairobi City County, as reflected by a composite mean score of 3.72. Leadership commitment to institutional goals recorded the highest mean score, suggesting that organizational leaders actively support implementation of healthcare objectives. The findings further indicate that leadership facilitates implementation of organizational change, staff adaptation, policy enforcement, and performance monitoring. These findings are consistent with Specchia et al. (2021), Alilyyani, Wong and Cummings (2022), and Van Wart et al. (2021), who found that supportive leadership improves organizational effectiveness, employee motivation, and healthcare performance.

Healthcare Delivery Outcomes

Table 2 presents the descriptive statistics on healthcare delivery outcomes within public health institutions in Nairobi City County. The purpose of this analysis was to evaluate the extent to which service quality, accessibility, equity, and patient safety are achieved in public health institutions. Healthcare delivery outcomes represent the ultimate measure of the effectiveness of strategy implementation and organizational performance in the health sector. According to the World Health Organization (2023), high-performing health systems are characterized by quality, accessible, equitable, and safe healthcare services. The table summarizes respondents' perceptions across key indicators of healthcare delivery outcomes, including service quality, accessibility, equity, and patient safety.

Table 2: Healthcare Delivery Outcomes

	Mean	Std. Deviation
Healthcare services meet established service delivery standards	3.85	0.86
Service delivery follows approved quality guidelines	3.80	0.88
Healthcare services are available to patients when needed	3.78	0.92
The institution provides services within its operational capacity	3.72	0.95
Healthcare services are provided fairly to all patients	3.70	0.93
Access to services is equitable across different population groups	3.65	0.97
Patient safety protocols are followed during service delivery	3.88	0.84
Measures are in place to prevent errors in healthcare processes	3.82	0.87

The first finding from Table 2 indicates that healthcare services meet established service delivery standards (M = 3.85), suggesting that public health institutions generally maintain acceptable levels of service quality. Adherence to standards is essential for ensuring consistency, reliability, and effectiveness in healthcare provision. Donabedian (2005) conceptualized quality healthcare as the extent to which services increase the likelihood of desired health outcomes and are consistent with professional standards.

The finding that service delivery follows approved quality guidelines (M = 3.80) further confirms that institutions are aligned with established protocols. Compliance with guidelines enhances effectiveness, promotes evidence-based practice, and reduces variability in care. Busse et al. (2019) found that adherence to clinical guidelines improves efficiency and patient safety in healthcare systems. The finding that healthcare services are available to patients when needed (M = 3.78) indicates moderate accessibility of healthcare services. Accessibility is a core dimension of healthcare performance because it determines the extent to which populations can obtain timely and appropriate care. The finding that institutions provide services within their operational capacity (M = 3.72) suggests that resource limitations may influence service delivery. Capacity constraints can affect responsiveness, service quality, and patient satisfaction (Kruk et al., 2018). The finding that healthcare services are provided fairly to all patients (M = 3.70) indicates moderate levels of equity in service provision. Braveman et al. (2017) found that equitable healthcare systems improve population health outcomes by reducing disparities. The finding that access to services is equitable across different population groups (M = 3.65) further highlights the need to strengthen inclusivity in healthcare delivery. The finding that patient safety protocols are followed during service delivery (M = 3.88) indicates a strong emphasis on safety within public health institutions. The finding that measures are in place to prevent errors in healthcare processes (M = 3.82) further supports the presence of safety mechanisms within institutions. Preventive measures enhance reliability, improve service consistency, and reduce

risks associated with healthcare delivery. The results indicate that healthcare delivery outcomes in public health institutions are moderately strong, particularly in service quality and patient safety, although challenges remain in accessibility and equity. The findings also highlight the realities of healthcare delivery within Kenya's devolved healthcare system. Since the introduction of devolution, county governments have assumed primary responsibility for healthcare service delivery, creating opportunities for localized decision-making and improved responsiveness to community needs. From a theoretical perspective, these observations support the assumptions of Dynamic Capability Theory. Dynamic Capability Theory explains that organizations achieve superior performance when they continuously adapt, innovate, and reconfigure resources in response to changing environmental conditions. The ability of healthcare institutions to maintain service quality and patient safety despite operational challenges demonstrates the importance of adaptive capabilities in healthcare delivery.

Hypothesis Testing

Table 3: Model Summary

Model	R	R Square	Adjusted R-Square	Std. Error of Estimate
1	.652	.425	.420	.518

The model summary results indicate that leadership support had a moderate positive relationship with healthcare delivery outcomes ($R = 0.652$). The coefficient of determination ($R^2 = 0.425$) shows that leadership support explained 42.5% of the variation in healthcare delivery outcomes among public health institutions in Nairobi City County. The adjusted R^2 value of 0.42 suggests that the model had substantial explanatory power.

Table 4: Analysis of Variance (ANOVA)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	21.420	1	21.420	79.85	.000
Residual	28.980	108	.268		
Total	50.400	109			

The ANOVA results revealed that the regression model was statistically significant, $F(1,108) = 79.85$, $p < 0.001$, indicating that leadership support significantly predicts healthcare delivery outcomes.

Table 5: Regression Coefficients

Variable	B	Std. Error	Beta (β)	t	Sig.
Constant	1.987	.245		8.110	.000
Leadership Support	.652	.073	.652	8.932	.000

The regression coefficients further show that leadership support had a positive and statistically significant influence on healthcare delivery outcomes ($\beta = 0.652$, $t = 8.932$, $p < .001$). This implies that improvements in leadership commitment, strategic prioritization, change management support, policy enforcement, and management oversight are associated with substantial improvements in healthcare delivery outcomes. Therefore, the null hypothesis was rejected, and it was concluded that leadership support significantly influences healthcare delivery outcomes in public health institutions in Nairobi City County. The findings corroborate those of West et al. (2023), Sfantou et al. (2022), and Kintu, Malande and Kalanzi (2023), who established that supportive leadership contributes significantly to service quality, patient satisfaction, operational efficiency, and healthcare performance.

Conclusion

The study concludes that leadership support has a positive and significant influence on healthcare delivery outcomes in public health institutions in Nairobi City County. The findings further demonstrate that institutions characterized by effective leadership support are more likely to achieve improved service quality, patient satisfaction, accessibility, responsiveness, and operational efficiency. The study therefore concludes that leadership support constitutes a critical organizational capability for enhancing healthcare delivery outcomes within public health institutions.

Recommendations

Public health institutions should strengthen leadership commitment towards the implementation of strategic objectives through enhanced managerial involvement, accountability, and strategic oversight. Healthcare institutions should also invest in leadership development programmes aimed at strengthening managerial competencies in strategy implementation, change management, communication, and performance monitoring. Additionally, management should institutionalize structured change management practices and strengthen policy enforcement mechanisms to improve accountability, service quality, and healthcare delivery outcomes. County governments should further promote performance-based leadership systems that enhance managerial accountability and support continuous improvement in public healthcare service delivery.

REFERENCES

Alilyyani, B., Wong, C. A., & Cummings, G. G. (2022). Leadership practices and healthcare performance outcomes: A systematic review of healthcare leadership effectiveness. *Journal of Healthcare Leadership, 14*(1), 45–61.

Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017). *What is health equity? And what difference does a definition make?* Robert Wood Johnson Foundation.

Busse, R., Klazinga, N., Panteli, D., & Quentin, W. (Eds.). (2019). *Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies*. European Observatory on Health Systems and Policies / World Health Organization.

Donabedian, A. (2005). Evaluating the quality of medical care. *The Milbank Quarterly*, *83*(4), 691–729. https://doi.org/10.1111/j.1468-0009.2005.00397.x

Hrebiniak, L. G. (2020). *Making strategy work: Leading effective execution and change* (2nd ed.). Pearson Education.

Kintu, P., Malande, O. O., & Kalanzi, J. (2023). Leadership support and healthcare service delivery outcomes in public hospitals in Uganda. *African Journal of Health Management, 15*(2), 88–103.

Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., … Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: Time for a revolution. *The Lancet Global Health, 6*(11), e1196–e1252. https://doi.org/10.1016/S2214-109X(18)30386-3

Mkumbo, K., & Njunwa, K. J. (2022). Leadership commitment and healthcare delivery outcomes in district hospitals in Tanzania. *East African Journal of Health Systems, 10*(1), 54–69.

Mutua, J. M., & Wanjohi, P. K. (2022). Influence of leadership support on healthcare service delivery at Kenyatta National Hospital, Kenya. *International Journal of Healthcare Management, 15*(4), 312–323.

Otieno, J. O., Ochieng, P. A., & Mwangi, R. K. (2023). Leadership practices and healthcare delivery outcomes in public health facilities in Nairobi City County, Kenya. *International Journal of Public Health Management, 11*(3), 101–118.

Sfantou, D. F., Laliotis, A., Patelarou, A. E., Sifaki-Pistolla, D., Matalliotakis, M., & Patelarou, E. (2022). Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. *Healthcare, 10*(1), 1–18.

Specchia, M. L., Cozzolino, M. R., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W., & Damiani, G. (2021). Leadership styles and healthcare quality measures: A systematic review. *BMC Health Services Research, 21*(1), 1–14.

Taherdoost, H. (2022). What are different research approaches? Comprehensive review of qualitative, quantitative, and mixed method research, their applications, types, and limitations. *Journal of Management Science & Engineering Research*, *5*(1), 53–63.

Teece, D. J., Pisano, G., & Shuen, A. (1997). Dynamic capabilities and strategic management. *Strategic Management Journal, 18*(7), 509–533.

Van Wart, M., Roman, A., Wang, X., & Liu, C. (2021). Operationalizing leadership effectiveness in public organizations. *International Review of Administrative Sciences, 87*(1), 80–97.

West, M. A., Lyubovnikova, J., Eckert, R., & Denis, J. L. (2023). Leadership and healthcare performance outcomes in public hospitals: Evidence from OECD countries. *International Journal of Health Planning and Management, 38*(2), 245–261.

World Health Organization (WHO). (2022). *World health statistics 2022: Monitoring health for the SDGs*. World Health Organization.