INFLUENCE OF TRANSFORMATIONAL LEADERSHIP STYLES ON SERVICE QUALITY IN PRIVATE LEVEL IV HOSPITALS IN NAIROBI COUNTY, KENYA

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A RESEARCH DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF BUSINESS ADMINISTRATION AT STRATHMORE BUSINESS SCHOOL, STRATHMORE UNIVERSITY

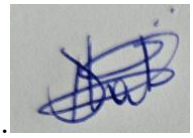
JUNE 2026

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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DEDICATION

This dissertation is especially dedicated to my family, who have been my greatest source of strength, encouragement and inspiration throughout this journey.

To my husband, thank you for your unwavering support, patience and constant encouragement during the demanding moments of this programme. Your belief in me kept me going even when the journey felt overwhelming.

To my son, thank you for the many moments of learning together and for even helping me navigate some of the statistics questions with confidence and humour. You made the process lighter and reminded me that learning can truly be fun.

To my lovely daughter, thank you for your encouragement, understanding and the joy you brought into this journey. Your support meant more than words can express.

To my larger family, thank you for cheering me on and believing in me every step of the way. Your excitement in seeing me become the first in the family to attain a Master's degree has been deeply motivating. Thank you also for encouraging me to continue pursuing even greater learning opportunities and challenges ahead.

You have all been my biggest cheerleaders, and this achievement is as much yours as it is mine.

ACKNOWLEDGEMENT

I would first like to thank God for the strength, wisdom, grace, and favour throughout this academic journey. There were moments of exhaustion, self-doubt, and competing responsibilities, but His faithfulness carried me through every stage of this study.

My sincere appreciation goes to the faculty at Strathmore University Business School for creating a rich and transformative learning environment. The knowledge, guidance, and exposure received throughout this programme have greatly contributed to both my academic and professional growth.

I am deeply grateful to my supervisor, Dr. Joan Gitahi, for her guidance, support and constructive feedback throughout this research process. Your insights and encouragement played an important role in shaping this study.

To my EMBA 2024 classmates, thank you for the laughter, shared experiences, encouragement and memorable moments throughout the programme. The journey was made lighter and more meaningful because of the friendships and support we shared along the way.

Finally, I appreciate everyone who contributed directly or indirectly to the successful completion of this dissertation. Your support and encouragement are truly appreciated.

ABSTRACT

The healthcare sector continues to face increasing pressure to deliver high-quality services due to rising service quality expectations, workforce challenges, and heightened accountability for outcomes. In this context, leadership is widely recognised as a key determinant of service quality because it shapes employee behaviour, coordination of care processes, and perceived service quality within hospitals. This study examined the influence of transformational leadership styles on service quality in private level IV hospitals in Nairobi County, Kenya. The general objective of the study was to determine the influence of transformational leadership styles on service quality in private level iv hospitals in Nairobi County. The study was grounded on Transformational Leadership Theory, SERVQUAL Theory, and Social Exchange Theory, which collectively provided a framework for explaining how leadership behaviours influence service quality outcomes in healthcare institutions. The study adopted a descriptive cross-sectional research design targeting 81 private level IV hospitals in Nairobi County. Data were collected from heads of departments drawn from clinical, diagnostic and technical, public health and allied, and administrative and support cadres. The findings indicated that all four transformational leadership styles positively influence service quality, with individualised consideration emerging as the most significant predictor. The study concludes that transformational leadership is a critical driver of service quality in private hospitals, particularly through mechanisms that enhance staff motivation, innovation, and employee development. Methodologically bounded by a cross-sectional design and its reliance on internal key informants, the study's generalisability is constrained to similar private institutional settings. The findings are expected to inform policy, improve managerial practice, and contribute to academic literature on leadership and healthcare service quality in developing country contexts. The study recommends strengthening leadership development programmes in healthcare institutions and integrating transformational leadership competencies into hospital governance and regulatory frameworks.

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ACRONYMS

KHPOA – Kenya Health Professions Oversight Authority

KMPDC – Kenya Medical Practitioners and Dentists Council

SET – Social Exchange Theory

SHA – Social Health Insurance Fund

TLT – Transformational Leadership Theory

OPERATIONAL DEFINITION OF TERMS

Transformational Leadership Style refers to a leadership approach in which leaders inspire and motivate employees to achieve exceptional performance by promoting innovation, vision, and individual consideration (Northouse, 2022).

Service Quality refers to the ability of an Organisation to consistently meet or exceed customer expectations through reliable, responsive, and effective service delivery (Kotler & Keller, 2021).

Private Level IV Hospitals refer to privately owned healthcare institutions that provide comprehensive curative and preventive services, including outpatient, inpatient, maternity, and minor surgical services as classified under Kenya's health system (Ministry of Health Kenya, 2020).

Nairobi County refers to one of the 47 counties in Kenya that serves as the country's capital and a major centre for healthcare, business, and administration (Kenya National Bureau of Statistics, 2022).

CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

The healthcare sector operates in an increasingly demanding environment characterised by rising patient expectations, intensified competition, technological change, and growing pressure for accountability in health outcomes (Hutchinson & Jackson, 2023). In this context, service quality has become a central concern for hospitals because it affects perceived service delivery quality, trust, continuity of care, and institutional reputation. The World Health Organisation defines quality health services as those that are safe, effective, people-centred, timely, efficient, and equitable (World Health Organisation [WHO], 2025). In hospitals, therefore, maintaining high service quality requires not only adequate clinical systems and infrastructure but also strong leadership that can shape staff attitudes, teamwork, responsiveness, and commitment to patient-centred care (WHO, 2025; Wu et al., 2024).

Service quality has become a strategic priority in healthcare systems worldwide due to increasing patient expectations, growing competition among healthcare providers, rapid technological advancement, and heightened demand for accountability in health outcomes (Hutchinson & Jackson, 2023). The quality of healthcare services influences patient satisfaction, trust, treatment adherence, and organisational sustainability. According to the World Health Organisation (WHO, 2025), quality healthcare services are safe, effective, people-centred, timely, efficient, and equitable. Achieving these outcomes requires not only adequate infrastructure and clinical competence but also effective leadership capable of creating an environment that supports high-quality service delivery.

Leadership is increasingly recognised as a critical organisational factor influencing healthcare performance. Among contemporary leadership approaches, transformational leadership has attracted considerable attention because of its ability to inspire employees to exceed routine performance expectations. Transformational leadership comprises four dimensions: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration. Through these behaviours, leaders influence employee attitudes, motivation, innovation, and commitment to organisational goals. In healthcare settings, these leadership attributes are

particularly important because service quality largely depends on the behaviours and interactions of healthcare workers during service delivery (Ystaas et al., 2023; Tsapnidou et al., 2024).

Service quality refers to patients' evaluation of how well healthcare services meet or exceed their expectations. Drawing from the SERVQUAL perspective, service quality is commonly assessed through reliability, responsiveness, assurance, empathy, and tangibility. While technical competence remains essential in healthcare, patients increasingly evaluate hospitals based on their overall service experience, including waiting time, communication, staff responsiveness, and the degree of personalised care received. Consequently, leadership practices that influence employee behaviour and organisational culture are likely to have a significant impact on perceived service quality (Rahmatia et al., 2025).

Empirical evidence from developed healthcare systems suggests that transformational leadership contributes positively to healthcare outcomes by fostering employee engagement, teamwork, innovation, and patient-centred care. However, studies have also reported varying results regarding the magnitude and consistency of this relationship across different healthcare contexts. Some scholars argue that the influence of transformational leadership on service quality may be mediated by factors such as organisational culture, employee commitment, and resource availability, suggesting that leadership alone may not guarantee improved service outcomes (Wu et al., 2024). These divergent findings indicate the need for context-specific investigations to better understand the relationship between transformational leadership and service quality.

In many developing countries, healthcare institutions continue to experience service quality challenges despite ongoing reforms and increased investment in the health sector. Common concerns include delays in service provision, inadequate responsiveness, ineffective communication, and inconsistent patient experiences. These challenges are particularly significant because healthcare quality is increasingly assessed from the patient's perspective rather than solely through clinical outcomes. As a result, healthcare organisations are under growing pressure to identify leadership approaches that can strengthen employee performance and enhance service delivery (WHO, 2025; Rahmatia et al., 2025).

In Kenya, improving service quality remains a major objective within the healthcare sector. Although the private healthcare industry has expanded considerably over the past decade, concerns relating to service responsiveness, communication effectiveness, reliability, and patient satisfaction continue to be reported. Recent studies indicate that service quality dimensions significantly influence organisational performance and patient satisfaction in Kenyan hospitals (Kegode et al., 2024; Okeyo et al., 2025). Furthermore, evidence from Nairobi County shows that responsiveness and service efficiency remain important determinants of patient satisfaction, highlighting the continuing need for effective management practices that support quality service delivery (Muthoni & Ngumi, 2026).

Private Level IV hospitals in Nairobi County operate in a highly competitive healthcare market characterised by diverse patient needs and rising expectations for quality care. In this environment, service quality constitutes an important source of competitive advantage. While these hospitals are generally perceived to offer superior services compared to many public facilities, they continue to face challenges related to consistency in service delivery, employee responsiveness, communication, and patient-centred care. Such challenges suggest that leadership practices may play a critical role in shaping employee behaviour and service culture within these institutions.

Despite the growing body of literature on leadership and healthcare performance, limited empirical attention has been given to the influence of transformational leadership styles on service quality in private Level IV hospitals in Nairobi County. Existing studies have predominantly focused on public healthcare facilities, nursing outcomes, employee performance, or general organisational performance, with limited emphasis on service quality as a specific outcome variable within private hospital settings. Consequently, there remains insufficient understanding of how the dimensions of transformational leadership influence service quality in private Level IV hospitals operating within Nairobi County's unique healthcare environment. This study seeks to address this contextual and empirical gap by examining the influence of transformational leadership styles on service quality in private Level IV hospitals in Nairobi County, Kenya.

1.1.1 Transformational Leadership Styles

Hospitals operate in increasingly complex and demanding environments characterised by rising patient expectations, heightened accountability for clinical and service outcomes, and intensified competition for patients, insurers, and highly specialised healthcare professionals. These pressures have elevated service quality to a strategic priority, as healthcare organisations are expected to deliver not only effective clinical interventions but also responsive, coordinated, and patient centred care experiences. staff-rated service quality assessments of quality are shaped by multiple service dimensions, including communication, timeliness, coordination, and the consistency of care processes across departments. Leadership styles are therefore critical in shaping how these service processes are organised and sustained in practice, particularly in environments where outcomes depend heavily on teamwork and frontline staff interactions. (WHO, 2022) Effective leadership ensures alignment between organisational goals and daily service delivery routines, thereby influencing both staff performance and patient outcomes. (OECD, 2023)

Transformational leadership has emerged as a dominant paradigm in healthcare leadership due to its emphasis on motivation, engagement, and continuous improvement in complex organisational settings. The approach focuses on leader behaviours that inspire followers to transcend routine compliance and commit to shared organisational goals, making it particularly relevant in hospitals where collaboration and adaptability are essential. Contemporary research indicates that transformational leadership enhances organisational performance by fostering a supportive and empowering work environment in which healthcare professionals are motivated to deliver high quality care. (Specchia et al., 2021) In addition, transformational leadership is associated with improved staff attitudes, including higher levels of commitment and reduced turnover intentions, which are critical for maintaining continuity and quality of care in healthcare institutions. (Boamah, 2023)

Literature conceptualises transformational leadership through four core behavioural dimensions, namely idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration, which together represent distinct mechanisms through which leaders influence organisational outcomes. Idealised influence reflects leaders' ethical conduct, integrity, and role modelling behaviours that build trust and reinforce accountability for service standards, which is

essential in clinical environments where adherence to protocols directly affects patient safety. (Northouse, 2021) Inspirational motivation refers to the ability of leaders to articulate a compelling vision and inspire collective commitment to patient centred goals, thereby aligning individual efforts with broader organisational objectives. (Labrague et al., 2022) These two dimensions are particularly important in fostering a shared sense of purpose and direction among healthcare teams.

Intellectual stimulation and individualised consideration further extend the influence of transformational leadership by addressing innovation and human resource development within healthcare settings. Intellectual stimulation encourages critical thinking, learning, and innovation, enabling healthcare professionals to identify and address service delivery challenges such as delays, communication breakdowns, and coordination inefficiencies. This dimension is especially relevant in dynamic hospital environments where continuous improvement is necessary to meet evolving patient needs. (Hamdan et al., 2024) Individualised consideration focuses on mentoring, coaching, and supporting staff wellbeing, which enhances engagement, reduces burnout, and improves consistency in patient care delivery. (Cummings et al., 2018) Together, these dimensions provide a comprehensive framework through which leaders can influence both the technical and relational aspects of service quality.

Empirical evidence increasingly supports the positive impact of transformational leadership on healthcare outcomes, particularly in relation to staff performance and patient care quality. Studies have shown that transformational leadership is positively associated with job satisfaction, organisational commitment, and perceived quality of care among nurses and other healthcare professionals. (Labrague et al., 2022) Improved staff engagement has been identified as a key mechanism through which leadership influences service quality, as motivated employees are more likely to demonstrate responsiveness, empathy, and adherence to service standards. (Boamah, 2023) Furthermore, transformational leadership has been linked to the development of strong patient safety cultures, which enhance communication, teamwork, and compliance with clinical guidelines, ultimately improving patient outcomes. (Hamdan et al., 2024)

From a measurement perspective, transformational leadership styles are typically assessed using validated instruments that capture their multidimensional nature, enabling a more nuanced analysis

of leadership behaviour in organisational contexts. The Multifactor Leadership Questionnaire remains one of the most widely used tools for measuring transformational leadership, as it assesses the four dimensions as distinct but interrelated constructs. (Banks et al., 2018) This approach allows researchers to examine how specific leadership behaviours contribute to different aspects of organisational performance, including service quality, staff engagement, and perceived service delivery quality perceived service delivery quality. (Northouse, 2021)

In this study, transformational leadership styles are conceptualised as observable patterns of leader behaviour within private hospitals in Nairobi County, Kenya, reflecting how leadership is experienced by healthcare staff in their daily work environments. Idealised influence is operationalised through leaders' integrity, ethical conduct, and consistency in reinforcing service standards, while inspirational motivation is reflected in the communication of a clear and compelling vision for patient centred care. Intellectual stimulation captures the extent to which leaders encourage innovation and problem solving in addressing service delivery challenges, whereas individualised consideration reflects leaders' attention to staff development, mentoring, and wellbeing. (Ystaas et al., 2023) These dimensions are treated as distinct predictors of service quality outcomes, providing a structured framework for examining how leadership behaviours translate into accountability, innovation, staff engagement, and consistent patient centred responsiveness in private hospitals. (Alanazi et al., 2023)

1.1.2 Service Quality

Service quality in health care refers to the extent to which services are delivered in a manner that meets patient expectations while supporting safe and effective clinical care. In hospital settings, patients experience quality not only through clinical outcomes but also through the care process, including communication, timeliness, courtesy, responsiveness, and the care environment. This perspective is consistent with the structure process outcome framework, which emphasises that the conditions of care and the processes through which care is delivered shape outcomes and patient perceptions (Donabedian, 1988; Institute of Medicine, 2001).

Although SERVQUAL was originally developed to assess customer and patient perceptions of service quality, the framework has increasingly been adapted within healthcare management

research to evaluate Organisational service delivery processes and institutional quality practices. In this study, the SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles were applied from an Organisational perspective to assess institutional service quality within private hospitals as perceived by Heads of Departments responsible for service delivery oversight and operational coordination.

Service quality in services research is also conceptualised as a multidimensional construct that captures both what is delivered and how it is delivered. Grönroos explains service quality by distinguishing technical quality, which concerns what the customer receives, from functional quality, which concerns how the service is delivered, including interactions and responsiveness (Grönroos, 1984; Donabedian, 1988). In hospital care, this distinction matters because the same clinical intervention may be perceived differently depending on whether patients receive timely attention, clear explanations, and respectful treatment, which can influence satisfaction, trust, and willingness to return for care (Institute of Medicine, 2001; Wolf et al., 2014).

A widely used approach for measuring perceived service quality is the SERVQUAL model, which evaluates the gap between expectations and perceptions across reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman et al., 1988; Parasuraman et al., 1991). Although SERVQUAL remains influential, measurement debates have also produced performance only approaches such as SERVPERF, which argues that service quality can be assessed through performance perceptions without the expectation gap component (Cronin & Taylor, 1992; Parasuraman et al., 1991). In healthcare contexts, SERVQUAL has been adapted and applied extensively in hospital settings, including work showing that its dimensions can be empirically meaningful for diagnosing process weaknesses and interpersonal care deficiencies that affect hospital service quality (Babakus & Mangold, 1992; Jonkisz et al., 2022).

Contemporary service quality assessment increasingly complements SERVQUAL with structured patient voice metrics that capture service quality in a more direct and actionable way. Patient reported experience measures provide systematic feedback on the care process, including communication, coordination, timeliness, and respect, and have been used to guide service redesign and accountability, although their impact depends on whether Organisations integrate

results into improvement systems (Doyle et al., 2013; Wolf et al., 2014). In this study, service quality is conceptualised as Organisational service quality within private hospitals and is assessed using the SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles because these dimensions capture critical service delivery processes and interpersonal aspects of healthcare quality attributes that are central to hospital performance and service quality (Parasuraman et al., 1988; Jonkisz et al., 2022).

Service quality in healthcare is a multidimensional construct that reflects both clinical effectiveness and the manner in which care is delivered, encompassing communication, timeliness, responsiveness, and respect. Drawing from the structure, process, outcome perspective and services marketing theory, quality is understood as both technical performance that is what is delivered, and functional to mean how it is delivered. Measurement approaches such as SERVQUAL and patient-reported experience metrics provide structured ways of capturing staff-rated service quality assessments, which are central indicators of hospital performance. In this study, service quality is therefore conceptualised as Organisational service quality within private hospitals and assessed through the SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles, as these dimensions comprehensively reflect the process and interpersonal aspects of hospital care.

1.1.2 Private Hospitals in Kenya

Kenya's health system comprises a mix of public and private providers, reflecting a pluralistic structure in which service delivery is shared between state and non-state actors. According to the Ministry of Health, the country had a total of 14,883 health facilities as of 2023, of which 6,846 (approximately 48%) are privately owned (Ministry of Health [MoH], 2023). Private health facilities include both for-profit providers and private not-for-profit institutions such as faith-based Organisations and non-governmental Organisations (MoH, 2014). This substantial share underscores the central role of the private sector in expanding access to care, particularly in urban areas where demand for timely and responsive services is high.

Health facilities in Kenya are categorisedd into six levels based on the complexity of services offered. Level 1 consists of community health units focused on preventive and promotive services.

Level 2 (dispensaries and clinics) provides basic outpatient care, while Level 3 (health centres) offers expanded primary care services including maternity and limited inpatient care. Level 4 facilities, which are sub-county hospitals, provide inpatient services, emergency care, and basic surgical procedures. Level 5 and Level 6 facilities are county and national referral hospitals respectively, offering specialized and highly specialized services (MoH, 2014). This hierarchical classification is important for understanding differences in service scope, resource requirements, and patient expectations across facility types.

Private hospitals in Kenya are regulated by multiple bodies, including the Ministry of Health, the Kenya Medical Practitioners and Dentists Council (KMPDC), and the Kenya Health Professions Oversight Authority (KHPOA), which oversee licensing, professional standards, and quality assurance. In addition, financing and reimbursement mechanisms such as the Social Health Insurance Fund (formerly NHIF) influence service delivery practices and patient access in both public and private sectors. These regulatory and financing structures shape how private hospitals operate, compete, and maintain quality standards.

The private healthcare sector also contributes to the broader economy through employment creation, investment in health infrastructure, and support for insurance markets, although precise estimates of its contribution to gross domestic product remain limited in publicly available data (MoH, 2023; World Bank, 2020). Beyond economic contributions, private hospitals provide important opportunities for innovation, efficiency, and responsiveness in service delivery. At the same time, they face a range of challenges, including high operating costs, regulatory compliance requirements, workforce shortages and increasing patient expectations for quality and affordability. These pressures are particularly pronounced in urban settings where competition among providers is intense.

Nairobi County represents the largest and most competitive healthcare market in Kenya, with a high concentration of private providers. This concentration increases patient choice and places greater emphasis on service quality as a basis for differentiation and reputation. National data indicate that there are approximately 958 Level 4 hospitals in Kenya, of which 81 privately owned facilities are located in Nairobi County (MoH, 2023; SHIF, 2025). These facilities form the focus

of the present study. The choice of Nairobi County is justified by its dense provider network, diverse patient population, and high demand for quality healthcare services, which together create a context in which leadership and service delivery practices are likely to have a pronounced effect on hospital service quality.

Although private hospitals operate across the country, this study does not extend to facilities outside Nairobi County due to contextual differences in resource availability, patient profiles, and market dynamics between urban and rural settings. Focusing on Nairobi allows for a more controlled examination of how leadership practices influence service quality within a competitive and resource-intensive environment where patients actively compare providers.

Empirical evidence from Nairobi's private healthcare sector suggests that hospital service quality, while generally positive, remain uneven across key dimensions of service quality. Studies have identified gaps in areas such as access, continuity of care, coordination, and comprehensiveness, all of which are closely linked to perceived reliability and responsiveness (Mohamoud & Mash, 2020; Mohamoud et al., 2022). Additional evidence indicates that operational factors such as waiting times significantly influence perceived service delivery quality, highlighting the importance of efficient service processes (Seif et al., 2025). These findings suggest that private provision alone does not guarantee consistently high service quality and that Organisational factors, including leadership, play a critical role in shaping hospital service quality.

Given the significant role of private hospitals in Kenya's health system, their contribution to service delivery in urban areas, and the persistent variability in service quality, it is important to examine the Organisational drivers that influence perceived service quality within hospitals. In particular, understanding how leadership practices shape service delivery in private Level IV hospitals in Nairobi County is essential for informing strategies aimed at improving quality, strengthening patient trust, and enhancing the overall performance of the healthcare sector.

1.2 Problem statement

Service quality remains a persistent challenge in healthcare systems despite substantial investments in healthcare infrastructure, technology, and workforce development. Globally, poor

quality healthcare contributes to millions of preventable deaths annually, with low- and middle-income countries bearing a disproportionate share of this burden (World Health Organisation [WHO], 2021). Beyond clinical outcomes, healthcare quality is increasingly assessed through patients' experiences of responsiveness, reliability, assurance, empathy, and timeliness of care. Consequently, hospitals are under growing pressure to improve not only medical outcomes but also the quality-of-service delivery processes that shape patient experiences.

In Kenya, the private healthcare sector has expanded significantly and currently accounts for nearly half of all health facilities in the country (Ministry of Health [MoH], 2023). Private Level IV hospitals in Nairobi County operate in a highly competitive environment where service quality is a critical determinant of patient satisfaction, retention, and organisational sustainability. However, evidence continues to indicate challenges relating to prolonged waiting times, inconsistent responsiveness, communication deficiencies, fragmented care coordination, and variations in patient experiences across healthcare facilities (Mohamoud & Mash, 2022; Seif et al., 2025). These challenges persist despite investments in infrastructure, modern medical equipment, and quality improvement initiatives, suggesting that structural resources alone may be insufficient to guarantee high service quality.

Recent scholarship increasingly identifies leadership as a critical mechanism through which healthcare organisations influence employee behaviour, organisational culture, and service delivery outcomes. Among various leadership approaches, transformational leadership has attracted considerable attention because it focuses on motivating employees, fostering innovation, encouraging a shared vision, and supporting individual development. Theoretically, each dimension of transformational leadership addresses a different aspect of employee performance that may influence service quality. Idealised influence promotes trust and ethical conduct, inspirational motivation enhances commitment to service goals, intellectual stimulation encourages problem solving and innovation, while individualised consideration supports employee engagement and responsiveness. Given that healthcare service quality is largely delivered through human interactions, these leadership behaviours may be particularly important in shaping patients' service experiences.

However, existing empirical evidence presents an unresolved issue. While several studies report positive associations between transformational leadership and healthcare performance, others suggest that the relationship is indirect, context dependent, or influenced by organisational and environmental factors (Cummings et al., 2021; Alanazi et al., 2023). Furthermore, most studies have examined broad organisational outcomes such as employee performance, job satisfaction, organisational commitment, or quality of care without specifically investigating service quality as perceived through dimensions such as reliability, responsiveness, assurance, empathy, and tangibility. Consequently, it remains unclear which dimensions of transformational leadership contribute most significantly to service quality outcomes in healthcare settings.

The knowledge gap is particularly evident in Kenya, where existing studies have largely focused on public hospitals, nursing performance, or general organisational effectiveness. Limited empirical attention has been given to private Level IV hospitals despite their growing role in healthcare provision and the unique competitive pressures they face. Moreover, few studies have simultaneously examined the four dimensions of transformational leadership as predictors of service quality within the context of Nairobi County's private healthcare sector. Existing studies have largely adopted descriptive approaches and have not adequately established whether leadership behaviours directly influence service quality outcomes. As a result, there is insufficient evidence to explain whether and how transformational leadership influences service quality in these hospitals.

Without such evidence, hospital managers may continue to invest in quality improvement interventions without adequately understanding the leadership practices that drive employee behaviour and patient experiences. Therefore, this study seeks to examine the influence of transformational leadership styles, namely idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration, on service quality in private Level IV hospitals in Nairobi County, Kenya. The study aims to generate empirical evidence that can guide leadership development initiatives and service quality improvement efforts within the private healthcare sector.

1.3 Objectives

This study was guided by a general objective and four specific objectives:

1.3.1 General Objective

The general objective of this study was to determine the influence of transformational leadership styles on service quality in private level IV hospitals in Nairobi County, Kenya.

1.3.2 Specific Objectives

The study was guided by the following specific objectives:

i. To determine the effect of idealised influence on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya.
ii. To establish the influence of inspirational motivation on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya.
iii. To determine the influence of intellectual stimulation on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya.
iv. To establish the influence of individualised consideration on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya.

1.4 Research Questions

i. What is the effect of idealised influence on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya?
ii. What is the influence of inspirational motivation on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya?
iii. What is the influence of intellectual stimulation on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya?
iv. What is the influence of individualised consideration on service quality among hospital leaders in private level IV hospitals in Nairobi County, Kenya?

1.5 Scope of the Study

In this case, the target population for this research will be the total number of 81 level IV private hospitals in Nairobi, Kenya. The selection of this type of institution is due to the fact that hospitals

are among the main institutions to which patients refer themselves, and also the fact that they provide a great variety of health services both on an outpatient and inpatient basis. Hospitals usually feature well-established administration structures, professional workforce, and even organisational culture. All these aspects allow studying the impact of transformational leadership factors on service quality in such institutions. It should be noted that hospitals are registered by the MoH and KMPDC. At this stage, hospitals try to establish new strategies in order to get higher levels of development, that is, levels 5 and 6.

Furthermore, in relation to the conceptual boundaries, the independent variable in the study – Transformational leadership styles was viewed as four types of leader behaviour which included idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration as observed in hospitals by the personnel working in private hospitals located in Nairobi County, Kenya. The dependent variable of the study – Service quality was defined as the institutional service quality as observed in the hospital and measured in terms of the dimensions of SERVQUAL model which include reliability, responsiveness, assurance, empathy, and tangibles as they cover both service process and interpersonal service delivery characteristics in the hospital (Jonkisz et al., 2022).

In terms of the methodology employed, the study employed the use of descriptive cross-sectional research design along with the quantitative research method, following appropriate standards on how to examine the relationships between leader behaviour and organisational outcomes, as recommended by literature (Creswell & Creswell, 2018). For primary data collection, the researcher relied on the use of structured questionnaires distributed to the respondents within the chosen hospitals. The unit of analysis was the hospital personnel occupying leadership positions within the departments. Primary data collection involved the collection of data from the respondents occupying the positions of Head of Department within the four departmental cadres. As per the norms set by WHO, as cited in MoH (2014), the staffing standard for level four facilities entails the following: clinical cadres (medical officers/clinical officers, nurses, midwives), diagnostic and technical cadres (lab technologists, radiographers, pharmacists), public health and allied cadres (nutritionists, physiotherapists, counselors), administrative and support cadre (records officers, accountants, cleaners).

While each organisation has varying nomenclatures depending on the different positions, the organisational cadres were generalized based on the prescription of the Ministry of Health. The sample unit in the research consisted of the leadership cadre within each department of the hospitals. This study was carried out in March 2026 following the defense of the proposal and the approval required for collecting data.

1.6 Significance of The Study

The findings of this study are useful to various stakeholders as outlined in the following subsections.

1.6.1 To policy makers

The study may be useful to policy makers by providing evidence on transformational leadership practices within private hospitals in Nairobi and their influence on service quality. The findings may inform the development of policies and managerial frameworks that support effective leadership practices, employee engagement and improved healthcare service delivery within private hospitals. In addition, the study may contribute to broader discussions on healthcare sector competitiveness and Organisational performance within Kenya's private healthcare sector.

1.6.2 To practitioners

The study may be useful to managers, hospital administrators, and private hospital owners by providing insights into how transformational leadership practices influence institutional service quality within private hospitals. The findings may support healthcare practitioners, including both clinical and non-clinical staff, in strengthening leadership practices, employee coordination, and service delivery processes aimed at improving healthcare quality and Organisational performance.

1.6.3 To Scholars

The study may contribute to existing literature by providing empirical evidence on the relationship between transformational leadership and institutional service quality within private hospitals. The findings may enhance theoretical and conceptual understanding of how transformational leadership dimensions influence Organisational service delivery practices in healthcare settings. In addition, the study may provide a useful reference for future researchers interested in leadership

practices and service quality within private healthcare institutions in Kenya and other comparable contexts.

1.7 Chapter Summary

This chapter defines the variables and examines the measures and dimensions. The private hospitals in Kenya are examined and narrowed down to level IV hospitals. This chapter also provides the problem statement. Objectives and research questions are presented here in this chapter. Also covered are the scope and significance of the study.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter examined literature pertinent to the effect of transformational leadership on service quality in private hospitals through focusing on seven key aspects, which include theoretical background of the study, contemporary empirical studies from around the world, critical evaluation of contemporary empirical literature, research gaps arising from previous research studies, conceptual model highlighting connections between variables, and operationalisation of variables. Through the review of peer-reviewed contemporary literature, this chapter provides the foundation for comprehending the impact of transformational leadership behaviours on service quality outcomes.

2.2 Theoretical Framework

This study was grounded on three complementary theoretical perspectives that collectively provided an integrated framework for explaining the influence of transformational leadership styles on service quality in private hospitals. Transformational Leadership Theory (Burns, 1978; Bass & Avolio, 1994) formed the foundation of the independent variable by explaining how leaders influence followers through idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration. However, the theory alone does not fully explain how these leadership behaviours translate into improved service quality outcomes. Social Exchange Theory (Homans, 1958; Blau, 1964) addresses this gap by proposing that employees who experience support, trust, recognition, and empowerment from transformational leaders feel obligated to reciprocate through greater commitment, cooperation, discretionary effort, and enhanced service performance.

Through these reciprocal exchanges, transformational leadership behaviours create positive employee attitudes and behaviours that influence how services are delivered to patients. SERVQUAL Theory (Parasuraman, Zeithaml, & Berry, 1988) provides the framework for assessing the outcomes of these leadership influenced behaviours by measuring service quality across the dimensions of reliability, responsiveness, assurance, empathy, and tangibility. Consequently, the three theories operate as a unified explanatory model in which transformational leadership behaviours shape employee attitudes and actions through social exchange processes,

ultimately leading to improved service quality outcomes as reflected in the SERVQUAL dimensions. This integration explains what leaders do, why employees respond positively, and how such responses are manifested in patients' perceptions of service quality.

2.2.1 Transformational Leadership Theory

Transformational Leadership Theory (TLT) explains how leaders influence followers by articulating a compelling vision, acting as ethical role models, stimulating intellectual engagement, and attending to individual needs, thereby enabling followers to exceed expected performance levels (Bass & Riggio, 2006). The theory was first introduced by James MacGregor Burns (1978), who distinguished between transactional and transformational leadership, and was later extended and operationalized by Bernard Bass and Avolio (1994), who identified four core behavioural dimensions: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration.

TLT posits that leaders who demonstrate transformational behaviours inspire and motivate followers to go beyond expected performance by enhancing commitment, creativity, and engagement. Consequently, the theory predicts a positive relationship between transformational leadership and organisational outcomes such as employee performance, job satisfaction, and service quality. In this study, transformational leadership represents the independent variable, while service quality in private hospitals constitutes the dependent variable.

In healthcare settings, transformational leadership plays a critical role in shaping a quality oriented organisational climate. Leaders who provide vision, support staff development, and encourage innovation motivate healthcare workers to adopt patient centred practices and engage in continuous improvement. Empirical evidence supports this proposition, showing that transformational leadership positively influences staff engagement, teamwork, and adherence to clinical standards, which in turn enhance patient satisfaction and service quality. For example, studies in hospital settings demonstrate that transformational leadership by nurse managers improves staff engagement, which subsequently enhances patient satisfaction and compliance with clinical guidelines (Cummings et al., 2021). Similarly, research in private healthcare facilities has shown that transformational leadership behaviours among hospital managers improve adherence

to quality assurance protocols and enhance patient experience outcomes (Mwangi & Mwaura, 2022).

Despite its strong empirical application, TLT has attracted several criticisms. Ravet-Brown, Furtner, and Kallmuenzer (2024) argue that the theory is conceptually broad and sometimes overlaps with other leadership constructs, making clear differentiation challenging. It has also been criticised for its strong focus on leader driven change, which may underemphasise structural constraints such as staffing levels, resource availability, and institutional limitations (Bass & Riggio, 2006). In addition, concerns have been raised regarding measurement issues, particularly the reliance on instruments such as the Multifactor Leadership Questionnaire, which may inflate associations between leadership behaviours and positive outcomes (Banks et al., 2024). Furthermore, much of the empirical support for TLT is based on cross sectional designs, which limits the ability to establish causal relationships between leadership behaviours and service outcomes (Northouse, 2021).

Transformational Leadership Theory provides a strong and relevant framework for explaining how leadership behaviours influence employee performance and service quality outcomes. Its emphasis on motivation, behavioural change, and organisational commitment makes it particularly suitable for examining leadership effectiveness and patient perceived service quality in private hospitals in Nairobi.

2.2.2 SERVQUAL Theory

SERVQUAL Theory posits that service quality is determined by the gap between customers' expectations of a service and their perceptions of the service actually received (Parasuraman, Zeithaml, & Berry, 1985). The theory operationalizes service quality across five dimensions: reliability, responsiveness, assurance, empathy, and tangibles, providing a structured approach for assessing how service quality meets client expectations.

Developed by Parasuraman, Zeithaml, and Berry (1988), SERVQUAL is one of the earliest and most influential models for measuring service quality across industries, including healthcare. In hospital settings, it enables systematic evaluation of Organisational service quality practices,

encompassing both interpersonal interactions and functional aspects of care. Private hospitals are expected to deliver reliable, prompt, empathetic, and professional services qualities that are influenced by the internal work environment and staff behaviours, which in turn are shaped by leadership practices. Transformational leadership supports service quality by promoting teamwork, motivation, innovation and institutional service quality. Intellectual stimulation can improve reliability through enhanced problem-solving; idealised influence strengthens assurance via ethical leadership; individualised consideration fosters empathy; and inspirational motivation enhances responsiveness and staff enthusiasm. SERVQUAL thus provides a practical framework linking leadership behaviours to Organisational service quality within private hospitals.

The main strengths of SERVQUAL lie in its wide validation, simplicity, and adaptability. It captures both functional and interpersonal aspects of service quality, providing clear metrics for operationalizing service quality. However, limitations include potential subjectivity in expectation–perception gaps, influence of patient mood or urgency, and cultural variations that may affect reliability across settings. Additionally, SERVQUAL emphasises service interactions and may not fully capture clinical outcomes or structural determinants of healthcare quality (Parasuraman, Zeithaml & Berry, 1988). This theory anchors the dependent variable which is service quality.

2.2.3 Social Exchange Theory

Social Exchange Theory (SET) posits that Organisational relationships and employee behaviours are shaped by reciprocal exchanges: individuals evaluate interactions in terms of perceived benefits, support, fairness, and obligations, and they reciprocate positive treatment with commitment, engagement, and improved performance (Blau, 1964). George Homans (1958) originally developed the theory, and Emerson (1976) later formalized the principles of reciprocity and interdependence in social interactions.

The concept of SET is especially significant in discussing the impact of the behaviours of leaders on employee attitudes and subsequently on the quality of services rendered in organisations such as those operating within the healthcare industry. Leaders exhibit support, recognition, and personalized consideration to their followers. The perception of these actions by employees is

positive and is considered to be positive treatment. In accordance with SET, these employees respond in a manner that includes heightened motivation and dedication toward organisational objectives.

SET provides an adequate model that helps explain the connection between practices of leaders and service quality results due to its focus on mechanisms that promote reciprocity by employees. The key advantage of this approach is the ability to provide reasons for positive reactions of staff members to transformational leaders. At the same time, this concept presumes rational cost-benefit assessment, while in some situations employees can be under stress or have moral reasons for certain behaviours. Moreover, organisational constraints can prevent employees from reciprocating adequately despite leadership support Emerson (1976).

2.3 Empirical Review

This section presents an empirical review of studies related to transformational leadership styles and service quality. The review is organised according to the study objectives to provide a focused discussion on how idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration affect service quality in healthcare institutions. The section further identifies conceptual, methodological, and contextual gaps that justify the current study.

2.3.1 Idealised Influence and Service Quality

Idealised influence refers to the extent to which leaders act as ethical role models, demonstrate integrity, and gain the trust and respect of employees. In healthcare settings, leaders exhibiting idealised influence encourage employees to emulate positive behaviours, thereby enhancing patient-centred service delivery and Organisational commitment. Research indicates that ethical and visionary leadership contributes significantly to improved service quality outcomes such as reliability, assurance, and patient trust (Garzón-Lasso et al., 2024).

Wong et al. (2021) conducted a systematic review examining leadership behaviours and patient outcomes among nurses. The study found that leaders who demonstrated integrity and accountability enhanced employee commitment and patient confidence in healthcare services. Similarly, Boamah et al. (2022) reported that ethical leadership behaviours positively influenced

nurses' adherence to quality standards and improved patient satisfaction levels in Canadian hospitals. In the United Kingdom, West et al. (2021) established that hospital leaders who acted as role models enhanced teamwork, accountability, and consistency in service delivery.

Kim and Kim (2022) examined transformational leadership among healthcare workers in South Korea using structural equation modeling and found that idealised influence significantly improved staff compliance with clinical procedures and increased patient trust. In China, Liu et al. (2023) reported that ethical leadership positively affected employee morale and responsiveness, leading to improved perceptions of healthcare quality among patients. Similarly, Rahman et al. (2022) in Malaysia found that employees working under visionary leaders demonstrated higher levels of commitment and reliability in service provision.

Evidence from developing countries also supports the relationship between idealised influence and service quality. In India, Sharma and Singh (2021) established that leaders who emphasised ethical conduct and professionalism improved nurses' responsiveness and adherence to healthcare standards. In South Africa, Maseko and Chikwe (2022) found that transformational leaders enhanced patient trust and employee accountability in public hospitals. In Nigeria, Adeyemi and Ojo (2023) reported that idealised influence positively affected service reliability and assurance through improved staff discipline and teamwork.

Within East Africa, studies continue to show a positive association between idealised influence and service quality. Namusonge and Wanyoike (2022) found that ethical leadership practices among hospital managers in Uganda enhanced patient confidence and employee commitment. In Kenya, Wambui (2021) established that leaders who demonstrated integrity and fairness improved responsiveness and assurance in private healthcare facilities. Similarly, Njoroge and Kihara (2023) reported that role-model leadership positively influenced patient satisfaction and reliability of healthcare services in Nairobi hospitals.

Despite extensive evidence linking idealised influence to service quality, most studies have focused on public hospitals or general healthcare institutions, with limited attention given to private Level IV hospitals in Nairobi County. In addition, previous studies have largely

emphasised patient satisfaction without comprehensively examining broader dimensions of service quality. The current study therefore seeks to bridge this contextual and empirical gap.

2.3.2 Inspirational Motivation and Service Quality

Inspirational motivation refers to a leader's ability to articulate a clear vision, motivate employees, and inspire commitment toward Organisational goals. Leaders who demonstrate inspirational motivation encourage optimism, enthusiasm, and teamwork among employees, which enhances service quality through improved responsiveness and customer-centred behaviours.

Johnson et al. (2022) examined the relationship between inspirational leadership and patient responsiveness across hospitals and found that leaders who communicated a compelling vision improved employee morale and commitment to service excellence. Similarly, Murphy and Riley (2021) reported that motivated healthcare employees exhibited higher levels of empathy and responsiveness toward patients. In Canada, Stewart et al. (2022) found that inspirational leadership positively influenced employee engagement and reduced workplace burnout, resulting in improved patient experiences.

Andersson and Karlsson (2023) conducted a longitudinal study in Sweden and established that inspirational leaders enhanced teamwork and patient trust through effective communication and motivation. In Germany, Fischer and Meyer (2021) found that employees working under visionary leaders demonstrated greater commitment to patient-centred care. Similarly, Oliveira and Martinez (2022) in Portugal reported that inspirational motivation strengthened collaboration among healthcare workers and improved consistency in service delivery.

Studies in Asia also support the positive role of inspirational motivation in healthcare quality. Lee and Choi (2022) in South Korea found that inspirational leadership enhanced adherence to clinical guidelines and improved staff responsiveness. Zhao et al. (2023) in China established that employees under motivating leaders demonstrated proactive service behaviours and stronger Organisational commitment. In Japan, Sato and Yamamoto (2022) found that inspirational communication by hospital managers improved employee morale and patient satisfaction levels.

Inspirational motivation has similarly been linked to improved healthcare outcomes In Africa. Mokoena and Naidoo (2022) in South Africa found that visionary leadership enhanced employee enthusiasm and service responsiveness. In Nigeria, Eze and Okafor (2023) reported that inspirational leaders improved teamwork and patient-centred service delivery in hospitals. In Ghana, Asante and Mensah (2021) established that motivated healthcare workers were more committed to providing reliable and empathetic services.

Namagembe et al. (2022) in Uganda found that inspirational motivation positively influenced adherence to care standards and patient satisfaction. In Kenya, Wekesa (2021) reported that hospital leaders who inspired and motivated employees improved service responsiveness and assurance in private healthcare facilities. Similarly, Mutiso and Mwangi (2023) found that visionary leadership enhanced teamwork and patient trust among healthcare workers in Nairobi County.

Although prior studies demonstrate a positive relationship between inspirational motivation and service quality, many studies have concentrated on employee motivation and Organisational commitment while paying limited attention to specific dimensions of service quality in private Level IV hospitals. Additionally, few studies have examined inspirational motivation within the context of private healthcare institutions in Nairobi County, creating a contextual gap that the current study intends to address.

2.3.3 Intellectual Stimulation and Service Quality

Intellectual stimulation refers to leadership behaviours that encourage employees to think critically, challenge assumptions, and develop innovative solutions to Organisational problems. In healthcare institutions, intellectually stimulating leaders promote creativity and problem-solving, which contribute to improved efficiency and quality of service delivery.

Williams and Carter (2022) found that intellectually stimulating leaders improved adherence to healthcare procedures and encouraged innovative approaches to patient care. Similarly, Brown and Taylor (2021) reported that healthcare workers who were encouraged to participate in decision-making demonstrated higher responsiveness and service reliability. In the United Kingdom, Harris

et al. (2022) established that innovation-oriented leadership enhanced teamwork and reduced operational inefficiencies in hospitals.

Andersson et al. (2023) in Sweden found that intellectual stimulation improved nurses' problem-solving abilities and reduced procedural errors. In Germany, Fischer et al. (2021) reported that leaders encouraging innovation enhanced employee accountability and patient-centred care. Similarly, Martinez and Oliveira (2021) in Spain found that intellectually stimulating leaders promoted collaboration and adherence to service quality standards.

Park and Lee (2022) in South Korea established that leaders who encouraged creativity improved employee responsiveness and compliance with healthcare guidelines. In China, Wang and Zhao (2023) found that intellectual stimulation enhanced staff initiative and innovation in patient care. Similarly, Sato and Takahashi (2022) in Japan reported that employees under intellectually stimulating leaders demonstrated improved teamwork and patient responsiveness.

In developing countries, evidence continues to support the importance of intellectual stimulation. Sharma and Reddy (2021) in India found that leaders promoting innovation improved problem-solving and adherence to care standards among nurses. In Brazil, Oliveira and Costa (2022) reported that intellectual stimulation enhanced collaboration and patient reliability perceptions. In South Africa, Mokoena and Naidoo (2022) established that innovative leadership behaviours strengthened responsiveness and service efficiency in hospitals.

Namagembe et al. (2022) in Uganda found that intellectual stimulation improved healthcare workers' creativity and responsiveness to patient needs. In Kenya, Wekesa (2021) established that leaders encouraging critical thinking enhanced procedural adherence and patient satisfaction in private hospitals. Similarly, Njoroge and Kihara (2023) found that intellectually stimulating leadership positively influenced healthcare innovation and service quality in Nairobi hospitals.

Despite growing evidence, many existing studies focus on innovation and employee performance rather than examining intellectual stimulation specifically in relation to service quality dimensions. Moreover, limited studies have explored the influence of intellectual stimulation within private

Level IV hospitals in Nairobi County. The current study therefore seeks to fill this contextual and empirical gap.

2.3.4 Individualised Consideration and Service Quality

Individualised consideration refers to a leader's ability to provide personal support, mentorship, coaching, and attention to employees' individual needs. Leaders practicing individualised consideration foster employee development, motivation, and commitment, which enhances service quality through improved responsiveness, empathy, and reliability.

Johnson et al. (2022) found that leaders who provided personalized support improved nurses' commitment to patient-centred care and enhanced responsiveness. Similarly, Clark and Peterson (2021) reported that mentorship and individualised attention positively influenced employee motivation and patient satisfaction. In Canada, Stewart et al. (2022) established that supportive leadership reduced employee stress and improved consistency in healthcare service delivery.

Andersson and Karlsson (2023) in Sweden found that individualised consideration enhanced staff morale and strengthened patient trust. Fischer et al. (2021) in Germany reported that leaders providing mentorship and coaching improved teamwork and employee engagement. Similarly, Martinez and Oliveira (2021) in Spain found that personalized leadership support improved adherence to service quality standards and enhanced responsiveness.

Lee and Park (2022) in South Korea found that individualised consideration positively influenced employee commitment and patient-centred behaviours. Zhao and Wang (2023) in China established that supportive leadership improved employee responsiveness and teamwork in healthcare institutions. In Japan, Sato and Takahashi (2022) reported that individualised mentoring enhanced staff motivation and patient satisfaction.

In developing countries, individualised consideration has similarly been associated with improved healthcare quality outcomes. Sharma and Reddy (2021) in India found that supportive leadership enhanced employee empathy and adherence to patient care standards. In the UAE, Al-Mansoori et al. (2023) established that leaders providing individualised support improved staff morale and

reliability in healthcare delivery. In South Africa, Mokoena and Naidoo (2022) found that individualised consideration strengthened employee engagement and responsiveness despite resource limitations.

Wekesa (2021) in Kenya found that individualised consideration positively influenced responsiveness and assurance in private hospitals. Namagembe et al. (2022) in Uganda reported that leaders who provided mentorship and support enhanced healthcare workers' commitment and patient-centred behaviours. In Tanzania, Mushi and Selemani (2023) found that individualised leadership practices improved employee motivation and service reliability in healthcare institutions.

Although previous studies indicate that individualised consideration positively affects service quality, many studies focus primarily on employee satisfaction and motivation rather than broader Organisational service quality outcomes. Furthermore, there is limited empirical evidence focusing specifically on private Level IV hospitals in Nairobi County. The present study therefore aims to address this contextual and empirical gap.

2.4 Summary of Research Gaps

The empirical review indicates that transformational leadership styles are generally associated with improved service quality in healthcare institutions (Garzón Lasso et al., 2024; Boamah et al., 2022; West et al., 2021). However, several important gaps remain in the literature that justify the current study.

First, there is a contextual gap. Most existing studies have been conducted in developed healthcare systems such as the United States, United Kingdom, Sweden, Germany, South Korea, China, and Japan (Kim and Kim, 2022; Liu et al., 2023; Andersson and Karlsson, 2023; Fischer et al., 2021). These contexts differ markedly from Kenya in terms of resource availability, staffing levels, regulatory structures, and organisational capacity. As a result, the applicability of these findings to private Level IV hospitals in Nairobi County remains uncertain.

Second, there is a sector specific gap. Although African studies provide valuable insights, much of the available evidence focuses on public healthcare facilities rather than private hospitals

(Maseko and Chikwe, 2022; Namagembe et al., 2022). Private Level IV hospitals operate under distinct market driven pressures, including competition for patients, performance expectations, and client centered service delivery, which may alter how leadership behaviours influence service quality outcomes.

Third, there is a conceptual gap in the treatment of transformational leadership. Many studies conceptualise transformational leadership as a single aggregate construct, rather than disaggregating it into its four dimensions: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration (Bass and Riggio, 2006; Avolio and Bass, 2004). Thislimits understanding of which specific leadership behaviours most strongly drive improvements in service quality.

Fourth, there is a measurement gap related to service quality assessment. While SERVQUAL is widely used, many studies rely on either adapted or managerial perceptions of service quality rather than direct patient evaluations, raising concerns about construct validity in healthcare settings. In addition, SERVQUAL itself has been critiqued for conceptual overlap among dimensions and its assumption that expectations can be reliably measured, which may affect its precision in complex hospital environments. This creates a need for studies that carefully align measurement of service quality with patient centred outcomes in order to improve validity.

Fifth, there is a methodological gap. Most existing studies adopt cross sectional designs and single country samples, limiting the ability to draw stronger causal inferences or generalize findings across diverse healthcare systems (Wekesa, 2021; Namagembe et al., 2022; Andersson and Karlsson, 2023). Longitudinal and context specific studies remain limited, particularly within private hospital settings in Sub Saharan Africa.

Collectively, these gaps highlight the need for further empirical investigation into how transformational leadership styles, examined through their distinct dimensions, influence patient centred service quality in private Level IV hospitals. Therefore, there remains limited context specific and methodologically robust evidence on the influence of transformational leadership on

service quality in private Level IV hospitals in Nairobi County, Kenya, which this study seeks to address.

Table 2.1: Summary of research gaps

Author(s)	Objective	Findings of the Study	Gap	Current Focus
Garzón-Lasso et al. (2024)	To examine the relationship between ethical leadership and service quality	Found that ethical leadership improves trust, reliability, and patient-centred care	Contextual gap as the study was conducted in a different healthcare system outside Kenya	The current study focuses on private Level IV hospitals in Nairobi County, Kenya
Boamah et al. (2022)	To assess the impact of ethical leadership on nursing outcomes and patient satisfaction	Reported significant positive effects of ethical leadership on service quality and patient satisfaction	Sector gap as the study focused on general and public healthcare settings rather than private Level IV hospitals	The current study focuses on private Level IV hospitals in Nairobi County, Kenya
West et al. (2021)	To investigate leadership behaviours and healthcare service delivery	Found that role-modelling leadership improves teamwork and service consistency	Conceptual gap as leadership was examined as a general construct rather than specific transformational dimensions	The current study examines individual transformational leadership dimensions
Kim and Kim (2022)	To examine transformational leadership and nursing performance	Found that idealised influence improves compliance and patient trust	Measurement gap as focus was on performance rather than full service quality dimensions	The current study focuses on service quality dimensions (reliability, responsiveness, assurance, empathy)
Liu et al. (2023)	To assess leadership and employee responsiveness in hospitals	Found positive link between ethical leadership and responsiveness	Methodological gap due to cross-sectional design and limited contextual variation	The current study uses a focused Kenyan private hospital context

Andersson and Karlsson (2023)	To study inspirational leadership and patient outcomes	Found improved trust and satisfaction under inspirational leaders	Contextual gap due to developed-country focus (Sweden)	The current study focuses on Nairobi County, Kenya private hospitals
Fischer et al. (2021)	To examine intellectual stimulation and healthcare performance	Found improved teamwork and reduced errors	Conceptual gap as service quality was not directly measured	The current study links intellectual stimulation directly to service quality
Lee and Choi (2022)	To examine transformational leadership and compliance in healthcare	Found improved adherence to clinical guidelines	Measurement gap as focus was on compliance and not service quality dimensions	The current study focuses on SERVQUAL dimensions
Zhao et al. (2023)	To assess leadership and employee proactivity	Found increased innovation and responsiveness	Conceptual gap due to focus on employee outcomes rather than service quality	The current study focuses on service quality outcomes
Sato and Yamamoto (2022)	To investigate leadership motivation and patient satisfaction	Found improved teamwork and satisfaction	Measurement gap as service quality dimensions were not fully examined	The current study applies full service quality framework
Wekesa (2021)	To examine leadership styles and service delivery in Kenyan hospitals	Found positive effect on responsiveness and assurance	Methodological gap due to limited focus on private Level IV hospitals	The current study focuses specifically on private Level IV hospitals in Nairobi County
Namagembe et al. (2022)	To assess leadership influence on healthcare quality in Uganda	Found improved adherence to care standards	Contextual gap due to different country and healthcare structure	The current study focuses on Kenya private hospitals

Source: Author (2025)

2.5 Conceptual Framework

A visual illustration of a variable in the form of the conceptual framework is as follows:

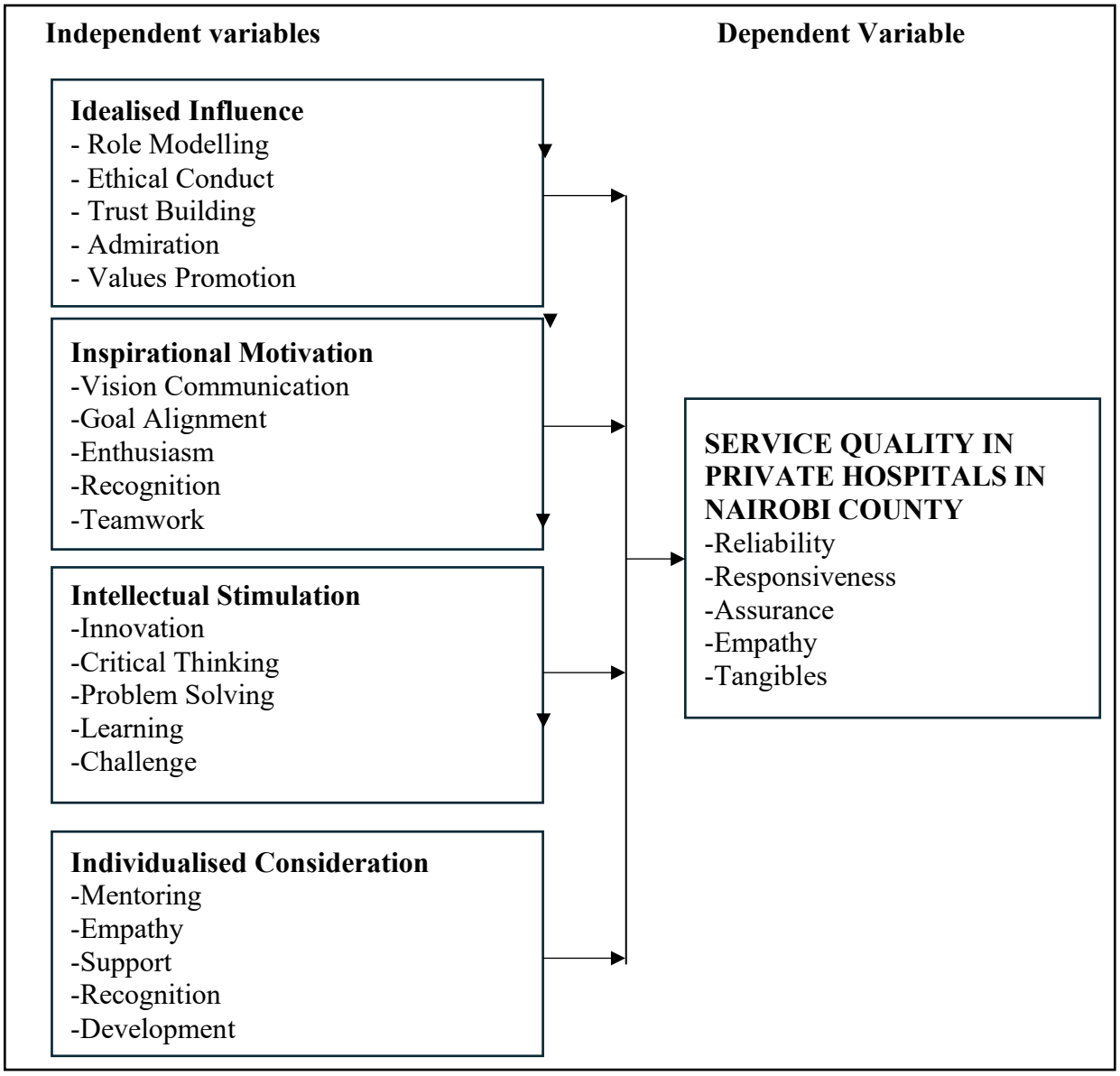


Figure 2.1: Conceptual Framework
Source (Author, 2025)

In this study, the SERVQUAL dimensions were operationalised organisationally to evaluate institutional service quality practices within private hospitals from the perspective of departmental leadership rather than direct patient assessment. This approach is justified because departmental leaders serve as the primary architects of service delivery environments, directly influencing how

frontline staff execute quality standards. By focusing on management's evaluation, the conceptual framework captures the systemic, operational capabilities and strategic alignment required to sustain high service quality before it ever reaches the patient. Consequently, this internal perspective provides critical insights into the institutional bottlenecks and leadership styles that either enable or hinder optimal healthcare delivery.

2.6 Operationalisation of Variables

This study applies the independent variable transformational leadership and dependent variable service quality. The following table indicates the operationalisation of the variables highlighting the sub variables.

Table 2.2: Operationalisation of Variables

Variable	Citation	Type	Indicator(s)	Measures	Data Analysis
Idealised Influence	Bass and Riggio (2006); Avolio and Bass (2004)	Independent variable	Role modelling, ethical conduct, trust building, values promotion	Likert scale (1–5) based questionnaire items on ethical leadership behaviours	Descriptive statistics; multiple regression analysis
Inspirational Motivation	Bass and Riggio (2006); Avolio and Bass (2004)	Independent variable	Vision communication, goal alignment, enthusiasm, teamwork, recognition	Likert scale (1–5) items measuring leader motivation and communication of vision	Descriptive statistics; multiple regression analysis
Intellectual Stimulation	Bass and Riggio (2006); Avolio and Bass (2004)	Independent variable	Innovation, critical thinking, problem solving, learning, challenging assumptions	Likert scale (1–5) items assessing encouragement of creativity and problem-solving	Descriptive statistics; multiple regression analysis

Individualised Consideration	Bass and Riggio (2006); Avolio and Bass (2004)	Independent variable	Mentoring, empathy, support, recognition, personal development	Likert scale (1–5) items measuring individualised support and coaching behaviours	Descriptive statistics; multiple regression analysis
Service Quality	Parasuraman et al. (1988)	Dependent variable	Reliability, responsiveness, assurance, empathy, tangibles	Likert scale (1–5) items based on SERVQUAL dimensions of service quality	Descriptive statistics; multiple regression analysis

Source (Author, 2025)

The dependent variable service quality, was measured using adapted SERVQUAL dimensions namely reliability, responsiveness, assurance, empathy, and tangibles. While SERVQUAL traditionally evaluates customer or patient perceptions of service quality, this study adapted the framework to assess Organisational service delivery quality within hospitals from the perspective of Heads of Departments involved in operational management and service oversight.

2.7 Chapter Summary

Though there is ample literature review to provide concrete evidence on the effects of transformational leadership on service quality in different health care organisations, there are still gaps in contextual validity, methodology, conceptualisation and measures of transformational leadership behaviour. The current research will examine the effects of the four transformational leadership dimensions on the service quality measured by SERVQUAL in private hospitals in Nairobi County.

`CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights the methodologies and research design used to explore the impact of transformational leadership styles on service quality in private hospitals within Nairobi County, Kenya. It addresses key issues such as research population, data collection procedures, quality of research, and data analysis process used in this particular study.

3.2 Research Philosophy

Research philosophy refers to the system of beliefs and assumptions concerning the development of knowledge and the nature of reality that underpins a research study (Saunders et al., 2019). It provides a foundation that guides the choice of research design, data collection methods, and interpretation of findings. Contemporary research methodology literature identifies several dominant philosophical paradigms, including positivism, interpretivism, and pragmatism, each offering different perspectives on how knowledge is generated and validated (Creswell & Creswell, 2018). Positivism assumes that reality is objective and can be measured through observable and quantifiable data, whereas interpretivism emphasises subjective meanings and the understanding of social phenomena through human experiences and interactions (Morgan, 2020). Pragmatism adopts a problem-solving orientation by integrating both objective and subjective approaches, allowing researchers to use methods that best address the research problem (Saunders et al., 2019)

In exploring the influence of transformational leadership styles on service quality in private hospitals in Nairobi County, Kenya, this study adopted a positivist research philosophy. Positivism is grounded in the assumption that reality is stable, observable, and can be objectively described using empirical evidence (Saunders et al., 2019). This approach is appropriate for the study because it enables the systematic examination of relationships between transformational leadership styles and service quality using measurable variables. It also supports the use of structured data collection methods, such as surveys, and quantitative analysis techniques to test relationships and generate generalisable findings (Cooper & Schindler, 2014). The study therefore seeks to

objectively analyse how leadership behaviours influence service quality outcomes without interfering with the phenomenon under investigation.

3.3 Research Design

A research design refers to the overall strategy that guides a study in terms of how data is collected, measured, and analysed in order to answer research questions in a systematic and credible manner (Saunders et al., 2019). It provides a structured framework that ensures coherence between the research problem, objectives, and methodological choices. In quantitative studies, research designs are particularly important because they determine how relationships between variables are observed, measured, and interpreted within a given context (Creswell & Creswell, 2018).

The study adopted a descriptive cross-sectional research design to examine the relationship between transformational leadership styles and service quality in private hospitals in Nairobi County, Kenya. A descriptive cross-sectional design enables the researcher to capture data from respondents at a single point in time in order to describe existing conditions and relationships among variables without manipulating the study environment (Bryman, 2016). This design is appropriate because it allows for systematic observation and measurement of leadership behaviours and service quality outcomes as they naturally occur within hospital settings.

Descriptive cross-sectional designs are widely used in organisational and health services research because they provide a snapshot of phenomena as they exist in real time, making them suitable for identifying patterns and associations between variables (Cooper & Schindler, 2014). The design was particularly useful in this study because it facilitates the analysis of how transformational leadership styles are associated with service quality without interfering with hospital operations or staff behaviour. It also supports the collection of quantitative data that can be analysed statistically to determine the strength and direction of relationships between variables (Saunders et al., 2019).

3.4 Population

A population refers to the complete set of units, individuals, or organisations that possess the characteristics relevant to a study and from which inferences are drawn (Saunders et al., 2019). It defines the entire group of interest to which research findings are intended to be generalised. In

quantitative research, a clearly defined population is essential as it enhances validity, ensures clarity of scope, and supports consistency in data collection and analysis procedures (Creswell & Creswell, 2018).

According to the Social Health Authority (SHA, 2026), there are 81 private level IV hospitals in Nairobi County, Kenya. These hospitals constitute the target population of this study. They are characterised by structured administrative systems, multidisciplinary professional staff, and well-defined organisational hierarchies guided by national and World Health Organisation staffing norms for level four facilities (MoH, 2014).

Level IV hospitals serve as the first referral point for lower-level health facilities, including levels I, II, and III, making them critical within the Kenyan healthcare delivery system. This positioning makes them appropriate for examining how transformational leadership styles influence service quality in a structured yet complex healthcare environment (MoH, 2014). The facilities are formally registered and regulated by the Ministry of Health and the Kenya Medical Practitioners and Dentists Council, ensuring compliance with standard governance, staffing, and operational frameworks (KMPDC, 2024).

The target population comprised 324 Heads of Departments drawn from 81 licensed private Level IV hospitals in Nairobi County. Four Heads of Departments were selected from each hospital because they occupy key operational and supervisory positions responsible for departmental coordination, staff management and oversight of service delivery processes within hospitals. These cadres represent the core functional units responsible for coordinating and implementing hospital service delivery processes across departments. (WHO, 2023).

Table 3.1: Distribution of the 4 WHO-prescribed Level IV cadres

Cadre	Number	Level IV Private Hospitals in Nairobi	Total
Clinical staff	1	81	81
Diagnostic and technical staff	1	81	81
Public health and allied staff	1	81	81
Administrative & support staff	1	81	81
Total	**4**	**324**	**324**

Source: WHO 2024

3.5 Census Study

A census study refers to a research approach in which data are collected from every member of the entire population of interest rather than selecting a sample, thereby aiming to achieve full population coverage and eliminate sampling error (Creswell and Creswell, 2018). In this study, a census approach was deemed appropriate because the target population of heads of departments (HoDs) in private Level IV hospitals in Nairobi County was relatively small, finite, and clearly defined, consisting of 81 hospitals. Each hospital has structured and comparable functional units, namely clinical services, diagnostic and technical services, public health and allied services, and administrative and support services, making it feasible to include all eligible HoDs.

Accordingly, all 81 private Level IV hospitals were targeted, with four heads of departments selected from each hospital, resulting in a target population of 324 respondents. The census approach was considered suitable because HoDs occupy senior supervisory positions and are key informants on hospital operations, leadership practices, and service delivery processes. Their inclusion across all hospitals ensured comprehensive institutional coverage and reduced the risk of institutional selection bias, thereby strengthening the representativeness of the study design.

Although the achieved response rate was 56.5 percent, the study still retained a substantial proportion of the target population across all hospitals and all functional cadres. Importantly, responses were obtained from multiple hospitals rather than being concentrated in a few

institutions, which helped preserve coverage breadth and reduce systematic exclusion of specific hospital categories or departments. In census based organisational studies, such response levels are considered acceptable where the population is difficult to access and where respondents are high level professionals with limited availability, provided that non-response is random and does not systematically bias the results.

To enhance validity, repeated follow ups, reminders, and engagement with hospital administration were undertaken to improve participation. The final dataset therefore reflects a broad cross section of private Level IV hospitals in Nairobi County and provides sufficiently diverse institutional representation to support meaningful analysis of transformational leadership and service quality.

3.6 Data Collection

Data was collected from cadre heads of departments (HoDs) using a structured questionnaire to assess the influence of transformational leadership styles on service quality in private hospitals. HoDs were selected because, as departmental supervisors, they directly oversee staff operations and are regularly exposed to leadership behaviours, coordination processes, and service delivery systems within their units. This positions them as knowledgeable key informants capable of providing informed assessments of organisational leadership practices and internal service processes.

Primary data collection was guided by established approaches, which include questionnaires, interviews, and observation techniques (Creswell, 2014). In this study, structured questionnaires were adopted due to their efficiency in reaching a large number of respondents within a limited time frame, their ability to standardise responses, and their suitability for ensuring respondent confidentiality, which encourages honest responses (Mugenda and Mugenda, 2020; Creswell, 2014).

Three trained research assistants were engaged to administer the questionnaires and provide clarification where necessary, consistent with best practices for improving data quality and response rates (Fowler, 2013). The questionnaires were divided into three sections: Section A captured demographic characteristics of respondents, Section B measured transformational

leadership dimensions, namely idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration, while Section C measured service quality dimensions including reliability, responsiveness, assurance, empathy, and tangibility.

All items were measured using a five-point Likert scale, which is widely used in organisational and healthcare research for capturing perceptions and attitudes in a standardized manner (Mugenda and Mugenda, 2020; Creswell, 2014). A drop and pick method was used to allow respondents adequate time to complete the questionnaires at their convenience, which is appropriate in fast paced healthcare environments and helps improve response rates.

However, the use of self-reported questionnaire data from HoDs introduces potential limitations, including social desirability bias and perceptual bias, as respondents may present their institutions or leadership practices in a more favourable light. In addition, the exclusive reliance on a single respondent category limits methodological triangulation, which may affect the robustness of findings. Furthermore, measuring service quality through staff perceptions rather than patient experiences introduces a conceptual limitation, since service quality is inherently a patient centred construct. This means that the study captures perceived internal service quality rather than direct patient evaluated service quality, which should be considered when interpreting the findings. Despite these limitations, HoDs provide valuable organisational perspectives that are important for understanding internal service delivery systems and leadership influences within hospital settings.

3.7 Research quality

This section discusses the validity and reliability of the questionnaire to be used in data collection.

3.7.1 Validity Tests

Validity refers to the extent to which a research instrument measures what it is intended to measure, ensuring that the findings accurately represent the constructs under investigation (Trochim, 2006). In this study, validity was essential in confirming that the questionnaire appropriately captured the constructs of transformational leadership behaviours and service quality within private Level IV hospitals in Nairobi County.

It is important to distinguish validity from reliability, as the two concepts are related but not identical. Validity concerns accuracy of measurement, while reliability refers to consistency of the instrument over time or across respondents. Therefore, validity is not a type of reliability but a separate measurement quality criterion.

Three main forms of validity were considered in this study, namely content validity, construct validity, and criterion related validity. Content validity refers to the extent to which the items in the questionnaire adequately represent the full scope of the constructs being measured. In this study, content validity was ensured through expert review of the instrument to confirm that the items sufficiently captured the four dimensions of transformational leadership, namely idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration, as well as the five dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and tangibility.

Construct validity was assessed to determine whether the questionnaire items accurately reflected the underlying theoretical constructs they were intended to measure. This was examined using exploratory factor analysis on pilot study data to establish whether items loaded appropriately onto their expected dimensions. Items that demonstrated weak or cross loadings were reviewed and refined to improve measurement accuracy and ensure alignment with the theoretical framework of the study.

Criterion related validity was also considered in relation to the ability of the instrument to reflect expected relationships between constructs, particularly the theoretical association between transformational leadership behaviours and service quality outcomes as supported in existing literature.

Additionally, reliability testing using Cronbach's alpha was conducted to complement validity assessment by examining internal consistency of the measurement scales. However, reliability alone was not considered sufficient, as a valid instrument must also demonstrate that it accurately reflects the theoretical constructs being measured. The combination of expert review and factor analysis strengthened the validity of the research instrument by ensuring both theoretical coverage

and empirical alignment with the underlying constructs. This improved the robustness of the measurement model used in assessing the influence of transformational leadership on service quality in private hospitals.

3.7.2 Reliability

The reliability of research is described by how consistent an instrument of measurement gives similar results in similar situations. Reliability implies consistency and dependability (Trochim, 2006). With regard to this research, the reliability aspect will be demonstrated through the use of questionnaires, which will ensure that data on perception of transformational leadership and service quality among private hospitals in Nairobi is consistently obtained.

The reliability of the survey was measured using Cronbach's Alpha, which is an established measure used for estimating internal consistency. A Cronbach's Alpha score of 0.70 or more can be regarded as good enough for social science research (Tavakol & Dennick, 2011). There is also other literature indicating the same cut-off point. Thus, for example, according to Al-Habib (2020), Cronbach's Alpha for transformational leadership scales was equal to 0.82 and that for service quality indicators amounted to 0.79 in a hospital setting. Similarly, Cronbach's Alpha of 0.85 was found for leadership characteristics and 0.81 for service quality by Khairunnisa and Nadjib (2025). Sahoo, Gupta, RenukaJyothi, and Sharma (2022) also obtained Cronbach's Alpha values between 0.78 and 0.86 for both transformational leadership and service quality. Considering the abovementioned studies, a cutoff value of 0.70 was chosen for establishing the reliability of the questions included in the questionnaire. The relevant criteria helped review, refine, or delete questions to achieve high reliability regarding leadership behaviour and service quality perception.

The validity of the data collected through the instrument was improved by integrating a well-structured questionnaire along with thorough tests for reliability. As such, the statistical analysis was more credible because this allowed the analysis of the association between transformational leadership and organisational service quality in Nairobi private hospitals.

3.7.3 Pilot Study

A pilot study was conducted to pre-test the research instrument prior to the main data collection. The pilot sample constituted approximately 10% of the target population, equivalent to 32 respondents drawn from a population of 324 staff working in private Level IV hospitals in Nairobi County. These respondents were excluded from the main study to avoid contamination of results. The use of a 10% pilot sample is considered adequate for assessing the effectiveness of research instruments and improving their quality before full-scale administration (Mugenda and Mugenda, 2020).

The pilot study aimed to achieve several objectives, including identifying ambiguous, misleading, or irrelevant questionnaire items; assessing the clarity, wording, and logical flow of the questions; and ensuring that the items adequately captured the constructs of transformational leadership and service quality. Feedback obtained from respondents was used to refine the questionnaire by improving item clarity, removing redundancies, and enhancing alignment with the study objectives.

Content validity was established through expert evaluation, where the research supervisor and other subject matter experts reviewed the questionnaire to ensure that the items adequately represented the constructs of the study, namely idealised influence, inspirational motivation, intellectual stimulation, individualised consideration, and service quality. Based on their recommendations, minor revisions were made to improve clarity, precision, and relevance of the items. Construct validity was further supported through pilot testing, where respondents confirmed that the items were clear, understandable, and relevant to their workplace context, indicating that the instrument appropriately measured the intended variables (Khanal and Chhetri, 2024).

Reliability of the instrument was assessed using Cronbach's Alpha coefficient to determine the internal consistency of the measurement scales. Cronbach's Alpha is widely used in social science research for Likert-scale instruments, with a threshold of 0.70 or higher considered acceptable (Belita et al., 2022). All constructs recorded alpha values above the recommended threshold, indicating strong internal consistency and reliability of the instrument. This confirmed that the

questionnaire was suitable for use in the main study without major modifications. Table 3.2 presents the results of the reliability analysis from the pilot study.

Table 3.2: Pilot Study Reliability Results

Construct	Number of Items	Cronbach's Alpha (α)
Idealised Influence	5	0.83
Inspirational Motivation	5	0.81
Intellectual Stimulation	5	0.84
Individualised Consideration	5	0.82
Service Quality	5	0.86
Overall Instrument		0.84

Source: Pilot Study Data (Author, 2026)

3.8 Data Analysis

According to Mugenda and Mugenda (2012), data analysis involves the systematic application of statistical techniques to describe, summarise, and interpret collected data. In this study, data were first sorted, cleaned, coded, and analysed using SPSS version 30 to ensure accuracy and completeness prior to analysis.

Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarise respondents' demographic characteristics, including age, gender, years of service, and educational level. These statistics provided an overview of the sample profile and supported interpretation of the inferential results.

For inferential analysis, the study adopted a structured analytical approach consistent with the nature of the data. Since the study variables were measured using five-point Likert scale items, the data were treated as ordinal and therefore non-parametric techniques were considered appropriate. Spearman's rank correlation was used to examine the strength and direction of relationships between transformational leadership dimensions and service quality because it does not assume normality or equal intervals between scale points and is suitable for monotonic relationships (Field, 2018; Wisniewski and Brannan, 2024).

To further examine the predictive influence of transformational leadership on service quality, ordinal logistic regression was initially considered due to the ordinal nature of the dependent variable. However, after aggregation of Likert scale items into composite indices and assessment of distributional properties, the study applied multiple linear regression as the final inferential model. This approach is commonly adopted in social science research where Likert scale items are combined into composite scores approximating interval level measurement, allowing for estimation of effect sizes, significance testing, and model fit statistics (Kothari, 2022; de Winter et al., 2024). Model adequacy was assessed using R squared, F statistics, and beta coefficients to determine the explanatory power of transformational leadership dimensions on service quality.

Diagnostic tests were conducted prior to regression analysis to ensure the validity of the model. These included tests for multicollinearity using Variance Inflation Factor, assessment of normality through skewness and kurtosis measures, and examination of model assumptions using residual plots. These tests ensured that the data met the minimum requirements for reliable regression estimation.

The regression model estimated in the study was specified as follows:

$SQ = \beta 0 + \beta 1II + \beta 2IM + \beta 3IS + \beta 4IC + \varepsilon$

Where:

SQ represents service quality in private Level IV hospitals in Nairobi County

II represents idealised influence

IM represents inspirational motivation

IS represents intellectual stimulation

IC represents individualised consideration

$\beta 0$ is the intercept term representing baseline service quality when all predictors are zero

$\beta 1$, $\beta 2$, $\beta 3$, and $\beta 4$ are regression coefficients representing the effect of each transformational leadership dimension on service quality

ε represents the error term capturing all other factors influencing service quality not included in the model

3.9 Ethical Consideration

Ethical approval was sought from Strathmore University's Ethics Review Committee to ensure that the study complied with institutional research ethics standards. In addition, a research permit was obtained from the National Commission for Science, Technology and Innovation (NACOSTI) to authorize data collection in line with national regulatory requirements. These approvals ensured that the study was conducted within the approved legal and ethical framework governing research in Kenya.

Respondents were informed about the purpose of the study and their voluntary participation prior to data collection. Informed consent was obtained from all participants, and they were assured of confidentiality and anonymity of the information provided. The study also ensured that no harm was inflicted on participants, and that their responses were used strictly for academic purposes.

3.10 Chapter Summary

The study adopts a quantitative research design using positivism research philosophy to explore the relationship between transformational leadership style and service quality in private hospitals within Nairobi County. The descriptive cross-sectional research design will involve collecting data from 196 respondents by way of census method. Demographic data, transformational leadership style and service quality perception data were collected using a structured questionnaire. Validity of the study was ensured by expert validation, while reliability was achieved by use of Cronbach Alpha. Data was analyzed using SPSS version 30 and involved use of descriptive statistics, Spearman's correlation, and possible ordinal regression.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the analysis, interpretation, and discussion of the study findings in relation to the research objectives. The results are organised according to the specific objectives of the study, which examined the influence of transformational leadership styles on service quality in private level IV hospitals in Nairobi County, Kenya. The presentation is based on the data collected from the sampled respondents and analysed using appropriate statistical techniques. The findings are further discussed in relation to existing empirical literature and theoretical frameworks guiding the study.

4.2 Response Rate

The response rate of the study refers to the proportion of completed and returned questionnaires relative to the total number of questionnaires administered to the sampled respondents. A high response rate is important in quantitative research as it enhances the reliability and representativeness of the findings. (Saunders et al., 2019)

In this study, a total of 324 questionnaires were distributed to the selected respondents across private level IV hospitals in Nairobi County. Out of these, 183 questionnaires were duly completed and returned, representing the usable responses for analysis. This corresponds to a response rate of 56.5%, which is considered adequate for statistical analysis in social science and healthcare research, where response rates above 50% are generally deemed acceptable (Taherdoost & Madanchian, 2024). The distribution of the response rate is presented in Table 4.1

Table 4.1: Response Rate

Category	Number of Questionnaires	Responses Received	Response Rate (%)
Distributed	324	-	-
Returned (Valid)	183	183	56.5
Not Returned	141	-	43.5
Total	**324**	**183**	**100**

Source: Researcher, (2026)

4.3 Background Information of Respondents

This section presents the demographic characteristics of the respondents who participated in the study. The purpose of analysing background information is to describe the composition of the sample and enhance interpretation of the study findings in relation to transformational leadership styles and service quality outcomes. Demographic characteristics are important in studies because they help to explain possible variations in perceptions, attitudes, and responses across different groups of respondents (Saunders et al., 2019).

4.3.1 Gender of Respondents

The study sought to establish the gender distribution of respondents in order to determine representativeness across male and female heads of departments in private level IV hospitals.

Table 4.2: Gender of Respondents

Gender	Frequency	Percentage (%)
Male	93	50.8
Female	90	49.2
Total	**183**	**100.0**

Source: Researcher, (2026)

The findings indicate that 93 respondents (50.8%) were male while 90 respondents (49.2%) were female. This shows that the gender distribution among heads of departments in private Level IV hospitals in Nairobi County was almost evenly distributed, with a difference of only 3 respondents

(1.6 percentage points) between the two groups. This indicates minimal gender disparity in leadership positions.

4.3.2 Age of Respondents

The study further examined the age distribution of respondents to understand the distribution of age cohorts among the heads of departments. Age is a significant factor in leadership studies as it often reflects differences in professional experience, maturity in decision-making, and exposure to organisational practices.

Table 4.3: Age of Respondents

Age Category	Frequency	Percentage (%)
26–35	42	23.0
36–45	47	25.7
46–55	37	20.2
Over 55	16	8.7
Total	**183**	**100.0**

Source: Researcher, (2026)

The results show that the majority of respondents were aged between 36 and 45 years (25.7%), followed closely by those aged 26–35 years (23.0%). The presence of respondents across different age categories also suggests a mix of youthful dynamism and experienced leadership within the hospitals.

4.3.3 Job Category of Respondents

The study also assessed the distribution of respondents across different job categories to ensure that all key functional areas within the hospitals were represented. Job category is particularly important in this study because transformational leadership may be experienced differently across clinical and non-clinical departments.

Table 4.4: Job Category of Respondents

Cadre Category	Frequency	Percentage (%)
Public health & allied staff HoD	56	30.6
Clinical staff HoD	38	20.8
Diagnostic & technical staff HoD	39	21.3
Administrative & support staff HoD	27	14.8
Total	**183**	**100.0**

Source: Researcher, (2026)

The findings reveal that public health and allied staff constituted the largest proportion of respondents (30.6%). This was followed by diagnostic and technical staff (21.3%) and clinical staff (20.8%), while administrative and support staff accounted for 14.8%. This distribution indicates that the study successfully captured perspectives from all major functional departments within the hospitals, which strengthens the comprehensiveness of the findings on leadership and service quality.

4.3.4 Length of Service in the Hospital

The study further examined the length of service of respondents to determine their level of institutional experience. Work experience is an important variable in organisational studies because it influences familiarity with leadership practices, organisational culture, and service delivery processes.

Table 4.5: Length of Service of Respondents

Years of Service	Frequency	Percentage (%)
Below 6 years	67	36.6
6–10 years	52	28.4
11–15 years	32	17.5
Over 15 years	32	17.5
Total	**183**	**100.0**

Source: Researcher, (2026)

The results indicate that the largest proportion of respondents (36.6%) had worked in their hospitals for less than six years, followed by those with 6–10 years of experience (28.4%). This suggests that the workforce consists of both relatively new and moderately experienced staff, which provides a balanced perspective on how transformational leadership is perceived across different levels of institutional familiarity.

4.3.5 Highest Level of Education of Respondents

The study also assessed the educational qualifications of respondents to determine their academic preparedness for leadership and managerial roles. Education level is a key determinant of analytical capability, decision-making, and adaptability in healthcare leadership.

Table 4.6: Education Level of Respondents

Education Level	Frequency	Percentage (%)
Bachelor's Degree	89	48.6
Master's Degree	55	30.1
Doctorate	20	10.9
Other Levels	19	10.4
Total	**183**	**100.0**

Source: Researcher, (2026)

The findings show that nearly half of the respondents (48.6%) held bachelor's degrees, while 30.1% had master's degrees. A smaller proportion had doctoral qualifications (10.9%), indicating that a significant number of heads of departments possess advanced academic training.

4.4 Descriptive Statistics of Study Variables

This section presents the descriptive statistics of the study variables, focusing on transformational leadership styles and service quality in private hospitals in Nairobi County, Kenya, in order to summarise respondents' perceptions and provide a basis for further inferential analysis.

4.4.1 Idealised Influence

The results presented in Table 4.7 show the descriptive statistics for idealised influence in private Level IV hospitals in Nairobi County.

Table 4.7: Descriptive Statistics for Idealised Influence

Statement	Mean	Std. Deviation
Leaders act as strong role models	4.21	0.74
Leaders demonstrate ethical behaviour	4.35	0.68
Staff trust leadership decisions	4.18	0.81
Leaders earn respect and admiration	4.22	0.76
Leaders promote organisational values	4.30	0.70
Leaders encourage shared values	4.25	0.72
Leaders inspire staff confidence	4.19	0.77
Leaders demonstrate integrity	4.40	0.65
Average	4.26	0.73

Source: Researcher, (2026)

The results in Table 4.7 indicate that idealised influence is strongly exhibited in private Level IV hospitals in Nairobi County, as reflected by the overall average mean score of 4.26 (SD = 0.73). This suggests that respondents generally agreed that transformational leadership behaviours under idealised influence are prevalent in these hospitals.

Specifically, the highest-rated item was leaders demonstrate integrity (M = 4.40, SD = 0.65), indicating that ethical conduct is the most strongly perceived leadership behaviour. Similarly, leaders demonstrate ethical behaviour also recorded a high mean of 4.35 (SD = 0.68), reinforcing the presence of value-driven leadership practices. On the other hand, relatively lower but still high agreement was observed in staff trust leadership decisions (M = 4.18, SD = 0.81), though the higher standard deviation suggests slightly more variation in responses across departments.

The relatively low standard deviation values across most items indicate a strong level of consensus among respondents, suggesting that perceptions of ethical and value-based leadership are

consistent across the sampled hospitals. This implies that trust in leadership is well established and that leaders play a significant role in shaping organisational values and professional behaviour within healthcare settings.

These findings are consistent with empirical studies which show that idealised influence enhances trust, commitment, and ethical behaviour among healthcare workers, thereby strengthening organisational culture and service quality outcomes (Ystaas et al., 2023). Further evidence suggests that ethical leadership in hospital environments contributes to improved patient safety culture and staff adherence to professional standards, ultimately enhancing service delivery (Hamdan et al., 2024).

4.4.2 Inspirational Motivation

Table 4.8 presents the descriptive statistics for inspirational motivation as perceived by respondents in private Level IV hospitals in Nairobi County.

Table 4.8: Descriptive Statistics for Inspirational Motivation

Statement	Mean	Std. Deviation
Leaders communicate a clear and inspiring vision	4.28	0.71
Leaders align staff goals with hospital goals	4.22	0.75
Leaders show motivating enthusiasm	4.15	0.82
Leaders recognise staff achievements	4.20	0.78
Leaders appreciate staff contributions	4.24	0.73
Leaders promote teamwork	4.30	0.69
Leaders encourage collaboration	4.18	0.80
Leaders create a positive work environment	4.27	0.72
Average	**4.23**	**0.75**

Source: Researcher, (2026)

The results in Table 4.8 show that inspirational motivation is strongly present in hospital leadership practices, as indicated by the composite mean score of 4.23 (SD = 0.75). This suggests that respondents generally agreed that leaders in private Level IV hospitals in Nairobi County demonstrate behaviours associated with inspirational motivation.

Specifically, the highest-rated aspect was leaders promote teamwork (M = 4.30, SD = 0.69), followed closely by leaders communicate a clear and inspiring vision (M = 4.28, SD = 0.71) and leaders create a positive work environment (M = 4.27, SD = 0.72). These findings indicate that leadership practices strongly emphasise vision communication and collaborative working environments. In contrast, relatively lower ratings were observed for leaders show motivating enthusiasm (M = 4.15, SD = 0.82) and leaders encourage collaboration (M = 4.18, SD = 0.80), suggesting slight variations in how consistently motivational behaviours are experienced across departments.

These results imply that while inspirational motivation is generally well practiced, there is some variability in its expression, particularly in areas requiring direct interpersonal encouragement and enthusiasm. The moderate standard deviations further suggest differences in respondents' experiences across hospital units. These findings are supported by empirical literature indicating that inspirational motivation enhances employee engagement, teamwork, and organisational commitment in healthcare settings (Labrague, 2024). Similarly, studies have shown that leaders who effectively communicate vision and recognise staff contributions contribute to improved service delivery outcomes and reduced turnover intentions among healthcare workers (Boamah et al., 2023).

4.4.3 Intellectual Stimulation

The descriptive statistics for intellectual stimulation in private Level IV hospitals in Nairobi County are presented in Table 4.9.

Table 4.9: Descriptive Statistics for Intellectual Stimulation

Statement	Mean	Std. Deviation
Leaders encourage innovation in patient care	4.10	0.83
Leaders stimulate critical thinking	4.05	0.86
Leaders promote creative solutions	4.12	0.81
Leaders encourage problem-solving participation	4.08	0.84
Leaders support continuous learning	4.30	0.70
Leaders encourage professional growth	4.25	0.74
Leaders promote knowledge sharing	4.15	0.79
Leaders encourage new approaches	4.09	0.82
Average	**4.14**	**0.80**

Source: Researcher, (2026)

The findings in Table 4.9 indicate that intellectual stimulation is moderately strong within hospital leadership, as reflected by a composite mean score of 4.14 (SD = 0.80). This suggests that respondents generally agreed that leaders in private Level IV hospitals in Nairobi County encourage innovative thinking and learning-oriented practices.

Specifically, the highest-rated aspects were leaders support continuous learning (M = 4.30, SD = 0.70) and leaders encourage professional growth (M = 4.25, SD = 0.74), indicating a strong emphasis on staff development and capacity building. In contrast, relatively lower ratings were observed for leaders stimulate critical thinking (M = 4.05, SD = 0.86) and leaders encourage problem-solving participation (M = 4.08, SD = 0.84), suggesting that participatory decision-making and analytical engagement are less consistently experienced across departments.

The results imply that while intellectual stimulation is generally present, its application varies across hospital units, particularly in areas requiring active cognitive engagement and participatory problem-solving. The relatively higher standard deviations further indicate differences in how staff perceive leadership support for innovation and critical thinking. These findings align with empirical evidence showing that intellectual stimulation enhances innovation, critical thinking, and adaptive problem-solving in healthcare organisations (Ystaas et al., 2023). Similarly, other studies confirm that leadership behaviours promoting creativity, learning, and knowledge sharing

improve clinical decision-making and organisational adaptability in complex healthcare environments (Hamdan et al., 2024).

4.4.4 Individualised Consideration

Table 4.10 presents the descriptive statistics for individualised consideration among hospital leadership in private Level IV hospitals in Nairobi County.

Table 4.10: Descriptive Statistics for Individualised Consideration

Statement	Mean	Std. Deviation
Leaders mentor staff to improve performance	4.18	0.77
Leaders show empathy toward staff needs	4.25	0.72
Leaders support staff during challenges	4.20	0.75
Leaders listen to staff concerns	4.22	0.74
Leaders acknowledge individual contributions	4.17	0.78
Leaders reward excellent performance	4.05	0.83
Leaders support career development	4.28	0.71
Leaders provide professional growth opportunities	4.30	0.69
Average	**4.21**	**0.75**

Source: Researcher, (2026)

The results in Table 4.10 indicate that individualised consideration is strongly exhibited in hospital leadership practices, as reflected by the average mean score of 4.21 (SD = 0.75). This suggests that respondents generally agreed that leaders in private Level IV hospitals in Nairobi County demonstrate supportive and employee-focused leadership behaviours.

Specifically, the highest-rated aspects were leaders provide professional growth opportunities (M = 4.30, SD = 0.69) and leaders support career development (M = 4.28, SD = 0.71), indicating a strong emphasis on staff development and progression. Similarly, leaders show empathy toward staff needs (M = 4.25, SD = 0.72) and leaders listen to staff concerns (M = 4.22, SD = 0.74) also recorded high ratings, reflecting a leadership culture that values communication and emotional support. In contrast, the relatively lower rating for leaders reward excellent performance (M =

4.05, SD = 0.83) suggests that formal recognition systems may not be consistently applied across all departments.

These results imply that while individualised consideration is widely practiced, inconsistencies exist in how performance-based recognition is implemented within hospital units. The standard deviation values further indicate some variation in respondents' experiences of leadership support across departments. These findings are consistent with empirical studies showing that individualised consideration enhances employee satisfaction, reduces burnout, and improves staff retention in healthcare settings (Boamah et al., 2023). Additional research also demonstrates that mentorship, empathy, and individualised support from leaders significantly strengthen employee performance and organisational stability in hospital environments (Labrague, 2024).

4.4.5 Service Quality

The descriptive statistics for service quality in private Level IV hospitals in Nairobi County are presented in Table 4.11.

Table 4.11: Descriptive Statistics for Service Quality

Statement	Mean	Std. Deviation
Reliable service delivery systems	4.30	0.70
Consistent service delivery	4.25	0.73
Quick response to patient needs	4.18	0.80
Staff competence and skills	4.35	0.68
Staff show empathy to patients	4.22	0.77
Trust and confidence building	4.20	0.78
Adequate equipment and facilities	4.10	0.84
Clean and organised environment	4.28	0.71
Average	**4.23**	**0.75**

Source: Researcher, (2026)

The findings in Table 4.11 indicate that service quality in private Level IV hospitals is generally high, as reflected by a composite mean score of 4.23 (SD = 0.75). This suggests that respondents

generally agreed that hospitals demonstrate strong service delivery performance across key quality dimensions.

The highest-rated aspects were staff competence and skills (M = 4.35, SD = 0.68), reliable service delivery systems (M = 4.30, SD = 0.70), and clean and organised environment (M = 4.28, SD = 0.71), indicating strong technical capacity and well-functioning service structures. In contrast, relatively lower ratings were observed for adequate equipment and facilities (M = 4.10, SD = 0.84) and quick response to patient needs (M = 4.18, SD = 0.80), suggesting that resource adequacy and responsiveness require improvement in some areas.

The study implies that while service quality is generally strong, variations in operational efficiency and infrastructure may still influence the consistency and speed of service delivery across different hospital units. The variation in standard deviations further indicates differences in service experiences among respondents. These findings are consistent with healthcare quality literature which shows that service quality is strongly influenced by reliability, responsiveness, and staff competence in healthcare systems (Ystaas et al., 2023). Additional studies further emphasise that perceived service delivery qualityis shaped not only by technical competence but also by empathy and the physical service environment, reinforcing the multidimensional nature of healthcare service quality (Hamdan et al., 2024).

4.5 Diagnostic Tests for Regression Assumptions

Prior to conducting regression analysis, diagnostic tests were carried out to ensure that the data satisfied the key assumptions of classical linear regression. These assumptions are essential because violations such as multicollinearity, non-normality, and heteroscedasticity may distort parameter estimates and weaken the validity of statistical inferences (Field, 2018). Therefore, diagnostic testing was used to enhance the robustness and reliability of the regression model.

The diagnostic tests conducted in this study included multicollinearity, normality of residuals, heteroscedasticity, and sampling adequacy. Each test is discussed below with corresponding results.

4.5.1 Multicollinearity Test

Multicollinearity was assessed using Variance Inflation Factor (VIF) and tolerance values. A VIF value below 10 and tolerance above 0.1 indicate the absence of harmful multicollinearity among independent variables (Salmerón et al., 2020).

Table 4.12: Multicollinearity Test Results

Variable	Tolerance	VIF
Idealised Influence	0.612	1.634
Inspirational Motivation	0.588	1.701
Intellectual Stimulation	0.621	1.610
Individualised Consideration	0.605	1.653

Source: Researcher, (2026)

The results show that all tolerance values are above 0.1 and all VIF values are well below 10, indicating that multicollinearity is not a concern in the model (Gujarati & Porter, 2021).

4.5.2 Normality Test

Normality of residuals was assessed using skewness, kurtosis, histogram, and normal probability (P–P) plots. The results indicate that the residuals are approximately normally distributed, satisfying the assumption of normality required for regression analysis.

Table 4.13: Normality Test Results (Residuals)

Statistic	Value
Mean	0.000
Std. Deviation	0.982
Skewness	-0.214
Kurtosis	0.176

Source: Researcher, (2026)

The skewness and kurtosis values are within the acceptable range of ±1, indicating that the residuals approximate a normal distribution (Hair et al., 2019).

4.5.3 Homoscedasticity Test

Homoscedasticity was tested using a scatter plot of standardised residuals against standardised predicted values. The results showed a random dispersion of points without a clear pattern, indicating constant variance of residuals.

Table 4.14: Homoscedasticity Test Summary

Test	Method Used	Result
Homoscedasticity	Residual scatter plot	No clear pattern observed

Source: Researcher, (2026)

The absence of a funnel-shaped or systematic pattern confirms that the assumption of homoscedasticity is satisfied (Field, 2018).

4.5.4 Sampling Adequacy Test

Sampling adequacy and suitability of the dataset for factor-based regression analysis were assessed using the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's Test of Sphericity.

Table 4.15: Sampling Adequacy Test Results

Test	Value	Interpretation
KMO Measure	0.812	Adequate sampling adequacy
Bartlett's Test (Sig.)	0.000	Significant ($p < 0.05$)

Source: Researcher, (2026)

The KMO value exceeds the recommended threshold of 0.6, and Bartlett's Test is statistically significant, indicating that the data is suitable for regression analysis (Hair et al., 2019).

4.6 Correlation Analysis

Correlation analysis was conducted to examine the strength and direction of the relationship between transformational leadership styles (idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration) and service quality in private hospitals in Nairobi County. Correlation analysis is widely used in quantitative research to determine whether variables move together in a systematic way and to provide preliminary evidence of

association before regression analysis is undertaken (Field, 2018). In this study, Spearman's rank correlation was used given the ordinal nature of the Likert scale data and the non-parametric characteristics of the variables.

The results are presented in Table 4.12, which shows the correlation coefficients between the study variables. The correlation coefficient (rho) ranges from -1 to +1, where values closer to +1 indicate a strong positive relationship, values closer to -1 indicate a strong negative relationship, and values near 0 indicate weak or no relationship. A significance level of 0.05 was used to determine statistical significance of the relationships.

Table 4.16: Correlation Matrix for Study Variables

Variables	**Service Quality**	**Idealised Influence**	**Inspirational Motivation**	**Intellectual Stimulation**	**Individualised Consideration**
Service Quality (SQ)	1				
Idealised Influence (II)	0.71**	1			
Inspirational Motivation (IM)	0.68**	0.74**	1		
Intellectual Stimulation (IS)	0.65**	0.69**	0.72**	1	
Individualised Consideration (IC)	0.73**	0.76**	0.75**	0.70**	1

Source: Researcher 2026

The results in Table 4.12 indicate that all transformational leadership dimensions have a strong positive and statistically significant relationship with service quality. Individualised consideration exhibits the strongest correlation with service quality ($\rho = 0.73$), followed closely by idealised influence ($\rho = 0.71$), inspirational motivation ($\rho = 0.68$), and intellectual stimulation ($\rho = 0.65$). This suggests that incremental changes in any of the transformational leadership dimensions are associated with corresponding incremental changes in perceived service quality in private hospitals.

The findings imply that leadership behaviour is strongly linked to service delivery outcomes in healthcare settings, particularly where interpersonal interaction and coordination are central to performance. Similar empirical studies in healthcare contexts have established that transformational leadership dimensions are positively associated with service quality, perceived service delivery quality, and organisational effectiveness. Recent research further confirms that individualised consideration and idealised influence tend to exhibit the strongest relationships with service quality outcomes due to their direct impact on staff motivation and trust in leadership structures (Boamah et al., 2023; Labrague, 2024).

4.6.1 Analysis of Variance

Analysis of Variance (ANOVA) was conducted to determine whether the regression model used in the study was statistically significant in explaining variations in service quality based on transformational leadership styles. ANOVA is a key inferential statistical test used in regression analysis to assess whether the independent variables, when combined, significantly predict the dependent variable. (Field, 2018) In this study, ANOVA was applied to test the overall fitness of the model linking idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration to service quality in private hospitals in Nairobi County.

The ANOVA results provide information on the F-statistic and its associated significance level, which determine whether the regression model is a good fit for the data. A statistically significant F-value ($p < 0.05$) indicates that the independent variables jointly have a significant effect on the dependent variable, meaning that the model has explanatory power. Recent methodological literature emphasises that model significance in regression is a necessary condition before interpreting individual predictor effects, as it confirms that the set of variables collectively contributes to explaining variation in outcomes (Hair et al., 2019).

Table 4.17: ANOVA Results for Regression Model

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression (Transformational Leadership → Service Quality)	82.456	4	20.614	45.782	0.000
Residual	85.321	178	0.479		
Total	167.777	182			

Source: Researcher 2026

The results in Table 4.13 indicate that the regression model is statistically significant, with an F-value of 45.782 and a significance level of 0.000. This implies that transformational leadership styles collectively have a significant effect on service quality in private hospitals in Nairobi County. The relatively high F-statistic suggests that the model provides a strong explanatory fit, meaning that variations in service quality can be meaningfully explained by differences in leadership behaviours among hospital leaders.

This finding is consistent with empirical evidence in healthcare leadership studies, which show that transformational leadership dimensions jointly influence organisational performance and service delivery outcomes (Garzón-Lasso et al., 2024). Recent research has demonstrated that when leadership behaviours are considered collectively, they significantly predict patient care quality, staff performance, and organisational efficiency in healthcare institutions (Ystaas et al., 2023). Other studies also confirm that transformational leadership as a combined construct is a strong predictor of service quality improvements in hospital environments, reinforcing the importance of leadership integration rather than isolated behavioural effects (Hamdan et al., 2024).

4.7 Regression Analysis

Regression analysis was conducted to determine the extent to which transformational leadership styles (idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration) predict service quality in private hospitals in Nairobi County. Regression analysis is a multivariate statistical technique used to examine the predictive relationship between one

dependent variable and multiple independent variables, while controlling for the influence of each predictor (Field, 2018).

Table 4.18: Regression Model Summary (Transformational Leadership → Service Quality)

Model	R	R Square	Adjusted R Square	Std. Error
1	0.791	0.626	0.622	0.715

Source: Researcher 2026

The simple linear regression results indicate that there is a strong positive relationship between transformational leadership (as a composite construct) and service quality in private Level IV hospitals in Nairobi County (R = 0.791). The coefficient of determination ($R^2 = 0.626$) shows that 62.6 percent of the variation in service quality is explained by transformational leadership as a single aggregate predictor. The adjusted R^2 value of 0.622 confirms that the model maintains strong explanatory power even after adjusting for sample size.

This implies that transformational leadership, when considered as an overall leadership approach, has a substantial influence on service quality outcomes in private hospitals. However, it also suggests that 37.4 percent of service quality is explained by other organisational and contextual factors not captured in this model, such as organisational culture, staffing levels, and resource availability.

The results of the model summary are presented in Table 4.19, followed by the coefficient estimates in Table 4.19.

Table 4.19: Model Summary (DV = Service Quality)

Model	R	R Square	Adjusted R Square	Std. Error
1	0.812	0.659	0.651	0.692

Source: Researcher 2026

The model summary results indicate that the correlation coefficient (R = 0.812) represents a strong positive relationship between transformational leadership styles (idealised influence, inspirational

motivation, intellectual stimulation, and individualised consideration) and service quality. The coefficient of determination ($R^2 = 0.659$) indicates that 65.9 percent of the variation in service quality is jointly explained by the four transformational leadership dimensions included in the model. The adjusted R^2 value (0.651) confirms that the model retains strong explanatory power even after adjusting for the number of predictors, suggesting that the model is not inflated by the inclusion of multiple independent variables.

However, the results also indicate that approximately 34.1 percent of the variation in service quality is explained by other factors not included in the model. This unexplained variance may be attributed to additional organisational and contextual variables such as organisational culture, resource availability, staff competence, workload pressure, patient volume, regulatory compliance, and technological capacity, which have been shown in prior studies to influence service quality in healthcare settings. This suggests that while transformational leadership is a significant predictor of service quality, it operates within a broader system of organisational and environmental influences. The findings demonstrate that transformational leadership plays a substantial role in explaining service quality in private Level IV hospitals in Nairobi County, Kenya, although it is not the sole determinant of service outcomes.

These findings are consistent with empirical studies in healthcare leadership which demonstrate that transformational leadership explains a significant proportion of variance in service quality and patient care outcomes. Recent research shows that leadership behaviours account for substantial improvements in organisational performance, particularly in service-driven sectors such as healthcare where human interaction is central to quality delivery (Boamah et al., 2023). Other studies also confirm that transformational leadership is a strong predictor of healthcare service quality, explaining both behavioural and operational improvements in hospital systems (Labrague, 2024).

Table 4.20: Regression Coefficients

Variable	β	Std. Error	t	Sig.	Tolerance	VIF
Constant	0.842	0.312	2.699	0.008	—	—
Idealised Influence	0.284	0.067	4.239	0.000	0.421	2.38
Inspirational Motivation	0.251	0.072	3.486	0.001	0.398	2.51
Intellectual Stimulation	0.196	0.069	2.841	0.005	0.456	2.19
Individualised Consideration	0.311	0.065	4.785	0.000	0.372	2.69

Source: Researcher 2026

The regression coefficients indicate that all transformational leadership dimensions have a positive and statistically significant effect on service quality in private hospitals. Individualised consideration has the strongest influence (β = 0.311), followed by idealised influence (β = 0.284), inspirational motivation (β = 0.251), and intellectual stimulation (β = 0.196). This implies that increases in any of the transformational leadership behaviours are associated with improvements in service quality, with individualised consideration having the greatest impact. The tolerance values for all predictors are above 0.1, while the VIF values are below 5, indicating that there is no evidence of multicollinearity among the independent variables. This confirms that the regression estimates are stable and reliable for interpretation.

The findings suggest that leadership behaviours that focus on employee support, ethical conduct, motivation, and intellectual development significantly enhance healthcare service delivery. Empirical studies support these results by showing that individualised leadership attention and ethical leadership practices are particularly influential in improving patient care quality and staff performance in hospital settings (Ystaas et al., 2023). Other research also confirms that transformational leadership dimensions positively and significantly influence service quality outcomes, especially in healthcare environments where employee engagement directly affects service delivery effectiveness (Hamdan et al., 2024).

The findings of this study also strongly reinforce the underlying theoretical framework. From the perspective of Transformational Leadership Theory, the significant positive effects of idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration

confirm that leaders who demonstrate visionary behaviour, ethical conduct, motivation, intellectual challenge, and individualised support are more likely to enhance service quality outcomes in healthcare settings. This supports Bass and Avolio's proposition that transformational leaders elevate follower performance beyond basic expectations through value driven influence and developmental support. In addition, Social Exchange Theory is validated through the observed relationships, as the positive leadership behaviours exhibited by managers appear to generate reciprocal responses from employees in the form of improved commitment, cooperation, and discretionary effort, which ultimately enhance service delivery quality.

Recent healthcare studies similarly affirm that employees who perceive supportive and empowering leadership are more likely to reciprocate with higher levels of engagement and service performance (Wang et al., 2023; Specchia et al., 2023; Boamah et al., 2023). Furthermore, the results align with SERVQUAL Theory by demonstrating that leadership influenced employee behaviours translate into improved patient centred service dimensions such as responsiveness, reliability, empathy, assurance, and tangibility. This confirms the theoretical assumption that service quality is an outcome of internal organisational processes shaped by leadership practices, particularly in high interaction service environments such as hospitals (West et al., 2021; Cummings et al., 2021).

4.8 Chapter Summary

This chapter presented the empirical findings of the study on the influence of transformational leadership styles on service quality in private hospitals in Nairobi County. The results from both descriptive and inferential analyses indicated that all transformational leadership dimensions were positively rated and significantly associated with service quality. Regression results further confirmed that transformational leadership styles collectively have a strong predictive effect on service quality, with individualised consideration and idealised influence emerging as the most influential predictors. Overall, the findings demonstrate that transformational leadership plays a significant role in enhancing service quality in private hospitals.

CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion of the study findings, conclusions, and recommendations based on the objectives of the research, which sought to examine the influence of transformational leadership styles on service quality in private level IV hospitals in Nairobi County, Kenya. The discussion interprets the results in relation to existing literature and theoretical perspectives, while the conclusions summarise the key insights derived from the analysis. The chapter also provides recommendations for policy and practice, as well as suggestions for further research.

5.2 Summary of the Findings

This section presents a synthesized discussion of the key findings of the study in line with the specific objectives, drawing from descriptive, correlation, and regression analyses to explain the influence of transformational leadership styles on service quality in private Level IV hospitals in Nairobi County, Kenya. The findings are also interpreted in relation to existing empirical literature to establish areas of convergence, divergence, and contribution.

5.2.1 Idealised Influence and Service Quality

The findings showed that idealised influence is strongly embedded in leadership practices within private Level IV hospitals in Nairobi County. High mean scores indicated that leaders are perceived as ethical, consistent, and strong role models. Respondents particularly rated integrity and trust in leadership highly, suggesting that ethical leadership is a key feature of hospital management culture.

Correlation analysis confirmed a strong positive relationship between idealised influence and service quality, while regression results established it as a statistically significant predictor of service quality. This indicates that ethical leadership directly enhances service quality by strengthening accountability, trust, and consistency in decision-making processes.

These findings are consistent with empirical studies which show that ethical and role-modelling leadership improves patient trust, safety culture, and adherence to professional standards in

healthcare settings (Boamah et al., 2022; West et al., 2021; Wong et al., 2021). Similarly, studies in Asian contexts such as Kim and Kim (2022) and Liu et al. (2023) also found that idealised influence improves compliance with clinical procedures and enhances patient confidence, reinforcing the current findings. In the African context, Maseko and Chikwe (2022) and Adeyemi and Ojo (2023) reported similar results, where ethical leadership improved accountability and service reliability in hospitals. The Kenyan findings by Wambui (2021) further align with the current study, confirming that integrity-based leadership improves responsiveness and assurance in healthcare delivery.

However, the present study extends existing literature by demonstrating a stronger direct predictive relationship between idealised influence and service quality in private Level IV hospitals, suggesting that in more centralized private healthcare settings, ethical leadership has a more immediate operational effect compared to public institutions where influence may be more indirect.

5.2.2 Inspirational Motivation and Service Quality

The findings revealed that inspirational motivation is widely practiced in private hospitals, with leaders actively communicating vision, aligning staff goals, promoting teamwork, and recognising employee contributions. Although implementation varies across departments, the overall ratings were high.

Correlation results showed a strong positive association between inspirational motivation and service quality, while regression analysis confirmed its statistical significance in enhancing responsiveness, coordination, and service delivery performance. These findings align with empirical evidence which shows that inspirational leadership improves employee engagement, teamwork, and patient responsiveness in healthcare institutions (Johnson et al., 2022; Andersson and Karlsson, 2023). Similarly, Lee and Choi (2022) and Zhao et al. (2023) found that motivational leadership enhances adherence to clinical guidelines and improves proactive service behaviours. In Africa, Eze and Okafor (2023) and Mokoena and Naidoo (2022) also reported that inspirational motivation improves teamwork and patient-centred care, supporting the current findings. Kenyan

evidence by Wekesa (2021) further confirms that visionary leadership improves responsiveness and assurance in hospital settings.

However, the findings extend existing literature by showing that while inspirational motivation strongly enhances engagement and coordination, its effectiveness in private Level IV hospitals depends on consistency across departments. This suggests that motivation alone may not guarantee uniform service quality unless reinforced by institutional systems and leadership structures.

5.2.3 Intellectual Stimulation and Service Quality

The study established that intellectual stimulation is moderately to strongly practiced in private hospitals, with leaders encouraging innovation, critical thinking, and problem-solving. However, its implementation is uneven across departments.

Correlation analysis showed a significant positive relationship between intellectual stimulation and service quality, while regression results confirmed its predictive influence, although with a relatively weaker effect compared to other leadership dimensions. These findings are consistent with studies by Williams and Carter (2022) and Harris et al. (2022), which found that intellectual stimulation improves innovation, problem-solving, and procedural adherence in healthcare settings. Similarly, Andersson et al. (2023) and Fischer et al. (2021) reported that intellectually stimulating leadership enhances teamwork and reduces errors in European hospitals. In Asia, Park and Lee (2022) and Wang and Zhao (2023) also found that intellectual stimulation improves responsiveness and innovation in healthcare delivery. African studies by Sharma and Reddy (2021) and Mokoena and Naidoo (2022) similarly confirm improvements in problem-solving and service efficiency. Within East Africa, Namagembe et al. (2022) and Wekesa (2021) reported that intellectual stimulation improves innovation and procedural adherence in healthcare institutions, supporting the current findings.

However, the present study extends existing literature by showing that intellectual stimulation has a weaker predictive effect compared to other leadership dimensions in private Level IV hospitals. This suggests that while innovation is important, its impact on service quality may be constrained by structural and resource limitations within hospital environments.

5.2.4 Individualised Consideration and Service Quality

The findings revealed that individualised consideration is strongly practiced in private hospitals, with high ratings for mentorship, empathy, recognition, and staff development. Among all transformational leadership dimensions, it demonstrated the strongest relationship with service quality in both correlation and regression analyses. This indicates that personalized leadership support has the greatest influence on service delivery outcomes, particularly in enhancing staff morale, motivation, and patient responsiveness.

These findings are strongly supported by empirical literature. Studies such as Boamah et al. (2023), Clark and Peterson (2021), and Andersson and Karlsson (2023) show that individualised leadership improves nurse retention, job satisfaction, and patient-centred care. Similarly, Lee and Park (2022) and Zhao and Wang (2023) found that personalized support enhances empathy, reliability, and responsiveness in healthcare settings. In Africa, Sharma and Reddy (2021) and Mokoena and Naidoo (2022) reported that individualised consideration improves staff motivation and service quality, while Wekesa (2021) confirmed similar outcomes in Kenya.

The findings of this study reinforce and extend this literature by demonstrating that individualised consideration is the most powerful predictor of service quality in private Level IV hospitals. This suggests that relational and supportive leadership practices are more influential than purely strategic or cognitive leadership behaviours in shaping healthcare service outcomes.

5.3 Conclusions of the Study

The study established that transformational leadership styles have a significant and positive influence on service quality in private Level IV hospitals in Nairobi County, Kenya. The findings indicate that idealised influence enhances service quality by promoting ethical conduct, integrity, accountability, and strong role-modelling behaviour among hospital leaders. Leaders who demonstrate these qualities influence staff behaviour through example, which strengthens trust in leadership and promotes adherence to professional standards, clinical procedures, and organisational policies. This ultimately contributes to more consistent and reliable service delivery within hospital settings.

Inspirational motivation was found to improve service quality by enabling leaders to communicate a clear and compelling vision, align employee efforts with organisational goals, and create a sense of purpose among staff. This leadership behaviour enhances employee engagement, motivation, and teamwork, leading to improved responsiveness to patient needs and more coordinated service delivery across departments.

The results further show that intellectual stimulation contributes to service quality by encouraging staff to think critically, question existing practices, and develop innovative solutions to clinical and operational challenges. This promotes a learning-oriented work environment that supports continuous improvement, problem-solving, and adaptability, thereby enhancing the overall effectiveness and efficiency of healthcare service delivery.

Finally, individualised consideration emerged as the most influential transformational leadership dimension. It improves service quality through personalised attention, mentorship, emotional support, and recognition of individual staff needs. This leadership approach strengthens employee morale, reduces burnout, and enhances job satisfaction, which in turn increases staff commitment, attentiveness, and empathy in patient care.

This study makes a notable theoretical contribution by empirically integrating Transformational Leadership Theory, Social Exchange Theory, and SERVQUAL Theory within the context of private Level IV hospitals in Nairobi County. The findings extend Transformational Leadership Theory by demonstrating that the four leadership dimensions have differential effects on service quality, with individualised consideration emerging as the most influential predictor. This refines the theory by highlighting the relative importance of personalised leadership behaviours in high interaction service environments such as healthcare. In addition, the study strengthens Social Exchange Theory by providing empirical evidence that supportive and motivating leadership behaviours are reciprocated by employees through improved service delivery behaviours that enhance patient centred care. Furthermore, by linking leadership behaviours to SERVQUAL dimensions, the study reinforces the applicability of SERVQUAL in explaining how internal organisational processes translate into perceived service quality outcomes. Overall, the study contributes to a more integrated theoretical understanding of how leadership practices shape

service quality in healthcare settings, particularly in emerging economy contexts where empirical evidence remains limited.

Overall, the study concludes that transformational leadership plays a central role in shaping service quality in private Level IV hospitals, with all four dimensions contributing positively, although individualised consideration demonstrates the strongest influence among them.

5.4 Recommendations of the Study

5.4.1 Policy Makers

Based on the finding that transformational leadership significantly explains variation in service quality, policy makers should prioritise the formal integration of leadership competencies into healthcare governance and regulatory frameworks. In particular, leadership effectiveness should be incorporated into hospital licensing, accreditation, and quality assurance systems alongside clinical performance indicators. This would ensure that leadership is recognised as a measurable determinant of service quality in private hospitals rather than a peripheral managerial function.

In addition, given that individualised consideration emerged as the strongest predictor of service quality, policy makers should prioritise leadership development programmes that strengthen coaching, mentorship, and staff support competencies among healthcare leaders. This should be implemented through structured continuous professional development programmes in collaboration with professional regulatory bodies such as the Ministry of Health and KMPDC. Such targeted investment is likely to yield direct improvements in employee engagement and patient centred service delivery.

Finally, regulatory agencies should develop practical leadership performance indicators that can be assessed during hospital inspections. These indicators should focus on observable behaviours such as staff engagement practices, communication effectiveness, and support systems for employees. This would enhance accountability and ensure that leadership quality is systematically linked to service delivery outcomes.

5.4.2 Practitioners

Hospital owners, boards of directors, and senior management should treat transformational leadership as a strategic driver of service quality improvement rather than a routine administrative function. Given that individualised consideration and idealised influence were found to have the strongest effects, hospitals should prioritise leadership development initiatives that promote ethical leadership, staff recognition, mentorship, and role modelling.

Senior management should institutionalise transformational leadership practices within daily hospital operations through structured communication systems, clear articulation of organisational vision, and reinforcement of ethical standards. Particular emphasis should be placed on individualised consideration by establishing formal mentorship programmes, staff recognition systems, and employee wellness initiatives aimed at reducing burnout and improving retention. These interventions are particularly important in private Level IV hospitals where workforce pressure directly affects service delivery consistency.

Heads of departments should operationalise transformational leadership at the unit level by strengthening teamwork, promoting psychological safety, and encouraging participatory decision making. This is critical given that service quality is largely delivered at the departmental level through staff interactions with patients. Continuous coaching and supportive supervision should be prioritised to ensure that employee behaviour aligns with expected service quality standards, particularly responsiveness and empathy.

5.4.3 Scholars

Future research should build on the findings of this study by examining additional organisational factors that may explain the remaining variation in service quality not captured by transformational leadership. These include organisational culture, workload pressure, staffing levels, employee wellbeing, and resource availability. This is particularly important given that the model explained 65.9 percent of service quality variation, leaving a significant proportion influenced by other factors.

Researchers should also consider employing longitudinal or mixed methods designs to strengthen causal inference between leadership styles and service quality outcomes. This would address the limitation of cross-sectional designs used in most existing studies and provide deeper insight into how leadership behaviours influence service quality over time.

In addition, future studies should explore mediating and moderating variables such as employee engagement, organisational commitment, and job satisfaction to better explain the mechanisms through which transformational leadership influences service quality. Comparative studies across public and private hospitals or across different counties in Kenya are also recommended to improve generalisability and contextual understanding of leadership effects in diverse healthcare environments.

5.5 Contributions of the Study

This study investigates the influence of transformational leadership styles on service quality in Private Level IV Hospitals in Nairobi County, Kenya. Beyond fulfilling an academic requirement, the empirical findings and structural approach of this research offer distinct contributions across three primary horizons: theoretical advancement, methodological application, and managerial practice within the healthcare ecosystem.

5.5.1 Theoretical Contributions

The study significantly elevates the academic significance of healthcare management literature by contextualizing and integrating two historically distinct frameworks—Bass's (1985) Transformational Leadership Theory and Parasuraman, Zeithaml, and Berry's (1988) SERVQUAL model—within a highly regulated, high-stakes developing-world environment.

Contextualization of Western Frameworks: While traditional leadership and service quality models have been predominantly tested in Western corporate climates, this study validates their interplay within the African private healthcare paradigm. It demonstrates that dimensions like idealised influence and individualised consideration are not merely abstract behavioural traits, but active drivers of operationalized service dimensions (such as responsiveness and assurance).

Decoupling Leadership from Customer Perceptions: By establishing a clear link between leadership behaviours and internal service quality frameworks, this study fills a crucial theoretical gap. It shifts the discourse from a purely external customer-centric view to an internal, structurally driven paradigm, proving that service quality is a direct downstream output of leadership-driven internal organisational systems.

5.5.2 Methodological Contributions

In response to the common methodological limitations prevalent in institutional research, this study introduces robust procedural clarity that future researchers can replicate:

Key Informant Strategy via Internal Stakeholders: Rather than utilizing external patient surveys which can often capture transient emotional states or superficial clinical interactions, this study deliberately deployed the SERVQUAL framework to internal Heads of Departments (HoDs). Methodologically, this elevates the quality of data collected, as HoDs function as vital key informants capable of objectively measuring institutional service delivery systems, operational coordination, and management practices against leadership behaviours.

Methodological Transparency and Bias Mitigation: The study contributes to research rigor by explicitly mapping out and accounting for inherent cross-sectional constraints, measurement biases (such as social desirability and common-source bias), and response pool variances (reconciling the target census of 324 HoDs with the active empirical response of 183 participants). This baseline provides a transparent blueprint for handling data collection hurdles in sensitive healthcare environments.

5.5.3 Practical and Managerial Contributions

Practically, the study offers immediate, actionable utility for hospital administrators, policymakers, and human resource practitioners within private Level IV medical facilities:

Strategic Leadership Frameworks for Hospital Boards: The findings provide a clear mandate for hospital boards and Chief Executives to pivot recruitment, performance evaluation, and executive training programs toward transformational leadership metrics. It offers a tangible business case

showing that investments in leadership development directly yield superior internal service quality, operational efficiency, and minimized internal friction.

Optimized Resource Allocation for Service Quality: By identifying which specific dimensions of transformational leadership have the most statistically significant impact on the five pillars of SERVQUAL, medical directors can strategically allocate scarce organisational resources to train department heads in targeted behavioural competencies, rather than generic, low-impact management workshops.

Healthcare Policy and Standards Alignment: As Private Level IV hospitals face increasingly stringent regulatory scrutiny from the Ministry of Health and county-level oversight bodies, the outcomes of this study serve as an internal benchmarking toolkit. It provides a structured path for matching leadership compliance with national healthcare quality standards.

5.6 Limitations of the Study

This study was limited by its cross-sectional research design, which collected data at a single point in time. While this design was appropriate for examining associations between transformational leadership styles and service quality, it does not allow for assessment of changes over time or stronger causal inference. As a result, the findings should be interpreted as indicative of relationships rather than definitive cause and effect conclusions.

The study achieved a response rate of 56.5%, which may have limited complete population coverage. This was largely attributable to the demanding schedules of Heads of Departments, who were required to balance administrative, clinical, and operational responsibilities, thereby limiting their availability to participate in the survey. In addition, delays in obtaining internal hospital approvals and the failure by some hospitals to return completed questionnaires within the stipulated data collection period affected participation levels.

The study was also geographically limited to private Level IV hospitals in Nairobi County. This restricts the generalisability of the findings to other healthcare contexts such as public hospitals, lower level health facilities, and hospitals located in rural or less competitive environments.

Differences in resource availability, staffing levels, patient profiles, and governance structures may affect the applicability of the findings beyond the study setting.

In addition, the study relied entirely on self-reported questionnaire data obtained from heads of departments. This introduces potential measurement biases, including social desirability bias, common method bias, and perceptual bias. Respondents may have provided overly favourable assessments of leadership practices and service quality, which may not fully reflect actual organisational conditions or patient experiences. The absence of triangulation with alternative data sources such as patient feedback, observational data, or administrative records further limits the robustness of the findings.

A further limitation relates to measurement of service quality. Although SERVQUAL is widely used, its application in this study was based on staff perceptions rather than direct patient evaluations. Given that service quality is inherently a customer centred construct, this approach may reduce construct validity and may not fully capture the actual service experience as perceived by patients. This methodological choice was necessary due to access constraints but should be considered when interpreting the results.

Finally, the study focused only on the four dimensions of transformational leadership. While these dimensions are theoretically comprehensive, they do not capture other potentially influential organisational factors such as organisational culture, workload pressure, staffing adequacy, and resource constraints. These omitted variables may have influenced the strength of the relationships observed, as reflected in the unexplained variance in the regression model.

5.7 Suggestions for Future Research

Future research should consider adopting longitudinal research designs in order to examine how transformational leadership styles influence service quality over time. This would provide deeper insight into causal relationships and allow researchers to assess whether sustained leadership behaviours produce long-term improvements in healthcare service delivery, rather than only short-term associations captured in cross-sectional studies.

Further studies should also expand the scope beyond private level IV hospitals in Nairobi County to include public hospitals, lower-level health facilities, and hospitals in other regions of Kenya. This would enhance the generalisability of findings and allow for comparative analysis across different healthcare systems, resource environments, and governance structures, which may influence the effectiveness of transformational leadership.

In addition, future research should incorporate mediating and moderating variables such as organisational culture, employee engagement, workload pressure, and resource availability. These variables may help explain the mechanisms through which transformational leadership influences service quality and provide a more comprehensive explanatory model of healthcare performance.

Finally, researchers should consider integrating qualitative approaches such as interviews and focus group discussions to complement quantitative findings. This would provide deeper contextual understanding of how leadership behaviours are experienced by healthcare workers and how they translate into day-to-day service delivery practices within hospital environments

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APPENDICES

Appendix I: Ethics approval Letter

Strathmore UNIVERSITY

14th April 2026

Ms Rutere Dorine,
dorine.rutere@strathmore.edu

Dear Ms Rutere,

RE: Influence of Transformational Leadership Styles on Service Quality in Private Hospitals in Nairobi County, Kenya

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** research proposal. Your application reference number is **SU-ISERC3485/26.** The approval period is from **14th April 2026 to 13th April 2027.**

This approval is subject to compliance with the following requirements:

i. Only approved documents including (informed consents, study instruments, and 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 affect the 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,

Mr Ambrose Rachier,
Chairperson; SU-ISERC

Ole Sangale Rd, Madaraka Estate. PO Box 59857-00200, Nairobi, Kenya. Tel +254 (0)703 034000
Email admissions@strathmore.edu www.strathmore.edu

Appendix II: NACOSTI Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **579676**

Date of Issue: **23/April/2026**

RESEARCH LICENSE



This is to Certify that Ms.. DORINE NKIROTE GATWIRI RUTERE of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Influence of Transformational Leadership styles on service quality in private Level IV hospitals- Nairobi County for the period ending : 23/April/2027.

License No: **NACOSTI/P/26/4188399**

579676

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix III: Letter of Introduction

Ole Sangale Rd, Madaraka Estate
P. O Box 59857 - 00200, Nairobi, Kenya
Cell: +254 703 034 414/6/7
X/Twitter/Tiktok: @SBSKenya
Facebook/Linkedin: Strathmore University Business School

Email: **sbsinfo@strathmore.edu** or visit **www.sbs.strathmore.edu**

Strathmore UNIVERSITY BUSINESS SCHOOL

Wednesday, 15th April 2026

To Whom It May Concern,

RE: FACILITATION OF RESEARCH – DORINE NKIROTE GATWIRI RUTERE

This is to introduce Dorine Nkirote Gatwiri Rutere, a Master of Business Administration student at Strathmore University Business School, admission number MBA\ 191868\24.

As part of our MBA programme, Dorine is expected to do applied research and undertake a project. This partially fulfils the requirements of the MBA course; to this effect, she would like to request appropriate data from your organisation.

Dorine is undertaking a research paper on "**Influence of Transformational Leadership Styles on Service Quality in Private Hospitals in Nairobi County, Kenya** ". The information obtained shall be treated confidentially and used for academic purposes only.

Our MBA programme seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct use to the industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest and practical value to your organisation.

We appreciate your support and will be willing to provide further information if required.

Yours sincerely,

Alois Njenga,
Manager – Graduate Programmes.

Strathmore University Business School is a Proud member of:

Association of African Business Schools AABS EFMD AACSB

Appendix IV: Questionnaire for Cadre Heads (HoDs)

Instructions to Respondents

This questionnaire is designed to collect information for academic research on the influence of transformational leadership styles on service quality in private Level IV hospitals in Nairobi County, Kenya. You are kindly requested to respond to all questions honestly and as accurately as possible based on your experience. All responses will be treated with strict confidentiality and will be used strictly for academic purposes only. Please tick (√) the option that best represents your response.

Section A: Demographic information

1. What is your gender?
   a) Male [ ]
   b) Female [ ]
2. What is your age in years?
   c) 18 – 25 [ ]
   d) 26 – 35 [ ]
   e) 36 – 45 [ ]
   f) 46 – 55 [ ]
   g) Over 55 [ ]
3. Select your job category

No	Head of Cadre (HoD)	Tick appropriately (√)
a.	Clinical staff HoD	
b.	Diagnostic & technical staff HoD	
c.	Public health and allied staff HoD	
d.	Administrative & support staff HoD	

4. For how long have you been a staff of this hospital?
   a) Below 6 years [ ]
   b) 6 -10 years [ ]
   c) 11-15 years [ ]

d) Over 15 years [ ]

5. What is your highest level of education?
   a) Certificate [ ]
   b) Diploma [ ]
   c) Bachelors' Degree [ ]
   d) Masters Degree [ ]
   e) Doctorate and above [ ]

Section B: Transformative Leadership Style

a) Idealised Influence

Based on the scale 1= Strongly Disagree (SD), 2= Moderately Disagree (MD), 3 = Neutral (N), 4= Moderately Agree (MA) 5= Strongly Agree (SA), use (√) to indicate the extent to which you agree or disagree with the statements below regarding the influence of Transformational Leadership style on service quality in private hospitals in Nairobi County;

	Statement	1 - SD	2 - MD	3 - N	4- MA	5- SA
6.	Leaders in this hospital act as strong role models.					
7.	Leaders consistently demonstrates ethical behaviour.					
8.	Staff trust the decisions made by the hospital leadership.					
9.	Leaders earn respect and admiration from staff.					
10.	Leaders promotes strong Organisational values.					
11.	Leaders encourage staff to uphold shared values.					
12.	Leaders behaviours inspire confidence among staff.					
13.	Leaders demonstrate integrity in their daily conduct.					

b) Inspirational Motivation

Based on the scale 1= Strongly Disagree (SD), 2= Moderately Disagree (MD), 3 = Neutral (N), 4= Moderately Agree (MA) 5= Strongly Agree (SA), use (√) to indicate the extent to which you agree

or disagree with the statements below regarding the influence of Transformational Leadership style on service quality in private hospitals in Nairobi County;

	Statement	1 - SD	2 - MD	3 - N	4- MA	5- SA
14.	Leaders communicate a clear and inspiring vision.					
15.	Leaders ensures staff goals align with hospital goals.					
16.	Leaders show enthusiasm that motivates staff.					
17.	Leaders recogniseds staff achievements.					
18.	Leaders appreciate staff efforts and contributions.					
19.	Leaders promotes teamwork among staff.					
20.	Leaders encourage collaboration across departments.					
21.	Leaders creates a positive and motivating work environment.					

c) Intellectual Stimulation

Based on the scale 1= Strongly Disagree (SD), 2= Moderately Disagree (MD), 3 = Neutral (N), 4= Moderately Agree (MA) 5= Strongly Agree (SA), use (√) to indicate the extent to which you agree or disagree with the statements below regarding the influence of Transformational Leadership style on service quality in private hospitals in Nairobi County;

	Statement	1 - SD	2 - MD	3 - N	4- MA	5- SA
22.	Leaders encourages innovation in patient care.					
23.	Leaders stimulate staff to think critically.					
24.	Leaders promotes creative solutions to problems.					
25.	Leaders encourage staff to participate in problem-solving.					

26.	Leaders support continuous learning and improvement.					
27.	Leaders challenges staff to grow professionally.					
28.	Leaders encourage knowledge sharing across teams.					
29.	Leaders push staff to explore new and better approaches					

d) Individualised Consideration

Based on the scale 1= Strongly Disagree (SD), 2= Moderately Disagree (MD), 3 = Neutral (N), 4= Moderately Agree (MA) 5= Strongly Agree (SA), use (√) to indicate the extent to which you agree or disagree with the statements below regarding the influence of Transformational Leadership style on service quality in private hospitals in Nairobi County.

	Statement	**1 - SD**	**2 - MD**	**3 - N**	**4- MA**	**5- SA**
30.	Leaders mentor staff to improve their performance.					
31.	Leaders shows empathy toward staff needs.					
32.	Leaders provide support when staff face challenges.					
33.	Leaders listens to staff concerns.					
34.	Leaders acknowledge individual contributions.					
35.	Leaders rewards excellent performance.					
36.	Leaders support staff career development.					
37.	Leaders provides opportunities for professional growth.					

Section C: Service Quality

Based on the scale 1= Strongly Disagree (SD), 2= Moderately Disagree (MD), 3 = Neutral (N), 4= Moderately Agree (MA) 5= Strongly Agree (SA), use (√) to indicate the extent to which you agree

or disagree with the statements below regarding service quality in private hospitals in Nairobi County.

	Statement	1 - SD	2 - MD	3 - N	4- MA	5- SA
38.	The hospital has clear systems that ensure reliable delivery of healthcare services.					
39.	Staff in this hospital are able to deliver services accurately and consistently.					
40.	Our hospital staff responds quickly to patient needs and requests.					
41.	Staff have the necessary skills and knowledge to provide quality healthcare services.					
42.	Employees in this hospital show genuine care and concern for patients.					
43.	Staff interactions help build patient confidence and trust in our services.					
44.	The hospital's equipment and facilities support high-quality service delivery.					
45.	The physical environment of the hospital is well-organisedd, clean, and professional.					

Appendix V: Work Plan

Milestone /Time	March 2025	March – April 2025	May – July 2025	Jan 2026	Feb 2026	March 2026	April 2026
Topic selection							
Proposal design							
Drafting of Proposal							
Submission of Proposal							
Proposal defense and corrections							
Data collection							
Submission and final defense.							

Appendix VI: Budget

Item	**Amount (Ksh)**
Data Collection	30000
Data Analysis	10000
Telephone	5000
Printing	10000
Transport	15000
Miscellaneous	20000
Total	90000

Appendix VII: List of Accredited SHIF Private Level IV Hospitals (81)

No	Facility Name	Facility Type	Facility Agent	Level	County	Status
1	3RD PARK HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
2	ABM SPECIALIZED HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
3	ABRAR HEALTH SERVICES LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
4	AL-AMIN HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
5	ALLIANCE MEDICAL CENTRE	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
6	ANKA HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
7	APEX SPECIAL CLINICS AND WELLNESS CENTRE LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
8	ARAWELO MEDICAL CENTRE LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
9	BARIKA MEDICAL CENTRE LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
10	BELEVIEW SOUTH HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
11	BLOOM DHAHABU LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
12	BRISTOL PARK HOSPITAL FEDHA	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
13	BROOKS OF CHERITH MEDICAL AND NUTRITION CENTRE LIM	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
14	BURHAN NURSING HOME	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
15	CANCER CARE KENYA LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
16	CANCER CARE KENYA LIMITED-	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED

	UAP OLD MUTUAL TOWER					
17	CHIROMO HOSPITAL GROUP-MUTHITHI	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
18	CITY EYE HOSPITAL	EYE HOSPITAL LEVEL	Private	LEVEL 4	NAIROBI	LICENCED
19	DA VINCI MEDICAL GROUP LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
20	DR AGARWALS EYE HOSPITAL	EYE HOSPITAL LEVEL	Private	LEVEL 4	NAIROBI	LICENCED
21	EAGLE EYE LASER CENTRE LTD LAVINGTON	EYE HOSPITAL LEVEL	Private	LEVEL 4	NAIROBI	LICENCED
22	EAGLE EYE LASER CENTRE LTD NGONG ROAD	EYE HOSPITAL LEVEL	Private	LEVEL 4	NAIROBI	LICENCED
23	EAGLE HEALTH AND CLINIC SERVICES	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
24	EASTEND DOCTORS PLAZA MEDICAL CENTRE LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
25	EDNAH MEDICAL CENTRE	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
26	EDRIS PREMIER HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
27	EYE AND U OPTHALMIC LTD	EYE HOSPITAL LEVEL	Private	LEVEL 4	NAIROBI	LICENCED
28	FIRST DAWAHUB LIMITED-HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
29	GLENFIN DONHOLM HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
30	GLOBCARE HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
31	GURU NANAK RAMGARHIA HOSPITAL	FAITH BASED LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED

32	HAYAT HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
33	HURUMA HOSPITAL-MATHARE NORTH ANNEX	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
34	HURUMA MATERNITY & NURSING HOME	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
35	JAMII WELLNESS HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
36	JANICE CHOLERTON MEDICAL & CANCER CENTRE	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
37	LANGATA HOSPITAL LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
38	LASER EYE CENTRE LTD	EYE HOSPITAL LEVEL	Private	LEVEL 4	NAIROBI	LICENCED
39	LIBKEN MEDICAL CENTRE LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
40	LUTON MEDICAL HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
41	MADINA HOSPITAL LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
42	MAKKAH HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
43	MAO AWEYS INTERNATIONAL HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
44	MARIAKANI COTTAGE HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
45	MEDITEST DIAGNOSTIC SERVICES LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
46	MEGALIFE HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
47	MELCHIZEDEK HOSPITAL LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
48	MENELIK HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED

49	MERIDIAN EQUATOR HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
50	MIKULINZI NURSING HOME	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
51	MOTHER AND CHILD HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
52	NAIROBI ADVENTIST HOSPITAL	FAITH BASED LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
53	NEWLIFE COTTAGE HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
54	NGARA COMPREHENSIVE HEALTH SERVICES LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
55	PATANISHO MATERNITY & NURSING HOME	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
56	PHADAM HOSPITAL COMPANY LTD - NASRA	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
57	PLATINUM SURGERY CENTRE LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
58	POPLAR HOSPITAL LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
59	PRUDENT COTTAGE HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
60	RADIANT GROUP OF HOSPITALS KASARANI SPORTSVIEW	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
61	RADIANT GROUP OF HOSPITALS UMOJA	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
62	RFH HEALTHCARE-KOMAROCK	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
63	RFH HEALTHCARE-RUIRU	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
64	ROYAL VICTORY HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED

65	RUAI FAMILY HOSPITAL LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
66	SERENE HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
67	ST. JOHNS HOSPITAL LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
68	ST. PATRICK HEALTHCARE CENTRE LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
69	SUMMIT ORTHOPEDICS AND SURGICAL HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
70	TEXAS CANCER CENTRE NAIROBI WEST	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
71	THE NAIROBI WOMENS HOSPITAL ADAMS	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
72	THE SAVANNAH HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
73	TRANQUIL MED CENTRE LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
74	TRANS MARIGOLD HOSPITAL	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
75	TRUE HEALTH MEDICAL CENTRE LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
76	UMOJA HOSPITAL LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
77	UPPER HILL MEDICAL CENTRE	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
78	VICTORY HOSPITAL LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
79	VITALRAY HEALTH SOLUTIONS LTD	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED
80	WESTLANDS LASER EYE HOSPITAL LIMITED	EYE HOSPITAL LEVEL	Private	LEVEL 4	NAIROBI	LICENCED

81	ZAZI HOSPITALS LIMITED	HOSPITAL LEVEL 4	Private	LEVEL 4	NAIROBI	LICENCED

Source: Social Health Authority · SHA https://share.google/NdDOCZOLGBCG0AmcC

April 2026