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**EFFECT OF RAPID RESULTS INITIATIVE ON PERFORMANCE OF
MULTISPECIALTY HOSPITALS: A CASE OF OASIS HEALTHCARE GROUP**

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MBA HCM/146302/22

**A RESEARCH DESSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF MASTER OF BUSINESS
ADMINISTRATION IN HEALTHCARE MANAGEMENT OF STRATHMORE
UNIVERSITY**

MAY, 2025

DECLARATION

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other university. To the best of my knowledge and belief, the dissertation contains no material previously published or written by another person except where due reference is made in the dissertation itself.

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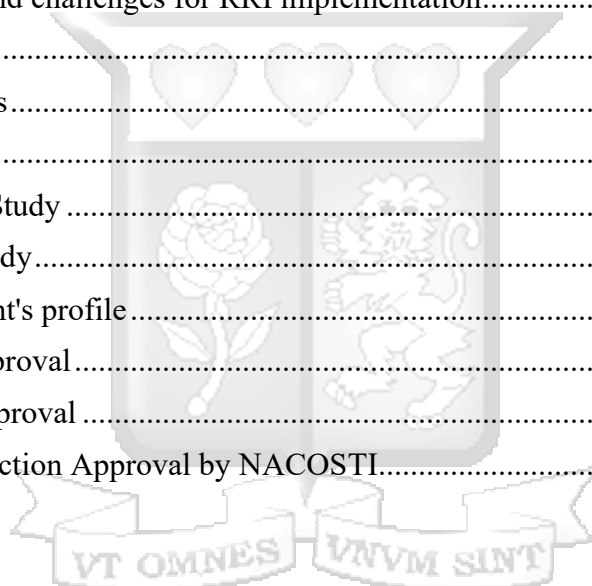


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ABSTRACT

Multispeciality hospitals have been reported to struggle with performance management due to challenges in identifying appropriate performance measures that are visionary to the organizational objectives. Rapid results initiative (RRI) has been identified as a performance management tool to help achieve results within organizations over a short period of time. This study investigated the effect of rapid results initiative on performance of multispecialty hospitals in the rural settings of Kenya. The study variables included; RRI monitoring, RRI capacity building, Transformative leadership, success factors and challenges in implementation of RRI. The research was grounded on the goal-setting and resource-based view theories, with a mixed study design utilized in the survey alongside census approach to sampling which delivered a sample size of 39 respondents. The data obtained was analyzed using a special software and the results presented in tables, graphs and figures. The study findings revealed that RRI has a strong effect on the performance of multispeciality hospitals in Kenya. The study however established that the independent variables, RRI monitoring, Capacity building, transformative leadership, success factors and challenges all are contributing factors of RRI that translates into performance of multispeciality hospitals in Kenya. The study found that limited resources, high staff turnover, resistance to change, and partial staff involvement hindered effective RRI implementation. It also noted a lack of insight into long-term impacts. Recommendations include developing a clear RRI framework, using tailored training methods, adopting modern leadership styles, improving the work environment, and conducting further research on RRI's role in hospital performance.

DEFINITION OF KEY TERMS

Motivation: focuses on the direction, intensity and persistence of actions (Kanfer *et al*, 2008).

Performance: can be defined as the outcome of the actions and activities carried out by members of an organization to measure how well the organization has accomplished its objectives (Kamensky & Morales, 2005).

Resources: Refers to the assets, organizational processes, firm attributes, information and knowledge under the influence of the firm that can be used to implement their strategies (Barney, 1991).

Multispecialty Hospital: This is a common practice arrangement for hospitals with a wide variety of features, medical services and experts and involves health promotion, preventive and curative practices (Beck & Margolin, 2006).

Healthcare: Sosic and Donev (2008) defined healthcare as "an entirety of measures and activities conveyed by the community and especially its integral part -the health" (p. 344).

Rapid Results Initiative (RRI): Also called Rapid Results Approach (RRA) is a results-focused learning process aimed at jumpstarting major change efforts and enhancing implementation capacity. It taps into the human desire to succeed by creating real empowerment, motivation and innovation in working towards results (Obongo, 2021).

Health Action: A health action can be understood as any set of activities whose primary objective is to enhance and or maintain health. A health system includes the resources, actors and institutions related to the financing, regulation and provision of health actions (Christopher *et al*, 2021).

Healthcare performance indicators: Refers to indicators for quality-driven decision-making to improve performance on one or more of the six dimensions of quality: safe, effective, patient-centred, timely, efficient and equitable care (HealthPros, 2020).

Results-Based Management: Is a strategy employed by the executive bringing on board all the all players that contribute to the fulfillment of development results, ensuring that their processes, products and services contribute to the achievement of desired results (Obongo, 2021).

CHAPTER ONE

INTRODUCTION TO THE STUDY

Introduction

This chapter explains the background of the study; identifies statement of the problem and outlines the objectives and research questions of the study. It expounds on significance, and scope of the study.

1.1 Background of the study

Oasis Multispeciality Hospital, a key municipal health facility, has faced ongoing challenges in service delivery, efficiency, and patient satisfaction (County Health Report, 2022). As demands on public healthcare grow, the need for effective performance improvement strategies becomes urgent (WHO, 2021). The Rapid Results Initiative (RRI), a short-term, results-focused management approach, was introduced to address these issues. This study examines the impact of RRI on the hospital's performance, focusing on service efficiency and patient outcomes.

The healthcare sector in Kenya has been undergoing significant reforms aimed at improving service delivery and patient outcomes. One of the notable initiatives is the Rapid Results Initiative (RRI), which was introduced to enhance performance in various healthcare settings, including multispeciality hospitals. The RRI focuses on achieving measurable improvements in health services within a short time-frame, thereby fostering accountability and efficiency (World Health Organization (WHO, 2017). Oasis Multispeciality Hospitals, established in 2015, represents a pioneering effort in providing comprehensive healthcare services in Kenya. As the first fully integrated private healthcare system in the country, Oasis aims to deliver high-quality medical care through a network of facilities (Oasis Healthcare Group, 2021). The hospital's approach includes employing specialized medical professionals across various disciplines, which aligns with the RRI's objectives of enhancing service delivery by leveraging multidisciplinary teams (Oasis Healthcare Group, 2021).

Oasis Multispeciality Hospital, established in 2010 in Kisii, Kenya, operates under the Oasis Healthcare Group, the country's first fully integrated private healthcare system. The hospital

provides a wide range of specialized services including paediatrics, oncology, neurology, and surgery through a group practice model (Oasis Healthcare Group, n.d.). Despite its capacity and service scope, the hospital like many others in Kenya, faces challenges related to resource limitations, workforce constraints, and growing patient loads (Yuouf, 2023).

To address such systemic performance issues, Kenya adopted the Rapid Results Initiative (RRI), a time-bound management strategy aimed at achieving measurable results within 100-day cycles. The RRI has demonstrated success in various sectors, including health, by streamlining processes and fostering accountability. For example, its application in medical laboratories significantly improved accreditation rates, with a 330% increase in ISO 15189-certified labs within two years (Ondari et al., 2022).

Building on these successes, this study seeks to assess the impact of RRI on the performance of Oasis Multispeciality Hospital, focusing on key indicators such as service delivery efficiency, patient satisfaction, and institutional responsiveness.

The implementation of the RRI at Oasis Hospitals has the potential to significantly impact operational performance, patient satisfaction, and health outcomes. Initial studies suggest that hospitals engaging in RRI report improved patient throughput and better resource utilization, which are critical for the sustainability of healthcare services in a rapidly evolving health landscape (Ministry of Health, 2019). This case study explored the specific effects of the RRI on the performance metrics of Oasis Multispeciality Hospitals, providing insights that could inform future healthcare policies and practices in Kenya.

1.1.1 Rapid Results Initiative (RRI)

Obongo (2021) presented RRI as a focused learning process that facilitates change mechanism to guarantee implementation capacity. It encompasses, change efforts through strategic analysis, results based and building initiatives. The philosophy of rapid results methodology is meant to emphasize on learning and implementation capacity for service provision.

As Rusli et al (2024) stated, Rapid Results Approach refers to a learning process that is stipulated to bring quick playbacks and adjustments to the already existing issues caring for patients. At the

same time, they do this by enhancing capacity to implement innovations and quick fixes in the medical institution operations. Jones *et al.* (2020) affirm that RRA applies pyramidal approach to broad ranging and long-term change operations utilizing small-scale quick results generating highly dynamic capabilities causing the growth of the organization not just financially but also capacity wise.

The course of implementation of rapid results initiatives is largely dependent upon organizational culture (Ngutu, 2010). The move towards results management probably won't work without more than just changing the systems or processes. Results management calls for the organization to develop and maintain an organizational culture whose primary goal is to realize results. This can be a hardship when one deals with organizations that have mainly focused on inputs and processes and not much on outputs and outcomes.

Inadequate training and sustainable support at an organizational level makes RRI difficult. In many cases, organizations construct very sophisticated results management systems but they forget the other dimension which is human. While the terms are not completely alien to most of the staff, they entail an added element of business that is otherwise not familiar. Without having been empowered with sustainable capacity development programs and resources, they cannot adequately embrace change.

Tarnished natural resources are the only ones RRI is used to balance the future nature. On the influence of the quick achievements in the civil sector operation in Kenya, Wanjui Chepoton analyzed the influence of quick achievements on the civil sector operations in Kenya, (2013). She pointed out how from an economic perspective, it was apparent that rapid financial achievements had a significant impact on operations in the civil sector section. Interviews, not only with senior officials of the Ministry of Interior and Coordination of National Government but also with local officials and residents in Mombasa were used as research tools. The study used a descriptive research design and purposively selected 94 participants. The questions were mailed and filled out through the questionnaire method. What was observed during the course of the study was that ethical care practices which were identified to be the key pillars of service delivery have emerged.

1.1.2 Healthcare Performance

Healthcare is a fast-growing area, which poses risks (profitability and client outcomes), thus necessitating performance improvement and management strategies like rapid results initiatives.

The health sector is one of the numerous sectors in which economic growth is experienced in most of the developed states (Meena & Thakkar, 2014). Nowadays, the worldwide healthcare has gained the high competitiveness and rapid growth (Shafiq *et al.*, 2017). Performance improvement is a key indicator of organizational efficiency and effectiveness on the patient experience, health, and cost (Song & Tucker, 2018). Zadood and Chbab (2021) believe that performance monitoring and evaluation is meant to identify challenges and opportunities health facilities for improvement, satisfactory performance, effective practices and develop plans or policies for maintaining good performance levels within hospitals.

Christpher *et al* (2021) has claimed that health systems vary widely in performance, and countries with similar levels of income, education and health expenditure differ in their ability to attain key health goals. Differences in the design, content and management of health systems translate into differences in a range of socially valued outcomes, such as health, responsiveness, or fairness. The overall goal for the health system is to improve the health of the population. If health systems did not contribute to improved health, we would choose not to have them.

Bloom *et al* (2013) found that the public healthcare space is improved by the entry of competitors, thus, boosting the level of management quality in public hospitals. In order to make healthcare organizations competitive, they must do all the necessary work to maintain the highest possible quality of care. Competition between hospitals coupled with the fact of the growing number of multispeciality hospitals is what leads to the mushrooming of multispeciality hospitals. Competition between hospitals has a good effect, because hospitals will provide better services and more item variety to meet customer needs.

Healthcare organizations have been analyzed from many points. Umniyatun (2023) conducted a study that examined the functioning of multispeciality hospitals in the midst of COVID 19 pandemic, by using the Balanced Score Card approach. The study involved a quantitative descriptive design with a case study in a private hospital in East Jakarta. Secondary data were collected. The outcomes revealed that, amongst customers, performance in customer acquisition and retention had a negative effect. Regarding the internal process perspective of the business, its bed occupancy rate and interval between turnovers decreased. On the financial side, their

profitability took a deep. Cost and recovery rate dropped too. This suggests that hospital performance scores were also greatly affected by the epidemic.

During the period after the COVID 19 pandemic intensified, various studies were conducted in order to assess the performance of hospitals and the number of inpatients and outpatient visits which decreased by 27% and 22%, respectively (May 2020; Yama-guchi *et al.*, 2022). The biggest decrease was noticed in children's wards. There were decreases of about a third in the use of health services and great variation occurred with greater decreases observed among people with mild illnesses (Moynihan *et al.*, 2021).

The use of health services decreased by some 30% in the pandemic era, with a considerable variation, and greater reductions observed among people with less severe illnesses (Moynihan *et al.*, 2021). Similarly, nurses and other hospital workers acquired the irrational fear of catching diseases while in the hospital environment. The employees had great tension and stress which affected the quality of health care services patients received (Deriba *et al.*, 2020; Temsah *et al.*, 2020).

Rahhaleh *et al* (2023) studied financial performance levels of multispeciality hospitals in Saudi Arabia: An evaluation of controls and financial accountability of health facilities was conducted through a questionnaire survey of 79 health facilities. The author, using agency theory, based the study on the multiple hypotheses using a structural equation modeling as well as the partial least-squares technique. Findings revealed that there was a strong positive correlation between both internal control and financial performance. On the other hand, financial accountability reduced the impact of internal control on the profitability.

Chitnis and Mishra (2019) studied efficiency of multispeciality hospitals' performance in India using data envelopment analysis as a tool. The analysis employed a production-oriented approach based on a set of four input and output variables to uncover the best healthcare providers. The scale and dimension for delivery of healthcare services that meet quality standards should be driven by high levels of performance that meet the efficiency and effectiveness requirements. This study applied a sample of 25 Non-UHC hospitals. Among these, the elevations only introduced that only seven hospitals were effective.

In a similar study by San (2020), a comparative assessment of healthcare performance between the Nepali private and public health systems was done. The study methodology was developed based on cross sectional approach and it followed a purposive sampling of five hospitals- three of each

from private and public healthcare systems of five developmental regions of Nepal. The patients of the study who got randomly placed in emergency departments of hospitals were included in the study. In general, private healthcare systems were found to have a higher service quality standard as well as higher patient satisfaction rates. Two health care systems in public and private sectors were about equally fair, responsive and showed their health care personnel's behavior.

Al-Shourah (2021) scrutinized the role and utilization of TQM approach in the quality performance of multispeciality hospitals in Jordan. The survey instrument or questionnaire was the main source of data that was used in the study. With the aim of reaching a large number of people, a total of 330 participants were included, with 140 participants who work in 5 Jordan Hospitals giving responses (42.4% response rate). The inquiry found that top management involvement in quality and support to quality, detailed quality planning, information sharing, data training, customer background and the concept of continuous improvement positively influence the quality performance.

Asaria *et al* (2021) while examining financial expenditure in various hospitals claimed that there was an enormous financial mismanagement by the health facilities, diversion of health resources to other sectors which interfered with medical and nursing staff on their service delivery. The findings suggested that there was clear quality relationship against performance.

Focus of most studies in Kenya has been on multispeciality hospitals that have even been used to conduct case studies some of which were carried out in Nairobi City. Wakhungu and Mutuku (2023) conducted a study to analyze the capability and applicability of big data analytics in multispeciality hospitals in Nairobi County. The research was based on the Adaptive Structuration Theory and others, for example, Diffusion of Innovation Theory, Organizational Dynamic Capabilities Theory, and Resource Based Theory. The research approached the study through the use of the descriptive research design. The estimated sample for the study were 120 respondents (participants). The 120 random staff members were from private treated hospitals which was tailored, and they all took place. Analysis of results indicated that big data capacity and responsiveness had a very strong and significant connection with performance. There existed significant touch between financial measures and performance. Service quality was found to have a medium connection with performance and financial measures were found to have a weak but significant connection with performance.

Gioko and Njuguna (2019) did a strategic planning assessment and the performance of multispeciality hospitals in Nairobi. The study was a descriptive research work involving large multispeciality hospitals. The study population comprised 25 respondents selected through the use of census. The outcomes indicated that hospitals were ruling out other concerns and just prioritized and focused on one thing. It felt that the targets in the objective functions such as the company objectives and goals in some ways were perceived as financial targets. These findings included the need for a huge space and the hospitals set up a meeting to review every condition from ambiance of the building, the arrival and the departure of patients. The research was centered on the business environment of the area the hospitals operated in, which affected performance.

In 2015 Mwangi looked into the effectiveness as well as the marketing of multispeciality hospitals in Nairobi County. The primary data were obtained by administering questionnaires to the 28 managers in private health facilities within Nairobi County. The research results showed that private hospital services delivery in Nairobi County was positively related to the marketing strategies.

Nderitu (2016) conducted a study to establish how the quality and service performance of multispeciality hospitals in Nairobi County had deteriorated. The study focused on 25 respondents in the multispeciality hospitals in Nairobi by sending questionnaires to top managers so as to collect primary research data. Researchers observed that personal touch, responsiveness, assurance and empathy were those aspects that led to service quality gain. The paper aimed to convince the reader that it is possible to take into account not only stochastic functional but also sparsely measured quantities in a systematic manner. Within the context of the Private Healthcare Business, there are three indicators of performance that are at three levels including the employee's level, financial levels, and customer satisfaction levels. Finances represent organizational component in the triad and if they don't allow running of a company it ends up being shut down (Odhiambo, 2018).

1.1.3 The Private Health Sector in Kenya

The Kenyan Private Health Sector has experienced substantial exponential growth over the years. This has resulted into marked competition as hospitals struggle to ensure that they remain competitive in the market. The existing evidence presented from the available literature shows that private health facilities administered 56.8% of all the medical visits that took place in urban Kenya

in the year 2013 which was almost double the 26% it handled in the year 2009 (Heath, 2014). The Total Health Expenditure had purely increased from KSh 163 billion in 2009/10 to KSh 234 billion in 2012/13 and the percentage of total health expenditure to GDP rose from 5.4% to 6.9% in the same period (Ministry of Health, 2012).

In 2010, estimates that the value of the private health sector in Kenya were pegged at Kshs 20.4 billion (MoH, 2009). Meanwhile, this initial amount has grown given a rise in the number of investors who want to be part of the sector. This has also led to rising interest from the international investors who want to explore the area that is growing up fast as the most attractive healthcare space in Kenya. For about 2.5 million United States dollars, the Abraaj group assumed control of Avenue Hospital, a local clinic in Kenya, in 2011. After that, the amount of outpatient health centers of 3 in 2013 grew to 15 in 2017 within Avenue Hospital. And it led to the group increasing its stake in the hospital chain to 51% in 2016. It is not only at Avenue Hospital that the current trend for multispeciality hospitals to operate satellite clinics seems to be in place. Most of the main players fighting to have their presence in every urban centre country wide.

The number of satellite clinics of hospitals like Aga Khan University Hospital have continued to grow as there are currently over 40 such clinics operating around the country. AAR Health services operate over 15 health centers in the country. In addition to having more than 15 locations locally, Oasis Healthcare Group intends to go beyond the national boundaries, far reaching many people seeking services.

Kenya's government Health Facilities register (eHealth) docs that the number of medical centers is more than 172. However, there are more than 450 general practitioner clinics (GP), and the rest of facilities are even more. For the doctors and dentists there is competition from the clinical officers, nurses and the quacks. Due to increased competition, healthcare managers should continuously innovate in order to win the market and realize return and value for the businesses and their investors.

A strategy favorable to the World Bank and documented empirically and also applied by the Kenyan government for effective implementation and speedy results is the Rapid Results Approach which has been tested by professionals (Korir et al., 2015). From 2003, three periods of RRI approaches aimed at instilling ethical frameworks and principles were outlined. The first wave of change was almost entirely characterized by applying the tool as a lever aimed at the needs and

plans for last 100 days management. The second wave of wind was about capacity transformation of process orientation culture exchanged for results-based management culture and the third wave added public service values constituent as well as the mechanism that makes things happen.

1.1.4 Multispecialty hospitals

As the need for more specialized healthcare rises, multispecialty hospitals continue to emerge to take care of the ever-increasing demand. These centers provide a wide scope of specialist care to patients, under one roof. These hospitals tend to be large and complex organizations, with many departments and employees. Due to the complex nature of these organizations, there is need for continued innovations in performance management to ensure they remain efficient and competitive. The Oasis Healthcare Group in Kenya is one such organization, consisting of 16 hospitals spread across the country, 3 of which are multispecialty hospitals.

The healthcare sector in Kenya has been increasingly focused on improving service delivery and patient outcomes, particularly in multispecialty hospitals that cater to a diverse range of medical needs. The Rapid Results Initiative (RRI) has emerged as a significant approach aimed at enhancing the performance of healthcare facilities, including multispecialty hospitals. This review synthesizes existing literature on the impact of RRI on healthcare performance, with a specific focus on multispecialty hospitals in Kenya.

The RRI is characterized by its emphasis on achieving rapid improvements in health service delivery through targeted interventions and measurable goals. According to Muriuki et al. (2020), RRI initiatives have demonstrated a positive correlation with improved healthcare outcomes, particularly in settings where accountability and rapid feedback mechanisms are implemented. In their study, they found that hospitals participating in RRI programs reported increased patient satisfaction and reduced waiting times, highlighting the initiative's effectiveness in enhancing operational efficiency.

Moreover, multispecialty hospitals, which integrate various specialties under one roof, face unique challenges that can be addressed through RRI strategies. Njuguna and Muriuki (2021) noted that the complexity of care in multispecialty settings necessitates coordinated efforts to streamline processes and enhance communication among healthcare providers. Their findings suggest that RRI frameworks facilitate better collaboration among departments, leading to improved patient care and resource utilization.

A case study by Kibera et al. (2019) on several multispeciality hospitals in Kenya indicated that the adoption of RRI led to significant improvements in clinical outcomes and operational metrics. The study emphasized the importance of leadership commitment and staff engagement in driving successful implementation of RRI initiatives. The authors argue that when hospital management actively supports RRI efforts, it fosters a culture of continuous improvement that benefits both staff and patients.

Oasis Multispeciality Hospital, a prominent healthcare provider in Kenya, has implemented various performance improvement initiatives, including RRI. While specific studies on Oasis are limited, anecdotal evidence suggests that their adoption of RRI has contributed to enhanced service delivery and patient outcomes. The hospital's focus on rapid improvements aligns with broader trends in the Kenyan healthcare system, where efficiency and quality of care are paramount (Oasis Multispeciality Hospitals, 2022).

1.2 Problem Statement



The healthcare sector in Kenya is increasingly challenged by inefficiencies and a growing demand for quality services, particularly within multispeciality hospitals that cater to diverse patient needs. The Rapid Results Initiative (RRI) has been introduced as a strategic approach aimed at enhancing performance and service delivery in these healthcare settings. However, despite its implementation, there remains a lack of comprehensive understanding regarding the specific effects of RRI on the operational performance of multispeciality hospitals, particularly at Oasis Multispeciality Hospital. Over the last few years, the departure from COVID-19 pandemic has revealed the fragile nature of health system. The pandemic unleashed the weaknesses of our healthcare systems and pushed the health providers to look into the future with anticipated such like pandemics and the solutions that can be of help to the challenge (Bjurling-Sjoberg *et al*, 2021). Measuring health facility efficiency and effectiveness has been of interest with many researchers going into the area seeking knowledge on how patients can get quality healthcare (Feibet *et al*, 2019). Odhiambo (2018) while digging into the healthcare efficiency during pandemic there is need for developing health systems that can adapt to the changing healthcare needs like the unexpected occurrences like covid 19 pandemics. The high demand for hospitalization during the pandemic covered with economic crisis that deliberately increased the knowledge gap in health delivery systems. (Victor & Farooq, 2021). This has resulted in the need to find ways to stabilize

organizations more rapidly in order to return their performance to optimal levels. The rapid results initiative has been fronted, especially in the public sector, with some tangible results. The private sector has also embraced elements of it.

Research has been carried out by different scholars to evaluate the performance of hospitals and the number of hospitalizations and outpatient visits which by statistics have since decreased from 27% to 22%, respectively (May 2020; Yama-guchi et al., 2022). Vishniakov *et al* (2023) examined healthcare facilities and their effectiveness in the pandemic times and found that healthcare systems are basic since it touches the human life, therefore looking into its performance was of significance to the organizations and governments. These assessments play a vital role in refining healthcare policies and practice continuously, ultimately leading to better health outcomes for diverse populations.

The rapid results initiative has been identified as a performance management tool to help achieve results within organizations over a short period of time (Schaffer, 2005). In Kenya, Ngutu (2010) noted that the course of implementation of rapid results initiatives is largely dependent upon organizational culture. Gioko and Njuguna (2019) did a strategic planning assessment and the performance of health facilities within in Nairobi. Wakhungu and Mutuku (2023) studied the capability and applicability of big data analytics in multispeciality hospitals in Nairobi County. Nderitu (2016) established the role of quality and service performance of multispeciality hospitals in Nairobi County while Odhiambo (2018) focused on indicators of Private health facilities in Kenya. The studies obviously have not paid attention to the rapid results initiative.

This study filled the knowledge gap with regard to lack of known studies on the use of the RRI in private healthcare setting. The study looked into the implementation and impact of Rapid Results Initiatives (RRI) in terms of performance at Oasis Group of Hospitals Limited in Kenya, focusing on the areas of improvement and the challenges being met by the healthcare facilities. The research was aimed at offering invaluable recommendations for the optimization of the use of RRI to enhance performance measures and overall operational efficiency within Oasis Group of Hospitals and, potentially, other health care facilities facing similar challenges within the health care sector of Kenya

1.3 Research objectives

1.3.1 General Objective

To evaluate effects of rapid results initiative on performance of multispecialty Hospitals; a case of Oasis Healthcare Group, Kenya.

1.3.2 Specific Objectives

- i. Assess the effect of rapid results initiative monitoring on performance of multispecialty hospitals in Kenya.
- ii. Analyzing the effect of rapid results initiative capacity building on performance of multispecialty hospitals in Kenya.
- iii. To assess the influence of transformative RRI Capacity building on performance of multispecialty hospitals in Kenya.
- iv. To assess the challenges and factors contributing to successful rapid results initiative implementation in multispecialty hospitals in Kenya.

1.4 Research Questions

- i. What is the effect of RRI monitoring on performance of multispecialty hospital in Kenya?
- ii. To what extent does capacity building for RRI optimize performance of multispecialty hospitals in Kenya?
- iii. What is the influence of transformative RRI Capacity building on performance of multispecialty hospitals in Kenya?
- iv. What are the challenges and factors contributing to successful RRI implementation at Oasis Healthcare Group?

1.5 Scope of the study

This study sought to gain insights on Rapid Results Initiative on health facility performance in selected Oasis Healthcare Group facilities in Western Kenya. The study included three of Oasis Healthcare Group Multispecialty Hospitals which have previously been involved in RRI activities. Study population was health facility managers as well as executives at the Group level. The study assessed RRI implementation on customer outcomes and operational efficiency, its successes and challenges and suggested potential ways in which the use of the tool could be improved. It

employed the resource-based view theory and the goal-setting theory. The study adopted a case study methodology with samples drawn from senior managers.

1.6 Significance of the study

1.6.1 Academicians and Researchers

People in the academic field and research can leverage a knowledge framework to understand RRI implementation. The researchers and academicians undertaking their study in the area will develop inroads into the future research. The study would provide researchers and academicians with new avenues of research, which would help them gain divergent views, skills and knowledge on the efficiency and effectiveness of health facilities in sudden pandemic circumstances.

1.6.2 Managers and Consultants

The managers of the respective multispeciality hospitals will find a stage to start up the management and consultancy practices. The literature search did not reveal any studies about the Rapid Results Initiative as personal management apparatus in private healthcare ventures in the whole world, let alone in Kenya. Although they have many differences with government institutions, multispeciality hospitals tend to be different from them in many ways, ranging from the sources of financing to the profit motive. The study will provide a tool to aid managers in strategically thinking through the major RRI decision making tactics to improve organizational performance in public sector in Kenya. This research will provide enlightenment to private healthcare managers who are deliberating the possibility of using this as performance management tool. Strategy teachers, consultants, and experts will find this study very useful in teaching students how to execute strategy and measure performance in the healthcare sector of Kenya.

1.6.3 Government and Policy Makers

The government which should be in the fore front for demanding for a better health care facilities and services especially preparedness in times of pandemic such the recently witness covid 19. Should be interested in health systems policies and strategic implementation across the country. The government would use this study's information to take a leading role in formulating the strategic management practices to enhance firms' performance in various health facilities in the public sector in Kenya.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review, the existing literature about RRI and the various tools of managing business performance. It covers a comprehensive discussion of the theoretical foundations that anchored the study variables as well as the conceptual framework. The empirical review of literature is also presented. The chapter further provides a critique of literature, identified research gaps and the chapter summary.

2.2 Theoretical perspectives

There are a number of theories on managing performance, but how each theory is implemented varies depending on the nature of the organization and the requirements of the workforce. Increasing Performance of multispeciality hospitals through development and motivation is the main goal of performance management theory. The goal-setting theory is more suitable for this particular investigation.

2.2.1 Goal setting Theory

Following the lockean goal setting theory, human behavior is guided by goals and reasons, hence the purpose of creating such reasons or goals. He does three things. First, when he defines goals, the cosmos becomes regulated. Though there is everything which can be explained to the way the movements and activities of every living species is, goal-orientedness is them all. From it one can infer that the whole idea of conscious activity is prevalent in the entire universe.

Binswanger (1990) has shown that goal-directed action is defined by three attributes: The sources of energy are vis-à-vis the organism (1) ; teleogenesis: the organism is the end of the organism's actions; (3) ethology-significance: the actions are necessary for an organism's survival (2); and (4) teleology-causation: the organism's action is the result of the goal (4). Three major types of goals have primarily been examined in the literature: either result or outcome (S) focused performance targets, knowledge or competence (S) acquisition-focused learning targets, or desired behaviors (B) repeatedly practiced as goals (Latham, Seijts, & Slocum, 2016).

It is the awareness and superiority of the mind, that is considerate as the 'humanness,' which ideally refers to a faculty of reason. They are provided with a framework which enables them to understand not only the goals but those long range purposes (LoClause, 1969). Passion is a

motivational factor of humanity in Binswanger (1991). Consequently, people have to obtain skills of what would lead to their existence, make goals of having it, select the ways to achieve them, and consequently, make decisions of doing this.

The theory of goal setting is applied to all fields action which bring a person to their target. It is the proved aimed to be addressed by the theory that concerns why some individuals performed their tasks well before the others. Either way, if they are equal in knowledge and competence the only way they can surpass or outdo each other is through motivation and the willingness to work hard. Goal setting is external, that is its major concern is to have congruent theories explaining individual differences in different task performances (Ryan, 1970). The theory states that the best possible motivational explanation of performance is because individual have different performance goals or targets.

When a person is not involved in the process of assigning the goal, the impact of the goal on performance is more ambiguous (Klein, Wesson, Hollenbeck, & Alge, 1999; Latham, Erez, & Želea recommended: Erez, & Zidon, 2016), and when a person doesn't own or accept the goal at If the goal is not attractive and not accepted, efforts can be made to achieve it may not be successful (Erez & Zidon, 1984). A second barrier for a goal to be effectively attained is the issue of stress that the person perceives since it is observed that the negative emotions distract the attention of the individual from the task (Latham & Seijts, 2016).

An additional avenue of possibilities is how objectives other than your short-term change goals can be used in the further process of change. With the support of the new learning approaches, we believed that we could grow new knowledge and strengthen our skills so that success would be achieved. Therefore, learning objectives determine the success. For that reason, employees' goals could be directed toward the creation of new ways of accomplishing their work, which probably narrates the specific learning objectives (Latham & P. 3 Seijts, 2016; Winters & Latham, 1996).

The goal setting theory as it is emphasized by Locke and Latham is the most efficient motivational theory. It was summarized from empirical studies last about four decades. Concept lies on the principle of conscious motivation (goals are considered object of action, aim or purpose). Although the goal setting theory is mainly analyzed from the individual perspective, it is still believed by many, that the theory can be made relevant for organization level too. Locke in his turn argues that goal-setting has positive influence on any activity where people can control themselves. In this field there are theories of the goal setting, individual and also organizational level are currently

researched. Within the organizational setting, individual empirical observations show that the interests of individuals, groups and the organisation as a whole are not always aligned.

Conflict of goal can lead to incompatible reactions that may add up to the problem performance. Therefore, it is vital for establishing coherence between an individual's objectives and the general aims of the group. The theory will be used to justify rapid results as one of the approaches to drive the performance of organizations in this model.

2.2.2 Resource Based View Theory

Barney mentions that (1991) RBV treat an organization as a collection of tangible or physical resources (human or organizational resources: (Amit & Shoemaker, 1993). And these resources are the ones that are scarce, unique, inimitable or immitiable such as the corporate level strategy, the systems of competences of the firm, the intangible resources such as the skills of the worker and the corporate culture of the firm. Therefore, they are the bases of the organizational competitive advantages (Barney, 1991).

Such an opportunity enables enterprises seize the sustainability and competitive edge, exploring their rare, valuable, rare, inimitable and non- substitutable resources to deliver superior performance (Collis and Montgomery, 1995; Grant, 1991; Wernerfelt,1984). One can simply rely on the words of Barney that 'useful asset is the cause of a firm's make business efficient and that leads to high revenue, low costs, high profit or anyway it increases the wealth of a firm in a favorable way (Barney, 1986, 658). Additionally, it has been especially revealed by Frame (105, 1991) that 'resources can be transformed by a firm to form or realize strategies that increase the efficiency or effectiveness of it'. The RBV is indeed an instrument of power for the managers of firms who are assumed to understand why competences and assets are the main drivers of businesses and how these can be used to make the organization competitive and profitable.

According to Rantakari (2010) the resource based view (RBV) theory is the fact that the client firms invest in their assets and capabilities for the purpose of maintaining a competitive advantage which is why they go for outsourcing in the first place. RBV that [5] defines states that the internal resources of the company constitute the main factor determining the performance of a company, and are the main source of a sustainable competitive advantage of the company.

RBV (Resource-Based View) model, which takes a resource-centred approach in the organization, mainly the company's intangible resources and combination of resources for the competitive advantage. Resources can be seen as the goads used to drive business processes. Firm's strategic decisions are not driven by their internal resources and competencies but rather by the external environment, also known as forces, that defines their business environment (Madhani, 2010).

One thing to note here is that, over time, the market dynamics change. Therefore, the resources need to shift so that they remain in line with the changing market scenario. The basic is that in times when assets are limited, valuable, rare, inimitable and non-substitutable, it provides an opportunity for certain firms to enact value-creating strategies and thus, the unbeatable performances which prevent other competitors from copying what has been done. Despite this age in which the economy is dynamic the companies should usually develop new capabilities or competences in a view of maintaining a sustainable competitive advantage. This argument presents this side of the theory, and as a result it is useful for project management.

2.3 Performance of Hospitals

Healthcare is an environment with complex and dynamic challenges which has been experienced and discussed globally by the international bodies such as the world health Organisation(WHO).This received an interest by many countries and health practitioners worldwide, immediately after the covid 19 pandemics for example, scholars like, (Hadian *et al*, 2024) have revealed that challenges such as lack of adequate services, competition and equality in the health provisions is yet to be addressed

To be able to find solutions to the above-mentioned challenges it is proper for organization, countries and government to look for a quantitative measure with a well-documented frameworks to assist in evaluating the efficiency, effectiveness and the performance levels of various health facilities within the premises (Ahmed *et al*. 2019).

Health organization have to thrive in the turbulent health environment. the evaluation of performance has been put as the work of top management; however, many researchers have argued that it should be the overall work of the organization, meaning that all the staff member at all level from bottom to top should be part and parcel of the noble idea, (Rahimi *et al*, 2016).

Vainieri *et al* (2020) has blamed the health care crisis on lack of government support in terms of resources, knowledge and technology, to upgrade the emerging health care problems.

2.3.1 Performance management initiatives in the Kenyan public sector

And the government bureaucracy or the public service is the collection of government officials hired in civil occupations (civil servants or the judiciary) (Korir et al., 2015). Ethical societies respect honesty and diligence of workers as they employ merit to promote or appoint. Its in examination that merit is the thing most importance therefore. But other ways corruption and patronage thrive. They are the prime selection points to the elected Ward Committee and the political appointees. "the officials are not accountable for making policy," but they are simply to follow their orders.

Governments developed a framework where the implementation of the reports results in a reality as it adopts the Results Based Management approach. For this reason a effort was made to encourage effectiveness, quality, and performance in service provision within the public service sector The reform strategies which the government has since adopted in 2003 in its effort to enhance service delivery in the public service include: This Framework is targeted at especial areas such as result-based approach, contracting, citizenship, RRI Capacity building transformation, and institutional capacity building (Korir et al., 2015).

There were a few public services that have been started soon, the objective of it was to have the citizen welfare become the center of policy issuance and service delivery (GOK, 2007). The steps taken by the government in the 2007 Economic Recovery Strategy (ERS) is just an example of them recognizing a public service system which is efficient, motivated and trained in the recent edition of the Periodic Progress Report, about transformation management planning and implementation; strategic planning and performance management (Kenyatta, 2011). Polycentric interventions which are meant to bring about the change in attitude of the government that will concentrate on the services it renders traditionally, including the training on service delivery, assessment of skills inventory, performance management and development of service channel among others.

2.3.2 RRI Monitoring

The Organization for Economic Cooperation and Development (OECD) (2002) posits that monitoring is a continuous duty, which entails the systematic accumulation of data on predetermined indicators to offer management and principal stakeholders of an ongoing

development intervention insights into the degree of advancement and attainment of objectives, as well as the utilization of allocated resources.

Results-based monitoring and evaluation is a potent management tool that can be used to assist policymakers and decision makers in tracking progress and proving the impact of a particular project, program, or policy, according to Kusek and Rist (2004). In contrast to conventional implementation that are focused on impacts and outcomes rather than inputs and outputs.

Across the globe, governments and organizations are battling both internal and external pressures to enhance and reform public management. The media, donor governments, parliaments, the private sector, NGOs, citizens' organizations, civil society, and multilateral development institutions are some of the many sources of these demands. Governments and organizations must respond more quickly to internal and external stakeholders in order to show measurable results, whether those demands are for increased accountability and transparency, improved development program effectiveness in return for foreign aid, or actual outcomes of political pledges made (World Bank, 2004).

2.3.3 RRI and Transformative RRI Capacity building

The fundamental idea behind Transformative RRI Capacity Building is that everyone has the ability to lead and that, especially at this pivotal time, everyone, whether or not they are aware of it, contributes to and actually co-creates the world in which we live. Every decision, deed, conversation, and encounter reflect the way we are living our own lives. According to Montuori and Donnelly (2018), transformative RRI capacity building challenges everyone to consider the kind of world they are constructing through their ideas, convictions, deeds, and interactions.

Building organizational RRI capacity is becoming increasingly important and is regarded as a critical success factor in the rapidly changing world. In this sense, managers at all organizational levels feel compelled to collaborate with one another in order to accomplish the intended outcomes, in addition to top-level managers showcasing their abilities. Regardless of their position, they must be able to motivate people to work and take accountability for their actions (Korejan & Shahbazi, 2022). The term "transformational RRI capacity building" describes leaders who aim to generate fresh concepts and viewpoints in order to forge a new course for the organization's development and success. By encouraging managers and

employees to be dedicated, passionate, and loyal, they inspire the organization's members to make significant changes to the organization's foundation and principles.

Ughulu (2024) claims that transformational RRI capacity building has become a crucial factor in determining the success of organizations and countries because of its capacity to inspire, motivate, and elevate followers to put aside their own interests. Beyond traditional models, this RRI Capacity Building paradigm emphasizes a visionary approach that encourages creativity and group achievement. Developing the potential of their followers is a challenge for leaders. Many leaders don't realize how important empowerment is or how important leaders are in creating commitment and engagement among their workforce. An organization's commitment to employee development and empowerment is communicated to staff members through the norms, values, and policies that their leaders adopt as well as their leadership style (Caldwel, 2020).

2.3.4 RRI Capacity Building

Simply put, capacity building is the process of improving an organization's management and governance to enable it to successfully accomplish its goals and carry out its mission (Beesley et al, 2010). Building organizational capacity necessitates intentional and planned change in order to be successful. Some companies make the error of providing new skill training to employees without conducting the required follow-up to ensure that the skills are being used effectively (Duda et al, 2012).

Assessing capacity building can be difficult. The inability to distinguish capacity building initiatives from project-wide activities presents one challenge; an assessment of capacity building should concentrate on the capacity building initiatives rather than assessing whether the organization is accomplishing its objectives (Barrett, 2013). Hashimi et al. (2023) contend that both individuals and organizations aim for success and expansion in a world that is changing quickly and becoming more complex. Achieving sustainable success, however, calls for more than just skill and money; it also calls for the creation of strong capacities and efficient RRI capacity building. By investing in RRI Capacity Building Development and capacity-building initiatives, their study acted as a guide for individuals and organizations looking to realize their full potential and attain long-term success.

2.3.5 RRI and organizational change

The organizational change approach itself imply complexity, solving-focused and people process. The organization that wants the change to be done is to assume that the values, assumptions, and beliefs will be changed too, which will consequently change the work, structure, and relationship contents (2007 Carol Rusaw).

Limited to occasional cases, at the organizational level resistance to change frequently emerges (see also, some authors even propose a view that any organizational change will necessarily throw a challenge to the organisation in its attempts to neutralize an impact from the change projects) (Kavanagh & Ashkanasy, 2006).

Resistance in public sector and other organizations can be as a result of cultural practices where change in the culture is hated and thus the community prevents their cultures being changed by the new culture, which is the common response of the community to the challenges that they experience especially where there is a high level of bureaucratic practices. In addition, there is individual hands on resistance to change as well as organizational resistance to change. In the past, many reasons (e.g., selective perception, habits, convenience, and loss of freedom) were given by individuals and some of them were described as economic factors (if change might affect them in any way such as reduction of salaries or any other rewards they might be used to receiving) and some others as security reasons (whereby the unknown has been considered as a threat).

Reaction in respond to the changes varies from person to person. On the one hand in case of the good response of the employees, the result will be the increased job satisfaction, while on the opposite side, the result will be the negative attitude due to the most minor changes (Cole et al., 2006).

The human factor including psychological and physical demands also requires attention and not just organizational change per se could be the reason for lower employee enthusiasm about the change (Sverke & Hellgren, 2002). This therefore isn't so much amazing to see individuals resisting organizational change, because it is those individuals had to adjust themselves to the demands of these changes. In such a way an incentive must be recognizable for people to make a change otherwise people would not be convinced. The change begins at the level of an individual, so in the end, one's opinion which can be either a resistance or a support, is a matter of an individual decision and behavior (Cole et al., 2006).

Whereas all organizations find it difficult (or even impossible) to undertake a change process, a more significant change resistance is observed in the public sector as compared to the private sector's change. What is more, most of the models of organizational change were originally created for the private business sector, which is based on performance, oriented towards enterprises and have an easier and more flexible framework for external change (Carol Rusaw, 2007). This shows the difference between the reasons behind the public-sector agencies operate on, which is getting orders from the law and based on bureaucratic cultures with rules and no market orientation while only considering the customers. References to the traditional conservatism of public sector agencies (Maddock, 2002) are also to be found in this context, which can be associated with a lowered level of change, since risk is closely linked to change. Certainly, change management in the public sector may therefore imply more difficulty than change management in the private sector.

While multilayered and change resistance gets in the way these barriers may prove; change strategies in public sector as a rule display it as unwilling (Rochet & Rochet, 2007). Good communication, as well as transformational RRI Capacity building are important in the public sector; otherwise, new initiatives find it challenging to gain 'buy-in' from individuals and experience failure (Maddock, 2002).

It is important to observe the performance of these Rapid Result Initiatives that have been largely applied in the public sector (despite the challenges that have brought great budging to the public sector) in the private sector.

2.3.6 Challenges of RRI

Organizational culture is a big determiner that can influence the success of outcomes that must be delivered with urgency (Ngutu, 2010). Not only to be understood in the light of the changes in approaches but also a new system or way of doing is a challenge. Results management involves in having an organizational culture of results which is created and retained. The change do not come easy, when before the management style has considered inputs and processes, rather than outcomes and outputs. The transformation of a management concept, from controlling outputs to constant monitoring of outcomes is forced and highly stressed. Nevertheless, most of the results that are desired are almost certain to be incremental and unobservable. As a result, more and more managers and even the staff member decided to concentrate on the easy to reach tasks rather that

the ones that are fundamental from the points of growth (Obong'o , 2007). The main omission in public sector is that the complex system of results is frequently independent on the most complex version of indicators and the targets. Even if they are separately defining from each other the more the indicators you have the easier it is to map the process of monitoring but also to make the practical application of data more difficult. The problem is that people are inclined to complicate even simple things into which RRI may easily get. Poor training and organizational support for RRI are main problem for this structure. In most cases, the assessment and results management processes are created and designed in such a manner that takes the humanity factor for granted. Results management concepts are not clear to the staff; with this, it magnifies the overall representations of this business, which is a new way of doing business Practicality will stand in the way if it is not accompanied with the activities for capacity building and the learning materials (Ali Halawi & Nada Haydar, 2018).

2.3.7 RRI Success factors

The success of the Rapid Results Initiative (RRI) in public sector and healthcare reform is influenced by several interrelated factors that determine its effectiveness and sustainability. One of the key success factors is clear goal setting. Studies show that RRI thrives in environments where objectives are specific, time-bound, and measurable, typically within a 100-day framework (Odhiambo & Mwaura, 2019). Well-defined targets help staff focus efforts, track progress, and remain accountable. Leadership commitment is another critical success factor. According to Mutale et al. (2021), transformative and engaged leadership fosters ownership of RRI processes and motivates teams to adopt change. Leaders who champion RRI cultivate a results-oriented culture and support collaboration across departments.

Stakeholder involvement and team ownership also play a vital role in the success of RRI. Mbau and Gilson (2018) argue that involving frontline health workers and managers in the planning and implementation phases ensures greater alignment with local needs and enhances commitment to the set goals. Cross-functional team engagement further supports innovation and shared accountability. In addition, adequate resource allocation—both financial and human—is essential. The availability of resources ensures that activities planned within the RRI cycle can be executed without disruption. Conversely, resource limitations often derail momentum and reduce staff morale (Ngugi & Mberia, 2020).

Finally, continuous monitoring and feedback mechanisms have been highlighted as necessary for learning and course correction. Regular data collection and review meetings allow teams to reflect on progress, identify challenges early, and adapt strategies in real time (USAID, 2020). Despite these recognized factors, context-specific elements such as organizational culture, political support, and health system complexity may influence the degree to which RRI succeeds. Therefore, local adaptation and leadership flexibility are also key for long-term impact.

2.5 Linkage between theories and study variables

The effects of the Rapid Results Initiative (RRI) on the performance of multispecialty hospitals can be comprehensively understood through the lens of both Goal Setting Theory and Resource-Based Theory (RBT). Goal Setting Theory (Locke & Latham, 2020) emphasizes that specific, challenging goals enhance performance by focusing efforts, increasing persistence, and encouraging strategic planning. This is directly relevant to RRI, which operates on the principle of setting clear, time-bound objectives, typically within 100-day cycles, to drive rapid improvements in service delivery. Within this framework, RRI monitoring functions as a critical feedback mechanism, enabling continuous tracking of progress and allowing adjustments to stay aligned with the set goals. Similarly, RRI capacity building aligns with the theory's focus on equipping individuals with the necessary skills and knowledge to meet organizational targets effectively. Transformative leadership further complements Goal Setting Theory by inspiring and motivating hospital staff to embrace these goals, fostering commitment and accountability essential for achieving RRI objectives (Bass & Riggio, 2020). The success factors and challenges inherent in RRI implementation—such as clarity of goals, stakeholder engagement, and resource availability—reflect the theory's emphasis on conditions necessary for goal attainment (Locke & Latham, 2020).

In parallel, Resource-Based Theory (Barney, 2021) offers a valuable perspective on how internal capabilities and resources influence the successful application of RRI in a hospital setting. According to this theory, organizations achieve sustainable competitive advantage through valuable, rare, inimitable, and non-substitutable (VRIN) resources. Applying this to Oasis Multispecialty Hospital, capacity building under RRI strengthens the hospital's human capital, a key strategic resource that enhances its ability to implement change and improve performance. RRI monitoring systems serve as valuable organizational capabilities that institutionalize learning

and ensure consistent adherence to performance standards. Furthermore, transformative leadership is itself a critical resource, providing vision, adaptability, and influence needed to mobilize and sustain institutional change (Barney, 2021). The success and challenges of RRI implementation can thus be understood in terms of how well the hospital leverages its internal resources to support the initiative; inadequate resources or resistance may hinder performance gains, while optimal resource alignment facilitates sustained improvements (Barney, 2021).

Together, Goal Setting Theory and Resource-Based Theory provide a robust conceptual foundation for examining the effects of the Rapid Results Initiative on the performance of multispeciality hospitals. While Goal Setting Theory highlights the importance of clear objectives, feedback, and motivation in driving short-term results, Resource-Based Theory underscores the necessity of internal capabilities and leadership as enablers of long-term success. This integrated theoretical approach allows for a nuanced analysis of how RRI monitoring, capacity building, transformative leadership, and related success factors and challenges influence hospital performance, particularly in the context of Oasis Multispeciality Hospital.

2.6 Empirical Review

Implementation of RRI is very important to the hospitality industry and most hospital facilities have striven since the introduction of the RRI in the facilities. However, looking at the extent and challenges of the strategy of implementing RRI at National Environment Management Authority (NEMA) in Kenya, (Leparan, 2010). It was a descriptive design and interview guide were used in the sampling process and the data collected were analyzed using content analysis to understand the nature, importance and value of adaptation among managers working to protect the environment in NEMA. The research revealed that even though NEMA tried putting RRI into practice, the organization had to deal with various challenges that included: with regard to the area of an old staff so they are used to the existing system; inadequate funds; poor strategic planning, insufficient staff and resources are responsible for delays in communication and coordination between the departments. The suggestion of the report is that the government enacts the law to have legal and institutional framework to allow PSR and PC to act as supervisor agents and ensure that the locally elected leaders play a supervisory role over the government agencies involved in RRI programs implementation through strict adherence of Result Based Management guidelines. Additionally, the assessment called for more resources and training to enhance NEMA's oversight

function and program effectiveness in assessing RRI efforts. It would be a turnaround compared to the old practice where they trained and equipped them to lead this process on behalf of the rest of officers who are in different departments.

The factor which was enlightened by Akama et al. (2018) in their paper is the success of rapid results initiative (RRI) which is aimed at scaling up male involvement in the Prevention of Mother to Child Transmission (PMTCT), and the purpose of this was to increase the uptake of services, especially by pregnant women in Western Kenya district, which did have 116 known antenatal

The data from the baseline point were calculated and it was compared with the figures recorded at the premenstrual and the 3 months post RRI. Figures in male presence increased from 7.4 to 54. As the radio frequency is repetitive with RRI (DO 69) of 2%, the chance of the codes to match will be 1 out of 69.47, CI 0. At the first round, 45–0. Then there was 43, and finally 43 among women who are HIV-infected during delivering at the hospital. 0 to 49.9% (RD 0.10, 95% CI 0.06–0.13) and 65. We now have 0% HIV care coverage index at the end of maternity in comparison to the baseline of 58% from 2015. Additionally, cited in RRI, a gender-biased one is reported as a prime reason behind the use of male partner PMTCT (Prevention of Mother-to-child Transmission). This is because the RRI was a maleness centered initiative and hence men participated in great numbers in antenatal care which then translates to better partner utilization and improved antenatal care.

Mwendwa (2020) analyzed how RBM is incorporated into the offices in the state department of public service in Kenya. The analysis included obstacles that were revealed in practice as well. More specifically, her research based on primary data (from open ended questionnaires used with institutional employees) and descriptive statistics allowed her to carry out a survey. The major actors in RBM for the Kenya Public Service (PS) are the individual factors, the government policy, organizational culture and top management effectiveness.

The paper's recommendations for the setup of the regulating agencies that will be accountable for the successful implementation of the RBM are that the state agencies ought to be at its core. Management systems will be instigated and employed in order to make sure of and provide support to the put in place and operation of processes and methods of performing management systems. Organization's culture and implemented strategies should be such in a way that they make RBM system a norm of the organizational culture with respect to embracing it by the organization.

According to Dillabaugh *et al* (2012), a study Lisa and co researchers conducted in Nyanza to examine the impact of RRI on the elimination of transmitted HIV toxicity from HIV mother-child was done.

This was the intervention and intervention that was meant to solve the major hindering factors for PMTCT services which include low acceptance and coverage of AHT by HIV positive mothers and their children. RRI was also implicitly recorded by the 13% increment receivable for the ART eligibility assessment using CD4 testing as diagnostic which is almost equivalent to 66.6% of the pregnant women who need the ART tested. Even after the RRI, the market segment for the CD4 test was maintained. Even more encouraging was the increased uptake of HAART amongst pregnant women: it yielded an increase of 44% at the start i.e. 58% of absorptive capacity was gained post RRI introduction.

Empirical studies on the Rapid Results Initiative (RRI) in the healthcare sector highlight its potential in improving service delivery, accountability, and staff motivation. RRI monitoring has been shown to play a critical role in tracking the achievement of short-term goals and ensuring alignment with strategic hospital objectives. For instance, a study by Mbau and Gilson (2018) in Kenyan public hospitals found that consistent performance tracking through RRI frameworks enhanced transparency and informed timely decision-making, contributing to improved hospital responsiveness.

RRI capacity building has also been positively associated with staff empowerment and institutional performance. A report by USAID (2020) indicated that targeted training and skills development initiatives within RRI frameworks led to significant improvements in service efficiency and patient care in district-level hospitals. These findings suggest that equipping healthcare workers with appropriate skills and knowledge is vital to realizing RRI outcomes.

Transformative leadership is another key factor influencing the success of RRI. According to Mutale et al. (2021), leadership that is participative, visionary, and supportive significantly boosts team motivation and ownership of RRI goals. Leaders in hospitals implementing RRI must guide teams through change processes, foster innovation, and navigate resistance, which are essential for sustained improvement in performance.

Despite these positive results, various RRI success factors and challenges remain underexplored, especially in complex hospital settings like multispeciality institutions. Common challenges identified in prior studies include lack of resources, staff resistance, and inadequate leadership

support (Ngugi & Mberia, 2020). These constraints often undermine the effectiveness of RRI, particularly in facilities operating under budgetary and staffing pressures.

However, empirical evidence specific to multispeciality hospitals, especially in Kenyan contexts such as Oasis Multispeciality Hospital, remains limited. Most existing studies focus on single-speciality or public referral hospitals, highlighting a need for localized studies to better understand how RRI functions in complex, resource-constrained healthcare systems. This study addresses this gap by evaluating how RRI monitoring, capacity building, transformative leadership, and contextual success factors and challenges influence hospital performance in a multispeciality municipal setting.

2.7 Research Gaps

According to the literature review, there are no studies that show the relation between RRI and business performance in the private sector, most particularly in the private healthcare. More research aimed at RRI has been conducted within or by the public organizations, especially government of Kenya ministries. This research aimed at studying the private healthcare sector in Kenya. Oasis Healthcare Group as the main study subject provided a survey data from its top management.

Healthcare is a crucial and complicated industry that is currently dealing with issues like growing costs, inefficient services, competition, equity, and user responsiveness on a global scale (Hadian et al, 2024). According to a WHO estimate, inefficiencies waste between 20 and 40 percent of healthcare resources annually. According to Ughulu (2024), transformational RRI capacity building has become a crucial factor in determining the success of organizations and countries because of its capacity to uplift, inspire, and encourage followers to put aside their own interests. Researchers are interested in measuring hospital efficiency because patients want better care at cheaper costs (Feibet et al, 2019). These studies demonstrate the need for further research into a gap in the literature.

Despite the growing adoption of the Rapid Results Initiative (RRI) in healthcare settings, several conceptual and contextual gaps remain unaddressed, limiting a full understanding of its impact on hospital performance. Conceptually, while Goal Setting Theory and Resource-Based Theory provide useful frameworks for understanding how targeted goals and internal capabilities influence

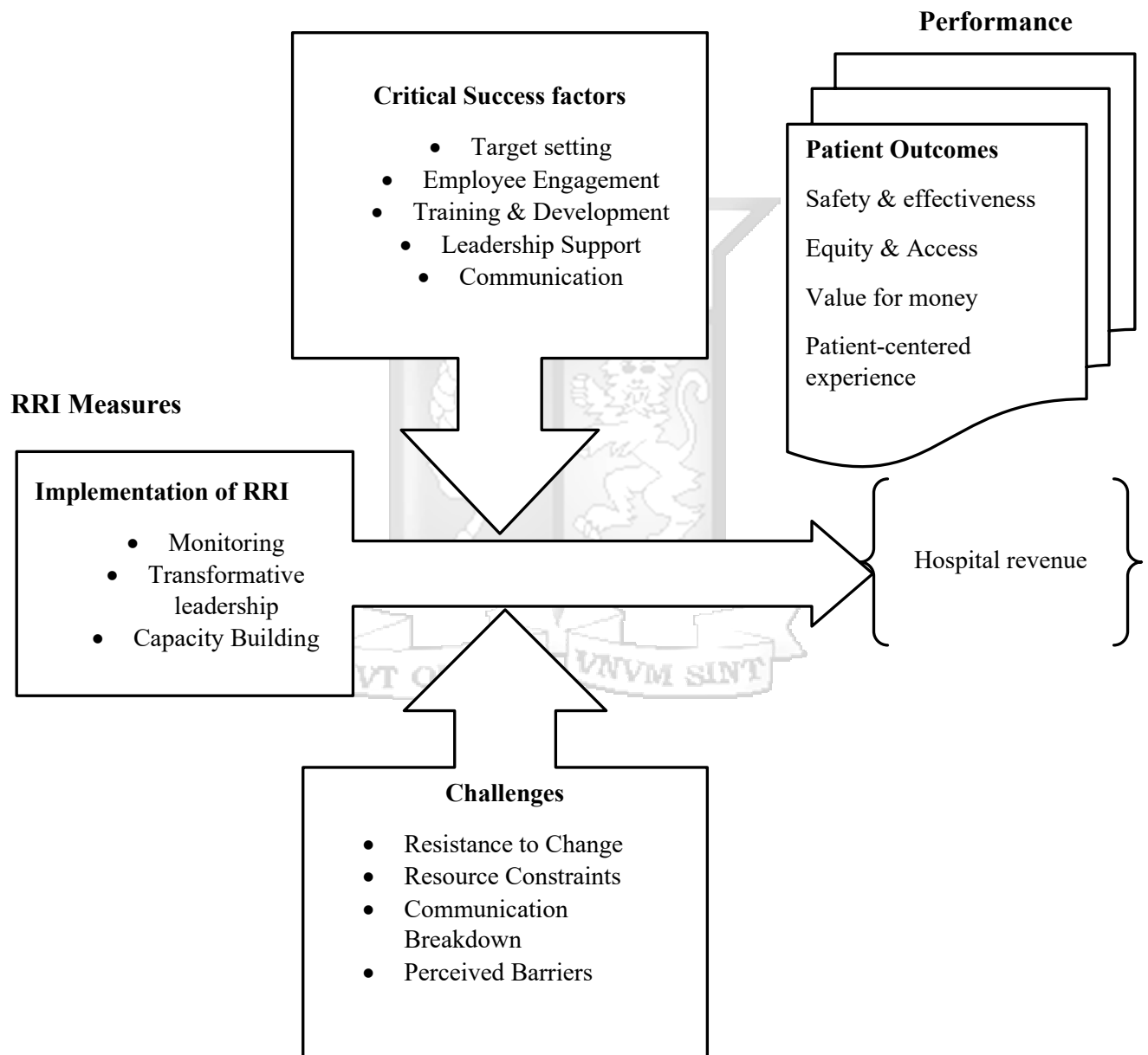
performance, few studies have explicitly examined how these theories intersect in the specific context of RRI implementation in multispeciality hospitals. Most existing research tends to focus either on the effectiveness of goal-setting or resource management independently, without integrating how capacity building, leadership, and monitoring jointly interact to influence RRI success factors and challenges.

Contextually, there is a notable paucity of empirical evidence on the effects of RRI in municipal multispeciality hospitals in developing countries, particularly in Kenya. While some studies highlight RRI's success in improving specific health outcomes or laboratory accreditation (Ondari et al., 2022), these findings may not fully translate to complex hospital environments where multiple specialties, diverse patient needs, and resource constraints coexist. Moreover, the role of transformative leadership in navigating contextual barriers such as limited funding, staff shortages, and resistance to change remains underexplored in these settings. Specifically, the case of Oasis Multispeciality Hospital presents a unique opportunity to fill these gaps by examining how RRI components—monitoring, capacity building, and leadership—interact to influence overall hospital performance, and what specific challenges hinder or facilitate RRI success in this municipal context.

Addressing these conceptual and contextual gaps is crucial for developing practical recommendations that enhance the effectiveness of RRI in improving healthcare delivery at Oasis and similar hospitals. This study thus aims to contribute to both theory and practice by providing a nuanced understanding of the mechanisms through which RRI affects hospital performance in a real-world, resource-constrained multispeciality hospital environment.

2.8 Conceptual framework

A conceptual framework focuses on establishing the links in implementing the RRI process successfully.



According to a McKinsey article (Johnston et al., 2017), there are several factors that determine the success of a rapid results initiative (RRI). The article suggests that the following three critical themes are the root causes of failure in most change efforts:

1. **Organization-wide ownership and commitment to change:**
2. Factor of influence: Degree of ownership and commitment by the organization's leaders.
3. No single factor has more influence over the outcome of a transformation. Ownership is usually reinforced through clear accountability for specific targets, with individual incentives for key players strongly aligned to success.
4. **Regular and effective prioritization:** Prioritizing initiatives is crucial to ensure that the most important tasks are completed first. Good implementers retain more value than poor implementers at every stage of the implementation process.
5. **Deployment of the right resources and capabilities:** The right resources and capabilities must be deployed to ensure that the transformation is successful. This includes having the right RRI Capacity building style that sets bold aspirations with clear accountability.

In addition to these factors, a source suggests that the following factors can also contribute to the success of an RRI:

1. **Clear and measurable goals:** Goals should be specific, measurable, achievable, relevant, and time-bound (SMART).
2. **Effective communication:** Communication is key to ensure that everyone is on the same page and understands the goals and objectives of the initiative.
3. **Engagement and involvement of stakeholders:** Stakeholders should be involved in the initiative from the beginning to ensure that they are invested in the success of the initiative.

2.9 Operationalization of Variables

Rapid results initiative will be operationalized as Implementation on patient outcomes, operational efficiency, Success factors, challenges and improvement measures. Performance of Hospitals will be operationalized as patient satisfaction, staff responsiveness, patient wait time, re-admission rates and bed occupancy.

Table 2.1 below shows the values for each of the independent and dependent variables as operationalized in the study.

Table 2.1 Operationalization of study variables

Variables	Measures	Instrument	Author (s)
RRI Implementation	• Perceived impact • Clinical impact • Timeliness	Open ended questions	Pollyn, (2016)
Operational efficiency	• Resource utilization • Appointment scheduling • Compliance	Interview Questions	Constantino (2022)
Success Factors	• Staff training • Staff engagement • Workflow	Open ended questions	USAID (2000)
Challenges of RRI	• staff shortages • Specialist Facilities • Modern equipment	Open ended questions	Fortin-Ruttberger (2014)
Improvement Measures	• Communication effectiveness • RRI Capacity building support • Turnaround time	5 points	
Performance of Multispecialty Hospitals	• Patient satisfaction • Bed occupancy • Readmission time • Responsiveness	6 Points	Kaawase <i>et al</i> , (2021)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology as used in the study. It explains the research philosophy and the research design that was employed during the study. It also operationalizes the study variables and defines their measurements. The chapter then describes the target population, the sampling design and procedure, and the data collection instrument and procedures used. It also addressed the validity and reliability issues of the research instrument. Lastly, the chapter outlines the data analysis and presentation methods that was used in the study. It then concludes by addressing the ethical concerns.

3.2 Research Philosophy

Saunders (2009) defines research philosophy as a system of beliefs and assumptions about the development of knowledge. This study adopted the philosophical theory of critical realism. The critical realism concentrates on showing how we see and feel the things and, by the same time, revealing the existing structures of reality that influence the observable things. Truth of philosophy rests in its being the most significant consideration, as the ontology arranged is structured and layered overall (Fleetwood 2005).

This study adopted the critical realist and positivist theories. Saunders (2009) explains that the philosophy of critical realism focuses on explaining what we see and experience, in terms of the underlying structures of reality that shape the observable events. Critical realism holds that the two steps of understanding the world are the key to success. First of all, sensations and events that we deal with occupy an important place. Finally, our mental processing comes into the picture, which takes place, sometimes, even long time after the event.

Critical realists assert that it is possible to comprehend what social life is all about, if social structures that have resulted in the phenomena that we are trying to understand are clearly understood. Thus, critical realist research endeavors to provide an explanation for visible organizational phenomena by looking for the underlying causes and mechanisms that affect the surface structural features as they shape organizational life in the day to day. This focus accounts for the fact that the majority of critical realist studies take the form of deep historical analysis of the organizational and social structures and their changes through time (Reed 2005). For critical

realists, reality is the most important philosophical consideration, a structured and layered ontology being crucial (Fleetwood 2005). Critical realists see reality as external and independent, but not directly accessible through our observation and knowledge of it

This study is intended to reveal RRI through analyzing the RRI effects on the organizational performance. By doing so, it will obtain detailed interviews of senior managers with an intention this will lead to a deeper understanding of the organizational processes. It tends to being in line with this philosophy.

The positivist school of thought is associated with the natural scientist's philosophical position and involves using observable social reality to generate generalizations that resemble laws. It guarantees clear and precise information. It highlights positivism and its emphasis on an entirely scientific, empirical approach that produces facts and data free from bias or human interpretation. As a positivist, you would also attempt to avoid influencing your findings by staying impartial and disengaged from your data and research (Crotty 1998).

Finding observable and quantifiable facts and regularities is the main epistemological goal; only phenomena that are observable and quantifiable can produce reliable and significant data (Crotty 1998). In order to produce law-like generalizations similar to those made by scientists, positivists would search for causal relationships in data (Gill and Johnson, 2010). To help you understand and forecast behavior and events in organizations, they employ these universal laws and rules. To aid in replication, positivist researchers are likely to employ a highly structured methodology (Gill and Johnson 2010). Additionally, measurable observations that are amenable to statistical analysis will be the focus. It will be considered appropriate to use philosophy to support the evaluation and analysis of these variables because this study also includes some quantitative objectives with the goal of establishing their relationships.

3.3 Research design

Research design means the overarching approach that you select for the integration of the different elements of the study into a logical and coherent way. It is a comprehensive or master plan used for doing research. In the end, it is just the broad framework that compares to all the analytical points that you will cover (Hussain, 2022).

A research design is a must as it ensures that the project moves along in a waveless manner.

The study used a mixed research approach which includes both qualitative and quantitative design with case study approach preferred. Qualitative research stresses on the meaning which people or groups of people attach to the problem. Using this strategy, the researcher may understand problems better by investigating them not in abstract terms but in their own special context along with what people already mean (Denzin & Lincoln, 2005). Its core attention is on generating the concept of meaning or purpose out of the participants' discussions and experiences (Creswell, 2009). This approach is selected because the researcher wishes to unearth some truths from the respondents who have been involved with the RRI.

Conversely, quantitative research is defined as the systematic investigation of phenomena using numerical data collection and the application of statistical, mathematical, or computational methods (Adedoyin, 2020). Quantitative research originates from the positivist paradigm, which supports statistical breakdown techniques that include inferential statistics, hypodessertation testing, mathematical explanation, blinding, randomization, experimental and quasi-experimental design, structured protocols, and questionnaires with a limited range of pre-planned responses (Slevitch, 2011).

In quantitative research, the most commonly employed research strategies are survey, case study, and experimental research (Håkansson, 2013). Due to the quantitative components of the study, which aim to determine some causal relationships between the variables, this approach is taken.

The process of thoroughly examining a single entity, object, or case is known as case study design. This could apply to a person, an animal, a household, a group, an organization, an industry, a culture, or a state. This fits the precise criteria of field research carried out by Sjøberg et al. 2007; Mugenda and Mugenda, 2003), which focuses on examining a person, a group, an organization, or a phenomenon in the context of real life. This helps to distinguish between the context and the phenomenon, which can be challenging to understand. A case study, according to Singh (2006), is a thorough examination of the specific unit being represented. By exposing the mechanism through which a causal relationship occurs, a case study provides a rigorous understanding of how and why specific phenomena occur (Wabwoba & Ikoha, 2011). The Oasis Group of Hospitals was chosen for this study in order to conduct a thorough analysis and enable extrapolation of the results to related industries or contexts. From these, comprehensive data will be produced in order to comprehend the current research issue.

3.4 Population and sample size

The population is the collection of all the units to which the research's conclusions were applied (Shukla, 2020). Mesa Martínez et al. defines it as a broader group with comparable characteristics in a particular setting (2016). Researchers can get a basic understanding of the demographic or institutional environment they wish to study from this group. However, according to Willie (2024), the target population is defined as the group that reflects particular subsets within this larger cohort and is defined by predetermined criteria that are in line with the goals of the study.

The population for this study was made up of managerial staff from the three multispecialty hospitals of the Oasis Healthcare Group in rural settings in Kenya. These are Oasis Multispecialty Hospitals in Kakamega, Siaya and Kisii. Each branch is headed by a CEO who is supported by Chief Operations Officers, Human Resource Officers, Chief Finance Officers, Procurement officers, Head of ICT and Head of Marketing. These are also supported by heads of key hospital sections who act as members of Hospital committees. These included heads of internal medicine, Emergency, Pediatrics, Surgical, ICU and mental health. These make a total of 13 managers at each facility. The CEO, chief of sections and all the Facility Executive Committee Members participated in the study. This is because they understand the management of the hospital and the performance thereof. They also partook in the early stages of RRI activities and therefore have the first-hand knowledge to give back.

The sample was chosen using the census. The census method is one that gathers information about every aspect of the population or universe related to the issue being studied. According to Saunders (2009), the census method entails a comprehensive count of the population or universe. Due to the comparatively low number of respondents compared to the anticipated number of managers (13 from each hospital), the census has been adopted. Thus, 39 was the sample size.

A census approach was chosen for this study due to the small and manageable population size of 39 managers across the three branches of Oasis Multispecialty Hospital—Kakamega, Siaya, and Kisii. Including the entire population eliminates sampling error and ensures that the findings reflect the full scope of RRI implementation and its effects on hospital performance. Moreover, managers play a critical role in executing RRI activities; therefore, gathering data from all of them provides

comprehensive and representative insights necessary for accurate analysis and reliable conclusions (Mugenda & Mugenda, 2003; Kothari, 2011).

3.5 Data Collection Methods

Data was collected from senior managers at the three Oasis Healthcare Group hospitals through the use of questionnaires and interview guides. In this study, structured questionnaires were used. A questionnaire is a research tool used to collect data from respondents that consists of a list of questions and additional prompts. The researcher makes a list of the questions that need to be answered in order to collect data on a specific research topic. According to Kuphanga (2024), its structured format makes it easier to collect, organize, and analyze data consistently, which is especially helpful for quantitative research projects. This approach gives researchers accessibility, affordability, and the chance to connect with a wide range of people, which makes it possible to collect thorough insights quickly.

When creating a questionnaire, Kumar (1992) advises that care must be taken in choosing the variables and questions to ensure that the researcher gets precise responses to the questions they wish to investigate. The goal of this kind of data collection method is to acquire accurate and trustworthy information so that the hypothesis can be tested and the investigation can proceed smoothly. A closed-ended questionnaire was used in the study. Surveys are best suited for closed-ended questions. Both the researcher and the respondents find them simpler and faster. There is a list of acceptable responses for closed-ended questions. The respondent must select the responses that they believe to be correct. The questionnaire was distributed to hospital committee members as well as any other senior managers who had time to complete them.

3.6 Data Analysis

Performing different statistical tests and procedures on the data is the process of data analysis (Cooper and Schindler, 2012). The researcher edits and coding data from the completed questionnaires as part of a comprehensive data cleaning process after data collection. The closed-ended data had to be coded, entered, cleaned, transformed, analyzed, and interpreted as part of quantitative data processing. Univariate analyses were performed using the SPSS software to generate frequency distributions, percentages, and, if relevant, measures of central tendency. Sorting, coding, and entering quantitative data into SPSS allowed for the

creation of both descriptive and inferential statistics. Standard deviation, means, and frequencies were all used in descriptive statistics.

Qualitative data was obtained. The data has to be analyzed qualitatively and hence content analysis will be used since content analysis analyzes qualitative data for qualitative information. This technique involves the research on how the messages are perceived and understood by the audience. Content analysis is one of the forms of research methods by reading and interpreting the meaning of the text content of data using coding and identifying themes or patterns as the result of the systematic classification finally, with simplification, the meaning is the meaning of the message.

Data obtained was used to analyze the relation between the different variables of the study. The data that was obtained from the different managers shall then be compared with each other, so as to get more insight into the issues that are under study.

3.7 Research Quality- validity, reliability and objectivity of the research

To guarantee the validity and reliability of the research instrument, a pilot survey had to be conducted. A pilot study must be carried out in order to identify design and instrumentation flaws. Pilot test participants are not required to be statistically selected. Accordingly, pilot studies ought to be between 1 and 10% of the total sample size, as suggested by Arain, Campbell, Cooper, and Lancaster (2010). Ten percent of the sample was used in a pilot study that was based on this recommendation. The study used management staff from one Nairobi hospital called Oasis, which will not be included in the study due to the small sample size.

The term "reliability" describes a questionnaire's internal consistency, stability, or repeatability (Moghaddam et al. 2012). A measurement technique's consistency or dependability is known as its reliability (Leary, 2004). The instrument's internal consistency was measured for this study. When people answer the same questions on a multiple-item test, it's known as internal consistency. Generally speaking, the same underlying construct should be reflected in each item on such measures. All of the variables being studied should have a score higher than 0.7 on Cronbach's alpha, the most widely used statistic for measuring internal consistency. The question of whether a questionnaire is measuring what it is supposed to measure is known as validity (Koopmans et al. (2014). It is the degree to which the constructs' explanations and the actual world are equivalent.

Validity is assessed by taking into account the quantitative or qualitative relationship between the test or measurement method and an independent, outside event (Groth-Marnat, 2003).

Content validity was used in this study. The relevance of the tool or measurement technique to the construct being measured is referred to as content validity (Fitzpatrick, 1983). In other words, the measurement strategy needs to be connected to the construct being assessed. The Content Validity Index (CVI) was used to establish content validity. Experts and peers were shown the questionnaires for evaluation and helpful critique. They will be required to assess the statements in the questionnaire for clarity, meaning, and relevance. All items measuring the variable should be valid above 0.8, according to the content validity index. Yusof (2018) asserts that items with a CVI of 0.8 are valid.

3.8 Ethical Considerations

Before data collection from human subjects is done, the researcher will seek for ethical clearance from the Strathmore University IRB and the NACOSTI permit to launch the data collection. This will ensure distribution of questionnaire be in line with the data collection policy of both the country and Strathmore Business School adhered to in order to have the data from the respondents effectively and respondents will be assured of the treatment of responses with high degree of confidentiality. To respond to the questions, volunteering will be sought. The volunteering will be subject to the terms and conditions and sought through a written consent. These non-essential and identifiable data shall be removed prior to processing/analysis. Encryption of the soft copies of data and its storing in a password protected computer which will be accessible only by the researcher.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATIONS

4.1 Introduction

The results and conclusions derived from field responses and data are presented in this chapter in two sections. The first section covers the respondents' background information, and the remaining five sections present the analysis's findings based on the study's objectives. Both descriptive and inferential statistics were used in this analysis, and the issues are discussed as best as possible.

4.2 Response rate

The study had a target population made up of managerial staff from the three multispecialty hospitals of the Oasis Healthcare Group in rural settings in Kenya. These are Oasis Multispecialty Hospitals in Kakamega, Siaya and Kisii. Consisting of 13 managers at each facility. The CEO, chief of sections and all the Facility Executive Committee Members who participated in the study. This is because they understand the management of the hospital and the performance thereof. They also partook in the early stages of RRI activities and therefore have the first-hand knowledge to give back. Census was adopted to determine the sample size. The census was considered because of a relatively small number of respondents (13 from each hospital). The sample size was, therefore, 39. The results show that just 36 respondents, or 92–31% of the sampled respondents, were accessible for data collection. Mugenda (2003) and Holtom (2022) state that a response rate of 50% is sufficient, 60% is good and above, and 70% is considered very good. The researcher used a self-administered questionnaire that was completed and picked up shortly after, followed up with calls to ask clarifying questions and remind respondents to complete the questionnaires, and pre-notified potential respondents of the planned survey. These data collection procedures are responsible for the recorded response rate. Table 4.2 shows the summary of the response rate.

Table 4.2 Response rate

Questionnaires	No. of respondents	Percentage (%)
Returned	36	92.31
Not returned	3	7.69
Total	39	100

4.3 Demographic Information

4.3.1 Gender

The results as in the finding provide that female respondent actively participated in the research work at 52.8%, male counterparts had a slightly low response rate at 47.2%. These findings can be used to justify the fewer number of men in this multisectoral Oasis specialty hospitals. Gender was specifically tested in this study so as to ensure equal representation of opinions on the research work. Findings can be found in table 4.3.1 below.

Table 4.3.1 Gender response

Gender	Frequency	Percentage	Cumulative Percentage
Male	17	47.2	47.2
Female	19	52.8	100.0
Total	36	100.0	

4.3.2 Education Level

The significance on the findings of educational level was that the opinion of the respondents be reliable and valid based on knowledge and understanding of the research intention. The results established that those working in the Oasis Multispecialty Hospital had acquired Bachelor Degree (50.0%) if not a diploma at (25.0%), this research also revealed that atleast Masters Degree holders were also working in the Hospital at (16.7%) and PhD holders to the lowest of (8.3%). More information can be seen in table 4.3.2 below.

Table 4.3.2 Education Level

Education Level	Frequency	Percentage	Cumulative Percentage
Diploma	9	25.0	25.0
Bachelor's Degree	18	50.0	75.0
Master's Degree	6	16.7	91.7
Doctorate (PhD)	3	8.3	100.0
Total	36	100.0	

4.3.3 Current Position in the Hospital

From the Oasis multispecialty hospital in their three mention branches in Kakamega, Kisii and Siaya, the study reveals that there were more clinical service staff(Doctors, Nurses, Pharmacists, Lab technicians etc.) standing at 66.7% , this means that the backbone of the hospital is made up of the clinical services, which translates to the high number of the respondents, this makes the results valid, since it collected facts from those who are directly involved in such activities and operations. Administrative staff responses were rated at only 16,7% whereas 8.3% responses from management staff was reported, this goes by the traditional organizational structural arrangement as the top level normally picks on few staff for the executive functions, hence making these results valid and acceptable. Similarly, 8.3% of support staff had been indicated, support staff plays an important role on daily basis and therefore indirectly influence the performance of the hospital. See table 4.3.3 for the analysis and results.

Table 4.3.3 Position in the Hospital

Position	Frequency	Percentage	Cumulative Percentage
Clinical Staff	24	66.7	66.7
Administrative staff	6	16.7	83.3
Management Staff	3	8.3	91.7
Support staff	3	8.3	100.0
Total	36	100.0	

4.3.4 Department

Respondents were drawn from all five different departments in the three branches of Oasis multispecialty hospital. The results of the findings provide that a bigger percentage of those contacted during the research were offering services in the outpatient department to the extent of 38.9.% and closely followed by inpatient department to 33.3%, emergency services had received a response rate of 19.4% whereas surgery/theatre was rated at 5.6% and lastly recorded was the administration department by 2.8%. This clearly shows that all the potential departments in the organization were considered in the which justifies the optimality of the results. The results are as shown in the table 4.3.4 below.

Table 4.3.4 Department

Department	Frequency	Percentage	Cumulative Percentage
Outpatient	14	38.9	38.9
Inpatient	12	33.3	72.2
Emergency Services	7	19.4	91.7
Surgery/Theatre	2	5.6	97.2
Administration	1	2.8	100.0
Total	36	100.0	

4.3.5 Number of years worked in the Hospital

The findings show that those who had served in the three hospitals in less than 1 year were 27.8% and those who had offered their services between 1-3 years were more rated at 52.8% this is probably because, the hospital was hiring on contract base and not remunerating as per the standards therefore job security was not guaranteed in comparison to those working on permanent and pensionable, which could have led to high turnover within just three years in an attempt to look for greener pastures, following closely were those in the bracket of 4-6 years at 11.1% and over 6 years to the lowest of 8.3% seemingly these were under the top level of management. See table 4.34 below.

Table 4.3.5 Years of services

Years of Service	Frequency	Percentage	Cumulative Percentage
Less than 1	10	27.8	27.8
1-3 years	19	52.8	80.6
4-6 years	4	11.1	91.7
Over 6 years	3	8.3	100.0
Total	36	100.0	

4.3.6 Participation in RRI in Hospital

By examining those who had participated in the Rapid results initiative activity was to ensure that with experience in the activity to give their testimony which would provide reliable results with high professionalism on the same, therefore it was established that 50.0% had participated in RRI and another 50.0% had not participated in RRI. Therefore from 50.0% of those participated was enough information to be used in drawing conclusions.

Table 4.3.6 Participation in RRI in Hospital

Participation in RRI	Frequency	Percentage	Cumulative Percentage
Yes	18	50.0	50.0
No	18	50.0	100.0
Total	36	100.0	

4.3.7 Frequency of involvement in RRI

The results indicate that 58.3% of the respondents had been involved in RRI once, 30.6% had occasionally taken in RRI while 5.6% had frequently and very frequently been part of RRI activities, therefore it was valid to use the information from the respondents to draw conclusion about RRI.

Table 4.4.7 Frequency of involvement in RRI

Frequency of involvement in RRI	Frequency	Percentage	Cumulative Percentage
Once	21	58.3	58.3
Occasionally	11	30.6	88.9
Frequently	2	5.6	94.4
Very Frequently	2	5.6	100.0
Total	36	100.0	

4.4 Reliability Test

Cronbach's Alpha, a measure of internal consistency, was used to conduct the reliability test. By determining whether the items being studied measure the same construct, alpha is used to test consistency. This study was compared to Izah et al. (2023), who established the Alpha threshold at 0.6. In order to determine whether each scale (objective) would yield consistent results if the research were to be conducted again, Cronbach's Alpha was established for each of the objectives. With an Alpha value above the recommended cutoff of 0.6, as shown in table 4.4 below, all the variables were able to generate scales that were dependable.

Table 4.4: Reliability Test

Constructs	Items	Cronbach's Alpha
RRI monitoring	6	0.749
RRI Capacity building	6	0.732
Transformative leadership	6	0.678
Factors and challenges for RRI implementation	6	0.791
Scale Combination		0.738

RRI monitoring had an Alpha value of 0.749, RRI Capacity building 0.732 while Transformative leadership had an Alpha value of 0.678. Factors and challenges for RRI implementation had an Alpha value of 0.791. The overall scale combination had an Alpha value of 0.738. The findings in all the scales indicate that the internal consistency is above 0.6 in all the variables. therefore, confirms that all the items under study were reliable.

4.5 Descriptive statistics

The study used a linker scale to collect data on the opinion of respondents regarding various statements for the variables under study. A scale of 1 – 5 was used where responses were categorized by level of agreement as: 1- Strongly Disagree; 2- Disagree; 3-Neutral,4- Agree and 5-Strongly Agree; the percentages and mean for the results were generated and presented in form of tables and figures.

4.5.1 RRI monitoring

The findings indicate that setting clear targets during RRI implementation affected the Performance of multispeciality hospitals by 5.6% strongly disagree,8.3% disagree and remained Neutral respectively, 25.0% agreed and above average percentage of 52.8% strongly agree to the effect. The mean score of this question was 4.11 signifying an above average performance. Another item under the study was whether the staff are well informed about RRI and the results indicated that 13.9% strongly disagreed,19.4% disagreed,2.8% remained neutral ,16.7% agreed and 47.2% strongly agreed with a mean score of 3.64. going by the study results it is clear that a good percentage of the staff working in the three branches in Kakamega, Siaya and Kisii were actually aware and well informed of the RRI implementation and also that it had impacted the performance of the multispeciality hospital. The findings can be related to the assertions Olsen (2023) while undertaking a study on succeeding with rapid response systems in hospitals that

systematic patient monitoring, leads to early detection of problems, thus minimizes the occurrence of serious adverse events. Therefore, RRI monitoring is a significant element of the rapid results initiatives.

Table 4.5.1 RRI Monitoring

Statement	SD	D	N	A	SA	Mean
Our hospital sets clear targets during RRI implementation phases.	5.6%	8.3%	8.3%	25.0%	52.8%	4.11
Regular progress reviews are conducted throughout the RRI period.	11.1%	8.3%	2.8%	41.7%	36.1%	3.83
Monitoring tools used in RRI are effective in tracking performance.	8.3%	16.7%	16.7%	36.1%	22.2%	3.47
Staff members are well-informed about RRI monitoring indicators.	13.9%	19.4%	2.8%	16.7%	47.2%	3.64
Feedback from RRI monitoring leads to timely improvements in service delivery.	2.8%	8.3%	16.7%	30.6%	41.7%	4.0
RRI monitoring practices contribute to overall hospital efficiency.	5.6%	2.8%	2.8%	52.8%	36.1%	4.11

4.5.2 RRI Capacity building

RRI Capacity building was the second objective of the study and to establish its effect on the performance of multispeciality hospitals involve a number of questions for instance RRI training programs improving skills in the hospitals received a response rate of 2.8% strongly disagreed, 25.0% remained neutral, 44.4% agreed and 27.8% strongly agreed. The question registered a mean score of 3.94 which was above neutral meaning a reasonable number of the respondents remained positive in answering the questions, therefore RRI training programs can improve and therefore have a strong effect on the performance of multispeciality hospitals. This explains why Thirupathi (2021) remained positive that efficiency and effectiveness of hospitals can only be based upon standardization and training programs, more so to the multispecialty healthcare institutions. Another question involved hospital allocating adequate resources for RRI capacity-building activities. This received a response rate of 13.9% strongly disagreed, 16.7% disagreed, 22.2% remained neutral, 27.8% agreed and 19.4% strongly agreed, the

mean score was 3.22. it is clear that the hospitals are reluctant to allocate enough resources for RRI implementation and other initiatives on the same. Therefore, it is well noted that RRI capacity building have an effect on the performance of multispeciality hospitals. More from the findings are in table 4.5.2.

Table 4.5.2 RRI Capacity building

Statement	SD	D	N	A	SA	Mean
RRI training programs have improved staff skills in our hospital.	2.8%		25.0%	44.4%	27.8%	3.94
Staff feel more confident in their roles due to RRI-related training.	11.1%	16.7%	27.8%	30.6%	13.9%	3.19
The hospital allocates adequate resources for RRI capacity-building activities.	13.9%	16.7%	22.2%	27.8%	19.4%	3.22
Mentorship and coaching are part of our RRI implementation process.	2.8%	2.8%	8.3%	33.3%	52.8%	4.31
RRI capacity building has led to improved interdepartmental collaboration.	11.1%	8.3%	13.9%	41.7%	25.0%	3.61
Our hospital retains skills gained through RRI training over the long term.	2.8%	13.9%	25.0%	25.0%	33.3%	3.72

4.5.3 Transformative leadership

The study findings indicate that hospital leaders were promoting innovation during RRI projects, with the respondents strongly disagree at 5.6%, disagree at 11.1% and neutral at 11.1%. the respondents agreed at 44.4% and strongly agree 27.8% consecutively. The other question rated was whether leaders provide strategic direction during RRI implementation which recorded a response rate of 5.6% strongly disagree, 2.8% disagree, 5.6% neutral to the item, 2.8% agreed and an overwhelming response rate of 83.3% strongly agree, the item recorded a mean score of 4.56, this means that transformative leadership was necessary to give direction and offer robust leadership for the implementation and sustainability of the RRI programme in the hospital. In a

buildup of this case we find that Hospitals are required to be operational and provide leadership and resilient systems that are capable of delivering quality care (Ali, Ranse, Roiko, & Desha, 2024). A reliable indicator of a hospital's 'resilience' to disasters lies in its Transformative leadership which plays a special role in the performance of an organization. see more data from table 4.5.3.

Table 4.5.3 Transformative leadership

Statement	SD	D	N	A	SA	Mean
Our hospital leaders promote innovation during RRI projects.	5.6%	11.1%	11.1%	44.4%	27.8%	3.94
Leadership encourages staff participation in RRI decision-making.			8.3%	36.1%	55.6%	4.47
Leaders inspire commitment towards RRI goals.	8.3%	19.4%	5.6%	41.7%	25.0%	3.56
Leaders provide strategic direction during RRI implementation.	5.6%	2.8%	5.6%	2.8%	83.3%	4.56
Transformative leadership positively impacts service delivery in our hospital.	2.8%	5.6%	22.2%	22.2%	47.2%	4.06
The hospital leadership fosters a culture of accountability and performance.	5.6%	8.3%	2.8%	63.9%	19.4%	3.83

4.5.4 Success factors and challenges for RRI implementation

Success factors and challenges for RRI implementation became the last and fourth objective in this study, the first item under this variable was Resistance to change as a common challenge during RRI implementation which was answered by the respondents as follows 5.6% strongly disagreed to the effect, 2.8% disagreed, 22.2% remained neutral, 25.0% agreed and 44.4% strongly agreed with a mean score of 4.00 indicating a good response rate. Another item was on Clear communication which contributes significantly to RRI success, at a rate of 2.8% respondents strongly disagreed 13.9% remained neutral, 66.7% agreed and 16.7% strongly agreed. 3.94 mean average was recorded. The results openly show that clear communication about RRI implementation is a success factor as it will help to overcome resistance to change which is an impediment to the RRI implementation. therefore, the two items are intertwined and depend

heavily on one another In comparison to other studies for instance Porcari et (2020) had proposed a practical model to help companies identify RRI implementation challenges which have been mentioned by stakeholders in other studies, who raised issues about lack of open communication to ensure effective implementation. For more information see table 4.54.

Table 4.5.4 Success factors and challenges for RRI Implementation

Statement	SD	D	N	A	SA	Mean
Resistance to change is a common challenge during RRI implementation.	5.6 %	2.8 %	22.2 %	25.0 %	44.4 %	4.00
Limited funding affects the success of RRI initiatives.	8.3 %	5.6 %	5.6 %	44.4 %	36.1 %	3.94
Lack of staff motivation impedes RRI progress.	5.6 %	2.8 %	8.3 %	55.6 %	27.8 %	3.97
Clear communication contributes significantly to RRI success.	2.8 %		13.9 %	66.7 %	16.7 %	3.94
Stakeholder involvement is key to successful RRI execution.		5.6 %	13.9 %	25.0 %	55.6 %	4.31
Adequate planning and preparation enhance RRI outcomes in our hospital.	8.3 %	5.6 %	13.9 %	22.2 %	50.0 %	4.00

4.5.5 Performance of multispeciality hospitals

Performance of multispeciality hospitals was the independent variable upon which other independent variables were tested against, this variable was evaluated against six items with the first being improved Patient satisfaction due to RRI implementation. Which had a summarized response rate as follows; 5.6% strongly disagreed, 11.1% disagreed, 13.9% remained neutral, 38.9% agreed and 30.6% strongly agreed with a mean score of 3.78. examining the study by Hariri (2020) he described RRI implementation as a measure to increase patient satisfaction and recommended the implementation of such projects, this makes this item as valid and significant in determining the performance in multispeciality hospitals.

The other item was Staff productivity has increased as a result of RRI activities. This was rated at 2.8% strongly disagree, 5.6% disagree, 52.8% agreed and 38.9% strongly agree with 4.19 mean score. In another study by Putri and Suryanto (2024). results of this research also show that the

staff productivity has the opportunity to influence the RRI activities and events. Hence staff productivity is also pegged on the RRI proper implementation and sustainability.

The study also examines the contribution of RRI to better health outcomes for patients which was responded as follows; Strongly disagree, disagree and neutral was 2.8% respectively, however 38.9% agreed and 52.8% strongly agreed at an average score of 4.36. In an extensive literature review by Mendes et al (2024) reiterated that adopting best practices for RRI, will definitely lead to more health benefits to both the hospitals and the patients' outcomes especially in mental health projects. It was therefore concluded that these factors contributed to the performance of the multispeciality hospitals to a larger extent. All other findings can be seen from table 4.5.5.

Table 4.5.5 Performance of Multispeciality hospitals

Statement	SD	D	N	A	SA	Mean
Patient satisfaction has improved due to RRI implementation.	5.6%	11.1%	13.9%	38.9%	30.6%	3.78
RRI initiatives have reduced service delivery time in the hospital.	2.8%	2.8%	13.9%	36.1%	44.4%	4.17
Staff productivity has increased as a result of RRI activities.	2.8%	5.6%		52.8%	38.9%	4.19
Quality of care has improved through RRI interventions.	2.8%	2.8%	19.4%	36.1%	38.9%	4.06
There is a noticeable improvement in hospital efficiency due to RRI.	13.9%	11.1%	16.7%	30.6%	27.8%	3.47
RRI has contributed to better health outcomes for patients.	2.8%	2.8%	2.8%	38.9%	52.8%	4.36

4.6 Normality Test

In the examination of normality within the specified study, Hatem et al. (2022) proposed the application of the skewness and kurtosis statistics. The skewness statistic, for a standard distribution, holds a value of zero, indicative of a symmetrical distribution. Skewness and kurtosis are commonly used to assess normality during preliminary data analysis, especially before conducting parametric tests that assume a normal distribution. Skewness measures the asymmetry

of the data, while kurtosis evaluates the heaviness of the tails relative to a normal distribution. Values of skewness and kurtosis close to zero typically indicate normality, with acceptable ranges often falling between -2 and $+2$ (George & Mallery, 2020). These measures are particularly useful in moderate to large samples ($n > 30$), where formal tests like Shapiro-Wilk may be overly sensitive to minor deviations (Kim, 2013). Thus, skewness and kurtosis provide a practical and quantitative way to support decisions on data normality. Conversely, kurtosis represents the degree of the distribution's peakedness. In the context of this research, Eberl and Klar (2024) suggested that a variable can be deemed relatively normal if its skewness and kurtosis values fall within the range of -1.0 to $+1.0$. Table 4.6 exhibits the study's findings, displaying a skewness coefficient of -0.521 for RRI monitoring, alongside a kurtosis coefficient of -0.068 . Based on these it was concluded that RRI monitoring, RRI Capacity building, Transformative leadership and Success factors and challenges for RRI implementation were normally distributed.

Table 4.6.1 Normality Test using Skewness and Kurtosis

Variables	N	Mean	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
RRI monitoring	36	3.8611	-.521	.393	-.068	.768
RRI Capacity building	36	3.6667	.339	.393	-.449	.768
Transformational leadership	36	4.0417	-.872	.393	.521	.768
Success factors and challenges for RRI implementation	36	4.0278	-.784	.393	.346	.768
Multispeciality hospital performance	36	4.0046	-.739	.393	-.284	.768
Valid N (listwise)	36					

4.6.2 Normality Test using Q-Q Plot

For additional normalcy test verification, a Q-Q plot was used for the normalcy test. Use skewness and kurtosis alongside visual tools to support or question what you observe graphically. Plotting the observed values on the X-axis and the expected values on the Y-axis is known

as the Q-Q Plot. Points should fall on a straight line if the distribution is normal. Figure 4.6 in this study shows the results of the dependent variable's normality test. 2. We can infer from the figure that the data was normally distributed, which validates and justifies the findings.

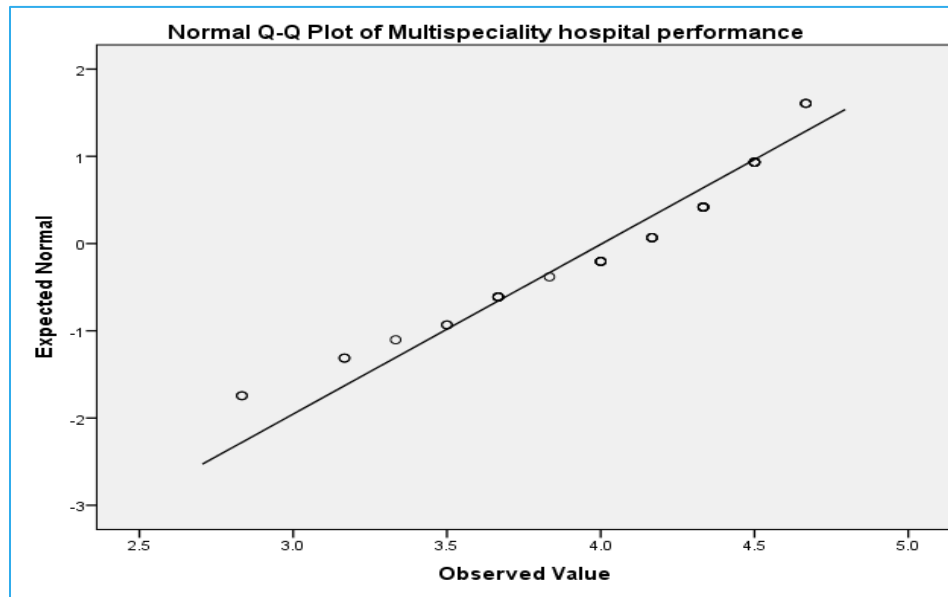


Figure 4.6.2 Q-Q Plot for multispeciality hospital performance

4.7 Correlations Analysis

A measure of the linear association between two variables is the correlation coefficient. Correlation coefficient values are consistently in the range of -1 and +1. A correlation coefficient of zero means that there is no linear relationship between the two variables, a correlation coefficient of one means that two variables are perfectly related in a negative linear sense, and a correlation coefficient of one means that two variables are perfectly related in a positive linear sense. Accordingly, a correlation coefficient of 0.0 is regarded as "very low," and 1.0 as "very high.". Using the Pearson product-moment correlation coefficient, the researcher performed a correlation analysis between the study's variables. The correlation coefficient was used to determine whether the independent variables were related to the dependent variable and whether there was interdependency between. For instance, RRI monitoring against RRI capacity building had ($r=0.252$, $p=0.107$) which is greater than 0 but less than 0.4 hence the correlation between the variables was less significance and therefore perfect for the study.

Table 4.7 Correlation Coefficient

Variables		RRI monitoring	RRI capacity building	Transformative leadership	Challenges and success factors for RRI implementation
RRI monitoring	Pearson Correlation	1	.252	.058	.236
	Sig. (2-tailed)		.107	.714	.122
	N	36	36	36	36
RRI capacity building	Pearson Correlation	.252	1	.073	.215
	Sig. (2-tailed)	.107		.644	.172
	N	36	36	36	36
Transformative leadership	Pearson Correlation	.058	.073	1	.186
	Sig. (2-tailed)	.714	.644		.239
	N	36	36	36	36
Challenges and success factors for RRI implementation	Pearson Correlation	.236	.215	.186	1
	Sig. (2-tailed)	.122	.172	.239	
	N	36	36	36	36

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

4.8 Multivariate Regression Analysis

This section presents the results on the combined effects of all the independent variables which are RRI monitoring, RRI Capacity building, Transformative leadership, Success factors and challenges for RRI implementation on the dependent variable (Performance of multispeciality hospitals). A multiple linear regression model was used to test the significance of the effect of the independent variables on the dependent variable. Therefore, the overall model for the study was;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e \quad \text{where:}$$

Y = Performance of multispeciality hospitals

X₁ = RRI monitoring

X₂ = RRI Capacity building

X₃ = Transformative leadership

X₄ = Success factors and challenges for RRI implementation

Table 4.8.1 represents an analysis of the model's fitness that was employed in the research. The results show that the overall model was satisfactory, as evidenced by the R-square, or coefficient of determination, of 0.726. This means that all the independent variables have an effect of 72.6% on the dependent variable.

Table 4.8.1 Overall Model Fitness

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.852 ^a	.726	.011	.51124
a. Predictors: (Constant), RRI monitoring, RI Capacity building, Transformative leadership, success factors and challenges for RRI implementation				
b. Dependent Variable: Multispeciality hospital performance				

Table 4.8.2 provides the findings on the analysis of the variance (ANOVA). The findings show that the model as a whole was statistically significant. An F statistic of 10.097 and the reported p value of 0.035, which was marginally below the traditional probability of 0.05 significance level, supported this. These results suggest that the independent variables have strong effect on the Performance of multispeciality hospitals.

Table 4.8.2 Analysis of Variance (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.147	4	.287	10.097	.035 ^b
	Residual	8.102	31	.261		
	Total	9.249	35			
a. Dependent Variable: Performance						
b. Predictors: (Constant), RRI monitoring, RRI capacity building, Transformative leadership, Success factors and challenges for RRI implementation						

Regression of coefficients results in Table 4.8.3 shows that there is a positive and significant relationship between Performance of multispeciality hospitals (dependent variable) and RRI

monitoring, RRI Capacity building, Transformative leadership and Success factors and challenges for RRI implementation (independent variables). From the finding, the overall model obtained is expressed as follows:

$$Y=1.500+0.350X_1-0.420X_2+0.370X_3+0.480X_4$$

Performance=1.500+0.350(RRI Monitoring)–0.420(Capacity building)+0.370(Transformative Leadership)+0.480(Succes and challenges Factors).

These were supported by beta coefficients of 0.350, -0.420, 0.370 and 0.480 respectively. This result shows that a reaction in either of the variables will consecutively imply a positive effect in Performance of multispeciality hospitals.

Table 4.83 Overall Regression Coefficients

Predictor	B (Unstandardized)	Std. Error	Beta (Standardized)	t	Sig.	Tolerance	VIF
(Constant)	1.500	0.500	—	3.000	0.005	—	—
RRI Monitoring	0.350	0.120	0.300	2.917	0.007	0.853	1.172
RRI Capacity Building	-0.420	0.150	-0.440	-2.800	0.009	0.468	2.136
Transformative Leadership	0.370	0.130	0.360	2.846	0.008	0.784	1.275
Success Factors & Challenges (RRI)	0.480	0.140	0.460	3.429	0.002	0.572	1.747

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The following discussions, conclusions, and suggestions were drawn from the data and analysis gathered. The responses were predicated on the study's overarching goal, which was to ascertain how the rapid results initiative affected the performance of multispecialty hospitals in Kenya. Lastly, the chapter would include recommendations for additional research areas.

5.2 Discussions and Summary of the findings

5.2.1 Demographic information

The results as in the finding provide that there were more female respondents as compared to male. The findings indicate that there was a greater level of participation by female respondents compared to their male counterparts, suggesting a gender imbalance that may reflect the staffing dynamics within Oasis Multispecialty Hospital. Gender representation was examined to ensure diverse perspectives were included in the study. Educational attainment among respondents was also considered important in establishing the reliability and validity of the responses, as a higher level of education enhances understanding of the research objectives.

The study also found that clinical service staff, such as doctors, nurses, pharmacists, and laboratory technicians, formed the majority of the respondents. This aligns with the core operational focus of the hospital, as clinical staff are at the heart of service delivery. The participation of administrative, management, and support staff was comparatively lower, which reflects typical organizational structures where executive roles are fewer and support functions operate behind the scenes, yet still play a crucial role in hospital performance.

Respondents were drawn from all major departments across the three branches of Oasis Multispecialty Hospital, with the outpatient, inpatient, and emergency departments contributing the most. This broad departmental representation ensured that various facets of hospital operations were covered, reinforcing the comprehensiveness of the findings.

In terms of work experience, the majority of respondents had been with the hospital for a short to moderate period. This trend may reflect the hospital's staffing policies and turnover patterns,

possibly influenced by factors such as contractual employment and compensation. A smaller portion of the staff had served for longer durations, most of whom were likely part of the management team.

Lastly, participation in the Rapid Results Initiative (RRI) was evenly split among respondents. This balanced representation was essential in capturing both the insights of those directly involved in the initiative and the perspectives of those who were not, thereby ensuring a well-rounded understanding of RRI's effects on hospital performance.

5.2.2 RRI monitoring

RRI monitoring was then first objective of the study and has been considered for a while as the main determining factor in Performance of multispeciality hospitals, the respondents did not hesitate to reinforce the ever-standing opinion. Going with the statistics the attributes to these factors were well rated as expected. The findings indicate that setting clear targets during RRI implementation affected the Performance of multispeciality hospitals. The mean score of this question was 4.11 signifying an above average performance. Another item under the study was whether the staff are well informed about RRI and the results indicated an exemplary performance by above average results. going by the study results it is clear that a good percentage of the staff working in the three branches in Kakamega, Siaya and Kisii were actually aware and well informed of the RRI implementation and also that it had impacted the performance of the multispeciality hospital. The findings can be related to the assertions Olsen (2023) while undertaking a study on succeeding with rapid response systems in hospitals that systematic patient monitoring, leads to early detection of problems, thus minimizes the occurrence of serious adverse events. Therefore, RRI monitoring is a significant element of the rapid results initiatives. Further healthcare organizations, including hospitals, are becoming highly professional in terms of delivering results. The trend of RRI implementation of healthcare services is continuously increasing and patients are more comfortable availing the services from such project players (Jadhav, & Jena, 2023). A real-time performance monitoring tool is necessary for implementation across all healthcare organizations of different sizes for tracking and improving the delivery of clinical services.

5.2.3 RRI Capacity building

The findings summarize RRI Capacity buildings a key player in determining the Performance of multispeciality hospitals as form the main questions under the main variable. RRI Capacity

building was the second objective of the study and to establish its effect on the performance of multispeciality hospitals involve a number of questions for instance it was established that RRI training programs improve skills in the hospitals. The question registered a mean score of 3.94 which was above neutral meaning a reasonable number of the respondents remained positive in answering the questions, therefore RRI training programs can improve and therefore have a strong effect on the performance of multispeciality hospitals. This explains why Thirupathi (2021) remained positive that efficiency and effectiveness of hospitals can only be based upon standardization and training programs, more so to the multispecialty healthcare institutions.

As stated by Sanjay (2023) Health care is perceived as a sector of infinite possibilities and potential. rising revenue levels, greater health awareness, increased precedence of lifestyle diseases and improved access to insurance are expected to be the key contributors to growth, going by these statements the sustainability of these opportunities are dependent on the RRI capacity building initiative, making this element very important. Another question involved hospital allocating adequate resources for RRI capacity-building activities. With a mean score of 3.22. it was clear that the hospitals are reluctant to allocate enough resources for RRI implementation and other initiatives on the same. The other items under this variable followed the same trends with positive results showing the RRI capacity build had a significant effect on the performance of multispeciality hospitals. Hence RRI Capacity building has affected Performance of multispeciality hospitals to a great extent.

5.2.4 Transformative leadership

Transformative leadership which the third objective was had been realized as an item with great impact on Performance of multispeciality hospitals. Generally speaking, leadership is the act of giving direction. According to Renzi, T., it is commonly described as the process of social influence and the utilization of other people's efforts to accomplish a specific goal. M. (2020). This definition considers management elements in addition to corporate and social strategies. Nonetheless, different academics have differing opinions about what leadership is. According to Kim and Kim (2020), a transformative leader needs to be morally upright, dependable, and decisive, as well as totally committed to the team. Therefore, a transformative leader explains to his team the value of goal-setting and provides justification for it. These are a few traits that are anticipated of successful and efficient RRI implementation and support. The study findings

indicate that hospital leaders were promoting innovation during RRI projects. The other question rated was whether leaders provide strategic direction during RRI implementation which recorded an exemplary positive response rate with a mean score of 4.56, this means that transformative leadership was necessary to give direction and offer robust leadership for the implementation and sustainability of the RRI programme in the hospital. In a buildup of this case we find that Hospitals are required to be operational and provide leadership and resilient systems that are capable of delivering quality care (Ali, Ranse, Roiko, & Desha, 2024). A reliable indicator of a hospital's 'resilience' to disasters lies in its Transformative leadership which plays a special role in the performance of an organization.

5.2.5 Success factors and challenges for RRI implementation

Success factors and challenges for RRI implementation defines those factors that contribute positively and negatively respectively to the implementation of rapid results initiative framework. Success factors and challenges for RRI implementation were therefore the last objective in this study, the first item under this variable was resistance to change as a common challenge during RRI implementation which was confirmed by the respondents with a mean score of 4.00 indicating a good response rate. Another item was on clear communication which contributing significantly to RRI success, which also recorded an average of 3.94 score implying a positive outcome. The results openly show that clear communication about RRI implementation is a success factor as it will help to overcome resistance to change which is an impediment to the RRI implementation. therefore, the two items are intertwined and depend heavily on one another In comparison to other studies for instance Porcari et (2020) had proposed a practical model to help companies identify RRI implementation challenges which have been mentioned by stakeholders in other studies, who raised issues about lack of open communication to ensure effective implementation. While interventions and policies with various targets and goals have been implemented, to support RRI, however there were enough evidence about factors underpinning success of RRI implementations in hospitals (Leger et al.2021). To overcome some of the challenges implementors are encouraged to perform pilot test of the RRI governance system with the risk of potential challenges that could threaten the success of the RRI practice (Szudi et al. 2023).

5.3 Conclusions

From the research findings conclusions can now be drawn:

The study concludes that RRI monitoring, RRI Capacity building, Transformative leadership and Success factors and challenges for RRI implementation have effect on the Performance of multispeciality hospitals in the Oasis Multispeciality Hospitals in Kenya.

Indication of the results showed that RRI monitoring had a strong effect on the Performance of multispeciality hospitals, this because it is necessary to have monitoring mechanism on the implementation of RRI and the continuous performance for sustainability, so that should there be any deviation, then the organization finds a way to counter, most hospitals were not keen to allocate enough resources for this activity, policies should be in place to support this process at this stage. Therefore, rapid results initiative should be carefully examined thoroughly to ensure it reflects the performance in the multispeciality hospital.

The study affirms that RRI Capacity building has an impact in Performance of multispeciality hospitals; This can be so due to the fact that to ensure proper implementation and execution, the implementer must have the requisite knowledge of what they are undertaking. therefore, training programs to equip the staff is necessary as this will improve productivity and ensure quality service delivery, that will see the organization improve its performance in service delivery and income. Therefore, the study concludes that good RRI Capacity building is necessary and influence Performance of multispeciality hospitals.

Transformative leadership has also been found closely to impact Performance of multispeciality hospitals; This is because leadership give direction. Transformative leaderships demonstrate the reality of things they stand, in any case it emphasizes on the ethical and integrity that is required in the hospital environment to deliver services that are very essential, it crucial and very delicate working in the environment that is touching human life and death, that can only be achieved through adequate and proper leadership that is proactive to the events and circumstances as they emerge. Therefore, transformative leadership style has a strong effect on the performance of multispeciality hospitals.

Study also noted that success factors and the challenges to RRI implementations are key and have effect on the performance of multispeciality hospitals. As success factors under well regulated environment will definitely improve performance whereas the challenges if not well observed will derail and negatively impact the performance of the organization.

The study finally concludes that Rapid results initiative (RRI) has significant effect on the performance of multispeciality hospitals, in the case of Oasis Healthcare group.

5.4 Study Contributions

This study makes several important contributions both in theory and in practice. Practically, it offers hospital administrators and policymakers valuable insights into how the Rapid Results Initiative (RRI) can be effectively used to enhance the performance of multispecialty hospitals. By examining components such as RRI monitoring, capacity building, transformative leadership, and implementation challenges, the study presents a structured framework that institutions can adapt to drive operational efficiency and improve service delivery within the healthcare sector.

From a theoretical perspective, the study expands the understanding of performance improvement models in healthcare by embedding RRI within broader organizational behavior and leadership frameworks. It reinforces the idea that institutional performance is not solely a function of infrastructure or resources but is equally influenced by strategic leadership, staff development, and targeted implementation approaches. The inclusion of diverse staff categories across clinical, administrative, and managerial levels strengthens the applicability of the findings, as it offers a holistic view of the internal dynamics that shape hospital outcomes.

Methodologically, the study's design ensured broad departmental representation across three branches of Oasis Multispecialty Hospital. This approach allowed the research to capture diverse experiences and operational realities, enhancing the robustness and generalizability of the findings within similar organizational contexts. Additionally, by focusing on the Kenyan healthcare setting, the study adds to the limited body of empirical research on performance management in low- and middle-income countries, contributing to the global discourse on healthcare reform and innovation.

Lastly, the study offers a policy-level contribution by emphasizing the need for structured frameworks and targeted investment in capacity building and leadership development. It presents a compelling case for incorporating RRI into national and institutional healthcare strategies as a tool for measurable and time-bound performance improvement.

5.5 Recommendations

After coming up with conclusions which were basically made based on the findings; the following recommendation can now be proposed:

The researcher recommends a well-designed rapid results initiative implementation framework to help overcome the challenges and ensure success in the process. This will also formulate a standard implementation process that will eliminate unnecessary cost and activities in the process.

The study also recommends the use of different RRI Capacity building methods which will ensure all the staff from different categories of professionalism and departments are covered, this is stated so because different capacity building programs may only apply in different situations, it therefore important to consider a specific RRI Capacity building on specific situation.

Transformative leadership should emphasize on the emerging leadership styles which may include digital leadership styles, hybrid leadership style, ethical leadership style among others, since this will apply to the current situations in our hospitals today and help manage the dynamic leadership environment and ever-changing service delivery requirements.

The study recommends that an organization should provide a conducive environment that can accommodate both the patients and the staff for better service delivery and in turn improve performance.

5.6 Limitations of the Study

Despite its strengths, the study is not without limitations. One of the primary limitations is the scope of the study, which was confined to Oasis Multispecialty Hospitals in three counties. While this allowed for a focused and manageable sample, it may limit the generalizability of the findings to other hospitals in Kenya or beyond, particularly those with different organizational structures, resource levels, or regional challenges.

Another limitation lies in the reliance on self-reported data from respondents. Since the information gathered was based on individual perceptions and experiences, there is a possibility of bias, including social desirability bias. Respondents may have provided answers they believed were favourable or aligned with institutional expectations, which may affect the objectivity of the findings.

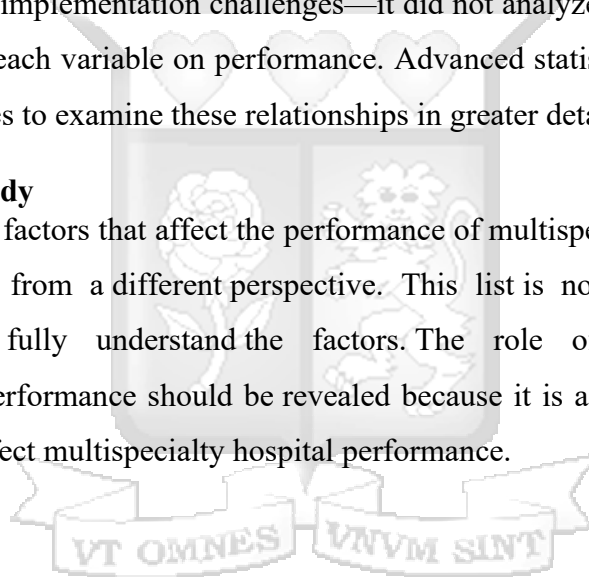
Additionally, the study employed a cross-sectional research design, capturing data at a single point in time. This approach does not allow for the assessment of long-term outcomes or sustainability of the RRI interventions. A longitudinal study would be more appropriate to track changes and measure the lasting impact of RRI over time.

Furthermore, the study did not extensively account for external factors such as regulatory changes, funding mechanisms, or broader healthcare policy shifts that may influence hospital performance. These contextual elements, though outside the immediate scope of the research, could have provided additional depth to the analysis.

Lastly, while the study treated each of the four key variables independently—monitoring, capacity building, leadership, and implementation challenges—it did not analyze the interaction effects or the relative influence of each variable on performance. Advanced statistical techniques could be employed in future studies to examine these relationships in greater detail.

5.7 areas for further study

There are many different factors that affect the performance of multispecialty hospitals, and each one should be examined from a different perspective. This list is not all-inclusive; additional research is required to fully understand the factors. The role of RRI capacity building in multispecialty hospital performance should be revealed because it is a factor with many hidden capabilities that could affect multispecialty hospital performance.



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APPENDICES

Appendix 1: Interview Guide

Section 1: Respondent's profile

Please indicate your response by ticking (✓) the most appropriate option for each question:

1. **Gender**

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

2. **Highest Level of Education**

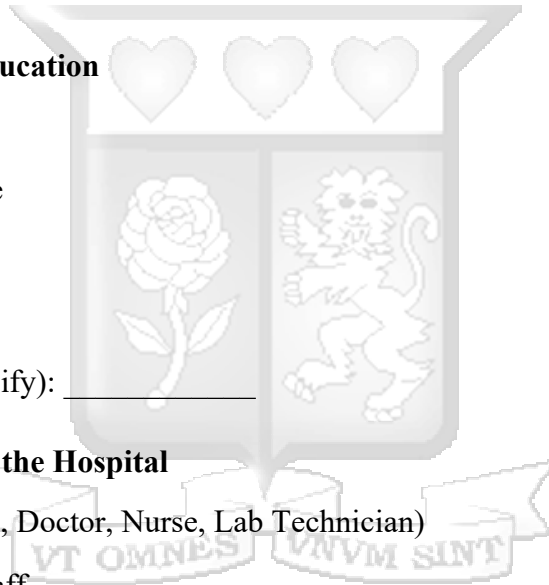
- ☐ Diploma
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate (PhD)
- ☐ Other (please specify): _____

3. **Current Position in the Hospital**

- ☐ Clinical Staff (e.g., Doctor, Nurse, Lab Technician)
- ☐ Administrative Staff
- ☐ Management/Executive
- ☐ Support Staff
- ☐ Other (please specify): _____

4. **Department**

- ☐ Outpatient
- ☐ Inpatient
- ☐ Emergency Services
- ☐ Surgery/Theatre



- ☐ Administration
- ☐ Other (please specify): _____

5. Number of Years Worked in the Hospital

- ☐ Less than 1 year
- ☐ 1–3 years
- ☐ 4–6 years
- ☐ Over 6 years

6. Have you participated in any RRI initiative in this hospital?

- ☐ Yes
- ☐ No

7. If yes, how frequently have you been involved in RRI activities?

- ☐ Once
- ☐ Occasionally
- ☐ Frequently
- ☐ Very Frequently



PART B: RRI Monitoring

This section assesses staff's perceptions on the Effects of Rapid Results Initiative (RRI) on Performance of Multispecialty Hospitals: A Case of Oasis Healthcare Group.

Please indicate your agreement or otherwise with the following statements using a 5-point Likert scale for responses: On a scale of 5-1 where 5=Strongly agree, 4=Agree, 3=Neutral, 2= Disagree and 1=Strongly disagree, please indicate by putting a circle on the number to show the extent of your agreement with each statement below.

Statement	1	2	3	4	5
	SD	D	N	A	SA
Our hospital sets clear targets during RRI implementation phases.					
Regular progress reviews are conducted throughout the RRI period.					
Monitoring tools used in RRI are effective in tracking performance.					
Staff members are well-informed about RRI monitoring indicators.					
Feedback from RRI monitoring leads to timely improvements in service delivery.					
RRI monitoring practices contribute to overall hospital efficiency.					

PART C: RRI Capacity Building

Please indicate your agreement or otherwise with the following statements using the following scale. On a scale of 5-1 where 5=Strongly agree, 4=Agree, 3=Neutral, 2= Disagree and 1=Strongly disagree, please indicate by putting a circle on the number to show the extent of your agreement with each statement below.

Statement	1	2	3	4	5
	SD	D	N	A	SA
RRI training programs have improved staff skills in our hospital.					

Staff feel more confident in their roles due to RRI-related training.					
The hospital allocates adequate resources for RRI capacity-building activities.					
Mentorship and coaching are part of our RRI implementation process.					
RRI capacity building has led to improved interdepartmental collaboration.					
Our hospital retains skills gained through RRI training over the long term.					

PART D: Transformative RRI Capacity building

Please indicate your agreement or otherwise with the following statements using the following scale. On a scale of 5-1 where 5=Strongly agree, 4=Agree, 3=Neutral, 2= Disagree and 1=Strongly disagree, please indicate by putting a circle on the number to show the extent of your agreement with each statement below.

Statement	1	2	3	4	5
	SD	D	N	A	SA
Our hospital leaders promote innovation during RRI projects.					
RRI Capacity building encourages staff participation in RRI decision-making.					
Leaders inspire commitment towards RRI goals.					
Leaders provide strategic direction during RRI implementation.					

Transformative RRI Capacity building positively impacts service delivery in our hospital.					
The hospital RRI Capacity building fosters a culture of accountability and performance.					

PART E Challenges and Success Factors in RRI Implementation

Please indicate your agreement or otherwise with the following statements using the following scale. On a scale of 5-1 where 5=Strongly agree, 4=Agree, 3=Neutral, 2= Disagree and 1=Strongly disagree, please indicate by putting a circle on the number to show the extent of your agreement with each statement below.

Statement	1	2	3	4	5
	SD	D	N	A	SA
Resistance to change is a common challenge during RRI implementation.					
Limited funding affects the success of RRI initiatives.					
Lack of staff motivation impedes RRI progress.					
Clear communication contributes significantly to RRI success.					
Stakeholder involvement is key to successful RRI execution.					
Adequate planning and preparation enhance RRI outcomes in our hospital.					

PART F. Performance of Multispecialty Hospitals

Please indicate your agreement or otherwise with the following statements using the following scale. On a scale of 5-1 where 5=Strongly agree, 4=Agree, 3=Neutral, 2= Disagree and 1=Strongly disagree, please indicate by putting a circle on the number to show the extent of your agreement with each statement below.

Statement	1	2	3	4	5
	SD	D	N	A	SA
Patient satisfaction has improved due to RRI implementation.					
RRI initiatives have reduced service delivery time in the hospital.					
Staff productivity has increased as a result of RRI activities.					
Quality of care has improved through RRI interventions.					
There is a noticeable improvement in hospital efficiency due to RRI.					
RRI has contributed to better health outcomes for patients.					

Thank you for your cooperation.

Appendix 2: Topic Approval



29 March 2025

Dear Dr. ISAAC MAKOKHA

RE: EFFECTS OF RAPID RESULTS INITIATIVE ON PERFORMANCE OF MULTISPECIALTY HOSPITALS: A CASE OF OASIS HEALTHCARE GROUP



1 of 1

Appendix 3: Ethics Approval



28th March 2025

Mr Makokha Isaac,
isaac.makokha@strathmore.edu

Dear Mr Makokha,

RE: Effects of Rapid Results Initiative on Performance of Multispecialty Hospitals: A Case of Oasis Healthcare Group

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** proposal. Your application reference number is **SU-ISERC2287/24**. The approval period is from **28th March 2025 to 27th March 2026**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 72 hours.
- v. Clearance for the export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days of completion of the study to SU-ISERC.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Ambrose Rachier".

Mr Ambrose Rachier,
Chairperson; SU-ISERC

Appendix 4: Data collection Approval by NACOSTI

 REPUBLIC OF KENYA Ref No: 619552	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION. Date of Issue: 23/May/2024
RESEARCH LICENSE	
	
This is to Certify that Mr.. Masoni Makokha Isaac of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kakamega, Kericho, Kisii, Kisumu, Nairobi, Nakuru, Nyamira, Siaya, Vilhiga on the topic: EFFECTS OF RAPID RESULTS INITIATIVE ON PERFORMANCE OF MULTISPECIALTY HOSPITAL: A CASE F OASIS HEALTHCARE GROUP for the period ending : 23/May/2025.	
License No: NACOSTIP/24/35799	
Applicant Identification Number 619552	Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Verification QR Code 	
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See overleaf for conditions	

The National Commission for Science, Technology and Innovation, hereafter referred to as the Commission, was established under the Science, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

CONDITIONS OF THE RESEARCH LICENSE

1. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of international treaties of which Kenya is a signatory to
2. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way:
 - i. Endanger national security
 - ii. Adversely affect the lives of Kenyans
 - iii. Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
 - iv. Result in exploitation of intellectual property rights of communities in Kenya
 - v. Adversely affect the environment
 - vi. Adversely affect the rights of communities
 - vii. Endanger public safety and national cohesion
 - viii. Plagiarize someone else's work
3. The License is valid for the proposed research, location and specified period.
4. The license any rights thereunder are non-transferable
5. The Commission reserves the right to cancel the research at any time during the research period if in the opinion of the Commission the research is not implemented in conformity with the provisions of the Act or any other written law.
6. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.
7. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
8. The License does not give authority to transfer research materials.
9. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.
10. The Licensee shall submit one hard copy, and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.
11. The Commission reserves the right to modify the conditions of the License including cancellation without prior notice.
12. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.
13. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.
14. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.
15. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically, and make a report of its findings to the Commission for necessary action.

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