EFFECTS OF AUTHENTIC LEADERSHIP ON GOVERNANCE IN KENYA: A CASE STUDY OF FIVE COUNTY REFERRAL HOSPITALS

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DECLARATION

I declare that this dissertation is my original work and that it has not been presented for a degree in any other university.

Signed _____

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This dissertation has been submitted for examination with our approval as university supervisors.

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DEDICATION

This proposal is dedicated to my saviour Jesus Christ and to my God send husband Mr. Simeon Mutemi Mburia, our sons Paul Wendo Mutemi and Joel Thayu Mutemi. To my beloved mother Agnes Musila Kiilu for her sincere prayers and great support. To my late father PEO Mr. Joel Musila Kiilu who inspired me to respect God, work hard and pursue education. To my sisters and brothers, nieces, nephews and friends who kept encouraging me throughout the journey.

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ABSTRACT

Authentic leadership has garnered significant attention for its potential impact on organizational governance, particularly in hospitals. This study examined the effects of authentic leadership on governance in five county referral hospitals in Kenya during the post-devolution period, which faced implementation challenges that influenced leadership and governance outcomes. The devolution, driven by the 2010 Kenyan constitution, transferred certain services from the national to the county level. Despite the recognition of authentic leadership as an effective style, its impact on the governance of health institutions in Kenya has been inadequately explored. This research aimed to assess how authentic leadership affects governance, focusing on five referral hospitals across five counties. Specific objectives included evaluating the effects of self-awareness, internalized moral perspective, balanced processing, and relational transparency among County Health Management Teams and healthcare leaders. Additionally, the study investigated the moderating effect of leadership efficacy on hospital governance. The study was anchored on authentic leadership theory, ethical leadership theory, and governance theory, employing a pragmatism philosophy with a cross-sectional research design. The target population comprised 1926 County Health Management Teams and healthcare leaders from hospitals in Kiambu, Narok, Kwale, Makueni, and Kajiado counties. Using purposive sampling, a sample size of 396 was realized. Data was collected using semi-structured questionnaires, yielding a 97% response rate. Validity and reliability were confirmed, with an overall reliability score of 0.960. Data analysis included demographic information, descriptive characteristics, and inferential statistics, presented in tables and figures with ethical considerations observed. Findings indicated that self-awareness ($\beta = 0.313$, $\rho<0.05$), balanced processing ($\beta = 0.239$, $\rho<0.05$), and relational transparency ($\beta = 0.691$, $\rho<0.001$) significantly impacted governance, while internalized moral perspective did not ($\beta = 0.101$, $\rho>0.05$). The moderating effect of leadership efficacy was supported ($\beta = 0.169$, $\rho<0.001$). The study concluded that leadership in County referral hospitals should embrace self-awareness, balanced processing, and relational transparency to enhance governance. Leadership efficacy is crucial for daily operations, and further research is needed to explore the application of internalized moral perspective. The study recommends policy development at the ministerial level to support authentic leadership practices and further research in other counties for comparative analysis.

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ABBREVIATIONS AND ACRONYMS

ANOVA	Analysis is of Variance
CDOH	County Departments of Health
CEC	County Executive Committee
CHMT	County Health Management Teams
CHW	Community Health Worker
CIDP	County Integrated Development Plan
HCW	Health Care Workers
MOH	Ministry of Health
SDGs	Sustainable Development Goals
SOPs	Standard Operational Procedures
SPSS	Statistical Package for Social Scientists
TNA	Training Needs Assessment
UHC	Universal Health Coverage
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund Activities
WHO	World Health Organisation

OPERATIONAL DEFINITIONS

Authentic leadership:	Ongoing practices where leaders and subordinates achieve self-awareness as well as build open, honest, trustworthy, and real connections (Northouse, 2021).
Charismatic Leadership:	It focuses on leadership's character and actions on supporters to promote societal change (Robbins, 2016).
County Executive:	It consists of the County governor and deputy County governor, as well as members selected by the County governor with the permission of the assembly from among non-assembly members (Kenya constitution, 2010).
County Government:	It is the devolved government units in Kenya (Kenya constitution, 2010).
Employee Performance:	This is personnel capacity to meet organisational objectives for transactions through elements including contingent compensation, strategic planning activity, and offers workers independence over certain activities, and the power to make

	choices after they have been taught (Spahr, 2015).
Ethical Leadership:	Brown et al. (2005) defines ethical leadership as the demonstration of behaviour that aligns with established norms through personal actions and interpersonal engagements. Additionally, it involves fostering such behaviour among followers through two-way communication, motivation, and involvement in the decision-making process.
Governance:	Refers to the development of policies and the ongoing oversight of their effective execution by the governing body members of an organization or state, as outlined by the World Bank in 2020.
Leadership Efficacy:	Refers to a leader's confidence and belief in their ability to effectively utilize their knowledge, capabilities, skills, and talents to lead and inspire others toward achieving goals and success. (Northouse, 2021).
Self-Awareness:	Denotes the leader's individual reflections, constituting an ongoing process wherein individuals gain self-awareness, compassing their strengths, weaknesses, and the influence they exert on others,

as highlighted by Northouse (2019).

Internalized Moral Perspective:	Refers to a self-regulatory process whereby individuals use their internal moral standards and values to guide their behaviour rather than allow outside pressures to control them. It is a self-regulatory process because people have control over the extent to which they allow others to influence them. Their actions are consistent with their expressed beliefs and morals. (Northouse, 2021).
Balanced Processing:	Refers to self-regulatory behaviour. A leader's ability to analyse objectively all relevant information before arriving at a decision. That ability includes a willingness to solicit opinions, even if such opinions challenge the leader's deeply held views (Farid et al., 2020)

Relational Transparency:	Entails openly and honestly revealing one's authentic self to others. This concept is self-regulatory as individuals can control the extent of their transparency with others. Transparency occurs when individuals share their fundamental feelings, motives, and inclinations with others in a suitable manner, as described by (Kernis, 2019).

CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

This chapter covers the introduction, the background of the study, the statement of the problem, the objectives of the research, the hypotheses of the study, the justification of the study, the significance of the study, scope, limitations, and delimitation. The statement of the problem provides an insight into the state of authentic leadership and leadership efficacy in the governance of County referral hospitals in Kenya. The objectives of the study provide a roadmap for hypothesis testing. The rationale of the study justifies the importance of the study by detailing theoretical and practical approaches

Background to the Study

Globally, the role of authentic leadership and governance in health service delivery has received increased attention (World Bank, 2020). According to Northouse (2019), authentic leadership has various factors that form its basis. They include balanced processing, self-awareness, moral perspective, balanced processing, and relational transparency. According to United Nations Development Programme (UNDP, 2017), good governance is one of the major enablers of health service delivery and contributors to the overall improvement of population health. Still, according to the same UNDP publication, 40% of the world's population are without social protection while 21% live in precarious environments characterized by factors that compromise access to quality healthcare, including poor leadership and governance, and weak institutional capacity, both of which adversely affect the delivery of basic healthcare services. In 2015, the

UNDP enacted seventeen global Sustainable Development Goals (SDGs) whose aim is to transform the world by 2030 which is in line with Kenya's Vision 2030 (Macharia, 2019; UNDP, 2017; WHO, 2017).

In Europe, a study by Quintero et al. (2021) examined the correlation between authentic leadership, flourishing, and performance within healthcare teams. The research consisted of 106 nurses representing 33 teams across two hospitals in a European capital. The study participants completed a paper-and-pencil questionnaire. The assessment of authentic leadership utilized a 16-item scale developed by Walumbwa et al. (2008) where the research findings showed a positive association between the authentic leadership of team leaders and both subjective and objective team performance, particularly in situations of low bed occupancy. A similar study in Africa by Oleribe et al. (2019) sought to identify the significant challenges facing healthcare systems in the continent and propose relevant interventions to salvage the impacts of those challenges, which are tied to the WHO pillars of healthcare delivery. The study was conducted across 11 African countries and other participants from the United Kingdom, Cuba, and Portugal. Ten groups were developed to discuss and identify the key challenges affecting healthcare in Africa and propose mitigation measures that can be enacted to solve the problems. From the results obtained, poor leadership and management were among the topmost key challenges ranking third as an enabler of inefficiency in African healthcare systems. Capacity building for the healthcare workers and their leadership was suggested as the most effective way, amongst other solutions, of addressing most of the challenges, such as increasing budgetary allocations to healthcare. Wardhani et al. (2017) examined the how good governance affects performance in the local government of Indonesia, as well

as the potential reinforcement of the effect of government spending on performance by good governance. The study examined the five main aspects of governance, fairness and equality, participation, the culture of law, transparency, and accountability. The study indicated that increased local government spending on governance had adverse effects on performance and service delivery; the implication being that, overall, government is inefficient in improving performance. On a positive note, the findings showed that good governance had a positive effect on performance. Good governance was shown to improve all the five aspects of governance listed above.

In Kenya, a study by Chebon et al. (2019) sought to establish how leadership influenced employees' individual and intellectual capabilities to perform their duties in Moi Teaching and Referral Hospital. The researchers utilized descriptive study design targeting 3,739 employees comprising top management, middle-level management, and others at the operational level. A multistage sampling technique was applied to identify the required sample size of 463 interviewed respondents. Findings from the study indicated that employee recognition by their supervisors improved productivity since their needs and capabilities were easily identified. In addition, promoting creativity and innovation among the employees by the supervisors, their productivity improved dramatically since they were motivated to rethink ideas and develop new approaches to addressing arising challenges. The study indicated that leaders in organizations, especially in the healthcare industry, directly influence employee performance and productivity through their leadership styles. Leaders should address workplace challenges sensitively without affecting individuals' needs, aspirations, and job abilities. The researchers also recommended that employees continuously receive training to enhance

their productivity and job assignments based on their knowledge, skills, and capabilities. Leaders should also provide a platform where employees can freely express themselves and feel incorporated in the decision-making process, encouraging them to work and become more productive.

A study by Sullivan & Skelcher (2017) established that good governance produces accountability of public money, good management, and performance (According to the study, public service managers are expected to address what the government intends to achieve as well as the public interest. Additionally, the role of leadership in enhancing the health system results, performance, and quality of care is very crucial as it significantly improves healthcare (Fjeldstad et al., 2020; Guerrero et al., 2020). Moreover, UNDP's SDGs cover socio-economic development issues such as UHC. The focus of SDG No. 3 is the promotion of health and well-being for all by reducing the factors associated with maternal and child mortality and increasing life expectancy.

The World Health Organisation outlines six building blocks that public health systems need to work on if they are to achieve SDG 3 and realise UHC (Malakoane et al., 2020; Paschen et al., 2020). Out of the six, governance is the most important block (Abhayawansa et al., 2021; AL Sayegh et al., 2023; Glass & Newig, 2019). The scholars argue that governance is critical for the following reasons, among others: it promotes integrity, accountability, transparency, and stakeholder participation; encourages the voices of consumers of health services to be heard; champions the much-needed partnerships and strengthens research and development. It is expected that the public

sector entities would effectively utilize public resources. According to a study by Abhayawansa et al. (2021), the effective management of these resources and the quality of services offered are crucial. Further, Austin et al., 2020) stated that public administrators, serving as public service managers needed to exercise prudence since they bear the responsibility for the governance of these resources.

Across Africa, healthcare is among the most affected services by the devolution and decentralization of governments (Mohmand & Loureiro, 2017). Scholars have documented that devolution in various African countries depicts both successes and challenges. For example, countries like Mali, Benin, and Guinea experienced success when decentralization of basic healthcare services led to improved affordability and accessibility to health services (Barilla et al., 2019). This success was partly because since in all three cases, throughout the 1980s, central governments remained a largely weak authority that devolved units of government could not depend on for effective delivery of healthcare: hence the need for self-reliance. Inkoom and Gyapong (2016) further concluded that where the central government is still in control of the health services at the local level, lower-level government units have limited effect over the administration and governance of healthcare services that affect the needy population. They further indicate that despite advances in the implementation of more ambitious healthcare decentralization plans in Tanzania, Malawi, and Ghana, in all three countries, most policymaking is still done at the centre and local governments are highly dependent on the central government for financial resources, which are often earmarked (Inkoom & Gyapong, 2016). In all this, one undercurrent persists: central governments' reluctance to truly devolve political and economic power. For instance, even though Uganda has

decentralized healthcare, the central government maintains a grip on the healthcare budget, often extending conditional healthcare grants to local governments (Mansour et al., 2022). According to Mbai et al. (2022), the decline in ethical standards within the public sphere is associated with governance structures characterized by autocracy and the patron-client model.

State of Public Health Governance in Kenya

According to the World Bank (2020), in August 2010, Kenya implemented a new constitution, bringing forth a fresh governance framework that included a national government and 47 autonomous County governments. This marked a substantial shift from the previously dominant highly centralized governance model that had persisted since independence, leading to political and economic disempowerment, along with an uneven distribution of resources. Poor governance is one of the challenges facing Kenya's public health sector today, especially in the current turbulent devolution environment, with authentic leadership and leadership efficacy pegged as key possible solutions. According to Squires (2018), a leader must display the four behaviours which include self-awareness, balanced processing, internalised moral perspective and transparency to be considered an authentic leader. In this context, the study aimed at assessing how authentic leadership and leadership efficacy influence the governance of County referral hospitals in Kenya. Significant factors influencing governance in the Kenyan health sector include difficulties in health workforce management, the dynamically shifting political landscape, limited health financing, and the process of devolution.

In Kenya, the national government is mainly responsible for the provision of higher-level healthcare through its network of national referral hospitals; these hospitals represent the apex of the public health system in the country (Ministry of Health, 2020). County governments are responsible for the provision of basic healthcare through their networks of dispensaries, health centres, Sub-County hospitals, and County referral hospitals. County referral hospitals are the former Level 4 and 5 hospitals. Sub-County and County referral hospitals play an intermediary role in the country's healthcare referral system (MoH, 2020). Besides providing healthcare, County health facilities are responsible for implementing health policies. They are also avenues through which healthcare leadership and governance are exercised. However, Masaba et al. (2020) conclude that devolution is not free of challenges. Following the devolution era in the health sector, notable challenges have arisen, prominently marked by inadequate resources and funds from the national government, along with understaffed health facilities. To address these issues, the study proposes a solution by advocating for the allocation of resources to counties in alignment with the devolved functions. Additionally, it underscores the importance of further research into the equity and equality dimensions of the devolved healthcare system in Kenya.

For a County to have a robust healthcare system, its county referral hospital(s) must be well-led and governed, following the laid down guidelines according to MoH, Kenya's Health Policy (KHP, 2012-2030) which is anchored in the country's 2010 Constitution (Health Policy Project, 2015). Specifically, the policy aims to attain UHC and devolve the bulk of public healthcare provision to County governments. The policy recognizes that critical to its aims is an appropriately skilled workforce that is well-

managed and equitably distributed. The onset of devolution following the promulgation of the 2010 Constitution, and more specifically the devolution of healthcare has had the effect of raising citizens' expectations of improved healthcare services. According to the World Bank (2020), currently, there is no systematic method of evaluating the effectiveness of health leadership and governance and how these affect the provision of health services in the Counties.

In Kenya, the governance of healthcare takes place at both national and County levels. At the national level, the MoH is charged with providing leadership and governance whereas in the counties, County departments of health are charged with managing the delivery of health services (Shawar & Ruger, 2018; WHO, 2018). The Fourth Schedule to the Constitution of Kenya outlines the respective functions of MoH and County departments of health. KHP 2012-2030 outlines governance and management objectives for the sector as well as identifies seven areas in which the government should invest to achieve policy objectives. The objectives include health infrastructure, service delivery systems, health workforce, health information, health products, and technologies, health leadership, and healthcare financing (Mwai et al., 2023; Mwai & Gathecha, 2021).

Devolution of Health Services in Kenya

The promulgation of Kenya's current Constitution in 2010 ushered in devolution as the highest form of decentralized government (Constitution, 2010). Of the devolved government functions, the health sector represented the greatest devolution move. The

thinking behind devolving the health sector was that through devolution, County governments would be able to come up with innovative healthcare delivery models that are unique to their local contexts and population needs. The national government was to be responsible for leadership in health policy development and implementation, management of national referral hospitals, training healthcare providers, provision of technological assistance to counties and protecting consumers (Kenya Demographic and Health Survey (KDHS, 2014). The recent Kenya Demographic Health Survey KDHS, (2022) also aimed to provide updated information on health services coverage through highlighting indicators for planning, implementation, monitoring, and evaluation of programs at County and national levels (KNBS & ICF, 2023). It was also hoped that a devolved health system would enhance access to the healthcare of improved quality through better resource mobilization, autonomous and faster decision-making, and increased citizen participation. Nonetheless, as indicated by Kairu et al. (2021), it is apparent that devolution is not a singular occurrence, but an ongoing process designed to enhance healthcare accessibility significantly for most Kenyan citizens. The assertion is also explicit that healthcare will persist as a devolved function and will not revert to the central government, despite certain political figures advocating for such a shift.

The health services in the country are divided into six levels of care which are from the community level through primary care services (Njuguna et al., 2017). The levels include dispensaries (level 2), health centres (level 3), County referral hospitals (levels 4 and 5) and level 6 consisting of national referral hospitals which often operate as state parastatals (Barasa et al., 2017; Njuguna et al., 2017). Most of the County referral hospitals are level 4 hospitals which are the commonly accessed healthcare facilities at

the County level (Njuguna et al., 2017). Kenya currently has a total of 9,696 health facilities out of which 42.9% are under the Ministry of Health divided across six levels (Africa Health Business, 2021). Decentralization of the health system was forecasted to take better service delivery close to the people by improving efficiency, responsiveness, and general accountability at the County level since it could be easier for regular monitoring, evaluation and audits which is in line with the Alma Ata Declaration of 1979 (Barasa et al., 2017). By bringing health services closer to the people, the government also advocated for all persons to be enrolled under the National Hospital Insurance Fund (NHIF) to ease the burden incurred in accessing medical care.

A study by Masaba et al. (2020) that aimed to investigate the progress and challenges of devolution of the healthcare system in Kenya highlighted major improvements in health structural development but also noted the challenges which included inadequacy of resources and understaffed facilities. County referral hospitals in Kenya play an important role as the initial point of contact for referral treatment, as well as assisting other health institutions such as health clinics, dispensaries, and community health centres. The County hospitals provide physician, clinical officer, and nurse training, as well as ongoing medical education. They use over half of all healthcare spending in Kenya and use 50% of the country's workforce (Nyikuri et al., 2018; Raghupathi & Raghupathi, 2020). Enhancing the leadership and management of County hospitals might have a substantial effect on the health care of a country. KPMG Africa (2014) stated that possessing the appropriate governance and accountability frameworks, along with managerial capabilities, makes a more significant influence on performance and results compared to the financial resources.

The responsibilities of the national government include developing health policies, managing national referral facilities, implementing County training programs and technical support, as well as developing norms, standards, and regulations. The functions of County governments include providing County health services: health facilities, pharmacies, ambulance services, and the development of primary care (National Council for Law Reporting, 2010). By entitling every Kenyan to the highest attainable standards of health (Article 43), the Constitution takes an all-inclusive, rights-based approach to the delivery of healthcare services to Kenyans (Constitution, 2010). Article 53 further entitles every Kenyan child to healthcare, shelter, and basic nutrition. Article 56 obliges the state to take affirmative action to ensure that minorities and marginalized groups have reasonable access to infrastructure, water, and health services (Constitution, 2010).

Consequently, owing to constraints in resources and structure, weak leadership, and communication problems between top management and frontline personnel, the performance quality of public health care is poor (Nyawira et al., 2022). Heads of departments in County hospitals as well as those having clinical and non-clinical training, make up the middle management level in those health facilities. The heads of the department play an important role in the improvement of performance in the County facilities (Nzinga et al., 2019). The leadership team which consists of a health administrative officer, a hospital matron (nurse), a medical superintendent doctor (a doctor) report to all middle-level leaders who are not clinically trained. Weak organisational leadership is typically blamed on hospitals' poor performance in Kenya as well as other low-middle-income countries, but such management is often embedded in a

complicated healthcare environment that limits a leader's ability to respond (Nzinga et al., 2009). For example, the decentralization of healthcare administration in Kenya, and increased accountability expectations on doctors who take on leadership and management positions make enacting leadership duties challenging (KPMG, 2014).

This study delved into determining the effect of authentic leadership and leadership efficacy on governance in five counties in Kenya. According to MoH (2015), training needs assessment report, the target was leaders at the County Department of Health. The results indicate little confidence in some areas and identified them as organisational human resource development (37.1%), leadership and governance (23.7%), negotiation, conflict resolution, and project/program management also as topics of concern (15.2%). Hence, the County referral hospital with poor leadership and governance index were considered for this study. They included Narok, Makueni, Kajiado, Bomet, and Kwale County referral hospitals in Kenya (MoH, 2015). Scholars have opined that the enactment of the laws has been accompanied by the establishment of institutions of governance with specific mandates to combat corruption with the aim of good governance (Ball, 2009; Dailiati et al., 2018; Kharel, 2021; Musili et al., 2022). Under this category, it is important to mention that Kenya as a country has the Ethics and Anticorruption Commission (EACC), Special Magistrates Courts, Asset Recovery Agency (ARA), and Anti-Corruption Division of the High Court (EACC, 2022). Non-governmental Organisations (NGOs) like Transparency International also play a key role in interventions leading to combating corruption in Kenya. It is disturbing that despite all these reforms to enhance good governance, authentic leadership, and leadership efficacy seem to affect the governance of County referral hospitals in Kenya. It is upon this

background that Wainaina (2017) observed that issues such as the misuse of public office for private gain can be dated as early as the 1970s. The year (2010-2017) the post-constitutional period recorded many outstanding unethical practices in the health sector.

Overall, Kenyans have limited knowledge of a devolved healthcare system and what it means for them. The limited knowledge creates a detrimental situation to the realization of the highest public health standards possible. A study examining Kenyans' comprehension of a devolved health system revealed that only 11% of the participants claimed to have a complete understanding of devolved health, 78% had a partial understanding, and 9% had no understanding at all (Centre for Health Solutions, 2014). The World Bank utilizes public expenditure tracking surveys to evaluate and rank countries in the realm of governance. Concurrently, the United States Agency for International Development Global (USAID) has made substantial investments in health leadership and governance over the past twenty-five years, aiming to enhance healthcare systems and advance health outcomes in low- and middle-income countries (Massoud, 2018; USAID, 2017). Despite these endeavours and the consensus on the significance of good leadership and governance, there is a dearth of empirical literature on the role of leadership efficacy and governance in Kenya's County referral hospitals (WHO, 2018).

Healthcare institutions globally suffer a lack of authentic leadership. Employees get demoralized due to poor leadership although they are expected to give good care to patients. Poor leadership in hospitals can be attributed to the loss of innocent people including mothers and children (Bamford et al., 2013). Maternal and children’s programs in health can be positively affected through authentic leadership. When this kind of

leadership is well implemented, trust is built, and effective leader-follower leadership can be implemented. Calderon-Mafud and Pando-Moreno (2018) established that health facilities with high levels of authentic leadership caused new graduate nurses to be confident in their responsibilities as they work in such institutions. These findings concur with findings from Bamfordd et al. (2013), but without elaboration on maternal and children's health programs and how it is effectd by such leadership. Laschinger and Fida (2015) established that the care of patients is greatly effectedd by the kind of leadership the nurses receive. They too, however, did not elaborate on how it effects other health programmes. A study by Ngunjiri and Hernandez (2017) established that authentic leadership behaviour has a positive effect on the staff's actions. Transparency in one's relations, balanced processing, a strong internal moral compass, and self-awareness are the dimensions of authentic behaviour in public organisations. While the Kenya training needs assessment by MoH (2015) details that based on current literature, some gaps have emerged in various competencies in professions especially in leadership and management.

The Authentic Leadership Concept

Authentic leadership is a consistent pattern of a leader's conduct that not only enhances but also gives a positive psychological capacity and a positive ethical climate. Its objective is to enhance greater self-awareness, an internalized moral perspective, balanced information processing, and relational transparency among leaders working with followers, thereby facilitating positive self-development (Northouse, 2019). Furthermore, Avolio et al. (2009) contend that authentic leadership is in line with transparent and ethical leaders' behaviour, encouraging openness in sharing essential

information for decision-making while being receptive to input from followers. According to authentic leadership theory, when leaders embody authenticity by remaining true to their values and strengths, they empower others to do the same. This, in turn, fosters a positive organizational culture, improves employee performance, and establishes a culture of trust and healthier work environments (Walumbwa et al., 2008). Self-awareness can be defined as a continuous process through which a leader takes on progressive and unconventional levels of ethical maturity (Caldwell & Hayes, 2016). It can also be defined as the process through which a leader demonstrates their understanding of the world around them (Bedrov & Bulaj, 2018). The concept of internalised moral perspective refers to an integrated and internalised kind of self-regulation (Liu et al., 2023). It is also a self-regulatory mechanism by which an individual uses their values and moral standards to guide their behaviour, as opposed to letting external pressures (e.g., societal and peer pressures) drive them (Northouse, 2019). It is a self-regulatory process because we all have some control over the degree to which we allow other people to affect us. A leader with an internalised moral perspective is considered authentic because they tend to be more consistent in their beliefs and actions. The concept of balanced processing refers to a leader's ability to analyse objectively all relevant information before arriving at a decision. That ability includes a willingness to solicit opinions, even if such opinions challenge the leader's deeply held views (Farid et al., 2020). Relational transparency refers to the leadership quality of presenting one's genuine self to others, as opposed to the distorted or fake self. Relational transparency encourages trust via sincere disclosures in which a person shares information openly and

expresses their thoughts and emotions genuinely without trying to mask them (Bedrov & Bulaj, 2018).

According to Squires (2018), an authentic leader must display four authentic leadership behaviours which include self-awareness, balanced processing, internalised moral perspective and transparency to be considered an authentic leader. This study tested the behaviours of health workforce leaders in sampled five County referral hospitals in Kenya. The following components were tested; transparency in one's relations, balanced processing, a strong internal moral compass, and self-awareness. The reason is that all four behaviour components help a leader to be effective in conducting his/her duties (Walumbwa et al., 2008). The scholars outlined that being self-aware means knowing oneself, including one's strengths and weaknesses. Understanding the effect, one has on other people. This helps a leader to use his/her strength in serving the public while impacting them positively. Balanced processing involves the process of considering all relevant factors prior to deciding (Squires, 2018 and Walumbwa et al., 2008). Walumbwa et al. (2008) established the Authentic Leadership Scale (ALS) to assess authentic leadership behaviour based on the preceding description. There were four dimensions to this ALS scale. In this study, a four-item scale was applied in measuring self-awareness, relational transparency, balanced processing with a three-item scale, and internalised moral viewpoint for a total of 16 items (Walumbwa et al., 2008). The use of the ALS scale also made it possible for the researcher to identify the core aspects of consideration in determining how authentic leadership affects governance and how leadership efficacy influences governance in the County referral hospitals based on the respondents' perceptions. In Latin America, an integrative review by Mazerio et al.

(2020) sought to investigate aspects of leadership in the field of nursing. The researchers found a robust connection between genuine leadership and a solid work ethic in nurses. Specifically, they observed that newly graduated nurses, when mentored by tutors exemplifying high authenticity, experience increased work engagement and job satisfaction. The study's conclusion highlights that authentic leadership plays a positive role in shaping nursing work environments conducive to nurse satisfaction.

Sang (2016) conducted a study to examine the impact of authentic leadership on employee satisfaction within Kenyan state corporations in Uasin Gishu County. The study employed an explanatory research design, and a census survey to identify participants. Data were gathered from 244 employees in 10 state corporations in Uasin Gishu County using questionnaires. The analysis of the quantitative data obtained from the questionnaires involved both descriptive and inferential methods. The findings of the study revealed that each of the four dimensions of authentic leadership played a significant role in enhancing employee satisfaction.

The Concept of Leadership Efficacy in Health Care

This study adopted leadership efficacy as a moderating variable with knowledge, capabilities and skills/talents as the indicators assessed among health care workers. As organisations strive to adjust to ever-accelerating variations whether inside or with the outer world in which they are immersed, leaders of today are faced with unprecedented difficulties. Such transformation tests not just the knowledge, skills, and talents of leaders but also their self-conceptualizations of leadership capacities and psychological resources to fulfil the ever-growing demands of their jobs (Clapp-Smith et al., 2018; Hazy, 2018;

Gebauer et al., 2021). Leadership is commonly acknowledged as needing sophisticated cognitive/social conflict resolution abilities (Cakir & Adiguzel, 2020). As a result, several models of leadership potential have emphasized increased intellectual capabilities, diversity, and talents (Hazy, 2018).

To strengthen leaders' efficacy, Connolly et al. (2019) listed some skills that can be taught to leaders to help them develop authentic leadership skills. Through their leadership and management programs, they believe their graduates can be more productive as a team, guide breakthrough innovations and bring more to the table for their respective companies. Some of the listed skills that can be trained to leaders include new ways to grow through the identification of opportunities in the way markets operate and accelerate business models that help in a deeper understanding of frameworks and strategic patterns for evaluating organisational challenges and opportunities (Connolly et al., 2019). According to MoH (2015) Kenya, training needs assessment report, the County Department of Health (CDOH) had little confidence in some areas and identified them as Organisational Human Resource Development (37.1%), Leadership and Governance (23.7%), negotiation, conflict resolution, and project/program management also topics of concern (15.2%). Despite this, several issues with the health workforce have surfaced. These include: insufficient performance management frameworks, insufficient and unequal distribution of health professionals, poor development, planning and administration of the healthcare workforce, high employee turnover, defective information systems, and high migration. Additionally, Peterson (2017) clarified that managing oneself, supporting leadership styles to evolve and motivating others to accomplish the company`s goals is paramount. Strategic leadership helps to investigate

the dependent relationship between leadership and decision-making and organisational performance maximization. Management skills are necessary for helping emerging leaders to master core business skills essential for leadership success. Finally, essential skills for innovation are needed to access and improve business ideas that are new and aim to create value for the stakeholders.

Daft (2022), on the other hand, came up with some aspects of skills that need to be given to leaders. The author suggested that if one wants to inspire excellent leadership, one needs to give good leadership training, rather than management learning on the job. They do, nevertheless, require the tools necessary to flourish in today's complicated corporate contexts. According to Ray Carvey (2021), and executive of corporate learning at Harvard Business Publishing, executives must be prepared to predict what's coming next so they can act. Executives must be aware of their consumers, rivals, and markets, as well as confident in making judgments in the face of uncertainty. This study identifies five elements that must be incorporated into leadership training to promote effective and good leadership. The first stage in any leadership training is regarded to be creating a leadership attitude. Secondly, training leaders within the context of the target organisation to focus on real business outcomes to be effective. Third, establishing a learning culture in which top leaders take an active role in facilitating learning and growth. Fourthly, delegating is key for successful leadership. Good leaders know that they cannot maintain focus on building and leading the business while also being active in the day-to-day operations of the company. Delegation is an essential skill that must be included in any leadership program. Lastly, sharpening emotional intelligence because emotional intelligence is central to success in leadership. It's the capacity to keep track of

your sensations and emotions and those of others and use the knowledge in your thinking and actions. This study underscores the need to include emotional intelligence in leadership training programmes. Peterson (2017) noted that a good number of organisations have leadership development programmes, but only seven per cent can boast about their programs. Leaders need relevant skills as well as tools that will help them to effectively lead. Leadership development programmes then need to be developed to fit the current requirements.

Harvard University (2016) listed some skills that can be taught to leaders to help them develop authentic leadership skills. Through their leadership and management programs, they believe their graduates can be more productive as a team, guide break through innovations and bring more to the table for their respective companies. Some of the listed leadership skills that can be deployed include new ways to grow through identification of opportunities in the way markets operate and accelerate business models that help in deeper understanding of frameworks and strategic patterns for evaluating organisational challenges and opportunities (Harvard University, 2016). Harvard (2017) clarified that managing oneself, supporting leadership styles to evolve and motivating others to accomplish the company`s goals is paramount. Strategic leadership helps to investigate the dependent relationship between leadership and decision-making and organisational performance maximization. Management skills are necessary for helping emerging leaders to master core business skills essential for leadership success. Finally, essential skills for innovation are needed to access and improve business ideas that are new and aim to create value for the stakeholders. Additionally, despite this, a few issues with the health workforce have surfaced. Insufficient performance management

frameworks, insufficient and unequal distribution of health professionals, poor development, planning and administration of the healthcare workforce, high employee turnover, defective information systems, and high migration are among the issues (MoH,2017). Furthermore, Chinn (2017) came up with some aspects of skills that need to be developed among leaders. She suggested that if one wants to inspire excellent leadership, they need to invest on good leadership training, rather than management learning on the job, as is now the case. They do, nevertheless, require the tools necessary to flourish in today's complicated corporate contexts. This study underscores the need to include emotional intelligence in leadership training programmes today (Chinn, 2017).

Governance in a Devolved Health Sector

The primary function of the health sector in Kenya is to provide accessible, affordable, and high-quality healthcare services to all inhabitants of the region. This includes managing County health facilities and referral hospitals, overseeing pharmacies and ambulatory services, promoting primary health care, supervising cemeteries, funeral Parlors, and crematoria, as well as regulating and licensing relevant undertakings and maintaining sanitation standards. Effective leadership and governance involve the interplay of processes, structures, and traditions that govern the exercise of power, ensure the input of citizens and stakeholders, and guide decision-making (Sangroula, 2020; Ali et al., 2020; Northouse, 2019).

Numerous studies highlight key factors influencing the performance of the Kenyan health sector, particularly County referral hospitals. These factors include devolution, leadership and governance, constrained health financing, a dynamic political

context, and challenges in managing the health workforce (Kimathi, 2017; Nyawira et al., 2021; Tsofa et al., 2017). Devolution and frequent strikes by health workers have notably impacted the sector (Ciccone et al., 2018). Governance stands out as a critical pillar of the healthcare system (Chelagat et al., 2021) and is recognized as a vital determinant for health systems strengthening and achieving health-related goals. The relationship between good governance and good leadership is inseparable, influencing hospital management, service delivery, and overall healthcare quality (De Regge & Eeckloo, 2020).

Globally, Wardhani et al. (2017) explored the effects of good governance on the performance of local government in Indonesia, examining whether good governance can enhance the impact of government spending on performance. The study assessed five main aspects of governance: fairness and equality, participation, the culture of law, transparency, and accountability. While increased local government spending on governance was found to have adverse effects on performance and service delivery, good governance demonstrated a positive impact. It improved all five aspects of governance, leading to increased efficiency in the allocation and use of public resources. The study concluded that, despite inefficiencies in local government spending, good governance can address these issues and enhance performance. The current study aims to investigate this in the context of Kenya's County governments. It's worth noting that Wardhani et al. (2017) relied solely on a quantitative approach, which may not always be sufficient for uncovering human behaviours and motives.

In Afghanistan, Shukla (2018) used a quasi-experimental research design to study the impact of a health governance intervention on the performance of a provincial health system. Shukla's study was motivated by the fact that while existing literature on governance in healthcare linked poor health outcomes to poor governance, empirical evidence was scarce. The study found that, as far as the performance of the healthcare system was concerned, the most important indicators of leadership and governance were responsible stewardship of resources, strategic direction, accountability and engagement. Good governance practices helped improve streamline barriers to access to quality healthcare while improving cost-effectiveness. However, being a quasi-experimental study, the extent to which Shukla's findings can be generalised to other low- and middle-income counties like Kenya is limited. Moreover, according to the World Bank (2017), Kenya has a governance rating of 3 while Afghanistan has 2 (where 1 is the lowest and 6 highest); thus, the governance situations in the two countries are significantly different.

In Africa, Mikkelsen-Lopez (2014), investigated the impact of governance in the public healthcare system on service delivery in Tanzania. Earlier studies had focused only on accountability or corruption. Mikkelsen-Lopez's study, which was conducted over an extended period (1999 to 2011), revealed that the main governance issues affecting the country's public healthcare systems were a lack of accountability (especially as evident in overcharging for services) and system failure (as evident in frequent stock-outs of essential medical supplies). The study also found that because of poor governance, the following problems were prevalent: lack of transparency in the procurement, ordering, distribution and use of medicines and falsified reconciliation between delivered and consumed supplies. The factors presumed to be responsible for

these issues included low participation of healthcare workers in administration, excessively bureaucratic procedures, inadequate government funding, and complex paper-based systems. The study recommended increased transparency and accountability in the medical supplies procurement and distribution system. The situation in this Tanzanian study is significantly different from what was obtained in Kenya. Still, many factors make the healthcare governance situations in Kenya and Tanzania comparable. For example, both countries have a similar governance rating: Kenya's 3 versus Tanzania's 3.5 (World Bank, 2020).

In Africa, Nabyonga-Orem et al. (2021) set out to determine whether, across Africa, the necessary structures for health research governance are in place. Using a cross-sectional survey, they gathered data on components of health research governance from the 35 countries that make up the WHO Africa Region. It was found that whereas a majority of the countries had some sort of legislation governing the conduct of health research, most of the laws had inadequacies like being too old or having to narrow a scope (Nabyonga-Orem et al., 2021). Furthermore, most countries were characterized by weak coordination. To remedy the situation, several recommendations are made, the key among them being strong MoH leadership. Moreover, Sub-Saharan Africa, Juma et al (2021) sought to investigate the progress made and the challenges encountered in improving health research governance in four sub-Saharan African countries: Zambia, Uganda, Kenya, and Botswana. They did so by reviewing documents and interviewing a total of 80 key informants in the four countries. The key informants included funders, researchers and decision-makers. Among other things, it was found that at the national level, the regulation and coordination of health research were hampered by insufficient

financial and human resources (Juma et al., 2021). Consequently, the authors recommend the strengthening of national health research authorities with mandates to regulate and coordinate health research.

Locally, the Kenya Institute of Public Policy Research and Analysis (KIPPRA, 2018) undertook a similar study into Kenya's public healthcare system under the country's devolved system of government. The study covered the period 2013-2017 and focused on governance issues like efficiency, accountability, and participation. Study participants included community leaders, healthcare workers, health policy makers and managers of healthcare systems in the County governments. Data was collected using key informant interviews and focus group discussions. The study revealed that there was limited public participation in health policymaking, budgeting, and planning; hence, no social accountability. Other challenges found to be plaguing the system were inadequately trained human resources, a non-conducive work environment, high staff turnover and widespread stock outs of medical supplies. These findings informed the need for a more in-depth study; that study was conducted by the Meru County government. It looked into the effectiveness of the County healthcare leadership and governance. The County was found to be among the top performing in terms of public satisfaction with its healthcare services; this despite low indices on drug availability, health human resources and public participation.

In still another study in Kenya, Okech and Lelegwe (2016) carried out a study that sought to analyse Kenya's Universal Health Care. The researchers used both secondary and primary data obtained from the health docket. Information that was collected by

interviewing a diverse range of stakeholders, including healthcare providers, implementers of the Universal Health Coverage (UHC) programme, researchers and policy makers. The results of the study revealed leadership and governance issues like lack of accountability as manifest in such challenges as high operating costs, stock outs of essential medical supplies, minimal opportunities for continuing medical education, inadequately trained healthcare workers, dilapidated health infrastructure and, more generally, a dysfunctional healthcare system. The researchers recommended that County governments should improve efficiency and effectiveness, focus on customer needs and improve governance. The study was conducted in the early stages of an initiative that sought to improve the governance of state corporations and did not look into several major principles of good governance. Also, the researchers did not interview board members even though boards of directors have a leading role in promoting good corporate governance.

Also in Kenya, Gitonga and Keiyoro (2017) studied aspects that affect the implementation of healthcare projects in Kenya's Meru County. Their specific objective was to investigate how stakeholder collaboration effectd the implementation of health projects. Study participants included the following stakeholder groups: non-medical County government staff, managers at health civil society organisations and healthcare workers in public health facilities, including pharmacists, nurses, clinical officers and doctors. Data was collected using questionnaires and analysed it using inferential and descriptive statistics. It was found that apart from stakeholder collaborations, embracing good governance practices enhanced project success. The study did not, however, use the

standard good practices recommended by the WHO for the healthcare sector. The study suggested a more in-depth inquiry into how governance practices effect health projects.

In yet another study in Kenya, Nyawira et al. (2023) utilised a qualitative cross-sectional study to examine how the coordination of the health sector or lack of it thereof affects the efficiency of health systems in Kenya. Data were collected at the national level in two purposively picked Counties. Findings from the study indicated that whereas there were formal structures for coordination in place, in practice, actor actions, misalignment of health functions, fragmentation and duplication compromise the effective coordination of the sector (Nyawira et al., 2023). To remedy the situation, the authors recommended a raft of measures, including the need for the national Ministry of Health and County Departments of Health to clarify their respective functions.

As per the findings of Williamson and Mulaki (2015), numerous County governments are deficient in the requisite systems for proficient resource management. The World Bank (2020) noted that the devolution of health services occurred hastily, leaving numerous unresolved inquiries from sector stakeholders. Despite Kenya boasting one of the most ambitious devolution programs globally, only a handful of Counties possess the administrative capability to adequately plan for and utilize the allocated funds, as highlighted by Williamson and Mulaki (2015). The following components of good governance were tested in this study: transparency, participation, responsiveness, and accountability Ali et al., (2020). They were measured using the governance tool. The current study was undertaken in five County referral hospitals in Kenya namely Kajiado, Narok, Makueni, Kwale, and Kiambu which had leadership and governance challenges

(MOH,2017; County CIDPs,2018-2022). The next section introduces the sampled County referral hospitals.

Selected County Referral Hospitals in Kenya

According to the CIPD reported between 2018 and 2022, the goal of the County referral hospitals in Kenya is to offer affordable, equitable and quality health care. The five Counties identified in this study share a common challenge of leadership and governance. The CIPD 2018-2022 proposes that the challenge of leadership and governance may be addressed through developing leadership and management capacity of health workforce at all levels (CIDP 2018-2022). Next, we consider a brief background of each of the five counties, beginning with Kajiado.

Kajiado is one of the forty-seven Counties with its headquarters at Kajiado town. The County's population stands at 1,117,840 with an area coverage of 21,871Km^2 according to the 2019 Kenya National Bureau of Statistics (KNBS) survey (KNBS, 2019). The County is highly cosmopolitan with most of Kenya's ethnic communities represented in its major urban areas. Kajiado is one of the fastest urbanizing counties because of ongoing high rates of migration from the adjacent Nairobi City as well as from other counties (CIDP, 2018). The leadership and governance in the health sector and specifically the County referral hospital is projected as a key area facing various challenges which was to be addressed through developing leadership and management capacity of health workforce at all levels (Kajiado CIDP, 2018-2022).

Narok County is positioned in the southern region of the country within the Great Rift Valley, sharing its southern border with the Republic of Tanzania. Similar to Kajiado, Narok County is extensive, covering an expanse of 17,932 square kilometres,

approximately constituting 3% of Kenya's total land area (KNBS, 2019). This makes Narok County the eleventh largest County in Kenya. Administratively, the County is subdivided into 6 Sub-Counties and 30 wards, with an additional 16 divisions serving as administrative sub-units of the National Government. As reported by the Kenya Population and Housing Census, the County's population was recorded at 1,157,873 (KNBS, 2019). Projected estimates indicate that the population is anticipated to reach 1,282,097 by 2022, assuming current mortality and fertility rates persist. The leadership and governance within the Narok health sector, inclusive of the County referral hospital, are identified as areas of focus. The strategic goal for the period outlined in the Narok County Integrated Development Plan (CIDP) from 2018 to 2022 emphasizes the enhancement of leadership and governance in the health sector, particularly in the context of the County referral hospital.

Kwale stands as one of the six counties in the coastal region of Kenya, sharing its borders with the United Republic of Tanzania to the southwest, Mombasa County, and the Indian Ocean to the East, Kilifi County to the north and northeast, and Taita Taveta County to the northwest. Positioned at the southern tip of the country, it spans the longitudinal range of 38.52º to 39.51º East and latitudinal range of 30.05º to 40.75º South. As of 2019, the County's population was recorded at 866,820 (KNBS, 2019). Encompassing an area of 8,254 square kilometres, with 62 square kilometres covered by water (KNBS, 2019; County Government of Kwale, 2018-2022), the Kwale County Integrated Development Plan (CIDP) for 2018-2022 has identified leadership and governance in the health sector as a key focus area. The objective is to fortify the overall health strategy, enhancing leadership and governance through continuous professional

development in management capacity building. This strategic emphasis is prompted by the challenges faced by the health sector, including those encountered by the County referral hospital. The CIDP outlines interventions geared towards addressing leadership and governance issues, such as the development of leadership and management capabilities for the health workforce at all levels, among other initiatives (Kwale CIDP, 2018-2022).

Kiambu County is found in Kenya's Central region covering an area of 2,539 Km^2, 476.3 Km^2 of which are under forest cover (KNBS, 2019; County Government of Kiambu, 2022). It borders Nakuru County to the west, Nyandarua County to the northwest, Murang'a County to the north and northeast and Nairobi City and Machakos Counties to the south. The leadership and governance in Kiambu health sector which includes the County referral hospital is projected as a key area with various challenges to be addressed through developing leadership and management capacity of health workforce at all levels (Kiambu, CIDP, 2018-2022). Additionally, the Kiambu CIDP 2018-2022 has projected leadership and governance in the health sector as an area of focus to be addressed through strengthening the overall health strategy (Kiambu CIDP, 2018-2022).

Makueni County is in the south-eastern part of the country and shares boundaries with the following counties: Kajiado to the west, Taita Taveta to the south, Kitui to the east, and Machakos to the north. The County lies between Latitudes 1º 35´ and 3° 00´ South and Longitudes 37º10´ and 38º 30´ East and had a population of 987,653 in 2019, spread an area of 8,177 Km^2 (KNBS,2019; CIDP, 2018-2022). The County leadership and governance in Makueni health sector which includes the County referral hospital is

projected as an area with challenges. The County has projected specific strategic goals of strengthening leadership and governance of the health sector and specifically the County referral hospital (Makueni CIDP, 2018-2022).

In summary, the five selected County referral hospitals have leadership and governance challenges as outlined by the individual County CIDPs 2018-2022. The other documented challenges affecting the leadership and governance of the selected County referral hospitals include the transition of functions from the national government to the County government has been characterized by a sluggish process. Additionally, there is a challenge of untimely disbursement of funds from the national government to the County government. Inadequate financial resources further compound the issues faced during this transition. Moreover, the County government has inherited stalled projects from the national government, adding to the complexity of the situation. Another pressing concern is the significant wage bill inherited, which adversely impacts the allocation of funds for developmental purposes.

Statement of the Problem

Evidence indicates that authentic leadership in the health sector, especially in developing countries, is mired in the status quo. Following the promulgation of the Kenyan constitution (2010), County health leaders started showing evidence of being overwhelmed by the enormity of the responsibilities because of the shift of power in the devolved health sector. Furthermore, inadequate operational leadership is typically blamed for hospitals' poor performance in Kenya and other low-middle-income countries (LMICs), but such management is most often embedded in a complicated healthcare environment that limits the leaders' ability to intervene (Nzinga et al., 2019). Other

challenges include the decentralization of health care administration hence the increased need for accountability for all resources which involves leadership efficacy (KPMG, 2014). Moreover, the selected counties had leadership and governance challenges as outlined by the individual County (CIDPs, 2018-2022). In Kenya, research conducted by Masaba et al. (2020) determined that devolution is not without challenges. The primary difficulties identified in the health sector during the post-devolution era include insufficient resources/funds from the national government and understaffed health facilities. The study advocates for the allocation of resources to counties in proportion to the devolved functions. Additionally, it emphasizes the need for further research on the equity and equality aspects of the devolved healthcare system in Kenya.

The selected County's strategic goal is to strengthen leadership and governance of the health sector and specifically the County referral hospital in Kenya through various interventions which include strengthening of the leadership development of the health care workers (CIDPs, 2018-2022). According to MoH (2015), a national assessment on training needs indicated that leaders of County Departments of Health (CDoHs) had poor performance in some areas and identified the following areas that needed to be addressed: organizational human resource development, leadership and governance, negotiation, conflict resolution, and program and project management. The report also observed that County department of health (CDoHs) need to empower their county health management teams CHMTs to address the following priority areas: management, leadership and governance, supervisory skills, and strategic planning leadership, among others (MoH, 2017). Research findings indicate that various bottlenecks have further hindered leadership and governance due to slow progress towards provision of quality and

effective service delivery at the CDOH, and eventual Universal Health Coverage by 2030 as stipulated in the Kenya Vision 2030. Moreover, the HRH Kenya baseline assessment 2017 that was undertaken with an aim of assessing HRH management systems and development concluded that the selected counties had not achieved the recommended maturation status of 4.00 hence the need to address leadership and governance gaps in the County referral hospitals and inform the human resource Management and development interventions in the County health sector (HRH, 2017). MoH (2015) recommended the need for interventions towards this situation with an emphasis that stakeholders ought to rally behind the Government of Kenya, MoH to come up with solutions since poor leadership and governance are the core challenges being experienced in the healthcare industry in Kenya. Strengthening of the healthcare industry in Kenya will require authentic leadership and leadership efficacy from the top management to the lower levels of leadership to facilitate the delivery of quality healthcare services to all patients (Kung'u, 2016). Devolution led to the transfer of national functions to the County level. Furthermore, the MoH (2017) in Kenya asserted that there are various leadership gaps and specifically in various County referral hospitals. Additionally, the human resource for health status for specific counties as at 2017 recommended that long term interventions ought to be put in place to fill leadership and governance gaps (MoH, 2017).

Braithwaite and Gateau (2019) posit that over the past fifteen years, scholarship on authentic leadership as it relates to healthcare has been on the rise, especially in nursing. Yet, to date, limited research on senior healthcare executives who play the role of leadership has been undertaken. The aim of this study was to add on the existing

literature by studying this group that has an indirect yet vital effect on patient care. Poor leadership, together with the burden of demoralized employees who are expected to provide the best healthcare to patients, are cited as the reasons for the loss of the lives of innocent patients, including mothers and children (Bamford et al., 2018). Leadership efficacy of health institutions can be positively effectd through authentic leadership. When this kind of leadership is well implemented, trust is built and effective leader-follower relationship can be fostered (Bamford et al., 2018). The Kenya Training Needs Assessment by MoH (2015) explained that based on current literature, some gaps have emerged in various competencies in professions more so in leadership and management. Fostering authentic leadership among senior healthcare managers is critical to delivering high-quality, patient-centred, and sustainable care (Braithwaite & Gateau, 2019).

Objectives of the Study

General Objectives

The main objective of this study was to investigate the effects of authentic leadership on governance of hospitals in Kenya: A case study of five County referral hospitals.

Specific Objectives

The study was guided by the following specific objectives:

I. To determine the effect of self-awareness among CHMT and healthcare workers on the governance of County referral hospitals in Kenya
II. To investigate the effect of internalised moral perspective among CHMT and healthcare workers on the governance of County referral hospitals in Kenya

III. To explore the effect of balanced processing among CHMT and healthcare workers on the governance of the County referral hospitals in Kenya

IV. To establish the effect of relational transparency competencies among CHMT and healthcare workers on the governance of County referral hospitals in Kenya.

V. To examine the moderating effect of leadership efficacy in the relationship between authentic leadership and governance of County referral hospitals in Kenya.

Hypotheses

I. $H0_1$: There is no significant effect of self-awareness among CHMT and healthcare workers on the governance of County referral hospitals in Kenya.

II. $H0_2$: There is no significant effect of internalised moral perspective among CHMT and healthcare workers on the governance of County referral hospitals in Kenya.

III. $H0_3$: There is no significant effect of balanced processing among CHMT and healthcare workers and the governance of County referral hospitals in Kenya

IV. $H0_4$: There is no significant effect of relational transparency competencies among CHMT and healthcare workers on the governance of County referral hospitals in Kenya.

V. $H0_5$ There is no significant moderating effect of leadership efficacy in the relationship between authentic leadership and governance of County referral hospitals in Kenya.

Assumptions of the Study

The study assumed that there was an association between components of self-awareness and internalised moral perspective characteristics among CHMT leaders and HCW providing leadership and governance of County referral hospitals. It also assumed that County health leaders possessed balanced processing, relational transparency competences that impact on leadership and governance of the County referral hospital. Leadership efficacy contributed to the leadership and governance of County referral hospitals. Lastly, leadership policies contributed to the leadership and governance of County referral hospitals.

Justification of the Study

Evidence has been adduced frequently in the media to show that the healthcare system in Kenya is in a crisis. Many counties have not been able to pay healthcare workers, many critical services are missing, and there have been several instances of misappropriation of public funds meant for provision of quality healthcare, among several others. Various studies state that among the key factors affecting governance of County referral hospitals in the Kenyan include devolution, leadership and Governance, constrained health financing, a fast-changing political context, and challenges in managing the health workforce (Kimathi, 2017; Nyawira et al., 2021; Tsofa et al., 2017). Furthermore, the selected counties CIDPs 2018-2018 all have documented and revealed more leadership and governance challenges facing the County referral hospitals in Kenya. They range from lack of accountability as manifest in such challenges as high operating costs, stock outs of essential medical supplies, minimal opportunities for continuing medical education, inadequately trained healthcare workers, dilapidated health

infrastructure and, more generally, a dysfunctional healthcare system. They all have projected the need and strategies to address the various leadership and governance challenges in the specific counties with one main strategic goal being to strengthen leadership and governance of the health sector and specifically the County referral hospital in Kenya (CIDP, 2018-2022). Figueroa et al. (2019) set to investigate the global issues and priorities for health leadership and management that have been presented due to the ever-changing, complex nature of the workplace and emerging issues. According to the study's findings, rising difficulties in global healthcare leadership centred on the leadership's efficiency, change, and human resource management. The researchers recommended that healthcare managers across different levels strive to achieve the above priorities to satisfactorily address the current emerging issues and challenges in the healthcare system and foster quality service delivery.

Authentic leadership is a crucial element in the governance of the health institutions in a country. To make any institution prosper, there is a need for County health management teams and health care workers with leadership roles to possess and employ authentic leadership and leadership efficacy components in order to practice good governance of an institution. MoH (2015) study identified the following areas that needed attention: organisational human resource development (37.1%), leadership and governance (23.7%), negotiation, conflict resolution, and project/program management also topics of concern (15.2%). Poor leadership and governance are the core challenge experienced in the healthcare system in Kenya. The improvement and development of the healthcare system in Kenya will require authentic leadership and leadership efficacy from the top management to the lower levels of leadership to facilitate the delivery of quality

healthcare services to all patients (Kung'u, 2016). Furthermore, devolution led to the transfer of national functions to the County level. The preparedness of the County referral hospitals has remained in question through the entire process. Consequently, these triggered the need to investigate authentic leadership and leadership efficacy on the governance of County referral hospitals in Kenya. Previous studies have dealt with two of the variables in this study, but none has linked the three variables. This study has included three variables namely authentic leadership, leadership efficacy and governance.

Specifically, the justification for this study is twofold: it addresses both theoretical and policy considerations. On the theoretical front, the research aims to contribute substantially to the ongoing discussions and debates surrounding leadership concepts in general, with a particular emphasis on authentic leadership, leadership efficacy, and governance. The study constitutes empirical research for future reference in the health sector particularly the County referral hospitals in Kenya. The study's findings also offer precise policy recommendations tailored for the five selected hospitals, namely Kajiado, Kiambu, Narok, Kwale, and Makueni County referral hospitals, aimed at enhancing their authentic leadership efficacy and governance. The health of a nation is measured by the level of healthcare offered to the most vulnerable of its citizens, namely: the children. A strong presence of leaders at the national and local levels to promote and ensure their health and wellness is a requirement. These individuals must have the requisite vision, expertise, and skills necessary to provide the leadership needed to design and implement policies and program. Authentic leadership as a theme has evolved over time and has been a key point of interest to many researchers (Crawford et al., 2019).

There were four dimensions to this ALS scale. A four-item scale was applied in measuring self-awareness, a five-item scale was applied in measuring relational transparency, information balance processing with a three-item scale, and internalized moral viewpoint using five-item scale, for a total of 16 items .This study utilized the Authentic Leadership Self- Assessment Scale (Northouse, 2019).This study determined the components of self-awareness and internalised moral perspective characteristics on leadership and governance of County referral hospitals. The study also investigated on the balanced processing and relational transparency competences among County health leaders and hospital managers on leadership and governance. Additionally, it determined the effect of leadership efficacy on governance of County referral hospitals. The study also established the moderating effect of leadership efficacy on the governance of County referral hospitals namely Makueni, Kajiado, Kiambu, Kwale and Narok. It is anticipated that the study findings could help stakeholders and leaders to appraise their authentic leadership potential including knowledge, capabilities and skills, hence improve the quality of leadership and governance of County referral hospitals in Kenya.

Self-awareness is an indicator of authentic leadership which allows leaders to understand their own strengths, weaknesses, values, and beliefs. By focusing on self-awareness, leaders can enhance their overall effectiveness and positively affect their teams and organizations. Additionally, self-awareness can be defined as a continuous process through which a leader takes on progressive and unconventional levels of ethical maturity (Caldwell & Hayes, 2016). It can also be defined as the process through which a leader demonstrates their understanding of the world around them (Bedrov & Bulaj, 2018). According to Bedrov & Bulaj, (2018) relational transparency refers to the

leadership quality of presenting one's genuine self to others, as opposed to the distorted or fake self. Relational transparency encourages trust via sincere disclosures in which a person shares information openly and expresses their thoughts and emotions genuinely without trying to mask them (Bedrov & Bulaj, 2018). Relational transparency is a key aspect of authentic leadership, and it refers to the leader's openness and honesty in their relationships with others. Balanced processing is a cognitive approach that involves gathering information, evaluating the pros and cons, and considering various viewpoints before concluding. This approach helps individuals make more informed and well-rounded decisions, as it considers different angles and potential biases.

Scholars affirm that the concept of internalized moral perspective refers to an integrated and internalized kind of self-regulation (Liu et al., 2023). It is also a self-regulatory mechanism by which an individual uses their values and moral standards to guide their behavior, as opposed to letting external pressures (e.g., societal and peer pressures) drive them (Northouse, 2019). All in all, internalized moral perspective refers to the process by which individuals develop their own set of moral values and principles, which guide their thoughts, feelings, and behaviors. Additionally, leadership efficacy in this study has been used as a moderating variable. Various scholars have delved into leadership efficacy and summarized that it is a type of efficacy that refers to a person's belief in their knowledge, capabilities, and skills/talents. When it comes to influencing others. It can therefore be distinguished from self-assurance in one's knowledge, talents, and capabilities, which are components connected with certain other social tasks like teaching (Bandura, 1982; Hannah et al., 2018). These three components were tested in this study. Bandura (1982) claimed that effectiveness is most prevalent amongst some of

the agency processes and serves as a basis for other aspects of the agency to function. Bandura & Locke (2003) believed that efficacy affects people's thoughts on self-enhancing or self-debilitating ways, how they encourage themselves and hold up whenever they are faced with difficulties, how vulnerable they are to depression and stress, and the decisions they make regarding important choices" encapsulates efficacy's relevance and thorough nature in trying to meet challenges facing the leadership of today.

Significance of the Study

The national government, County governments, and non-governmental organisations that fund County referral hospitals would have a reference document to help them in strengthening the leadership and governance through capacity building of CHMT leaders and HCW with leadership roles in both public and private health institutions. It was expected that the study's results would alert policymakers to the impact of authentic leadership and leadership efficacy on the governance of health institutions, aiding them in implementing recommendations. The findings offer policymakers valuable insights for revising policies related to authentic leadership, leadership efficacy, and governance. Numerous scholars have affirmed the positive outcomes associated with authentic leadership within healthcare organizations, influencing staff at all levels and contributing to enhanced patient care.

The study's discoveries can assist stakeholders and leaders in enhancing their leadership knowledge, skills, and talents, ultimately improving the leadership and governance of County referral hospitals in Kenya. This research holds significant value for academicians and researchers, as it proposes areas for further investigation that future

researchers could explore, contributing to the existing body of knowledge on authentic leadership, leadership efficacy, and governance. The research may similarly benefit academic institutions such as universities and researchers in gaining in-depth knowledge of leadership skills that are applicable in health institutions. Governments would also benefit from the findings of this study in that they can apply the results in policymaking. This study could guide health institutions on the emphasis of employing and developing leaders with authentic leadership and leadership efficacy components to contribute towards good governance of health institutions in Kenya. Governance institutions such as Ethics and Anticorruption Commission (EACC) could also benefit by implementing surveillance mechanisms on leaders in the health sector (National and County level health institutions). This would lead to robust interventions such as capacity building on authentic leadership and governance, advocacy of good governance among others hence, contribute to quality health care. It also contributes towards achieving Kenya Vision 2030 and sustainable development goal 3 (SDG3).

Scope of the Study

The study was limited to the five County referral hospitals in Kenya who had leadership and governance challenges as indicated in the Counties' CIDPs (MoH, 2017; CIDP 2018-2022). The scope of the study is based on the dependent and independent variables. They all projected the need and strategies to address the various leadership and governance challenges in the specific counties with one main strategic goal being to strengthen leadership and governance of hospitals and specifically the County referral hospitals in Kenya (CIDP, 2018-2022). Figueroa et al. (2019) set to investigate the global

issues and priorities for health leadership and management that have been presented due to the ever-changing, complex nature of the workplace and emerging issues. This study was potentially helpful in mining the current leadership and governance strengths and challenges, among County Health Management Teams (CHMT), and sampled health workers. Moreover, the study had potential in aiding the assessment of authentic leadership components such as self-awareness and internalised moral perspective characteristics, investigate balanced processing and relational transparency competencies among County health leaders and health workers with leadership roles. Additionally, leadership efficacy components of leaders and overall effect on the governance of County referral hospitals were also determined. Lastly, the study also established the moderating effect of leadership efficacy on the governance of selected County referral hospitals, hence serving as a leadership efficacy scorecard.

Limitations

A significant limitation of this study was associated with the data collection process, particularly in County referral hospitals, which are healthcare institutions. The sensitivity of certain information, specifically pertaining to individuals' knowledge of authentic leadership, led to hesitancy among some staff members to openly share relevant data on authentic leadership constructs. Despite the researcher's assurance of complete anonymity for respondents, this reluctance posed a challenge. To address this, interviews were conducted in a comfortable setting for each respondent. However, the researcher had limited control over the sincerity of the respondents in providing accurate and reliable responses. Furthermore, variations in individual capacity to comprehend and interpret the English language could have influenced the consistency of responses.

Moreover, some respondents were unwilling to disclose the truth, especially when responding to contentious questions related to leaders' conduct. To mitigate this, the researcher emphasized the academic purpose of the study and assured respondents of the confidentiality of their identities, aiming to boost the overall response rate.

Delimitations

The phrase "County health management team" and “Health care Workers” were used to define who was eligible to participate in this study. As a result, the findings can be applied to other counties with comparable features.

Chapter Summary

This chapter addressed the introduction, study background, problem statement, study purpose, objectives, and hypotheses. Additionally, it offered a rationale for the study, discussed its significance and underlying assumptions, and outlined the scope, limitations, and delimitations of the research.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter comprises an empirical literature review, conceptual literature review, and a theoretical framework focusing on authentic leadership and leadership efficacy in the governance of five County referral hospitals in Kenya. Additionally, it delves into the details of the theoretical and conceptual frameworks that guided the research, addressing research gaps and providing a summary of the chapter. The primary objective of this literature review is to identify and address research gaps. This includes examining existing conceptual, contextual, and methodological gaps related to the investigated topic. The first section of the chapter reviews conceptual literature. This is followed by empirical literature. Subsequently, the theoretical framework is discussed, and conceptual framework provided. The chapter ends by summarizing the literature review and key research gaps.

Empirical Literature Review

In this segment of the empirical review, the researcher examined the literature published by previous scholars. Authentic leadership is the foundational theory from which all other theories of leadership stem. Because of its distinctive features, it supersedes all other models of leadership. Some of these features include credibility, self-awareness, trustworthiness, honesty, genuineness and being real. Additionally, unlike other models of leadership, authentic leadership focuses on the development of followers through role modelling and trust. Authentic leadership is a particularly viable and attractive solution in these challenging times when society is experiencing moral

decadence, and many organisations are experiencing fraud and corruption. Northouse (2019) states that fundamentally, authentic leadership comprises four factors which include internalised moral perspective, balanced processing, rational transparency and self-awareness (Ennis, 2017; Rodriguez et al., 2017; Zeb et al., 2020). One of the primary duties of a leader is to produce and sustain change, a duty that is tied directly to enhanced and sustainable performance (Northouse, 2019). Datta (2015) agrees with this theory and notes that employees' satisfaction with their jobs is largely effectedd by the degree to which they perceive their leaders to be authentic. Gebauer et al. (2021) suggested that a leader can reinforce their self-awareness via self-reflection and the exploitation of trigger moments, both planned and unplanned.

According to Liu et al. (2015), an authentic leader is competent and portrays a morally upright character. Part of their competence includes possessing good interpersonal, communication and business skills. Character entails trust, respect and behaviour driven by values. A leader must also be able to listen intelligently to their subordinates and followers, a skill that produces positive outcomes in individuals and teams alike (Zhao & Zhou, 2021). Intelligent listening includes the ability to accommodate divergent opinions, provide space for creativity and promote feedback, whether positive or negative. It also includes emotional and social skills, the ability to provide constructive feedback and the ability to assess information accurately, all of which can be improved through training (Krén & Séllei, 2020). Leaders can develop authentic leadership through a genuine interest in others, self-regulation and greater self-awareness (Mburu, 2020). Meanwhile, leaders can become more effective in mobilizing

their followers for goal attainment by nurturing such qualities as consistency, honesty, and trustworthiness.

Authentic Leadership and Governance

Numerous global studies explore the impact of authentic leadership in healthcare settings, with a focus on nursing. In Ontario, Canada, Regan, Laschinger, and Wong (2016) investigated the influence of structural empowerment, authentic leadership, and professional nursing practice environments on experienced nurses' perceptions of inter-professional collaboration. The study, utilizing a predictive non-experimental design, involved 220 nurses in a random sample, with findings suggesting that structural empowerment, authentic leadership, and a professional practice environment enhance inter-professional collaboration.

Similarly, Marques-Quintero, Graca, Coelho, and Martins (2021) conducted a study in Europe, examining the relationship between authentic leadership, flourishing, and performance in healthcare teams. Results from 106 nurses across 33 teams in two European hospitals indicated a positive correlation between authentic leadership and subjective and objective team performance, particularly when bed occupancy was low. In Sweden, Tahhan (2019) conducted a literature review on authentic leadership's impact on the work environment and patient outcomes in hospitals. The review of 26 articles revealed positive associations between authentic leadership and patient care quality, healthcare professionals' optimism and trust, job satisfaction, turnover, structural empowerment, and work engagement. In Jordan, Mrayyan et al. (2023) investigated the impact of authentic leadership on the safety climate in nursing. The study, involving 314

Jordanian nurses, found a positive correlation between authentic leadership and the safety climate, emphasizing the importance of enhancing authentic leadership characteristics to promote a safe work environment.

Lee, Chiang, and Kuo (2019) explored the mediating effects of work environment and burnout on the relationship between authentic leadership and nurses' intention to leave in Taiwan. Findings from 946 nurses across various hospital levels suggested that authentic leadership influences nurses' intent to leave, with work environment and burnout identified as significant mediators. Bakari, Hunjira, Jaros, and Khoso (2019) conducted a study in Pakistan, revealing that authentic leadership positively influences employee commitment to change, with the impact being stronger when cynicism is low. In South Africa, Nqumba and Scheepers (2023) found that authentic leadership indirectly affects employees' perceptions of strategic corporate social responsibility in large South African corporations. Hlongwane and Olivier (2017) reported that authentic leadership in a South African state hospital increased organizational commitment among employees.

From Nigeria, Emuwa and Fields (2017) demonstrated a positive relationship between authentic leadership behaviors and organizational commitment and perceived leadership effectiveness among Nigerian employees. In Eastern Africa, Alemiga and Mwogeza (2020) explored authenticity in leadership at a private university in Uganda, finding that authentic leadership is highly valued in administration with positive human resource practices. In Kenya, Kosgey (2020) investigated the relationship between ethical leadership and governance in Uasin Gishu County, Kenya, revealing a positive and significant impact of ethical leadership on governance. Mbata, Oluoch, and Muindi

(2023) studied the influence of organizational leadership through identification on the relationship between authentic leadership and employees' ethical behaviour in Kenyan commercial banks, indicating a significant impact of authentic leadership on ethical behaviour. Masimane (2023) assessed the impact of authentic leadership and motivation on the performance of employees in Kenyan commercial banks, finding a statistically significant effect on employee performance. Sang (2016) explored the effect of authentic leadership on employee satisfaction in Kenyan state corporations, with results indicating a positive contribution to improved employee satisfaction. The study conducted on County referral hospitals in Kenya utilized the authentic leadership instrument to assess health leaders' self-awareness, balanced processing, relational transparency, and internalized moral perspective, focusing on their contribution to leadership and governance. Capacity building and mentorship emerged as crucial themes, indicating a need for continuous training and mentorship programs to enhance leadership skills among staff. Leadership behaviours, including transparency, balanced processing, a strong internal moral compass, and self-awareness, are essential components tested in authentic leadership to ensure effective leadership within County referral hospitals. These findings collectively highlighted the significance of authentic leadership in healthcare settings globally, emphasizing its positive impact on collaboration, performance, safety, commitment to change, ethical behaviour, and overall organizational outcomes.

Self-Awareness and Governance

The current study used the authentic leadership instrument to assess health leaders’ self-awareness, how it contributes to the leadership and governance of the County referral hospitals in Kenya. According to Bedrov & Bulaj (2018)) self-awareness

is defined as the process through which a leader demonstrates their understanding of the world around them. It can also be used to mean an understanding of one's weaknesses and strengths as well as their understanding of the multidimensional concept of the self; this includes better understanding self through interactions with others and being aware of one's impact on others. Authenticity is a necessity of authentic leadership and demands that a person constructs their meaning of self and the environment. Authentic leaders' behaviours can affect employees' behaviours positively. One cannot be a leader simply by the position he or she holds in an organisation (Dayanti et al., 2022).

In a study conducted in Ghana, Puni and Hilton (2020) investigated the relationship between dimensions of authentic leadership and patient care quality in the African context. The research focused on 38 nurses, midwives, and 38 patients across six general hospitals in Ghana. The findings revealed that internalized moral perspective was the most prevalent form of authentic leadership among nursing leaders, while self-awareness was the least exhibited. This suggests that nursing leaders relied more on their inherent morals and values for leadership, rather than being influenced by external behaviours. However, the study indicated a deficiency in self-awareness among nursing leaders, implying a lack of understanding of their unique capabilities, strengths, talents, and core values. As a recommendation, the researchers suggested providing personality and emotional intelligence training for nursing and health sector leaders to enhance their self-awareness and authentic leadership skills, ultimately leading to improvements in patient care.

In Kenya, a study carried out on leadership in Turkana County, Kenya, by Ing'ollan and Roussel (2019) explored the relationship between the leadership styles of the leaders of the County and the performance of the County. The investigation adopted a mixed-methods approach that included an exploratory survey design. The researchers used questionnaires to collect data from County employees. They used simple and multiple regression analyses to examine relationship among variables. Qualitative data from the interviews were analysed using content analysis; this entailed identifying and grouping emerging themes following the objectives of the study. The researchers concluded that while there is no perfect leadership style, authoritative and affiliative leadership styles effectd employee performance. These leadership styles were the most resorted to by County employees. The researchers recommended that the two styles should be used concurrently to reinforce each other since they are not mutually exclusive. The current study used the same methodology as that used in the Turkana County study. However, the Turkana study did not delve into all the leadership dimensions. This research focused on all the dimensions of authentic leadership and their effects on governance on the selected County referral hospitals in Kenya. In this study, the focus is on CHMT and healthcare workers in County referral hospitals in Kenya's genuine understanding of their authenticity, willingness to receive and act upon feedback, recognition of personal weaknesses, and the sincerity with which they approach their roles in healthcare delivery.

Internalised Moral Perspective and Governance

Liu et al. (2023) described the concept of internalized moral perspective as a self-regulatory process, emphasizing that individuals have control over the extent to which

they allow others to influence them. A leader with an internalised moral perspective is considered authentic because they tend to be more consistent in their beliefs and actions. Aresearch by Braithwaite et.al (2019) investigated authentic leadership from the perspectives of fourteen healthcare CEOs and seventy direct reports at senior management levels. The study used both one-on-one interviews and the validated Authentic Leadership Questionnaire (ALQ). Participating CEOs also underwent twenty-hour training in authentic leadership. The study concluded that in healthcare organisations, authentic leadership is perceived differently depending on an organisation's culture. The current study is like the study by Braithwaite and Gautreau (2019) in terms of the methodology and the authentic leadership instruments to be used. However, the two studies differ in terms of their target populations. In this study, internalized moral perspective involves an individual's deeply embedded sense of transparency in actions, accountability for decisions and behaviours, steadfast integrity in principles, and profound self-acceptance that guides ethical conduct and decision-making.

Balanced Processing and Governance

Leaders exhibiting balanced processing, as outlined by Northouse (2021), are perceived as authentic because they openly share their own viewpoints while also objectively considering the perspectives of others. Puni and Hilton (2020) found that two dimensions of authentic leadership—balanced processing and relational transparency—were significantly linked to patient quality care. The study suggested that nursing leaders, lacking in objective evaluation of information and less inclined to seek subordinates' opinions, could benefit from empowerment through training, seminars, and conferences

emphasizing the importance of teamwork in their professional roles (Puni and Hilton, 2020).

A Kenyan study conducted by Nzinga et al. (2019), revealed that most of the country's surgery departments are headed by senior surgeons and physicians who are highly trained in their respective areas. However, the department heads were found to exhibit very limited leadership abilities hence lack balanced processing attributes. They also portrayed limited familiarity with organisational culture and politics mainly because of limited formal and on-the-job training in leadership. The departmental heads also expressed disbelief in the necessity and effectiveness of formal training in leadership. The same study also found that most clinical managers in the country are ill-equipped for leadership and administrative roles and are, therefore, hesitant to take up such roles.

Still another study in Kenya, Kiptingos' et al. (2020) examined the role of leadership skills in fostering effective departmental leadership. The study was conducted in Mogotio Sub-County in Baringo County, Kenya and involved 126 respondents drawn from 185 managerial staff of 32 hospitals. Data was collected through questionnaires and analysed both inferentially and descriptively using SPSS version 24. The study concluded that mentorship was a cost-effective yet effective strategy for improving leadership capacities in public hospitals. Hospitals were therefore advised to step up their leadership mentorship efforts. The current study agrees with Kiptongos' et al. study and hence has focused on the County referral hospitals in Kenya and concludes that capacity building and mentorship of healthcare workers is crucial.

Similarly, the current study agrees that many hospitals in the country have realised gaps in authentic leadership and have started implementing various programmes – including training and mentorship – aimed at enhancing the leadership skills of their workforces (Nyikuri et al., 2020). From the literature reviewed thus far, it is apparent that no systematic study has been undertaken to investigate the effectiveness of the various leadership development programmes that Kenyan healthcare organisations have been implementing. It is thus unclear if these interventions have helped improve the quality of leadership. The study concluded that leadership skills are essential to enhancing effective departmental leadership. The study recommended that hospitals should emphasise mentorship as a strategy for leadership development. This agrees with the current study which recommends mentorship as a key intervention among others. In this study, balanced processing is adopted as the ability for impartial self-reflection, open-minded consideration of diverse perspectives, thoughtful deliberation, and acknowledgment of personal strengths and weaknesses in decision-making or judgment.

Relational Transparency and Governance

In the current study, relational transparency has been adopted as a key component of authentic leadership which is recommended for leaders in the health sector. According to Northouse (2021) relational transparency refers to the leadership quality of presenting one's genuine self to others, as opposed to the distorted or fake self. Relational transparency encourages trust via sincere disclosures in which a person shares information openly and expresses their thoughts and emotions genuinely without trying to mask them (Bedrov & Bulaj, 2018). Indeed, transparency, authenticity and collaboration are important skills that today's business leaders must possess and display;

they must not shy away from expressing themselves honestly, including asking the tough questions that will help them obtain the information they need to make sound decisions.

Fallatah and Laschinger (2016) found that authentic leadership made significant contributions toward the nursing staff's structural empowerment; structural empowerment in turn helped improve self-assessed performance and, ultimately, job satisfaction. They concluded that when staffs perceive their managers as being authentic, they feel empowered in the workplace, are satisfied with the work environment and experience better performance in terms of improved productivity. The current study is similar to that of Fallatah and Laschainger (2016) in the independent variable and in the methodology of data collection method of using questionnaires. The current study, therefore, used the authentic leadership instrument to assess health leaders' relational transparency construct and how it contributes to governance of the hospital.

Puni and Hilton (2020) focused on the relational transparency construct in their study. They discovered that this dimension of authentic leadership had insignificant associations with patient quality care. The authors suggested that nursing leaders might not be objectively evaluating information and were less likely to seek subordinates' opinions before making decisions. Consequently, they recommended empowering health sector leaders through training, seminars, and conferences to underscore the importance of teamwork in their responsibilities (Puni & Hilton, 2020). In Jordan, Aboramadan et al. (2021) while studying how authentic leadership impacts or affects the governance and performance of hospitals the research used a sample size of 380 healthcare personnel. The research found out that leadership efficacy affected the governance of hospitals in

Jordan positively and significantly. This suggests that ongoing capacity building for healthcare leaders and managers can enhance the governance of hospitals as institutions. However, Aboramadan et al. (2021) reported conflicting results, showing no statistically significant effect of management capability on hospital performance.

In Kenya, Chelagat et al. (2021) conducted a study to assess the impact of leadership development training on health system governance and established that consistent leadership development of health workers resulted in improved governance and overall health system performance. There was a highly significant difference between the trained and non-trained hospital managers. However, the author also noted that most healthcare centres in Kenya did not prioritize leadership capacity building for their human resources, which is a huge constraint to improving health system governance and the overall quality of health care. In this study, relational transparency refers to the quality of relationships characterized by mutual independence while maintaining clear, open, and fair communication, fostering an environment of honesty and openness between parties involved.

The moderating effect of Leadership Efficacy

In this study, leadership efficacy was considered as a moderating variable. Brown (2020) conducted a research study on communication and leadership within the context of healthcare quality governance, specifically focusing on eight public hospitals in Australia. The aim was to contribute to the existing literature by examining the importance of leadership efficacy in the dynamics of governance, with a specific emphasis on communication and leadership for effective engagement in governing healthcare quality. The research utilized a comparative case study approach,

incorporating document review, interviews, and observations across the eight public healthcare hospitals. Thematic analysis was employed to investigate how communication and leadership influenced healthcare governance. The study's findings highlighted that leadership focusing on healthcare excellence, quality improvement, and effective meeting processes positively contributed to governance engagement. Additionally, communication aspects such as open communication, effective questioning, and challenges from board members also played a significant role in influencing engagement.

Specchia et al. (2021) conducted a systematic review study to establish how leadership efficacy and style affect nurses' job satisfaction. The study identified 11,813 paper titles from different digital archives of which 12 studies carried out in different regions across the globe were successfully identified and picked for review. The study's inclusion criteria were based on the article's relevance, after which the selected articles were subjected to narrative synthesis to draw out related information. Authentic leadership and transformational leadership styles had a significant positive relationship, while passive-avoidant and laissez-faire leadership styles had poor associations with nurses' job satisfaction. From these findings, it was noted that leaders ought to initiate and encourage professional and positive competencies among their staff to improve their morale and job satisfaction. The researchers also highlighted the importance of identifying and addressing gaps in leadership among healthcare leaders to enhance and promote service delivery in healthcare systems and result in job satisfaction among healthcare workers.

In Australia, Spasojevic, Lohmann and Scott (2019) undertook a study to examine leadership and governance among large tourism stakeholder in Australia. The study used exploratory mixed methods to identify the key leadership attributes of successful airlines and airports in the context of air route development. The study found that large stakeholders identified partnerships, effective communication, and information sharing as key leadership efficacy attributes. It also found that strategic vision, leadership, and knowledge sharing as critical governance attributes. Moreover, Figueroa et al. (2019) set to investigate the global issues and priorities for health leadership and management that have been presented due to the ever-changing, complex nature of the workplace and emerging issues. The researchers reviewed past relevant studies from different electronic databases published between 2010 and 2018, of which the identified articles were critically analysed to draw conclusions. Sixty-three publications were chosen and reviewed, and a set of persistent growing difficulties in the healthcare industry for health leadership and management were classified as macro, meso, and micro. According to the study's findings, rising difficulties in global healthcare leadership centred around the leadership's efficiency, change, and human resource management. The researchers recommended that healthcare managers across different levels strive to achieve the above priorities to satisfactorily address the current emerging issues and challenges in the healthcare system and foster quality service delivery.

In Asia, Naher et al. (2020) also did a study to explore the impact of poor governance on healthcare service delivery in low and middle-income countries in South-Eastern Asia. A comprehensive literature review from digital libraries including PubMed, SCOPUS, and Google Scholar was used to conduct the study. The mixed study review

technique, which is effective in analysing complicated data sets in the healthcare industry, was used to extract 18 papers on governance and 15 on corruption for analysis. A pre-designed template was utilized to select data based on the set themes of governance and corruption. The themes were subdivided into sub-themes, with governance having transparency, citizen engagement, accountability, laws, and regulations. Results from the study implicated those poor remunerations and poor governance de-motivate healthcare workers and negatively impact the quality of healthcare system outcomes. Poor governance often results in high out-of-pocket expenses met by the people seeking healthcare services which leads to reduced service-seeking behaviour and promotes mistrust in the system since the healthcare providers tend to go against the rules.

In the Sub-Saharan African region, the healthcare industry continues to face enormous and unprecedented challenges as most countries struggle to achieve the goals of Universal Health Coverage (UHC). Limited investment in advancing the leadership skills of clinicians in the region leaves most healthcare centres mismanaged and failing to deliver quality services to the citizens in most countries. A scoping review by Johnson et al. (2021) set to establish interventions applied to enhance the capacity of leaders in the healthcare sector for improved productivity across Africa. The study employed Arkdey and O'Malley's approach to select relevant published and unpublished studies from 1979 to 2019 across Africa. A total of 495 studies were identified, and 28 were selected, which covered 23 countries in Africa. The data from the 28 studies were grouped thematically into categories, including leadership approaches among healthcare professionals; evaluation methods used; design of intervention; implementation lessons, and effectiveness. Findings indicated that leadership models across the region were diverse,

and there was no coherence in the conceptual approaches to leadership adopted by the different health sectors in different countries. The results also showed how leadership was quickly emerging as a point of concern in the healthcare industry in Africa, with most facilities striving to capacity-build their managers to enhance leadership. The researchers recommended that more work be done on strengthening the competency and conceptual frameworks for leadership and the need for leadership development programs that are universally sanctioned and integrated into the healthcare system to boost and strengthen the skills of healthcare management teams.

Another study in Africa by Oleribe et al. (2019) sought to identify the significant challenges facing healthcare systems in the continent and propose relevant interventions to salvage the impacts of those challenges, which are tied to the WHO pillars of healthcare delivery. The study was conducted across 11 African countries and other participants from the United Kingdom, Cuba, and Portugal. Ten groups were developed to discuss and identify the key challenges affecting healthcare in Africa and propose mitigation measures that can be enacted to solve the problems. From the results obtained, poor leadership and management were among the topmost key challenges ranking third as an enabler of inefficiency in African healthcare systems. Capacity building for the healthcare workers and their leadership was suggested as the most effective way of addressing most of the challenges amongst other solutions, such as increasing budgetary allocations to healthcare.

In South Africa, Singo (2018) assessed how ethical leadership affected good governance. The findings from the study indicated that, while progressive legislative

frameworks had been put in place to minimize unethical behaviour of officials in the province and to promote good governance, there was still concern that ethical transgression was going on unabated. Singo (2018) recommended that there was need for an integrative model of ethical leadership where senior public officers as leaders modelled ethical behaviours.

In Eastern Africa, Bakamana, Magesa and Majawa (2020) undertook a study to find out the nature of traditional African leadership in promoting good governance among the Luba people in Kasai province of the Democratic Republic of Congo. Respondents in the study included traditional chiefs, charm givers and modern politicians who shared their views on how traditional leadership differs from modern day government. Findings from the study indicated that traditional leadership promotes good governance by the traditional leaders.

Azegele, Okeyo, and Nyambegera (2021) conducted a study in Kenya to explore the moderating impact of leadership style on the correlation between corporate governance and the performance of insurance companies. Employing a positivism research philosophy, the study utilized a cross-sectional survey design to gather quantitative data from 52 insurance firms, involving senior managers and general employees. The results indicated that leadership style played a significant moderating role in influencing the relationship between corporate governance and the performance of insurance companies in Kenya.

In another study in Kenya, Mutua and Kiruhi (2021) conducted a phenomenological investigation to comprehend the role of village elders in public

governance and their influence on community members' involvement in government agendas. The study, involving 30 purposively selected respondents, including village elders, chiefs, and thirteen community members, utilized ATLAS.ti qualitative data analysis software. The findings highlighted that village elders played a significant role in mobilizing community members for public participation and facilitating the provision of public goods and health services.

Chebon et al. (2019) conducted a study in Kenya to explore the impact of leadership on the individual and intellectual capabilities of employees in Moi Teaching and Referral Hospital. Using a descriptive study design, the research targeted 3,739 employees across various management levels. The study revealed that employee recognition by supervisors positively influenced productivity, as it allowed for the identification of individual needs and capabilities. Furthermore, promoting creativity and innovation among employees improved productivity, indicating that leaders in organizations, particularly in the healthcare sector, directly affect employee performance through their leadership styles. The study emphasized the importance of leaders addressing workplace challenges sensitively without compromising individuals' needs and abilities. Recommendations included continuous training for employees to enhance productivity, job assignments based on knowledge and skills, and the creation of a supportive environment where employees can express themselves freely and feel involved in decision-making processes.

In yet another study in Kenya, Chelagat et al. (2021) focused on assessing how leadership training affects the healthcare system performance in different selected counties since healthcare is a devolved function in the country. A quasi-experiment

involving pre-test and post-test approaches was employed to collect data. Semi-structured questionnaires were distributed to 31 respondents from various health sectors in the selected counties in order to measure health system performance metrics that would allow comparisons between the control and treatment groups. The collected data were subjected to descriptive and inferential statistical analysis using SPSS 20. The findings demonstrated that the treatment group exhibited higher post-test means for all six health system pillar indicators compared to the control group. The results of the regression model indicated that leadership training had a significantly positive impact on the expected outcomes in service delivery, information dissemination, leadership and governance, human resources, and finance. Additionally, the researchers underscored noteworthy distinctions between healthcare management teams that underwent training and those that did not in terms of their capacities in service delivery. This implies that providing leadership training to the management team is crucial for enhancing their performance. Furthermore, training needs assessment report concludes that County department of health (CDOH) had little confidence in some areas and identified them as organisational Human Resource Development (37.1%), Leadership and Governance (23.7%), negotiation, conflict resolution, and project/program management also topics of concern (15.2%) (MoH, 2015) hence the need to focus on capacity building towards addressing the Identified challenges.

There are various key determinants of organisational change. According to Hydari (2016), companies that succeed in invention focus on developing new product concepts or technical advancements which can modify their sectors and enterprises. They went on to say that innovation entails not only the creation of new goods and services but also the

process of incorporating new technology into existing business operations, which may result in significant cost savings and even have the potential to alter a sector or a firm (Hyväri, 2016). According to Robbins and Judge (2013), the goal of leadership is to bring about change while in today's corporate world, the notion of "organisational change" is well-known. However, due to the nature of the organisation, the transformation, and the individuals involved, the way firms make changes (and how effective they're at it) differs widely.

Kurt Lewin is regarded as the founder of social psychology, according to Robbins and Judge (2013). One of the conceptual models that explain organisational transformation is the transformation theory. Lewin's concept is understood as changing and refreezing, and it relates to the 3-step transformation process he outlines. Lewin, a physicist and social scientist, used the metaphor of altering the form of a chunk of ice to illustrate organisational development. Kurt Lewin proposed the unfreezing-change-refreeze model of change, which needs earlier training to be discarded and substituted (Robbins & Judge, 2013). According to Lewin's theory, behaviour is a dynamic equilibrium of forces acting in opposite directions (Bamberg & Schulte, 2018). An Indonesian study by Marukan et al. (2018) looked into the role of leadership in fostering good governance in the new autonomous city government of Lamandau. It investigated four independent variables from a leadership perspective: individual capacity of the leader, collective purposes, communication and leadership. The four dependent variables looked into – from the perspective of good governance – were justice, independence, accountability and transparency (Marukan et al., 2018).

Organisational change is the procedure through which a company adjusts its strategies, operational procedures, technologies, or organisational cultures to effect change inside the company (Errida & Lotfi, 2021). Evaluating and altering management structures including business operations are at the heart of organisational transformation (McNamara & Parsons, 2016). Management of organisational reform is the act of planning and directing in organisations in a manner that employee opposition and cost to the organisation are minimized whereas the effort of change efficacy is maximized (Monnot, 2017). Those who embrace change are more innovative and competitive. Many planned organisational changes, as per Mullins (2010), are motivated by the need to react to change obstacles as well as opportunities offered by the surrounding factors, or in expectation of the need to deal with possible future issues, such as weak economic conditions, proposed governmental policies, new product launches by a main competitor, or further advances in technology. Change is a deliberate endeavour to enhance the organisation's operating efficiency in some significant way (Mullins, 2010). Overall, organisations must have individuals at all levels who are committed to learning and continual development in order to flourish in this chaotic climate (Cakir & Adiguzel, 2020). An environment that encourages creativity and helps the organisation be more innovative is a necessity.

In Africa, Teame et al. (2022) conducted cross-sectional research done in Ethiopia. The study found that 46.8% of the participants had effective leadership skills as predicted by their emotional intelligence, democratic leadership, work experience and master's or higher education. The challenges documented included lack of leadership knowledge and skills (Teame et al., 2021). The study also found out that emotionally

intelligent leaders and managers were more effective in handling employees. Guided by these findings, the authors recommended that health institutions should work at enhancing their managers' emotional intelligence while up-skilling them in the area of leadership.

Still in Ethiopia, Argaw et al. (2020) conducted an interventional study to measure leadership efficacy and governance of health facilities in Ethiopia. The study was a comparative one and data was collected using both interviewers- and self-administered questionnaires issued to 293 healthcare workers who had attended some basic LMG training, drawn from 136 primary health spread across the participating regions. As a result of the training, it was found, work climate, management systems and health systems' responsiveness to emerging challenges showed marked improvements (Argaw et al., 2020). The authors recommended that training health professionals and managers at primary health facilities would accelerate the realisation of health sector priorities and contribute toward the achievement of SDGs. They also recommended an evaluation of the basic LMG training package.

In Kenya, a study conducted by Hassan (2020) aimed to assess the effectiveness of leadership and governance as an enabling factor in efficient service delivery within the public healthcare provision at Meru County Teaching and Referral Hospital. This hospital, being the only one in Meru County with a management board, was the focal point of the research. The study utilized a purposive sampling technique, targeting all thirteen board members and eleven committee members of the hospital. Eleven board members and ten committee members participated in the interviews. Data was collected

through structured in-depth interview guides, which were then transcribed, organized, and thematically analyzed in accordance with the study objectives. This study depicts various similarities and differences in the methodology and target population from the study by Hassan (2020). The researcher utilised mixed methods and targeted the health workers and leaders, members of the County Health Management Team (CHMT) at the selected County referral hospitals.

Still in Kenya, Chelagat et al. (2021) employed a quasi-experimental time-series design a pre-test, a post-test, and a control group design to explore leadership constructs. The health workers nurses' leaders within study counties completed a self-administered questionnaire. It was found that, relative to the control group, the treatment group of managers registered higher pre-test and post-test means on all the six WHO health system foundations on which the study focused: medical products, finance, human resources, leadership and governance, information, and service delivery (Chelagat et al., 2021). Informed by this finding, the authors recommended the need for leadership training and development among all health professionals, not just managers as a strategy for improving the WHO foundations of the health system.

Empirical Literature on Governance

Wardhani et al. (2017) studied the effects of good governance on the performance of local government in Indonesia and whether good governance can strengthen the effect of government spending on performance. The study examined the five main aspects of governance, fairness and equality, participation, the culture of law, transparency, and accountability. The study indicated that increased local government spending on

governance had adverse effects on performance and service delivery; the implication being that, overall, government is inefficient in improving performance. On a positive note, the findings showed that good governance had a positive effect on performance. Good governance was shown to improve all the five aspects of governance listed above. Together, these improvements led to increased efficiency in the allocation and use of public resources. From this study, it can be concluded that even though local government may be inefficient in spending public resources, good governance can solve the inefficiencies and improve performance. In other words, it is not increased government spending that leads to better outcomes; rather, it is good governance, which the current study intends to investigate in the context of Kenya's County governments. Wardhani et al. (2017) relied on the quantitative approach only which is not always helpful in uncovering human behaviours and the motives behind them.

Using a quasi-experimental design, Shukla (2018) studied the impact of a health governance intervention on the performance of a provincial health system in Afghanistan. Shukla's study was motivated by the fact that while existing literature on governance in healthcare linked poor health outcomes to poor governance, empirical evidence was scarce. The study found that, as far as the performance of the healthcare system was concerned, the most important indicators of leadership and governance were responsible stewardship of resources, strategic direction, accountability and engagement. Good governance practices helped improve streamline barriers to access to quality healthcare while improving cost-effectiveness. However, being a quasi-experimental study, the extent to which Shukla's findings can be generalised to other low- and middle-income counties like Kenya is limited. Moreover, according to the World Bank (2018), Kenya

has a governance rating of 3 while Afghanistan has 2 (where 1 is lowest and 6 highest); thus, the governance situations in the two countries are significantly different.

In Tanzania, Inez (2014) investigated the impact of governance in the public healthcare system on service delivery. Earlier studies had focused only on accountability or corruption. Inez's study, which was conducted over an extended period (1999 to 2011), revealed that the main governance issues affecting the country's public healthcare systems were lack of accountability (especially as evident in overcharging for services) and system failure (as evident in frequent stock outs of essential medical supplies). The study also found that as a result of poor governance, the following problems were prevalent: lack of transparency in the procurement, ordering, distribution and use of medicines and falsified reconciliation between delivered and consumed supplies. The factors presumed to be responsible for these issues included low participation of healthcare workers in administration, excessively bureaucratic procedures, inadequate government funding and complex paper-based systems. The study recommended increased transparency and accountability in the medical supplies procurement and distribution system. The situation in this Tanzanian study is significantly different from what obtains in Kenya. For instance, Kenya has an automated public procurement system known as Integrated Financial Management Information System (IFMIS). Still, many factors make the healthcare governance situations in Kenya and Tanzania comparable. For example, both countries have a similar governance rating: Kenya's 3 versus Tanzania's 3.5 (World Bank 2018). Meanwhile, the Kenya Institute of Public Policy Research and Analysis (KIPPRA, 2018) has undertaken a similar study into Kenya's public healthcare system under the country's devolved system of government. The study

covered the period 2013-2017 and focused on governance issues like efficiency, accountability and participation. Study participants included community leaders, healthcare workers, health policy makers and managers of healthcare systems in the County governments. Data was collected using key informant interviews and focus group discussions. The study revealed that there was limited public participation in health policy making, budgeting and planning; hence, no social accountability. Other challenges found to be plaguing the system were inadequately trained human resources, a non-conducive work environment, high staff turnover and widespread stock outs of medical supplies. These findings informed the need for a more in-depth study; that study was conducted in the Meru County government. It looked into the effectiveness of the County healthcare leadership and governance. The County was found to be among the top performing in terms of public satisfaction with its healthcare services; this despite low indices on drug availability, health human resources and public participation.

Okech and Lelegwe (2016) carried out a study titled "Analysis of Universal Health Coverage and Equity on Health Care in Kenya". They used both secondary and primary data from the Ministry of Health. They collected primary data by interviewing a diverse range of stakeholders, including healthcare providers, implementers of the Universal Health Coverage (UHC) programme, researchers, and policy makers. The results of the study revealed leadership and governance issues like lack of accountability as manifest in such challenges as high operating costs, stock outs of essential medical supplies, minimal opportunities for continuing medical education, inadequately trained healthcare workers, dilapidated health infrastructure and, more generally, a dysfunctional healthcare system. The researchers recommended that County governments should

improve efficiency and effectiveness, focus on customer needs and improve governance. The study was conducted in the early stages of "Mwongozo", an initiative that sought to improve the governance of state corporations and did not investigate several major principles of good governance. Also, the researchers did not interview board members even though boards of directors have a leading role in promoting good corporate governance.

Gitonga and Keiyoro (2017) investigated the factors influencing the implementation of healthcare projects in Meru County. Their specific objective was to investigate how stakeholder collaboration influenced the implementation of health projects. Study participants included the following stakeholder groups: non-medical County government staff, managers at health civil society organisations and healthcare workers in public health facilities, including pharmacists, nurses, clinical officers and doctors). They collected data using questionnaires and analysed it using inferential and descriptive statistics. It was found that apart from stakeholder collaborations, embracing good governance practices enhanced project success. The study did not, however, use the standard good practices recommended by the WHO for the healthcare sector. The study suggested a more in-depth inquiry into how governance practices influence health projects.

Theoretical Framework

Brown et al. (2005) discussed the discriminate validity of the theory in alternate leadership and that it is necessary when adopting a specific leadership framework. It is a way of checking how similar or dissimilar the theory is from other theories. It is therefore important in this research, to review related theories to ascertain whether an authentic

leadership measurement is measuring authentic leadership. The various theories that were reviewed for the purpose of this study included: authentic leadership theory, transformational leadership theory, ethical leadership theory and governance leadership theory.

Authentic Leadership Theory

This research study is driven by a theoretical model based on genuine leadership. Authentic leadership theory was reported by Martino (2019) and states that leaders should aid their followers and other stakeholders to be true to the values stated and implied as well as their strengths while they too adhere to the same resulting in high performance from staff and creating an organisational culture that is positive and sustainable. Awan et al. (2020) pointed out that encouraging candidness in sharing information that is required to make decisions and accommodating contributions from subordinates qualifies as authentic leadership, especially where there's consistent behaviour from the leader that can be defined as ethical. Such leaders understand not only their strengths and limitations but also how the same affects others.

The notion of authentic leadership has also been studied and examined since the early nineties, as per Northouse (2019). Unique, genuine, true, dependable, initial concepts which are true, rooted or uniqueness are expressed by authenticity. Researchers emphasize four dimensions of authentic leadership: self-awareness, or the recognition and awareness of one's thoughts, feelings, actions, and behaviours (Ilies et al., 2005); balanced processing, or objectively evaluating relevant information; internalised moral perspective, or an ingrained and incorporated means of self-regulation (Martino, 2019); and selfless, righteous leader behaviour, interactional openness. Avolio et al. (2009)

discussed that encouraging candidness in sharing information that is required to make decisions and accommodating contributions from subordinates qualifies as authentic leadership, especially where there's consistent behaviour from the leader that can be defined as ethical.

Bamford et al. (2013) argued that leadership has to do with authenticity, credibility as well as respect in a multi-directional setting. To be a good leader one must command the respect and admiration of the followers. A leader must also cultivate an open and easy relationship where the followers feel free to relate and are therefore confident in both the leader and the organisation and can share information and build consensus for the betterment of all stakeholders (Neider & Schriesheim, 2011). According to Martino (2019), a leader must display the four behaviours to be considered an authentic leader. The behaviours comprise transparency in one's relations, balanced processing, a strong internal moral compass, and self-aware. The reason is that all four behaviours help a leader to be effective in conducting his/her duties. They outlined that being self-aware means knowing oneself, including one's strengths and weaknesses. And understanding the effect one has on other people. This helps a leader to use his/her strength in serving the public while impacting them positively. Balanced processing involves the process of considering all relevant factors before deciding (Martino, 2019).

Leaders within and beyond the health sector are responsible for ensuring that all hospitals have adequate and skilled labour to ensure proper health program performance. Authentic leadership is essential in all medical care institutions since it advocates for a moral perspective of leaders (Bamford et al., 2013). The implication here is that leaders

within health institutions will work towards ensuring health care services are offered to all patients by availing skilled and well-motivated employees in hospitals. Moreover, authentic leadership facilitates a leader-follower relationship, thus, staff members are motivated to offer proper medical services to patients, including family planning services. Authentic leadership creates accountability for employees in medical institutions. As a result, the finest sort of leadership that should be applied in health facilities is honest leadership. Understanding, embracing, and keeping true to oneself is essential for authentic leadership (Avolio et al., 2004). In the study by Martino (2019), authenticity revolves around emotional, moral and cognitive developments. As such authentic leadership is essential in addressing the challenges in hospitals to ensure proper health programs. Notably, authentic leadership does not only revolve around a specific leader, rather it involves the effect of a leader on other employees to conduct themselves with utmost honesty in themselves and all stakeholders within an organisation. As such authentic leadership works better in a hospital setting since honesty is one of the best values practised in hospitals. Genuine and ethical leadership share characteristics like social drive, people orientation, as well as ethics ideals (Brown & Treviño, 2006). Nevertheless, ethical leadership does not emphasize several crucial traits associated with genuine leadership, such as self-awareness as well as sincerity.

Authentic leadership inventory (ALI) and authentic leadership questionnaire (ALQ) are some of the instruments that can be used to measure authentic leadership. These instruments can help followers to gauge the perceptions and authenticity of their leaders (Northouse, 2016). Walumbwa et al. (2008) established the Authentic Leadership Scale (ALS) to assess authentic leadership behaviour based on the preceding description.

There were four dimensions to this ALS scale. A four-item scale was applied in measuring self-awareness, a five-item scale was applied in measuring relational transparency, information balance processing with a three-item scale, and internalised moral viewpoint using a five-item scale, for a total of 16 items (Walumbwa et al., 2008). This study utilized the Authentic Leadership Self- Assessment Scale (Northouse, 2019). The development of a measuring scale was done by Northouse (2019) and was used to assess authentic leadership behaviour among nurse leaders working in a busy hospital. The scale is composed of four components which include self-awareness, internalised moral perspective, balance processing and rational transparency. The tools consist of 16 items grouped into four subscales. There are no right or wrong responses.

According to Avolio et al. (2004), high standards of ethics and ideals describe authentic leadership's inner moral standpoint, and such leaders evaluate the ethical ramifications of their choices. On the need to explain leadership concepts, academic scholars are encouraged to be flexible in their views owing to changing enterprise dynamics that may have a lot to do with too much or too little information, cultural leanings of people, legal framework, enterprise situation complexities, as well as emerging issues in the workplace (Dumas & Beinecke, 2018; Huang et al., 2022). As concluded by Laguna et al. (2019), the authenticity concept traces back to the times of Aristotle. Nikolić et al. (2020) also stated that the concept of authentic leadership that dominates current theorizing and research is one proposed by Avolio et al. (2004) that goes beyond being true to oneself to include a moral component. Leadership is a global concern and in Africa, many countries have embraced the idea that organisational

leadership is key to performance outcomes. In this study, the authentic leadership instrument was used to assess the health leaders' four constructs.

Authentic Leadership theory is applicable to this study, and it underscores the essentials of leaders providing leadership to followers. This theory has been adopted in this study as the basis of authentic leadership objectives. As an independent variable, the indicators such as self-awareness, internalized moral perspective, balanced processing and rational perspective form the basis of this theory. The conceptual framework demonstrated the different variables and the effect of the independent variables on the dependent variable that is the authentic leadership its effect on the governance of County referral hospitals. Therefore, the need to promote authentic leadership competencies among health workers leaders is necessary in-order to improve on good governance of County referral hospitals in Kenya.

Leadership Efficacy Theory

Leadership efficacy theory is applicable to this study, and it has formed the basis of the moderating variable. This theory has been adopted in this study as the basis of leadership efficacy objective. Various scholars have delved into leadership efficacy and summarised that it is a type of efficacy that refers to a person's belief in their knowledge, capabilities, and talents when it comes to influencing others. It can therefore be distinguished from self-assurance in one's knowledge, talents, and abilities, which relates to certain other social tasks like teaching (Bandura et al., 1999; Hannah et al., 2018). Bandura et al. (1999) claimed that effectiveness is most prevalent amongst some agency processes and serves as a basis for other aspects of the agency to function. Bandura and

Locke (2013) believed that efficacy affects people’s thoughts on self-enhancing or self-debilitating ways, how they encourage themselves and hold up whenever they are faced with difficulties, how vulnerable they are to depression and stress, and the decisions they make regarding important choices" encapsulates efficacy's relevance and thorough nature in trying to meet challenges facing the leadership of today. Furthermore, self-efficacy is described as confidence in the ability of an individual to plan and take actions necessary to achieve specific goals (Bandura et al., 1999). There are several definitions adopted to define a leader's self-efficacy. For instance, Shen and Lei (2022), explained the self-efficacy of leaders as their perception of their competence to carry out the position of leader. Paglis and Green (2022) explained it as an individual believes that they can lead a team effectively through the creation of direction, and development of connections with followers to obtain willingness to improve goals and work collaboratively to conquer obstacles that rise due to change.

Hannah et al. (2018) emphasized the need of distinguishing between leadership and leader self-efficacy. They advocated that the terms "leading" as well as "leadership" be distinguished. Leading is defined as "an emerging positive impact occurring in a group of which the leader is a member," whereas leadership is defined as "an inherent positive impact happening in a team wherein the leader is a member" (Hannah et al., 2018). As organisations struggle to integrate into the ever-accelerating variation both within and outside, today's leaders face unprecedented difficulties. Such transformation tests not just the leaders' knowledge, skill sets, as well as expertise, but also one ‘s self-conceptualizations of his\her leadership potential as well as psychological resources to fulfil the ever-increasing expectations of the roles they perform (Hazy, 2018; Clapp-

Smith et al., 2018; Gebauer et al., 2021). Leadership, as explained by Datta (2015), is the practice of persuading a group of people to achieve common goals. The expert went on to say that leadership's major duty is to create change and movement, whereas management's primary function is to maintain consistency and transparency. One cannot be a leader simply by being in the position he or she holds in an organisation (Kellerman, 2012). Leadership skills are also essential in executing authentic leadership and, according to Kipkosgei et a. (2020), trusting co-workers plays a critical role in sharing information, resources, and knowledge. The impact on the levels of work is noteworthy. The researchers went on to say that when there is trust in the workplace, employees are more willing to take and use feedback constructively because trust instils sentiments of authority and trust in the connection with colleagues (Kipkosgei et al., 2020). According to (Kellerman, 2017), in the last ten years, authentic leadership has become the gold standard of leadership. Authentic leaders also exhibit five characteristics: knowing their mission, leading from the heart, practising solid principles, building strong connections, and displaying self-discipline.

Walumbwa et al. (2008) investigated several skills and qualities of an authentic leader and established the following: transparency in one’s relations, balanced processing, a strong internal moral compass and self-awareness. They further stated that each of them is important and that leaders ought to work towards developing the said skills and qualities. According to Gardner et al. (2021), moral maturity which is associated with a positive personal value system is equally an important component which has to go hand in hand with the other authentic leadership components of the construct: transparency in one’s relations, balanced processing, a strong internal moral

compass and self-awareness Moreover, there are essential tips to becoming a better leader as detailed by Avolio and Walumbwa (2014) in association with Gallup Institute that authentic leadership is built character and not style. Furthermore, authentic leaders are always growing, are genuine, are not perfect neither do they try to be and are concerned and sensitive to the needs of others. They try to adapt behaviourally to their context (Avolio & Walumbwa, 2014). Leadership efficacy theory is applicable to this study, and it underscores the essentials of leaders providing leadership to followers. As a moderating variable, the indicators such as knowledge, capabilities, and Skills/Talents have been used and each expounded in the study as key components of leadership efficacy which an authentic leaders ought to invest in. The primary purpose of objective five was to determine if there is an interaction/moderation effect of leadership efficacy on the relationship between authentic leadership and governance of County referral hospitals in Kenya. The conceptual framework demonstrated the different variables and the effect of the independent variables on the dependent variable that is the authentic leadership its effect on the governance of County referral hospitals. The results in this study show that leadership efficacy, self-awareness, balanced processing, rational transparency, and their interaction have statistically significant effect on governance. Therefore, the need to promote authentic leadership competencies among health workers leaders is necessary in-order to improve on the leadership efficacy and hence improve on good governance of County referral hospitals in Kenya. Based on the study findings, it was found that the leaders in County referral hospitals demonstrated a strong level of leadership efficacy since majority of respondents agreed with the statements related to knowledge,

capabilities, and skills/talents of the leaders. This indicates a positive perception of the leaders' abilities to effectively lead and manage their teams.

A regression model was used to determine the moderating role of leadership efficacy on the relationship between authentic leadership and Governance. The statistical findings highlighted the critical role played by Self-awareness, Balanced Processing, and Relational Transparency in shaping Governance within County referral hospitals in Kenya. Mainly, Relational Transparency emerged as a critical factor significantly linked to effective Governance, emphasizing the importance of transparent relationships in hospital administration for bolstering governance practices. However, internalized moral perspective showed no direct impact on Governance.

Maslow's (1954) explained that in the hierarchy of needs, transformational leaders seek and succeed in moving those impacted from a lower to a higher degree of need (Bass & Bass Bernard, 1985; Lester, 1990). According to Burns (2012), those that recognize and take advantage of the existing demands and needs of those that would follow are transformational leaders. In so doing, the leader can assess personal moral identity positively, assess the motives of would-be followers and meet the needs of the follower while engaging the whole person. Other studies revealed that conclude that just like a charismatic, servant and spiritual leaders, a transformational leader has the controlling idea of an appealing vision (Awan et al., 2020; Burns, 1978; Burns, 2012). Additionally, Awan et al., (2020) agreed that even though authentic leaders may be visionary or charismatic, this may not necessarily or implicitly be attributed to the definition. Authentic transformational leaders and fake transformational leaders were

differentiated by Bass and Steidlmeier (1999). Their case was that the first were moral leaders, whereas the others as self-serving and politically driven. In the case of individualized and socialized charismatic leadership, Howell (1988) drew a similar difference. The ethical level of transformational leaders is high according to Brown and Treviño (2006). On the other hand, transactional leaders inspire the people they are leading through contingent compensation and active and passive administration by exceptional (Fotso, 2021). This study has therefore adopted leadership efficacy theory and has delved on the various indicators such as knowledge, skills and capabilities. From the results, it was noted that there was overall good leadership efficacy among the leaders of County healthcare workers and health management teams as shown by an average score of 4.10. This indicated that their leaders had the requisite knowledge, skills and capabilities to work according to standards and promote performance among their colleagues.

Ethical Leadership Theory

Brown and Treviño (2006) stated that due to the perceived lack of trust in followers witnessed through the emergence of increased corporate scandals, a solution was envisioned through ethical leadership models comprising ethical, servant as well as spiritual. Each of these, like AL, has a moral component. Four components characterize spiritual leadership: Organisational vision, selfless love arising from a caring work environment, faith in the realization of the vision, and spiritual survival (Fry, 2019). Empowering and growing individuals, interpersonal acceptance, authenticity, offering guidance, humility, and stewardship are all characteristics of the approach (Canavesi & Minelli, 2022; Song, 2018). Ethical leadership theory is used in this study to argue that

effective leaders in County referral hospitals ought to possess these attributes. Ethical leadership theory is used in this study to argue that healthcare leaders in County referral hospitals have a vision which they seek to achieve by clearly espousing ethical leadership. Consequently, they positively inspire their followers to embrace high ethical standards and be committed to achieving the vision of the leadership in providing quality healthcare services.

Governance Theory

Governance is used in this study as a dependent variable. It is described as an establishment of policies, and continuous monitoring of their proper implementation, by the members of the governing body of an organization or state (World Bank, 2020). Following the passage of the 2010 Constitution and the start of devolution, the governance of Kenya was altered substantially. According to the Constitution of Kenya (2010), the right to health for all Kenyans was passed. Article 43(1) states that every person has a right to the highest attainable standard of health, including the right to health care services plus the right to reproductive health healthcare. The constitution (2010) led to the enactment of the health act in 2017 which is an extensive legislative framework that requires a certain standard to be upheld by healthcare facilities in Kenya bearing in mind the poor state of Kenya's health care system (Kenya Health Act, 2017). This study sought to assess authentic leadership, leadership efficacy and governance of County referral hospitals in Kenya. This follows the promulgation of the new constitution, hence the creation of 47 counties which were tasked with various administrative, political and financial tasks (Kenya Health Act, 2017). Accountability is an important component in good governance. It enhances meeting of the set targets through entrenching an oversight

culture (Kidombo, 2006). Palmer (2011) reinforces the assertion by Kidombo by stating that accountability is a basic requirement in public institutions. It makes it possible for civil servants and those in charge of private sector firms to be responsible and committed to meeting the needs of the people. There is need to streamline policies and regulations in a manner that ensures they are effective upon their implementation (Omar, 2011). The government should be responsible to the needs and ambitions of the people through formulation and implementation of policies that support an equal society. How can the government ensure there is a progressive and fair society? The author underlines the need for leaders with strategic visions to hold offices. Visionary leaders ought to include the element of human development and how it can be used to support same development. There is need for citizens to demand higher standards of accountability, transparency, and ethics. These are the irreducible minimums of good leadership. They can also be used to realize sustainable development.

Transparent and accountable leaders are responsive to designing of public policies, which are central to the achievement of higher performance in the public sector (DPADM, 2007). Despite the many years of public sector reforms, Kenya's development agenda and public sector goals remain unfulfilled. For many years, Kenya governance has been beset by many problems. This has always been associated with the "leadership question". There are significant changes that the health sector has undergone in terms of governance due to task delegation from the national government to the County government. The national government remained to be the overall leader of the health sector as the regulator and policy director while the main responsibility of the County government is to deliver health care to its people. The Health Act No.21 of 2017 was enacted by parliament in

June 2017, integrating disparate pieces of health regulation into a single streamlined framework. This new legislation defines a rights-based view of health, specifies the duties of both national and County governments, introduces new regulatory agencies, and gives direction on topics like health finance and private industry engagement. (Kenya Health Act, 2017).

The British and Irish Ombudsman Association (2009) identified six principles of good governance: effective structures of governance, clarity of purpose, integrity, accountability, openness and transparency and independence. The healthcare sector's governance arrangements have evolved because of Kenya's 2010 constitutional devolution of authority (National Council for Law Reporting, 2010). The 2010 constitution delegated policymaking, and control of referral health centres, including capacity building to the national government, while service delivery was delegated to County administrations. Both national and County governments have adjusted their organisational structure to line with their newly allocated tasks ever since government devolution after the 2013 elections. As outlined in the 4th schedule of the 2010 constitution, the functions of the national and County governments (National Council for Law Reporting, 2010). Moreover, the Kenya Ministry of Health (2015) states that at the national level, the ministry of health offers general leadership, as well as regulatory and policy advice, to assist County in providing health services and ensuring the functionality of the health system.

Devolution responsibilities on behalf of governing administrations are in conjunction with the management of the health sector (Mulaki & Muchiri, 2019). The

principal secretary, director of medical services, directors' directorate, all sectorial department leaders, such as those under SAGAs, plus the head of divisions serve as the Cabinet Secretary. Some departments make up the directorate and are linked with the policy objective and health agenda in Kenya. The MoH organisational figure has altered numerous times over the last 4 years, notwithstanding certainty on essential roles like directors. Responsibility, transparency, and cooperation with stakeholders are all hampered by this regular organisational change (Mulaki & Muchiri, 2019). At the County level, the structure of leadership is guided by the County Governments Act No. 17(i) of 2012, which is similar to that of the national MoH (National Council for Law Reporting, 2012). The County Executive Committee Member in charge of health is a political appointee chosen by the Governor, but the County Assembly must vet them. The selected committee member is charged with the responsibility of overseeing policies and leadership of the sector at the County government. The chief health officer is recruited by the County Public Service Board (CPSB), and they oversee the sector's finances, and in line with the County Government Act, also the Governor appoints him or her (National Council for Law Reporting, 2012). The health director at the County government, whose role is now codified in Health Act, has the responsibility of advising the health management team at the County level and is made up of heads of departments (Kenya Ministry of Health, 2015). Wardhani et al. (2017) studied the effects of good governance on the performance of local government in Indonesia and whether good governance can strengthen the effect of government spending on performance. The study examined the five main aspects of governance, fairness and equality, participation, the culture of law, transparency, and accountability. The study indicated that increased local government

spending on governance had adverse effects on performance and service delivery; the implication being that, overall, government is inefficient in improving performance. On a positive note, the findings showed that good governance had a positive effect on performance. Good governance was shown to improve all the five aspects of governance. Additionally, good governance entails the interaction among processes, structures, and traditions that govern how power is exercised, citizens and stakeholders have their input secured and decisions are made (Sangroula, 2020; Ali et al., 2020; Northouse, 2019). Various studies state that among the key factors affecting governance in the Kenyan health sector include devolution, constrained health financing, a fast-changing political context, and challenges in managing the health workforce (Kimathi, 2017; Tsofa et al., 2017; Nyawira et al., 2021). The most notable effect appeared to be the impact of devolution and frequent strikes by health workers (Ciccone et al., 2014). According to Williamson & Mulaki (2015), most County governments lack the systems needed to manage resources efficiently. The World Bank (2020) observed that health services were devolved too fast and several outstanding questions from sector stakeholders remain unanswered. In this study, the governance of County referral hospitals in Kenya is the key focus. It involves the management and oversight characterized by active participation of stakeholders, clear accountability mechanisms, transparent decision-making processes, responsiveness to the needs of stakeholders, fair treatment of all involved parties, and maintaining stability while ensuring transparency and fairness in operationsis study.

Conceptual Framework

The conceptual framework serves as a visual representation illustrating the connections between the variables under investigation (Borgstede & Scholz, 2021). This

section provides an overview of the study's concepts and their interrelationships, as depicted in Figure 1. The conceptual framework delineates the impact of authentic leadership on the performance of health leadership teams in delivering health program leadership services within County referral hospitals. In this study, authentic leadership is considered the independent variable. Authentic leaders leverage self-awareness, balanced processing, an integrated moral viewpoint, and relational transparency as key components to foster trust and cultivate healthy work environments (Walumbwa et al., 2008). The dependent variable is governance, assessed through leadership efficacy evaluations on aspects related to the delivery of services by County health leaders and health workers, with a focus on health outcomes in the specific program.

The concept of authentic leadership, a recurrent theme in leadership and governance research, remains a topic of debate regarding its description and dimensions among researchers. The approaches used by scholars differ from the current study, as their conceptual frameworks vary. Recognizing the challenges faced by leaders in their roles, this study aims to address a gap in the literature by providing skills to enable Ministry of Health leaders and managers in health institutions to become authentic leaders. The study endeavours to fill gaps arising from inconsistencies in findings regarding the relationship between authentic leadership, leadership efficacy, and governance in various sectors. Additionally, the study seeks to determine the applicability of findings from international studies to the selected County referral hospitals.

Conceptual Framework for the Study

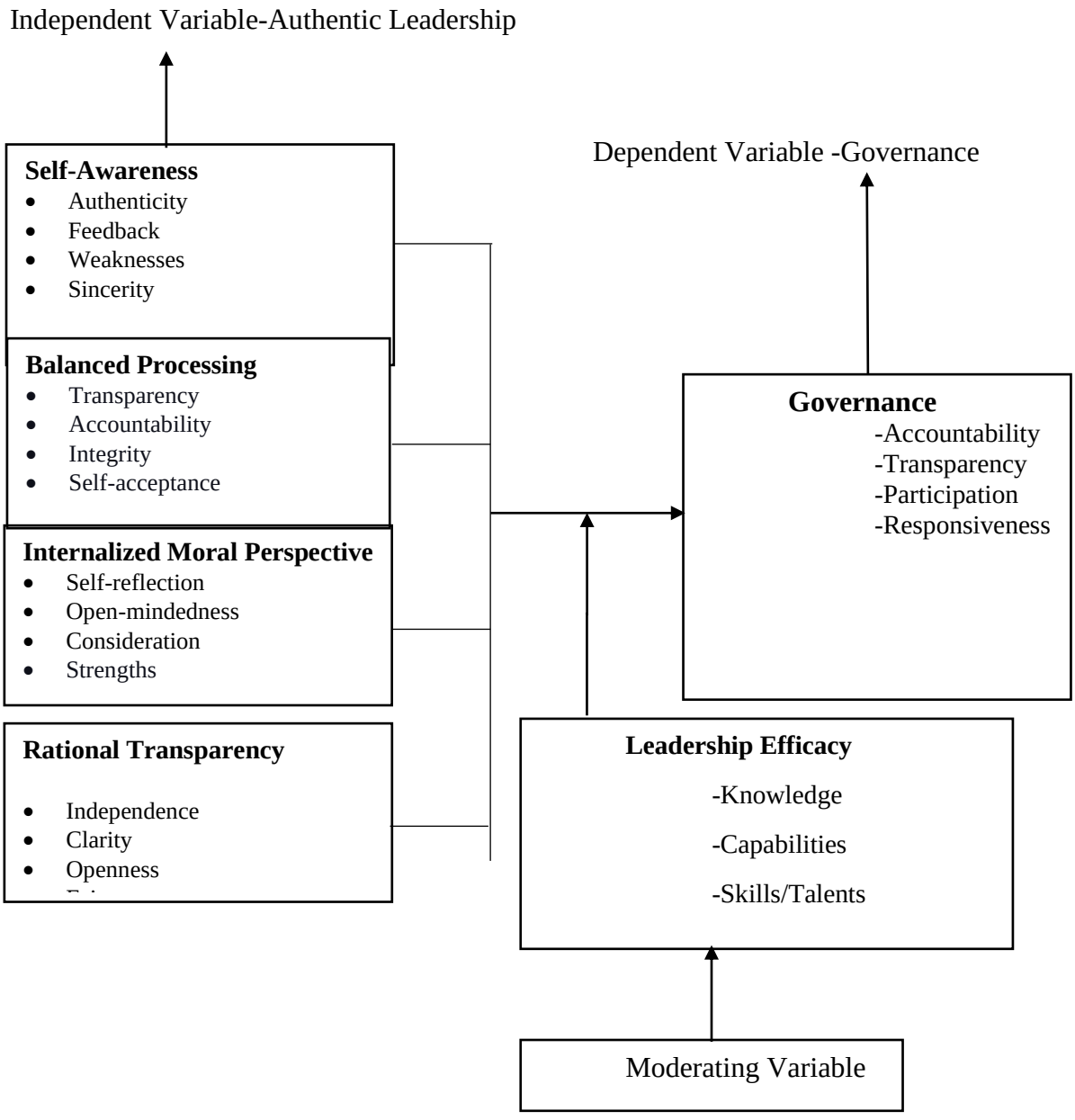

Figure 2.1: Conceptual Framework

Synthesis of Research Gaps

The literature review has unveiled several knowledge gaps in the relationships among the variables in this study, which have been categorized into conceptual, contextual, and methodological gaps (Mugenda & Mugenda, 2003). Existing literature has predominantly focused on the impact of authentic leadership at the organizational level (Wong & Laschinger, 2013; Datta, 2015; Wong & Hearther, 2012), with limited emphasis on County referral hospitals' leadership, governance, and the potential integration of authentic leadership principles. This study aims to fill the contextual, empirical, and conceptual knowledge gaps related to the influence of authentic leadership, leadership efficacy, and governance in the unique context of five County referral hospitals in Kenya.

The reviewed literature underscores various research gaps, particularly the lack of studies providing comprehensive information on the interplay between authentic leadership, leadership efficacy, and governance in the healthcare sector. Scholars have employed diverse methodologies, with some studies having a narrow scope and failing to demonstrate how organizations can leverage authentic leadership to establish a culture of leadership efficacy and governance (McGivern & English, 2019; Mburu, 2020). This study seeks to address these gaps by employing a descriptive survey design that incorporates mixed research methods.

Additionally, there is a scarcity of empirical evidence on the extent to which County referral hospitals in Kenya have applied authentic leadership and leadership

efficacy to enhance governance practices. The available theoretical foundations stress the importance of good governance in public healthcare delivery (Christopher, 2008). However, limited empirical literature exists on the actual implementation of good governance practices in County referral hospitals in Kenya. This study aims to bridge these gaps by assessing the influence of authentic leadership and leadership efficacy on governance in the sampled County referral hospitals.

Table 2. 1: Synthesis of Research Gaps

Researchers	Focus of the Study	Methodology	Findings	Knowledge gaps	How the current study addresses the gaps
Gitonga, & Keiyor (2017).	Factors influencingthe implementationof healthcare projects: The case of Meru County,	It was found that apart from stakeholder collaborations, embracing good governance practices enhanced project success. The researchers conducted a cross-sectional survey, gathering data on the components	The study did not incorporate authentic leadership components.	The study suggested a more in-depth inquiry into how governance practices affect health projects.	This study addressed this gap by adding leadership efficacy as a moderating variable. It also addressed governance as a dependent variable
Kiptingos, S., Omato, P., & Gichuhi, D. (2020).	Effect of leadership skills on effectiveness of departmental leadership in Mogotio Sub County hospitals in Kenya	The study used descriptive designs and targeted 32 hospitals consisting of 185 managerial staff in Mogotio Sub County. The stratified random sampling method was used to generate a sample of 126 respondents. Data was collected from this sample using questionnaires and analyzed descriptively and inferentially with the use of SPSS version 24.	The study did not link the effect of authentic leadership to governance	The results of the study revealed leadership and governance issues like- Leadership skills on effectiveness of departmental leadership need to be addressed	This study addressed ` this gap by adding authentic leadership components. There researcher conducted a cross-sectional survey, gathering data on the authentic leadership, leadership efficacy components
Wardhani etal. (2017)	Effects of good governance on the performance of local government in Indonesia	The study examined the five main aspects of governance, fairness and equality, participation, the culture of law, transparency and accountability.	Findings from the study indicated that increased local government spending on governance had adverse effects on performance	The researchers relied on the quantitative approach only which is not always helpful in uncovering human behaviors and the motives	The current study, therefore, used the authentic leadership instrument to assess health leaders' relational transparency construct and how it contributes to

			and service delivery; the implication being that, overall, government is inefficient in improving performance. On a positive note, the findings showed that good governance had a positive effect on performance. Good governance was shown to improve all the five aspects of governance listed.	behind them.	governance of the hospital.
Shukla (2018)	Impact of a health governance intervention on the performance of a provincial health system in Afghanistan.	The researchers employed a quasi-experimental design to study the strategic direction, leadership and engagement of the management team in healthcare systems.	The study found that, as far as the performance of the healthcare system was concerned, the most important indicators of leadership and governance	Being a quasi-experimental study, the extent to which Shukla's findings can be generalized to other low- and middle-income counties like Kenya is limited.	The current study, therefore, used the authentic leadership instrument to assess health leaders' self-awareness, balanced processing, rational transparency and Internalized Moral Perspective constructs and how

			were responsible stewardship of resources, strategic direction, accountability and engagement. Good governance practices helped improve streamline barriers to access to quality healthcare while improving cost-effectiveness.		they contribute to the governance of the County referral hospitals in Kenya
Mikkelsen-Lopez (2014)	Impact of governance in the public healthcare system on service delivery in Tanzania.	Longitudinal survey study design was used over a long period from 1999 to 2011. Quantitative and qualitative methods were applied to data collected in two areas of the local Health and Demographic Surveillance System (HDSS).	Findings from the study), revealed that the main governance issues affecting the country's public healthcare systems were a lack of accountability and system failure.	The study also found that because of poor governance, the following problems were prevalent: lack of transparency in the procurement, ordering, distribution and use of medicines and falsified reconciliation	The current study, therefore, used the authentic leadership instrument to assess health leaders 'self-awareness, balanced processing, rational transparency and Internalized Moral Perspective constructs and how they contribute to the leadership and governance of the County referral

				between delivered and consumed supplies.	hospitals in Kenya. The current study, therefore, used the authentic leadership instrument to assess health leaders' self-awareness, balanced processing, rational transparency and Internalized. Moral Perspective constructs and how they contribute to the governance of the County referral hospitals in Kenya
KIPPRA (2018)	Kenya's public healthcare system under the country's devolved system of government.	The study covered the period 2013-2017 and focused on governance issues like efficiency, accountability, and participation. Study participants included community leaders, healthcare workers, health policy makers and managers of healthcare systems in the County governments. Data was collected using key informant interviews and focus group discussions.	From the study findings, it was documented that there was limited public participation in health policymaking, budgeting and planning; hence, no social accountability. Other challenges found to be plaguing the system were inadequately trained human resources, a	The study documented the need for a more in-depth study which includes authentic leadership among County heath leaders in other counties since it was only in Meru County hence might not form a basis for generalization.	This study addressed ` this gap by adding authentic leadership components

			non-conducive work environment, high staff turnover and widespread stock outs of medical supplies.		
Okech and Lelegwe (2016)	Analysis of Universal Health Coverage and Equity on Health Care in Kenya	The researchers collected both secondary and primary data from the Ministry of Health. Primary data was collected by interviewing healthcare providers, implementers of the Universal Health Coverage (UHC)programme, researchers and policy makers.	The study revealed that leadership and governance issues like lack of accountability as manifest in such challenges as high operating costs, stock outs of essential medical supplies, minimal opportunities for continuing medical education, inadequately trained healthcare workers, dilapidated health infrastructure	The study was conducted in the early stages of an initiative that sought to improve the governance of state corporations and did not look into several major principles of good governance. The researchers did not also interview board members even though boards of directors have a leading role in promoting good corporate governance.	This study addressed ` this gap by adding authentic leadership components and used mixed method for elaborate data collection

			and, more generally, a dysfunctional healthcare system.		
Gitonga and Keiyoro (2017)	Factors influencing the implementation of healthcare projects in Meru County	Data was collected using questionnaires from non-medical County government staff, managers at health civil society organizations and healthcare workers in public health facilities, including pharmacists, nurses, clinical officers and doctors and it was analysed using SPSS.	It was found that apart from stakeholder collaborations, embracing good governance practices enhanced project success.	The study did not use the standard good practices recommended by the WHO for the healthcare sector, hence the researchers suggested a more in-depth inquiry into how governance practices affect health projects.	The current study, therefore, used the authentic leadership instrument to assess health leaders' self-awareness, balanced processing, rational transparency and Internalised Moral Perspective constructs and how they contribute to the leadership and governance of the County referral hospitals in Kenya.
Nyawira et al. (2023)	Coordination of the health sector and how it affects the efficiency of health systems in Kenya.	A qualitative cross-sectional was utilized by the researchers to collect data at the national level in two purposively picked counties.	Results derived from the study indicated that whereas there were formal structures for coordination in place, in practice, actor actions, misalignment of health functions, fragmentation and duplication	The study was restricted to a Qualitative research method and a positivist research philosophy	This study utilized a mixed method approach leading to rich and accuracy in information mining

			compromise the effective coordination of the sector		
Juma et al. (2021)	Investigation of the progress made, and the challenges encountered in improving health research governance in four sub-Saharan African countries: Zambia, Uganda, Kenya and Botswana.	A systematic review of literature was conducted coupled with 80 key informant interviews across the four countries. The key informants included funders, researchers and decision-makers.	Findings highlighted that at the national level, the regulation and coordination of health research were hampered by insufficient financial and human resources.	The need to strengthen the national health research authorities with mandates to regulate and coordinate health research	This study addressed ` this gap by adding authentic leadership components
Nabyonga-Orem et al. (2021)	Investigation into the existence of the necessary structure for health research governance across Africa.	The researchers conducted a cross-sectional survey, gathering data on the components of health research governance from 35 countries across Africa.	From the study findings, it was found that whereas a majority of the countries had some sort of legislation governing the conduct of health research, most of the laws had inadequacies like being too old or having to narrow the scope.	More studies are to be carried out to investigate how leadership in the Ministry of Health in individual countries can be strengthened.	This study addressed ` this gap by adding authentic leadership components and used mixed method for elaborate data collection
Laschinger & Wong	Examining the effect of structural empowerment,	A predictive non-experimental design method	Findings from the study	The study did no t link the	The current study, therefore, used the

(2016)	authentic leadership and professional nursing practice environments on experienced nurses' perceptions of inter-professional collaboration in Ontario, Canada.	was used in the study. The random sample of the study was composed of 220 nurses who completed a mailed questionnaire. The data was analyzed through hierarchical multiple regression.	suggested that structural empowerment, authentic leadership and a professional practice environment may enhance inter-professional collaboration.	effect of authenti c leadership to g overnance	authentic leadership instrument to assess health leaders 'self-awareness, balanced processing, rational transparency and Internalized Moral Perspective constructs and how they contribute to the leadership and governance of the County referral hospitals in Kenya.
Marques-Quintero et al. (2021)	The relationship between authentic leadership, flourishing and performance in healthcare teams in Europe.	Questionnaire method was used to collect data from 106 nurses from across 33 teams on two hospitals in one Europe capital.	Results from the study indicated that authentic leadership of team leaders was positively related to subjective and objective team performance, but only when bed occupancy was low.	The researchers relied on the quantitative approach only which is not always helpful in uncovering human behaviors and the motives behind them	This study addressed ` this gap by adding authentic leadership components and used mixed method for elaborate data collection
Tahhan (2019)	The impact of authentic leadership in the work environment and patient outcomes in hospitals across Sweden.	The researcher reviewed past research works from 26 articles from seven databases using content analysis method.	Findings from the review indicated positive relationships between	The research relied on a content analysis method only which is not always accurate	This study utilized a mixed method approach leading to rich and accuracy in information mining

			authentic leadership and patient care quality, increased optimism and trust among healthcare professionals, job satisfaction and turn over, structural empowerment and work engagement.	in gathering information on human behaviors	
Mrayyan et al. (2023)	What authentic leadership effects the safety climate in nursing in Jordan.	The researchers conducted a cross-sectional survey where a total of 314 Jordanian nurses from various hospitals were identified through convenience sampling.	Results from the study indicated a positive association between nurses' authentic leadership and safety climate.	Efforts and strategies must be implemented to build on the nurses' authentic leadership characteristics.	The current study utilized a mixed method and also used the authentic leadership instrument to assess health leaders' self-awareness, balanced processing, rational transparency and Internalized Moral Perspective constructs and how they contribute to the leadership and governance of the County referral hospitals in Kenya.
Lee, Chiang and Kuo	Exploring the mediating effects of work	The research used a cross-sectional design and	Results from the study	The researchers relied on the	This study addressed ` this gap by testing

(2019)	environment and burnout on the relationship between authentic leadership and the intention of nurses to leave their job in Taiwan.	sampled 946 nurses from different levels of hospitals, namely medical centre, regional and district hospitals. The nurses responded using self-report questionnaires.	indicated that authentic leadership could affect a nurses' intent to leave, but that work environment and burnout were important mediators of this effect.	quantitative approach only which is not always helpful in uncovering human behaviors and the motives behind them	the moderating effect of leadership efficacy on authentic leadership and governance. Mixed methods were used for elaborate data collection
Bakari et al. (2019)	Moderating the role of cynicism to bring about change in the relationship between authentic leadership and employee commitment to change.	The study used an exploratory research design with a deductive approach. Data was gathered from doctors, nurses and paramedical staff of four public sector district hospitals using structured closed-ended questionnaires. A total of 251 respondents were involved in the study.	Findings from the study indicated that authentic leadership has a positive effect to commitment to change, and that authentic leadership has a stronger impact on organizational change when cynicism is low compared to when cynicism is high.	There was a gap in data collection methodology which was limited to using structured close-ended questionnaires.	This study addressed ` this gap by testing the moderating effect of leadership efficacy on authentic leadership and governance. Mixed methods were used for elaborate data collection
Nqumba and Scheepers (2023)	The effect of authentic leadership in strategic corporate social responsibility among large South African corporations.	A quantitative approach was used in the study, using an online survey. Cross-sectional data was collected from a total of 1,417 respondents.	Findings from the study indicated that authentic leadership has a significant	The research design was limiting in that an online survey was used and the researchers did	The current study utilized a mixed method and also used the authentic leadership instrument to assess health

			indirect effect through participative decision-making on employees' perceptions around strategic corporate social responsibility.	not have a chance to confirm the actual information from the respondents	leaders 'self-awareness, balanced processing, rational transparency and Internalized Moral Perspective constructs and how they contribute to the leadership and governance of the County referral hospitals in Kenya.
Hlongwane and Olivier (2017)	Investigating the effect of authentic leadership on employee commitment in a South African state hospital.	Through convenience sampling, 222 employees completed the authentic leadership questionnaire on their perceptions of authentic leadership behaviors among their leaders. The employees also completed the self-reporting questionnaire on organizational commitment. The collected data was analyzed through regression analysis.	Findings from the study indicated that employees whose leaders practiced authentic leadership were able to retain employees through increased organizational commitment.	The researchers relied on the quantitative approach only which is not always helpful in uncovering human behaviors and the motives behind them	This study addressed ` this gap by adding authentic leadership components and used mixed method for elaborate data collection
Emuwa and Fields (2017)	Examining the relationship of components that constitute authentic leadership with organizational commitment and perceived leadership effectiveness among	The study used cross-sectional survey to collect data from 212 Nigerian employees from 16 organizations across various sectors.	Results from the study showed a positive relationship between authentic leadership		This study addressed ` this gap by adding authentic leadership components and used mixed method for elaborate data collection

	Nigerian leaders		behaviors, organizational commitment and perceived leadership effectiveness among Nigerian employees.		
Alemiga and Mwogeza (2018)	Authenticity in Authentic Leadership of Higher Education Institutions in Uganda: A Case stud y of one Private University in Uganda	Data was collected from 30 participants through interviews. Review of documents and participant observation were also conducted to supplement the interviews. Content analysis was used to analyze the qualitative data.	Findings from the study indicated that authentic leadership is highly valued in administration and authentic leaders have the best human resource practices aligned to both short- and long-term strategic goals of an organization.	The study was restricted to a descriptive research design and a positivist research philosophy	This study has addres sed the gap by linkin g the effect of authen tic leadership and go vernance through application of a mixed method for data collection The researcher also recommended that employees continuously receive training to enhance their productivity and job assignments based on their knowledge, skills, and capabilities. Leaders should also provide a platform where employees can freely express themselves and feel incorporated in decision-making, encouraging them to work and become

					more productive.
Kosgey (2020)	Examining the relationship between ethical leadership and governance in public institutions in Uasin Gishu County; Kenya	The study employed a cross-sectional survey research design. Simple random sampling was used to identify a sample of 352 respondents, comprised of members of County Executive Committees, Chief Officers, opinion leaders, clergy/church leaders, and members of the public. Questionnaires were used to collect the data.	Findings from the study indicated that ethical leadership practices had a positive and significant effect on governance.	The study did not consider authentic leadership components which are essential for governance	This study addressed ` this gap by adding authentic leadership components
Mbata, Oluoch and Muindi (2023)	Investigating the effect of organizational identification in the relationship between authentic leadership and ethical behaviors of employees in commercial banks in Kenya.	The study used a cross-sectional survey research design. Data was collected from a cross section of employees from all 46 commercial banks in Kenya.	Findings from the study indicated that authentic leadership and organization. al identification effects the ethical behavior of employees in commercial banks in Kenya.	The researchers relied on the quantitative approach only which is not always helpful in uncovering human behaviors and the motives behind them	This study has addres sed the gap by linkin g the effect of authen tic leadership and go vernance. Through application of a mixed method for data collection
Masimane (2023)	The effect of authentic leadership and motivation on the performance of employees in commercial banks in Kenya.	The study adopted a cross-sectional descriptive research design and a positivist research philosophy. A sample size of 395 respondents from 38 commercial banks in Kenya	Research findings from the study indicated that authentic leadership has a statistically	The study was restricted to a descriptive research design and a positivist research philosophy	This study used a mixed method in order to broaden the collection of in-depth information from the subjects

		was identified using proportionate stratified sampling. Primary data was collected using a structured questionnaire and analyzed using SPSS version 28.	significant effect on the performance of employees of commercial banks in Kenya.		
Sang (2016)	Effects of authentic leadership on employee satisfaction in Kenyan state corporations in Uasin Gishu County, Kenya	The study adopted explanatory research design. A census survey was utilized to select the respondents. Questionnaires were used to collect data from 244 employees in 10 state corporations in Uasin Gishu County.	Results from the study showed that all the four measures of authentic leadership contributed to improved employee satisfaction.		
Brown (2020)	Communication and leadership in healthcare quality governance from a case study of eight public hospitals in Australia.	A comparative case study of eight health care public hospitals was undertaken, involving document review, interviews and observations. Thematic analysis was carried out to explore how communication and leadership effect health care governance.	Findings from the study indicated that leadership focused on healthcare excellence, quality improvement and effective meeting processes fostered governance engagement.	The elements of communication such as open communication, effective questioning and challenge from board members also effected engagement	This study has addres sed the gap by linkin g the effect of authen tic leadership and go vernance. Through application of a mixed method for data collection
Spasojevic, Lohmann	Examining leadership and governance among large tourism stakeholder in	The study used exploratory mixed methods to identify the key leadership attributes	The study found that large stakeholders	It also found that strategic vision, leadership and	This study addressed ` this gap by adding authentic leadership

and Scott (2019)	Australia.	of a successful airlines and airports in the context of air route development.	identified partnerships, effective communication, and information sharing as key leadership attributes.	knowledge gaps exist and are critical governance attributes.	components and used mixed method for elaborate data collection
Singo (2018)	Reviewing and assessing the impact of ethical leadership in the promotion of good governance of Limpopo Province in South Africa.	The study adopted a mixed methods research design for data collection. The sample of respondents consisted of senior public managers and subordinate public officials.	Findings from the study indicated that, while progressive legislative frameworks had been put in place to minimize unethical behavior of officials in the province and to promote good governance.	There were still concerns that ethical transgression was going on unabated	This study addressed this gap by adding leadership efficacy as a moderating variable. It also addressed governance as a dependent variable
Inyang (2019)	Leadership and challenges of good governance in the 21st Century Nigeria.	The research focused on reviewing secondary data sources such as published policy papers, books, international reports and resolutions that affected Nigeria.	Findings from the analysis of the various secondary data sources indicated that good governance is the positive or progressive outcome of symbiotically	The study also found that political leadership in Nigeria had been seriously constrained by issues such as corruption, mismanagement of resources, electoral fraud	This study addressed ` this gap by adding authentic leadership components

			integrated leadership. t.	and poor infrastructural development	
Bakamana, Magesa and Majawa (2020)	The nature of traditional African leadership in promoting good governance among the Luba people in Kasai province of the Democratic Republic of Congo	A cross sectional survey was conducted where respondents including traditional chiefs, charm givers and modern politicians who shared their views on how traditional leadership differs from modern day government.	Findings from the study indicated that traditional leadership promotes good governance by the traditional leaders.	The study was restricted to one tribe	This study addressed this gap by adding leadership efficacy as a moderating variable. It also addressed governance as a dependent variable
Azegele, Okeyo and Nyambegera (2021)	Establishing the moderating effect of leadership style on the relationship between corporate governance and performance of insurance companies in Kenya.	Cross-sectional survey design was used to gather quantitative data from 52 insurance companies in Kenya. The respondents of the study were the senior managers and general employees.	Results from the study indicated that leadership style has a significant moderating effect on the relationship between corporate governance and performance of insurance companies in Kenya.	The study was restricted to a descriptive research design and a positivist research philosophy	The current study utilized a mixed method and also used the authentic leadership instrument to assess health leaders' self-awareness, balanced processing, rational transparency and Internalized Moral Perspective constructs and how they contribute to the leadership and governance of the County referral hospitals in Kenya.
Mutua and Kiruhi (2021)	Understanding the role old village elders' role in public governance and their effect on community	A total of 30 respondents were chosen through purposive sampling to participate in the study,	Findings from the study revealed that village elders	The researchers relied on the quantitative approach only	This study has addres sed the gap by linkin g the effect of authen tic leadership and go

	members' participation in government agenda in Kenya.	comprising of village elders, chiefs and thirteen community members. The data collected was analyzed using ATLAS qualitative data analysis software.	made an attributable contribution in the mobilization of community members for public participation and the provision of public goods and services.	which is not always helpful in uncovering human behaviors and the motives behind them	vernance. Through application of a mixed method for data collection
Cyrus, M. W. (2018).	Health benefits policy Collaborative designing health benefits policies in selected County referral hospitals in Kenya	The researchers conducted a cross-sectional survey, gathering data on the components	The study did not link the effect of authentic leadership to governance	More in-depth analysis is needed to map patient pathways to explore how the gate-keeping function can be strengthened	This study has addressed the gap by linking the effect of authentic leadership and governance
Specchia etal. (2021)	Systematic literature review to establish how leadership style affects nurses' job satisfaction.	The study employed a systematic review of literature in which they identified 11,813 paper titles from different digital archives, including PubMed and CINAHL, of which 12 studies carried out in different regions across the globe were successfully identified and picked for review.	The findings indicated a significant relationship between leadership style and nurses' job satisfaction, as 88% of the selected studies showed.	The study carried out a generalized literature review of selected articles from digital libraries which might not show a generalized view of all nurses globally.	From the study findings, leaders must encourage professional and positive competencies among their staff to improve their morale and job satisfaction. The researcher also highlights the usefulness of addressing gaps in

					leadership among healthcare leaders to promote service delivery.
Figueroa et al. (2019)	global challenges and priorities for health leadership and management	The researchers reviewed past studies from electronic databases published between 2010 and 2018. A total of 63 articles were selected and reviewed, and a set of consistent emerging issues within the healthcare industry for health leadership and management were divided into three levels (macro, meso, and micro).	Findings from the study showed that emerging challenges in global healthcare leadership revolved around efficiency, change, and human resource management by the leadership.	Lack of an enhanced capacity-building model that drives the management at healthcare levels to adapt to change and embrace the capabilities of the human resource within their jurisdiction	The researcher recommended that healthcare managers across different levels strive to achieve efficiency and adapt to change to address the current emerging issues and challenges in the healthcare system.
Johnson et al. (2021)	Assessment of interventions applied to enhance the capacity of leaders in the healthcare sector across the Sub-Saharan Africa region.	The study employed Arkdey and O'Malley's approach to identifying relevant studies between 1979 to 2019 across Africa. A total of 495 studies were identified, and 28 were selected. The data from the 28 studies were grouped thematically into categories, including leadership approaches; evaluation methods used; design of intervention; implementation lessons, and effectiveness.	Findings indicated that leadership models across the region were diverse, and there was no similarity in approaches to leadership adopted by the different health sectors. The results also showed how leadership was	Unavailability of strong and resilient leadership frameworks across most African healthcare systems.	The researcher recommended that more work be done on strengthening the competency and conceptual frameworks for leadership and the need for leadership development programs that are universally sanctioned and integrated into the healthcare system to boost and strengthen

			quickly emerging as a point of concern in the healthcare industry in Africa.		the skills of healthcare management teams.
Oleribe et al. (2019)	Challenges facing healthcare systems in Africa and interventions to solve them	The study was conducted across 11 African countries and other participants from the United Kingdom, Cuba, and Portugal. Ten groups were developed to discuss and identify the key challenges affecting healthcare in Africa and propose mitigation measures that can be enacted to solve the problems.	From the results, poor leadership and management were among the top vital challenges ranking third as an enabler of inefficiency in African healthcare systems.	The identified gaps in knowledge included studies touching on the effect of regular capacity building for healthcare works and the need for public health policy makers in Africa to adopt national guidelines based on the WHO framework.	The researchers suggest collaboration between public and private entities through schemes such as corporate social responsibilities to help promote the health-seeking behavior of the community members. They also suggest legislation to enhance healthcare workers' capacity building and increase budgetary allocations.
Chebon et al. (2019)	Effect of leadership on employees' individual and intellectual capabilities to perform their duties.	The researchers utilized a descriptive study design targeting 3,739 employees comprising top management, middle-level management, and others at the operational level. A multistage sampling technique was applied to identify the required sample size of 463 interviewed respondents.	Findings from the study indicated that employee recognition by their supervisors improved productivity since their needs and capabilities	The study was conducted in Moi Teaching and Referral Hospital in Eldoret. Leaders should also provide a platform where employees can	The current study, therefore, used the authentic leadership instrument to assess health leaders' self-awareness, balanced processing, rational transparency and Internalized Moral Perspective constructs and how they contribute to the

			were easily identified. By promoting creativity and innovation among the employees by the supervisors, their productivity improved dramatically since they were motivated to rethink ideas and develop new approaches to addressing arising challenges.	freely express themselves and feel incorporated in decision-making, encouraging them to work and become more productive.	governance of the County referral hospitals in Kenya.
Chelagat et al. (2021)	Assessment of how leadership training affects the healthcare system performance in different selected counties in Kenya	Aquasi-experiment involving pre-test and post-test approaches was employed to collect data. Semi-structured questionnaires were administered to 31 respondents from different health sectors in the selected counties to measure the health system performance indicators, which could enable comparisons between the control group and the treatment group. The collected data were	The results showed that the treatment group's post-test means for all six health system pillar indicators were higher than the control group. Results of the regression model indicated that leadership training had a positive	The study did not seek to illustrate cause-effect context but show how leadership training might have contributed positively to improving facility-level healthcare performance. The researchers recommend the	. The researcher recommends capacity building of health workers on authentic leadership constructs to improve on the performance of the County referral hospitals in Kenya. This study utilized a mixed method approach leading to rich and accuracy in information mining

		subjected to descriptive and inferential statistical analysis using SPSS 20.	significant effect on the projected outcome in service delivery, information dissemination, leadership and governance, human resources, and finance.	need for leadership development among healthcare workers as a major contributor to advancing the health system pillars proposed by WHO to improve quality of service delivery across all health facilities	
Naher et al. (2020)	The effect of poor governance on healthcare service delivery in low and middle-income countries in South-Eastern Asia	The study was conducted through a systematic literature review from PubMed, SCOPUS, and Google Scholar. A total of 18 articles on governance and 15 on corruption were extracted for analysis using the mixed study review technique. A pre-designed template was utilized to select data based on the set themes of governance and corruption. The themes were subdivided into sub-themes, with governance having transparency, citizen engagement, accountability, laws, and regulations.	Results from the study implicated that poor remunerations and poor governance de-motivate healthcare workers and negatively impact the quality of healthcare system outcomes. Poor governance was found to	The study was the first to illustrate the levels, causes, extents, and effects of corruption and poor governance in the health sector in the selected countries; hence more studies need to be carried out collecting primary data to investigate.	From the study findings, leaders must encourage professional and positive competencies among their staff to improve their morale and job satisfaction. The researcher also highlights the usefulness of addressing gaps in leadership among healthcare leaders to promote service delivery.

			increase out-of-pocket expenses met by the people seeking healthcare services which leads to reduced service-seeking behavior and promotes mistrust in the system since the healthcare providers tend to go against the rules.		

Chapter Summary

The goal of literature review chapter was to offer a comprehensive overview of academic studies on the study's aims. The chapter has comprehensively reviewed literature on current leadership and governance studies, authentic leadership, leadership efficacy among leaders/managers and leadership policies in use in County referral hospitals in Kenya. Various theories that guide the study have also been reviewed and a conceptual framework developed to help guide the study. Finally, the existing gaps identified from the related literature reviewed have been synthesized.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

The study research approach is described in this chapter. The study design and justification, the target population, the sampling frame, sampling strategy, sample size, data collecting equipment, data gathering procedures, research instrument validity and reliability, data analysis, and presentation are all covered in this chapter.

Research Philosophy

As per the study by Saunders et al. (2009), research philosophy involves development of novel knowledge, understanding the nature of that knowledge, and fundamental assumptions about researchers' worldviews. In this study, a mixed methods approach, grounded in the philosophy of pragmatism, was employed, facilitating the collection of qualitative and quantitative data. The pragmatic research philosophy adopted in this study finds its roots in pragmatism, which serves as the philosophical underpinning for mixed methods (Denscombe, 2008). According to Legg & Hookway (2021), pragmatism offers distinct advantages for research endeavors.

Pragmatism stands out for its ability to significantly enhance the accuracy of data interpretation, presenting a clearer and more comprehensive picture derived from both qualitative and quantitative data sources. By integrating various research methodologies, pragmatism enables researchers to conduct specific studies optimally. This approach does not adhere rigidly to any methodological doctrine but instead emphasizes the pragmatic selection of methodologies that best align with the research objectives. Its adaptability

and suitability for addressing complex research inquiries renders pragmatism particularly appropriate. It allows researchers to choose from various methodologies, ensuring a more robust and holistic exploration of research questions. Moreover, pragmatism's focus on practical outcomes aligns well with the contemporary need for research that contributes to knowledge enhancement and tangible applications in various fields. In the research process, it is imperative for a researcher to maintain a non-intrusive stance with respect to the topic under investigation. This often involves the isolation of the phenomenon being studied to facilitate repeated observations. The rationale behind this repetition is to systematically manipulate reality by varying a single independent variable. This approach aids in the identification of irregularities and establishes connections between various study components.

Additionally, the pragmatic approach acknowledges the nuanced balance between objectivity and subjectivity in research. It recognizes that researchers bring their biases and perspectives into their studies while striving for objectivity in data collection and analysis. This acknowledgment allows for a more comprehensive understanding of phenomena, incorporating multiple viewpoints to validate findings and enhance the credibility of research outcomes.

The appropriateness of pragmatism in research lies in its versatility, adaptability, and focus on practical outcomes. By providing researchers with a framework that encourages methodological pluralism and flexibility, pragmatism becomes a valuable philosophy that suits contemporary research endeavors' dynamic and multifaceted nature. Its emphasis on selecting methodologies that best serve the research objectives makes it a pertinent approach for studies seeking comprehensive and applicable insights.

Research Design

The core foundation of any study resides in its chosen research design, as highlighted by Kombo and Tromp (2009). Research design involves strategically organizing data collection settings to align with the study's objectives (Kothari, 2014). It inherently possesses an analytical nature, often focusing on specific components or subjects for in-depth description and analysis. In this study, a cross-sectional descriptive research approach was adopted to provide a framework for examining current situations, trends, and the status of events. A cross-sectional descriptive research design serves as a method for observing and analysing a population or a representative subset at a single moment in time. This type of study aims to provide a snapshot, or cross-section, of the population being studied, offering a detailed overview of various characteristics or variables of interest. In practical terms, this research design involves the collection of data from participants or elements of the population under investigation during a specific period. The collected information is then used to describe the prevailing conditions, behaviours, or attributes within the targeted group. According to Orodho (2013), this approach is geared towards presenting a snapshot view of a particular point in time, allowing for a comprehensive understanding of the prevailing circumstances. A cross-sectional descriptive approach enables the exploration of various facets within a specific timeframe, facilitating a snapshot analysis that assists in comprehending the present state of affairs. It is an ideal method for capturing a momentary representation of variables without delving deeply into causality or temporal changes.

Moreover, acknowledging the multifaceted nature of the research objectives, a mixed-method approach was deemed appropriate. This methodological strategy involves

using quantitative and qualitative data-gathering methods, allowing for a more comprehensive exploration of the research topic (Creswell, 2012). The use of a cross-sectional descriptive research and use of a mixed method approach provided a robust foundation for investigating the current situation while allowing for a comprehensive exploration of the subject matter from multiple perspectives. This methodological combination strengthens the study's validity and enables a more nuanced interpretation of the research findings.

Target Population

A population, according to Kombo and Tromp (2009), is a collection of things, persons, or objects from whom a sample is taken. Each finite or infinite group of individual components, as per Battaglia et al. (2008) constitutes a population. According to Mugenda and Mugenda (2009), the target population is a collection of individual instances with certain common features whereby the research extrapolates the findings.

This study focused on County referral hospitals in selected five counties namely, Narok, Kajiado, Kwale, Kiambu and Makueni. Data was collected from CHMT leaders, and health workers with leadership roles who included, doctors, nurses, nutritionist, pharmacist, clinical officers, and health records hospital administrators in selected County referral hospitals. They acted as the unit’s observation who responded to the matters of the hospitals. According to MoH-HRH (2017) report, there were 1926 CHMT and health workers with leadership roles in the five counties. Table 3.2 shows a summary of the total number of CHMT and health workers from the selected five counties.

Table 3. 1: A summary of the total number of CHMT and health workers from the selected five counties

County	Population
KIAMBU	778
NAROK	187
KWALE	269
MAKUENI	484
KAJIADO	208
Total	**1926**

Source:(MoH-HRH,2017)

Table 3.2 shows that there were 778 CHMT and health workers from Kiambu County, 187 from Narok, 269 from Kwale, 484 from Makueni and 208 from Kajiado County.

Sampling Frame

A sample frame, according to Gall, Gall, and Borg (2007), is a subset carefully chosen to represent the whole population with desired traits, and sampling is explained as the method of choosing a few participants in a manner that they provide a representation of the group they are selected from. Burns (2004) defined sampling frame as actual number of persons from whom a sample was then chosen as representation of the population. The sample for this study was drawn from CHMT leaders, health workers with leadership roles who include, doctors, nurses, nutritionist, pharmacist, clinical officers, and health records hospital administrators in selected County referral hospitals. This was drawn from the five selected Counties Narok, Kajiado, Kiambu, Kwale and Makueni.

Sampling Method

Sampling is a method for picking a collection of items from a population for study (Mugenda & Mugenda, 2009). Sampling procedures are methods for extracting samples from a population, often to test a hypothesis about the population. This study adopted Purposive sampling technique which ensured the study captures the desired population for the study. The sample selection took into consideration that the CHMT leaders were involved since they have the relevant knowledge purposed for this study. Random sampling of HCW with leadership roles and are based at the sampled County referral hospitals enabled the study to achieve its intended purpose.

Sample Size

The number of data points used to calculate population estimates is referred to as a sample size (Smith, 2013). A sample size, according to Suresh and Chandrasekhara (2012), is the overall number of individuals necessary for final study conclusion. Mugo (2002) explained that a sample size is affected by the nature of the research to be done, the required accuracy of the estimations, and the type and quantity of variables to be studied at the same time. Five counties were selected using purposive sampling**.** This sampling method allowed for selection of five counties with leadership and governance gaps. The target respondents were domiciled within the County referral hospitals. Since there is only one referral hospital per County, by default the referral hospital formed the sample. This study employed convenience, and the referral hospital selected because of it having the highest number of health workers-average 30% of all County health workforce, according to the ministry of health integrated human resources information system-iHRIS (2020). In addition, the County referral hospitals provide support to all the

departments and thus provided a suitable sample of respondents for the purpose of the study target.

Purposive sampling of all County Health Management Team -leaders per each County=17-27-per County x 5 counties=110 leaders

Plus

Purposive sampling of health workers who are supervised by the CHMT.

Sample size calculation (Fisher, Laing, Stoeckel, & Townsend, 1991)

IF N (entire population is less than 10,000, the required sample size will be smaller

nf = the desired sample size (when population is less than 10,000)

n = was found to be 400 and population size estimated at 1000, then nf would be

Calculated as: 400/ 1+ (400/1000)

Total = 400/1.4= 286 +110 CHMT =396

At the County referral hospital, homogeneous sampling was employed since the target respondents share the same characteristics working in the same environment and affected by the same leadership decisions. The respondents were the Health Management Team, which consisted of heads of the departments as follows: medical, clinical, nursing, lab, nutrition, community health, pharmacy, health information and administration.

Table 3. 2: Total sample size allocated per County.

County	Population Size	Proportion	Sample size
KIAMBU	778	0.394 (39.4%)	156
NAROK	187	0.119 (11.9%)	47
KWALE	269	0.139 (13.9%)	55
MAKUENI	484	0.247 (24.7%)	98
KAJIADO	208	0.101 (10.1%)	40
Total	**1926**	**1.0 (100.0%)**	**396**

Study Area

The chosen County referral hospitals, as per Kenya National Bureau of Statistics (2014), provide both preventative and curative treatments through inpatient and outpatient care. The sampled hospitals have a leadership and governance gaps which are supposed to be addressed according to recommendations by the report (CIDP 218-2022; MoH, 2017). They include Narok, Kajiado, Kwale, Kiambu and Makueni County referral hospitals in Kenya.

Data Collection Instruments

The instruments used to gather data from respondents, as well as how such tools are designed, are referred to as data collection instruments (Kombo & Tromp, 2009). Information was gathered through self-administered questionnaires and interview guides. The use of multiple instruments for data collection helped in triangulation which facilitated in capturing different dimensions of the same phenomenon.

To assess the objectives, the questionnaire included both open-ended and closed-ended items. For the closed ended questions, a five-point non-comparative Likert scale was utilized. The purpose of the Likert scale is to convey multiple facets of the same attitude through statements (Brace, 2012). The interview had items that helped the researcher capture the aspects of authentic leadership in the respondents and get the views and opinions of the health workers-leaders. The observation checklist helped in confirming the facilities available in the health institutions and checking the operations at the same facilities. The document analysis guided the researcher go through the records at the health institutions to achieve the objectives of the study. The tools are attached in the appendices.

Data Collection Procedures

The technique for obtaining and producing relevant data for analysis is dependent on the data collection process (Kothari, 2014). The researcher created and tested a data gathering tool for various types of respondents. The surveys were distributed to the various County health officials, County health management teams CHMT, health workers with leadership roles in County referral hospital helped by research assistants to collect the primary data. Interviews were conducted on the CHMT leaders and HCW of the health institutions on appointment.

Reliability

To ensure the reliability of the data collection instrument, the internal consistency of the questionnaire was assessed using Cronbach's alpha. Eliyana & Ma'arif (2019) suggest that a Cronbach's alpha value of 0.7 is considered significant for determining the reliability of data collection instruments. The study conducted a reliability test to assess the internal consistency of the data collection tools. A higher alpha value, closer to 1, indicates greater reliability of the items in the research instrument. The analysis, conducted using Cronbach's Alpha coefficient in testing for reliability, revealed an overall score of 0.960. These results signify excellent internal consistency of the questionnaire. The repeatability, stability, and internal consistency of a research instrument are characterized by Jack and Clarke (2008). According to Kombo and Tromp (2009), dependability is demonstrated when a person is given the same instrument twice and receives the same score on both occasions. Table 3.4 represents reliability for the research instrument when tested before the full data collection was conducted.

Table 3. 3: Reliability Analysis

Variable	Cronbach α	Standardized Cronbach's α	Items
Authentic Leadership	0.913	0.914	16
Leadership Efficacy	0.942	0.943	9
Governance	0.956	0.957	9
Overall Cronbach Alpha	**0.960**	**0.959**	**34**

Source: Author, 2023

Table 3.3 indicate a strong reliability test results for the study. The study reported 0.96 overall reliability. In regard to the specific variables, authentic leadership, leadership efficacy and governance as the main variables all had a Cronbach alpha coefficient of over 0.7 which was considered satisfactory.

Validity

Validity is defined by Mugenda and Mugenda (2003) as the extent toward which findings gained through data analysis represent the phenomena under research. The validity of a test refers to how well it measures what it claims to measure. It incorporates the complete experimental idea and determines if the produced results satisfy all the study technique's standards. As a result, the concern of validity is the significance of study components. The internationalization of a concept, idea, or action (a construct) pertains to the effectiveness with which it has been translated or transformed into a functional and operational reality (Cooper & Schindler, 2011).

Content validity was a crucial aspect of this investigation. It involves the analyst assessing whether the measurements thoroughly represent the domain. Content validity is a qualitative form of validity wherein the domain of the concept is clarified, and the analyst determines if the measurements fully capture the domain. Exploratory factor analysis (EFA) was employed to validate speculative constructs by grouping indicators or

qualities that demonstrated high correlation. To test the validity of the research instruments used in this study, a pretest was conducted with the designed instruments. This pretest played a critical role in evaluating the reliability of the data collection instruments. Additionally, experts in the field of study were consulted to gather their insights on how to enhance the data collection instruments, contributing to improvements in both face and content validity.

Instrument Pretesting

According to Cooper and Schindler (2011), a pre-test is used to uncover flaws in the design and instrumentation, as well as to give proxy data for the probability sample selection. The processes for pre-testing the research equipment was the same as those employed throughout the study or data collecting. At minimum 10 percent of the target population should be represented in the pre-test (Mugenda & Mugenda, 2003). The research equipment was evaluated on 10% of the total sample size in this investigation. The research instruments were pretested on respondents who were not part of the final sample for the study but from a health facility that shared similar characteristics as the selected Gatundu County referral hospitals.

Data Analysis and Presentation

Data analysis is the crucial process of examining and deriving conclusions from data obtained in surveys or experiments, as asserted by Kombo and Tromp (2009). Upon receiving completed surveys, a thorough validation and verification process is conducted. The Statistical Package for Social Sciences (SPSS) is utilized to scrutinize quantitative data, presenting results in percentages, frequencies, and inferential statistics. Descriptive statistics, such as means and standard deviations, are employed, and various visual aids,

including tables, pie figures, histograms, and graphs, are used to illustrate quantitative data. Qualitative data is analysed based on emerging themes aligned with the study objectives and presented in a narrative format. SPSS version 24.0 is employed for the analysis of data collected for the five study objectives, providing descriptive statistics like means, standard deviations, frequencies, and percentages. Inferential analysis, involving hypothesis testing, is conducted to interpret results for each research objective, and discussions connect survey findings with existing knowledge. Thematic organization and data visualization are achieved through tables and graphs, elucidating relationships among study variables.

In a mixed-methods research design, data analysis involves using quantitative methods for quantitative data and qualitative methods for qualitative data. Mixed investigations may include sequential mixed analyses, where data from one stage is transformed into the other data type. According to Business Borderlines (2017), data analysis encompasses inspecting, cleansing, transforming, and modelling data to extract useful information, draw conclusions, and support decision-making. This study ensured questionnaire completeness and consistency at the end of each field data collection day. Data capture utilized SPSS version 24 computer-aided software, storing questionnaire data for analysis. Descriptive statistics, presenting frequencies and percentages, were employed, and inferential statistics, including Pearson correlations and Multivariate Linear Regression, were utilized to establish relationships between research variables. Findings were communicated through frequency distribution and tables to describe and explain the results.

Likert Scale as an Interval Measure

The study utilized a Likert survey, where employees were asked to express their agreement level with each statement in the questionnaire, ranging from "strongly disagree" to "strongly agree" on a scale of 1 to 5. The assigned values were 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree, and 5 for strongly agree. Due to the non-normal distribution of the data, as indicated by the normality test, nonparametric measures were employed to analyze the Likert Scale. Nonparametric tests, suitable for ordinal data, were chosen as they do not assume a normal distribution. It is important to note that nonparametric tests may have a lower probability of detecting existing effects. An example of a non-parametric test applied in the research is the Mann-Whitney test (Frost, 2021).

Operationalization of the variables

The process of operationalizing variables encompasses a collection of techniques and methodologies employed to measure specific aspects within research. It involves breaking down and analyzing variables into distinct components that enable their quantifiable measurement (Morán and Alvarado, 2010). The study encompassed independent variables, a moderating variable, and a dependent variable. The table below outlines the operationalization of each:

Table 3. 4: Operationalization of the study variables

Variable	Definition of the variable	Indicator	Measure
IDV-Authentic Leadership			
Self-awareness (Independent variable- X_1)	This is CHMT and healthcare workers in County referral hospitals in Kenya's genuine understanding of their authenticity, willingness to receive and act upon feedback, recognition of personal weaknesses, and the sincerity with which they approach their roles in healthcare delivery.	Authenticity Feedback Weaknesses Sincerity	Likert Scale – Ordinal
Internalized moral perspective (Independent variable- X_2)	It involves an individual's deeply embedded sense of transparency in actions, accountability for decisions and behaviors, steadfast integrity in principles, and profound self-acceptance that guides ethical conduct and decision-making.	Transparency Accountability Integrity Self-acceptance	Likert Scale – Ordinal
Balanced Processing (Independent variable- X_3)	It is the ability for impartial self-reflection, open-minded consideration of diverse perspectives, thoughtful deliberation, and acknowledgment of personal strengths and weaknesses in decision-making or judgment.	Self-reflection Open-mindedness Consideration Strengths	Likert Scale – Ordinal
Relational Transparency (Independent variable- X_4)	Refers to the quality of relationships characterized by mutual independence while maintaining clear, open, and fair communication, fostering an environment of honesty and openness between parties involved.	Independence Clarity Openness Fairness	Likert Scale – Ordinal
MV-Leadership Efficacy			
Leadership efficacy (Moderating variable)	Refers to a leader's confidence and belief in their ability to effectively utilize their knowledge, capabilities, skills, and talents to lead and inspire others toward achieving goals and success.	Knowledge Capabilities Skills/Talents	Likert Scale – Ordinal
DV-Governance			
Governance (Dependent variable)	This is the governance of County referral hospitals in Kenya. It involves the management and oversight characterized by active participation of stakeholders, clear accountability mechanisms, transparent decision-making processes, responsiveness to the needs of stakeholders, fair treatment of all involved parties, and maintaining stability while ensuring transparency and fairness in operations.	Accountability Transparency Participation Responsiveness	Likert Scale – Ordinal

Inferential Statistics

Inferential data analysis was conducted to examine the relationship and impact of the independent variables on the dependent variable. Pearson's Product Moment correlation coefficient (r) and linear regression analysis were employed for inferential analysis. Pearson's Correlation was utilized to assess the significance, direction, and strength of a linear relationship between the dependent and independent variables. Linear regression was employed to establish a predictive model and assess the significance of the variables. The study used regression analysis to investigate whether the dependent variable exhibited a significant relationship with the predictor variable. The t statistics and p-values from the regression model were used to test the study hypotheses at a 5% level of significance. A p-value below 0.05 indicated the rejection of the null hypothesis in favour of the alternative, while a p-value greater than 0.05 indicated the failure to reject the null hypothesis, suggesting no effect of the independent variables on the dependent variables. Furthermore, multiple linear regression was applied to determine whether leadership efficacy moderated the relationship between authentic leadership and the governance of County referral hospitals in Kenya. The models were as follows:

The coefficient for the correlation was obtained through division of covariance and the product of the two variables' standard deviations.

Correlation (r) = $\frac{Cov(x,y)}{\sigma x * \sigma y}$

Where σx – standard deviation of an independent variable

σy - Standard deviation of a dependent variable

Cov(x,y) – covariance of a dependent and an independent variable

Simple linear regression models

Simple linear regression models were performed to find out the association between the response variable (Governance) and the explanatory variables (Authentic leadership).

The models were as follows:

$Y = \beta_0 + \beta_1 X_1 + \varepsilon$ ……... Equation 1

$Y = \beta_0 + \beta_2 X_2 + \varepsilon$ ……. Equation 2

$Y = \beta_0 + \beta_3 X_3 + \varepsilon$……... Equation 3

$Y = \beta_0 + \beta_4 X_4 + \varepsilon$ ……. Equation 4

Where, Y = Governance of County referral hospitals in Kenya

β_0 = Intercept

$\beta_1 - \beta 4$ = Slopes coefficients representing the influence of the associated independent variables over the dependent one

X_1 = Self-awareness

X_2 = Internalised moral perspective

X_3 = Balanced Processing

X_4 = Relational Transparency

ε = Error term

Multiple regression

It was used to assess the effect of predictor or explanatory factors on the response or dependent variable.

The regression model was as follows:

$$Y = \beta 0 + \beta_1 X1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

……Equation 5

Where Y = Governance

β_0 = Intercept

$\beta_1 - \beta 4$ = Slopes coefficients representing the influence of the associated independent variables over the dependent one

X_1 = Self-awareness

X_2 = Internalised moral perspective

X_3 = Balanced Processing

X_4 = Relational Transparency

ε = Error term

Testing for Moderation

A moderated regression model was utilised to find out the effect of leadership efficacy on the effect between authentic leadership and governance.

The model is as follows:

$$Y=\beta 0+\beta_1 X_1+\beta_2 X_2+\beta_3 X_3+\beta_4 X_4+\beta_5 X_1 *LE+\beta_6 X_2 *LE+\beta_7 X_3 *LE+\beta_8 X_4 *LE+\varepsilon$$

…Equation 6

Where Y = Governance

β_0 = Intercept

β_1 – β4 = Slopes coefficients representing the influence of the associated independent variables over the dependent one

β_5 – β8 = Slopes coefficients representing the interaction of the moderating variable (X_5) and each independent variable.

X_1 = Self-awareness

X_2 = Internalised moral perspective

X_3 = Balanced Processing

X_4 = Relational Transparency

LE = Leadership efficacy

ε = Error term

From the results, the t statistic was used to establish the significance of the regression models. This test found out the significance of the entire regression model with the hypothesis that all the explanatory variables and the moderating variable have no relationship on the response variable that is Ho: $\beta_1=\beta_2=\beta_3=\beta_4=\beta_5=0$ and the alternative hypothesis, that at least one of the independent variables is not equal to zero that was H_1: $\beta j\neq 0$; j=1, 2, 3, 4, 5

Interpretation of hypothesis testing

The following table presents a summary of how the five-study hypothesis were tested and interpreted.

Table 3. 5: Interpretation of hypothesis testing

Hypothesis	Statistical technique used	Interpretation
H_{01}: There is no significant effect of self-awareness among CHMT and healthcare workers on the governance of County referral hospitals in Kenya	Multiple regression analysis, model coefficients (t-statistic, p-value).	Reject hypothesis if the P-value is less than 5% significance level ($p< 0.05$)
H_{02}: There is no significant effect of internalized moral perspective among CHMT and healthcare workers on the governance of County referral hospitals in Kenya	Multiple regression analysis, model coefficients (t-statistic, p-value).	Reject hypothesis if the P-value is less than 5% significance level ($p< 0.05$)
H_{03}: There is no significant effect of balanced processing among CHMT and healthcare workers and the governance of County referral hospitals in Kenya	Multiple regression analysis, model coefficients (t-statistic, p-value).	Reject hypothesis if the P-value is less than 5% significance level ($p< 0.05$)
H_{04}: There is no significant effect of relational transparency competencies among CHMT and healthcare workers on the governance of County referral hospitals in Kenya.	Multiple regression analysis, model coefficients (t-statistic, p-value).	Reject hypothesis if the P-value is less than 5% significance level ($p< 0.05$)
H_{05}: There is no significant moderating effect of leadership efficacy in the relationship between authentic leadership and governance of County referral hospitals in Kenya.	Moderated Multiple regression analysis, model coefficients (t-statistic, p-value).	Reject hypothesis if the P-value is less than 5% significance level ($p< 0.05$)

Source: Researcher (2023)

Diagnostic Tests

The research performed diagnostic tests to ensure the study does not generate spurious results or findings. Diagnostic tests carried out included normality test, Homoscedasticity and Multicollinearity test.

Multicollinearity

Multicollinearity refers to a situation in a multiple regression model where two or more predictor variables exhibit a high linear relationship. While multicollinearity does not pose a significant challenge in conducting data analysis, it can lead to data sensitivity issues where coefficient estimates become highly responsive to minor changes in the model, resulting in increased variance. To assess multicollinearity, the study employed tests such as Variance Inflation Factor (VIF) and Tolerance. VIF examines the extent to which an explanatory variable can be explained by all the other variables in the regression equation. Multicollinearity is considered present when VIF exceeds 5, and the tolerance value falls below 0.2, indicating that one variable can significantly influence the outcome of another variable (Gujarati & Porter, 2010).

Test of Normality

Ensuring the normal distribution of data is crucial, especially when conducting inferential statistics. Normality tests were performed to determine whether the residuals or error terms derived from the regression analysis of the collected data conformed to the shape of a normal curve. This was tested using a normality histogram. If the residuals formed a bell-shape, then they were assumed to be normally distributed, otherwise the normality assumption was violated.

Homogeneity of variance

Homogeneity of variance, also referred to as homoscedasticity, pertains to the consistency of variance. In a regression analysis model, it is assumed that the residuals remain constant across all values of the independent variables (Long & Ervin, 1998).

Ensuring this assumption is met is essential for the validity of the results. To assess homoscedasticity, a residual scatter plot was employed, examining predicted scores against standardized residual values, also known as errors of prediction. The results confirmed homogeneity of variance across all the independent variables.

Qualitative Analysis

The study yielded several outcomes from the qualitative analysis conducted. The questions presented to the respondents were structured, restricting them to the options provided in the questionnaire. The themes explored under this study objective encompassed self-awareness, internalized moral perspective, balanced processing, and relational transparency. The study also aimed to identify potential recommendations for fostering authentic leadership. Respondents were asked to propose ways to enhance and promote good governance, and an open-ended question was posed to gather their insights. Thematic analysis was employed to merge and statistically analyze various responses, utilizing qualitative data analysis techniques. Additionally, a multiple-response approach was adopted to examine the diverse suggestions provided by respondents regarding the promotion of authentic leadership for effective governance in County referral hospitals in Kenya.

Ethical Considerations

The ethical conduct of researchers is crucial in upholding the integrity and trustworthiness of any study. In this research, the researcher prioritized ethical norms to align with the fundamental goals of research: seeking knowledge and truth and minimizing errors. Upholding ethical standards prevented fabricating, falsifying, or misrepresenting research data, thus promoting accuracy and truthfulness in the study's

outcomes (Silverman, 2009). Sullivan (2009) emphasized researchers' ethical obligations, underscoring the importance of ethical considerations in studies. Ethical considerations were meticulously adhered to throughout the study. All necessary permissions and clearances were obtained from pertinent entities, including graduate school clearance, ethical approval from the PAN Africa Christian University Ethical Review Committee, and a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). Moreover, specific County permits were secured from Kiambu, Makueni, Kwale, Narok, and Kajiado counties. Additionally, the study prioritized ethical standards by seeking permission from the ethical review committees of each County referral hospital involved. The researchers ensured the research's quality and integrity by obtaining informed consent from participants, both verbally and in writing. Participants' responses were treated with utmost respect, confidentiality, and anonymity. The study was conducted on a voluntary basis, allowing participants to engage independently and without bias. The process of obtaining informed consent was diligently followed before administering questionnaires, respecting participants' autonomy throughout the research process.

Chapter Summary

This chapter focused on various critical aspects of the research process. It covered the research philosophy, design, and justification extensively, providing a comprehensive rationale for the chosen approach. The chapter elaborated on the target population, detailing the sampling frame, strategy, and justification for the selected sample size. It delved into the equipment used for data collection and outlined the specific procedures followed during data gathering. Additionally, the chapter discussed the research

instrument's validation and reliability, ensuring the data's accuracy and consistency. It addressed the operationalization of variables, detailing how the components of the variables were defined and measured. Furthermore, the chapter provided insights into the planned data analysis methods and presentation techniques, including diagnostic tests to validate the findings. Importantly, ethical considerations were thoroughly emphasized throughout the chapter, outlining the measures taken to protect participants' rights, confidentiality, and safety during the research process. Overall, Chapter Three meticulously covered various essential elements, setting the foundation for the research methodology and ethical framework for the study.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

Introduction

This chapter delves into the analysis of the collected information, interpretation, and discussion concerning the impact of Authentic Leadership, on the Governance of Kenya's County Referral Hospitals. In addition, the moderation effect of leadership efficacy. Out of the 396 questionnaires distributed, 384 were returned, with 289 from healthcare workers and 95 from County health management teams as respondents. The information that was collected for the five study aspects underwent analysis which encompassed descriptive and inferential analysis to interpret the results for each research objective. Hypotheses were tested, and discussions were conducted to link the survey findings with the existing body of knowledge. The study examined the questionnaire's reliability by employing Lee Cronbach's Alpha test in SPSS which was used to test for internal consistency analysis. The overall result indicated a score of 0.960, signifying excellent internal consistency of the questionnaire.

Response Rate

Response rate of this research was examined, and the results were presented in Table 4.1.

Table 4. 1: Response Rate

County	Proposed sample size	Actual responses	Non-responses	Response rate
KIAMBU	156	156	0	100.0%
NAROK	47	37	10	78.7%
KWALE	55	54	1	98.2%
MAKUENI	98	97	1	99.0%
KAJIADO	40	40	0	100.0%
Total	**396**	**384**	**12**	**97.0%**

Source: Research Data (2023)

According to Nachmias et al. (2014), the acceptable response rate is 50% and since it is deemed to be satisfactory, appropriate, and adequate for analysis of the data. According to Morris (2008), 60% is acceptable for social studies. This study managed to distribute 396 questionnaires and 384 questionnaires were filled and returned hence representing a response rate of 97% which was considered as adequate for the data analysis process to commence. The high response rate was attributed to researcher's use of two research assistants that helped in the data collection process, and they were trained before they started the process. In addition, the use of drop and pick method really gave the respondents time to complete the questionnaires.

Demographic Characteristics of the Respondents

Key attributes of the respondents were captured in the study due to their likelihood to affect how they perceived authentic leadership and governance in the referral hospitals in Kenya. In this study, profiles covered were educational achievement of the respondents, their age, gender, and the period they had worked in the hospital in their different capacities. Each aspect has been discussed below:

Respondents' Gender

Key attributes of the respondents were captured in the study due to their likelihood to affect the perception of governance in County referral hospitals in Kenya. The researcher investigated how the respondents were distributed across genders. The results are presented in table 4.2

Table 4. 2: Gender

Category	County	Subcategory	Frequency	Percentage (%)
Gender	Kiambu	Male	15	10
		Female	141	90
		Total	**156**	**100**
	Narok	Male	15	41
		Female	22	59
		Total	**37**	**100**
	Kwale	Male	19	39
		Female	35	61
		Total	**54**	**100**
	Makueni	Male	48	49
		Female	49	51
		Total	**97**	**100**
	Kajiado	Male	12	30
		Female	28	70
		Total	**40**	**100**

Source: Research Data (2023)

Table 4.2 represents the demographic characteristics regarding gender. From the summarized statistics, Kiambu had 156 respondents of whom 141(90%) were female while 15 (10%) were male. This means that majority of the employees who are leaders in Kiambu are women. Out of 37 respondents in Narok, 15 (41%) are male while 22 (59%) are female while Kwale had 54 respondents of which 35 (61%) were female while 19 (39%) were male. These statistics indicate that Narok and Kwale are dominated and lead my women in terms of governance. Further, the summarized statistics indicate that of the 97 respondents in Makueni, 48 (49%) were male while 49 (51%) were female. These statistics indicate that there is a clear gender distribution within the County. Finally, Kajiado had a sample size of 40 respondents. The report indicates that out of the 40, 12 were female while 28 were male representing 30% and 70% respectively. Generally, there were more women in leadership in the County referral hospitals than the men.

These is attributed by the fact that women are more responsible and truer to the call of duty as indicated in literature.

Age of the Respondents

Age is often used to study how individuals' experiences and choices are shaped by their age and the historical and social contexts in which they live. This study considered age of the respondent as a crucial factor which is likely to affect governance in County referral health facilities in the country.

Table 4. 3: Age of the Respondents

Category	County	Subcategory	Frequency	Percentage (%)
Age	Kiambu	Between 20-30	134	85.9
		Between 30-40	20	12.8
		Between 40-50	2	1.3
		Between 50-60	0	0.3
		Total	**156**	**100**
	Narok	Between 20-30	6	16.2
		Between 30-40	12	32.4
		Between 40-50	18	48.6
		Between 50-60	1	2.7
		Total	**37**	**100**
	Kwale	Between 20-30	25	46.3
		Between 30-40	12	22.2
		Between 40-50	9	16.7
		Between 50-60	8	14.8
		Total	**54**	**100**
	Makueni	Between 20-30	20	20.6
		Between 30-40	39	40.2
		Between 40-50	20	20.6
		Between 50-60	18	18.6
		Total	**97**	**100**
	Kajiado	Between 20-30	16	40
		Between 30-40	13	32.5
		Between 40-50	8	20
		Between 50-60	3	7.5
		Total	**40**	**100**

Source: Research Data (2023)

The summarised statistics in table 4.3 indicates that in Kiambu, the highest number of health care practitioners with leadership roles are mainly between the age of 20 to 30 years representing 85.9%. This means that Kiambu has trusted the leadership to younger managers. Narok had majority of the leaders in between 30 to 50 years. There is a small level of responsibilities given to young people and the older generation. This is attributed to developing the young people for succession planning at the same time allowing a few older people in the leadership to enable the other leaders to learn from them on areas they have excelled while providing leadership in the County. The statistics further shows that Kwale had 25 (46.3%) from 20-30 years, 12 (22.2%) from 30-40 years, 9 (16.7%) from 40 -50 years and 8 (14.8%) from 50-60 years. This indicate that most of the leaders in Kwale are relatively young. The statistics for Makueni indicate that 20 (20.6%) of its employees were from both 20-30 and 40-50 years while 39 (40.2%) and 18 (18.6%) were from 30-40 and 50-60 years respectively. This indicate that Makueni entrusts its leadership roles with professionals who are relatively mature. Finally, the statistics for Kajiado indicate that 16 (40%) are from 20-30 years, 13 (32.5%) are from 30-40 years, 8 (20%) are from 40-50 years while 3 (7.5%) are from 50-60 years. Kajiado County professional is relatively young which is good for stability and continuity of a stable leadership in the County.

Rank of the Respondents.

The rank of the respondents is a demonstration of the level of authority, responsibility, and decision-making power that an individual wields within the organization. The study grouped the positions held by the respondents as either lower,

middle and senior levels of management. Table 4.4 represents the summarized statistics for the same.

Table 4. 4: Rank of the Respondents

Category	County	Subcategory	Frequency	Percentage (%)
Rank	Kiambu	Senior Level	23	15
		Middle Level	92	59
		Lower Level	41	26
		Total	**156**	**100**
	Narok	Senior Level	15	40.5
		Middle Level	20	54.1
		Lower Level	2	5.4
		Total	**37**	**100**
	Kwale	Senior Level	11	20.4
		Middle Level	39	72.2
		Lower Level	4	7.4
		Total	**54**	**100**
	Makueni	Senior Level	16	16.5
		Middle Level	61	62.9
		Lower Level	20	20.6
		Total	**97**	**100**
	Kajiado	Senior Level	4	10
		Middle Level	28	70
		Lower Level	8	20
		Total	**40**	**100**

Source: Research Data (2023)

The statistics in table 4.4 shows that in Kiambu County, the distribution of the respondents in accordance with the rank of the health professionals shows that 23 (15%) were from senior level management, 92 (59%) middle level management while 41 (26%) lower-level management. In Narok, 15 (40.5%) were senior managers, 20 (54.1%) middle level managers while 2 (5.4%) lower-level managers. This means that majority of the

respondents in Narok were middle level managers while a few were senior. Kwale had 11 (20.4%) as senior managers, 39 (72.2%) middle level managers and 4 (7.4%) lower-level managers. Kwale had most of their managers within the middle level management. Makueni had most of its managers at the middle level since it represented the highest percentage 61 (62.9%) followed by lower level 20 (20.6%) and the least being senior level management 16 (16.5%). Finally, the statistics indicate that Kajiado had 28 (70%) ranked as middle level, 8 (20%) lower level and 4 (10%) ranked as the senor level managers. Overall, it was noted that the County referral hospitals are managed by health care professionals who are largely from middle level management.

Level of Educational of the Respondents

The level of education attained is used by the study to show the capacity of the leaders to demonstrate competence based on the knowledge and skills acquired through formal education. Table 4.5 indicates the level of education of the respondents.

Table 4. 5: Level of Education of the Respondents

Category	County	Subcategory	Frequency	Percentage (%)
Level of Education	Kiambu	Masters	12	8
		Degree	45	29
		Diploma	70	45
		Certificate	29	18
		Total	**156**	**100**
	Narok	Masters	2	5
		Degree	6	15
		Diploma	17	46
		Certificate	12	34
		Total	**37**	**100**
	Kwale	Masters	4	7
		Degree	6	12
		Diploma	30	55
		Certificate	14	26
		Total	**54**	**100**
	Makueni	Masters	14	14
		Degree	18	19

		Diploma	46	47
		Certificate	19	20
		Total	**97**	**100**
		Masters	2	6
		Degree	6	16
		Diploma	15	37
		Certificate	17	41
	Kajiado	**Total**	**40**	**100**

Source: Research Data (2023)

The statistics in table 4.5 indicate that in Kiambu 12 (8%) of the respondents had master's degree, 45 (29%) had undergraduate degree, 70 (45%) had diploma and 29 (18%) had certificate. This is because majority of the health professionals are licensed certificate and diploma holders. The professional is only needed to have either a certificate or diploma to get licensed then they grow from the job. The summarised statistics also indicate that Narok had 2 (5%) with masters, 6 (15%) with degrees, 17 (46%) with diplomas and 12 (34%) with certificate. On the other hand, Kwale had 4 (7%) with masters, 6 (12%) with degrees, 30 (55%) with diploma while 14 (26%) had certificate as their level of education. This indicate that majority of the leadership in Kwale referral hospitals are headed by people with degree and certificate levels who have a wealth of experience in the institution. Makueni had 14 (14%) of the respondents with masters, 18 (19%) with degrees, 46 (47%) with diplomas and 19 (20%) with certificates. Kajiado County referral hospital had 2 (6%) with masters, 6 (16%) with degrees, 15 (37%) diplomas and 17 (41%) with certificate. Overall, the statistics indicate that majority of the County leadership within the referral hospitals have certificate and diplomas majorly because of the requirements by the licensing board. The board only needs a certificate or a diploma for one to be licensed.

Years of Experience of the Respondents

The study collected data to ascertain the years of experience that the health professional had within the various counties they were working for. This was grouped into four categories for the respondents to pick according to the many years they have worked with the County referral. Table 4.6 represents the results.

Table 4.6: Years of Experience of the Respondents

Category	County	Subcategory	Frequency	Percentage (%)
Years of Experience	Kiambu	Between 0-5 years	34	22
		Between 5-10 years	36	23
		Between10-20 years	58	37
		Over 20 years	28	18
		Total	**156**	**100**
	Narok	Between 0-5 years	2	6
		Between5-10 years	13	36
		Between 10-20 years	15	41
		Over 20 years	7	17
		Total	**37**	**100**
	Kwale	Between 0-5 years	18	33
		Between5-10 years	15	28
		Between 10-20 years	10	19
		Over 20 years	11	20
		Total	**54**	**100**
	Makueni	Between 0-5 years	21	22
		Between5-10 years	34	35
		Between 10-20 years	25	26
		Over 20 years	17	17
		Total	**97**	**100**
	Kajiado	Between 0-5 years	13	33
		Between5-10 years	15	38
		Between 10-20 years	7	17
		Over 20 years	5	12
		Total	**40**	**100**

Source: Research Data (2023)

The statistics in table 4.6 shows the years of experience that respondents as per the category and based on the County that the respondents were from. In Kiambu County 34 (22%) of the respondents had 0-5 years of experience, 36 (23%) had between 5-10 years of experience while 58 (37%) had between 10-20 years. This is attributed to the fact that the hospitals trust that with years of experience you become more knowledgeable in relation to leadership and governance within the hospitals. Finally, 28 (18%) of the respondents had over 20 years of experience. Narok referral County had 2 (6%) of the respondents with less than five years of experience in the leadership because they still don't understand the system hence the hospital does not allow them to be in key leadership. 13 (36%) of the respondents were between 5 to 10 years of experience while 15 (41%) had between 10 to 20 years of experience. It was noted that the highest number of leaders in governance are drawn in the 5 to 20 years of experience because they are assumed to have knowledge on hospital operations. The over 20 years of experience accounted for 7 (17%) of the respondents. Kwale on the other hand had 18 (33%) of the respondents having less than 5 years of experience, 15 (28%) having experience between 5-10 years, 10 (19%) have 10-20 years of experience while 11 (20%) of respondents had over 20 years of experience. Overall, in Kwale, majority of the respondents had between 0-10 years of experience because of the location and only young professionals can accept to work in the County. In Makueni, 21 (22%) of the respondents had below 5 years of experience, 34 (35%) of the respondents had between 5-10 years of experience, 25 (26%) of the respondents had between 10-20 years of experience with 17 (17%) of the respondents having over 20 years of experience. Finally, Kajiado had 13 (33%) of the respondent having less than 5 years of experience, 15 (38%) of the respondents having 5-

10 years of experience, 7 (17%) having between 10-20 years of experience while only 5 (12%) have over 20 years of experience.

Descriptive Analysis

The study employed methods for collecting and analysing quantitative data. To illustrate trends and patterns in the data, descriptive statistics, encompassing measures of central tendency like mean and standard deviation, were utilized. Calculations of frequencies and percentages were carried out to provide a concise summary of the data. Variable characteristics were examined through data analysis using STATA 13.0 and SPSS 24 software. Furthermore, qualitative data obtained from open-ended questions underwent thematic analysis, and the outcomes were juxtaposed with the quantitative data. The findings were presented using tables, figures/diagrams, and narrative descriptions.

Self-Awareness among CHMT and Health Care Workers

Authentic leadership constituted of the independent variable whereby it was operationalized using four variables which form the specific objectives. The first objective being self-awareness. Self-awareness was defined as the extent to which a leader is conscious about the current situations within the organizations to come up with the necessary course of action. As per Northouse (2019), self-awareness is characterized by a leader's personal insights, constituting an ongoing process wherein individuals gain an understanding of themselves, encompassing strengths, weaknesses, and their impact on others (Northouse, 2019). This introspective ability empowers leaders to comprehend their strengths, weaknesses, values, and beliefs, contributing to heightened overall

effectiveness and positive influence on teams and organizations. Moreover, self-awareness is viewed as a continual journey involving increasing levels of ethical maturity for a leader (Caldwell & Hayes, 2016). It can also be defined as the mechanism through which a leader showcases their comprehension of the surrounding world (Bedrov & Bulaj, 2018).

The investigator sought to find out the level of self-awareness among CHMT leaders and healthcare workers in the County hospitals in relation to Governance. The variable was operationalized using four indicators namely, authenticity, feedback, weaknesses and sincerity. Based on the parameters of the Likert scale, the mean and the standard deviation of the variable was presented in table 4.7

Table 4.7: Descriptive Statistics for Self Awareness among CHMT and Health Care Workers

Self-Awareness Dimensions	**Statistics**		
	N	**Mean**	**SD**
I tell other people who I am as a person.	384	4.192	0.729
I solicit feedback as a means of gaining insight into my true self.	384	4.052	0.851
I can list my three greatest weaknesses	384	4.210	0.704
I rarely present a "false" front to others	384	3.962	0.971
Variable aggregate score	**384**	**4.104**	**0.814**

Source: Research Data (2023)

The results in Table 4:7 represents the level of self-awareness among County Health Management Teams (CHMT) and healthcare workers across five County referral hospitals in Kenya, delineating responses based on various statements. Self-awareness was measured based on four statement items that were in line with the indicators of the

variable. The statistic indicate that respondents largely agreed that self-awareness was an important part of authentic leadership (Mean =4.104, SD = 0.814) because one cannot lead if they do not understand themselves and the environment in which they operate.

In addition, the leaders have been taking feedback very seriously and implementing the suggestions provided. Specifically, telling people who you are had a mean of 4.192 and a standard deviation of 0.729. Soliciting feedback as a means of gaining insight into one's true self had a mean of 4.052 and a standard deviation of 0.851. This means that respondents agreed that it's important for an authentic leader to solicit feedback on themselves. The respondents agreed that the leader's ability to list his greatest goal was important with a mean of 4.210 and standard deviation of 0.704. Finally, not presenting a false front to others had a mean of 3.962 and a standard deviation of 0.971. This means that the respondents were neutral of the importance and effect of false front to others. They felt the variable was best evaluated at an individual level advantage but not at the leader's advantage.

These results agree with other studies. For instance, Puni and Hilton (2020) whom while investigating the association between leadership and the quality of care given to patients in Ghana. The study targeted 38 nurses, midwives, and 38 patients in 6 general hospitals. The authors found that self-awareness was one of the exhibited forms of authentic leadership by the nursing leaders. The effect of authentic leadership on public organizations and their employees can be understood by analyzing the various dimensions of authentic leadership self-awareness included (Ngunjiri & Hernandez, 2017; Ugoani, 2020).

Internalized Moral Perspective among CHMT and Health Care Workers

Internalized moral perspective was used as the second variable in the operationalization of authentic leadership. It is also a self-regulatory mechanism by which an individual uses their values and moral standards to guide their behaviour, as opposed to letting external pressures (e.g., societal and peer pressures) drive them (Northouse, 2019). This was measured using four indicators such as self-reflection, open-mindedness, consideration and strengths. Table 4.7 represents the descriptive statistics of internal moral perspective.

Table 4. 8: Descriptive Statistics for Self Awareness among CHMT and Health Care Workers

Internalized Moral Perspective Statements	**Statistics**		
	N	**Mean**	**SD**
Other people know where I stand on controversial issues	384	4.206	0.758
I admit my mistakes to others	384	4.234	0.722
My actions reflect my core values	384	4.430	0.634
I accept the feelings I have about myself	384	4.344	0.638
Variable aggregate score	384	4.304	0.688

Source: Research Data (2023)

The summarised statistics indicate that respondents agreed that internalized moral perspective was important for authentic leadership to thrive. The statement on people knows where I stand on controversial issues had a mean of 4.206 and a standard deviation of 0.758. The respondents agreed that an authentic leader's ability to admit its mistake to others was important hence having a mean of 4.234 and a standard deviation of 0.722. My actions reflect my core values had a mean of 4.430 and a standard deviation of 0.638. Finally, the leader's ability to accept the feelings they have about themselves had a mean of 4.344 and a standard deviation of 0.638. Overall, the respondents agreed that internal

moral perspective is important as an element of authentic leadership with a mean of 4.304 and standard deviation of 0.688.

Balanced Processing among CHMT and Health Care Workers

Balance processing was the third objective of the study variable that was used to operationalize authentic leadership. Balanced processing involves the process of considering all relevant factors prior to deciding (Squires, 2018 and Walumbwa et al., 2008). The attempt to understand the dimensions that the study can use to gather information on balanced processing, the study operationalised the variable as transparency, accountability, integrity and self-acceptance. The summarised statistics is presented in table 4.9.

Table 4.9: Descriptive Statistics for Self Awareness among CHMT and Health Care Workers

Balanced Processing Statements	**Statistics**		
	N	**Mean**	**SD**
I seek feedback as a way of understanding who I really am as a person	384	4.716	0.744
I listen very carefully to the ideas of others before making decisions	384	3.78	0.69
Seek others' opinions before making up my own mind	384	4.158	0.854
I can list my three greatest strengths	384	4.378	0.602
Variable aggregate score	**384**	**4.304**	**0.688**

Source: Research Data (2023)

The descriptive statistics represents the level of awareness and use of balanced processing as an element of authentic leadership. Seeking feedback as a way of understanding who I really am as a person had a mean of 4.716 and a standard deviation of 0.714 while listening very carefully to the ideas of others before making decisions had a mean of 3.78 and a standard deviation of 0.69. The respondents largely agreed that an

authentic leader ought to seek feedback from the followers since this helps in adjusting. In addition, respondents agreed that leaders need to seek others' opinions before making up their mind with a mean of 4.158 and a standard deviation of 0.854. This was found to be important since the followers will have a feel of ownership to the various decisions made. I can list my three greatest strengths helped in ensuring leaders have self-acceptance and it had a mean of 4.378 and a standard deviation of 0.602. Overall, the respondent agreed that balanced processing was important for an authentic leader in enhancing good governance among CHMT and Health Care Workers

Relational Transparency among CHMT and Health Care Workers

According to Bedrov & Bulaj, (2018) relational transparency refers to the leadership quality of presenting one's genuine self to others, as opposed to the distorted or fake self. Relational transparency encourages trust via sincere disclosures in which a person shares information openly and expresses their thoughts and emotions genuinely without trying to mask them (Bedrov & Bulaj, 2018). Relational transparency is a key aspect of authentic leadership, and it refers to the leader's openness and honesty in their relationships with others.

Table 4.10: Descriptive Statistics for Relational Transparency among CHMT and Health Care Workers

Relational Transparency Statements		**Statistics**	
	N	**Mean**	**SD**
I do not allow group pressure to control me	384	4.510	0.650
Other people know where I stand on controversial issues	384	4.084	0.742
I openly share my feelings with others	384	3.932	0.802
I do not emphasize my own point of view at the expense of others	384	4.062	0.766
Variable aggregate score	**384**	**4.147**	**0.74**

Source: Research Data (2023)

The summarized statistics indicate that the leader's ability not to allow group pressure to control him had a mean of 4.510 and a standard deviation of 0.650. This indicate that respondents strongly agreed that pressure is not a good element for good governance. Other people know where I stand on controversial issues had a mean of 4.084 and a standard deviation of 0.742. Good governance does not work in a controversial environment hence the respondents agreed that a good leader need to let his follows know his/her stand. I openly share my feelings with others, and I do not emphasize my own point of view at the expense of others had a mean of 3.932 and 4.062 respectively and a standard deviation of 4.062 and 0.766 respectively. The respondents generally agrees that relational transparency is a requisite for good governance that managers ought to pay attention to.

This suggests opportunities for interventions focused on promoting open expression of feelings, clarity on controversial issues, resistance to group pressure, and balanced viewpoints. Enhancing relational transparency can improve communication, cooperation, and understanding within healthcare settings. The data portrayed a positive trend in relational transparency among respondents, highlighting strengths and areas for further development within Kenya's diverse healthcare teams.

This study findings supported Puni and Hilton (2020) results who posits on relational transparency construct and established that relational transparency leadership had insignificant associations with the quality of care offered to a patient. They implied that nurses who were at the fore front failed to evaluate information objectively and did not seek opinions from other workers while making the decisions. Thus, the authors

recommended empowering health sector leaders through training, seminars, and conferences on the importance of teamwork in their line of duty (Puni & Hilton, 2020).

Similarly, Mbata, Oluoch, and Muindi (2023) studied the influence of organizational leadership through identification on the relationship between authentic leadership and employees' ethical behaviour in Kenyan commercial banks, indicating a significant impact of authentic leadership on ethical behaviour. Masimane (2023) assessed the impact of authentic leadership and motivation on the performance of employees in Kenyan commercial banks, finding a statistically significant effect on employee performance. All in all, according to Martino (2019), a leader must display the four behaviours to be considered an authentic leader. The behaviours comprise transparency in one’s relations, balanced processing, a strong internal moral compass, and self-aware. The reason is that all four behaviours help a leader to be effective in conducting his/her duties. They outlined that being self-aware means knowing oneself, including one’s strengths and weaknesses. And understanding the effect one has on other people. This helps a leader to use his/her strength in serving the public while impacting them positively. Balanced processing involves the process of considering all relevant factors before deciding (Martino, 2019).

Leadership Efficacy among CHMT and Health Care Workers

As per Northouse (2022), leadership efficacy refers to a leader's confidence and belief in their ability to effectively utilize their knowledge, capabilities, skills, and talents to lead and inspire others toward achieving goals and success. In this study, respondents'

perceptions of their leaders' efficacy were also assessed. The leadership efficacy scale used comprised 9 items which were designed to measure various aspects of leadership efficacy, including Knowledge, Capabilities, and Skills/Talents, for both the County health management team and County healthcare workers. The results were presented in table 4.11.

Table 4.11: Descriptive Statistics for Leadership Efficacy among CHMT and Health Care Workers

Leadership Efficacy Dimensions	**Statistics**		
Knowledge	**N**	**Mean**	**SD**
I possess a clear understanding of the various levels of accountability within the organization and am well-informed on the subject.	384	3.812	0.902
I am knowledgeable on hospital policies and technical SOPS	384	3.884	0.816
The organization is clear on tasks and has ability to prioritize tasks by ensuring that the most essential tasks are performed before the less essential ones	384	4.012	0.838
Sub Variable aggregate score	**384**	**3.903**	**0.852**
Capabilities	**N**	**Mean**	**SD**
Have the capabilities to lead others by example. Participates in technical assignments	384	4.066	0.862
Ability to prepare good and timely daily/weekly/monthly reports	384	4.272	0.798
Ability to share responsibilities with and to give adequate authority to subordinates to perform tasks	384	4.146	0.858
Variable aggregate score	**384**	**4.161**	**0.839**
Skills and Talents	**N**	**Mean**	**SD**
Practice fairness, learn about the strengths and talents of the team members	384	3.938	0.896
Energizes employees, orients them toward their collective objective, and fully engages their talents.	384	3.812	0.938
1 give/am given (employees) autonomy to unleash their skills when possible.	384	3.876	0.863
Sub Variable aggregate score	**384**	**3.875**	**0.899**
Overall Aggregate Score		**3.98**	**0.863**

Source: Research Data (2023)

Statistics in table 4.11 illustrate the respondent’s opinion of leadership efficacy as a moderating variable for the study. The results demonstrate the extent at which the

respondents strongly agree or disagree on the variables ability to moderate the relationship between authentic leadership and governance in County referral hospitals in the country. The statements under knowledge as a dimension of leadership efficacy reported an average aggregate mean of 3.903 and a standard deviation of 0.852. This means that respondents were neutral to the contribution of knowledge as a dimension of leadership efficacy as a moderator to the relationship. Specifically, I possess a clear understanding of the various levels of accountability within the organization and am well-informed on the subject had a mean of 3.812 and a standard deviation of 0.902, I am knowledgeable on hospital policies and technical SOPS had a mean of 3.884 and a standard deviation of 0.816 while the organisation is clear on tasks and has ability to prioritize tasks by ensuring that the most essential tasks are performed before the less essential ones had a mean of 4.012 and a standard deviation of 0.838. Capability was another dimension of leadership efficacy, and it reported an average of 4.161 with a standard deviation of 0.839. The respondents agreed that having capabilities to lead others by example while participating to technical assignments had a mean of 4.066 and standard deviation of 0.862, the leader's ability to prepare good and timely reports had a mean of 4.272 with a standard deviation of 0.798. The respondents also agreed on the dimension that the leader's ability to share responsibilities with and to give adequate authority to subordinates to perform tasks had a mean of 4.146 and standard deviation of 0.858.

Finally, leadership efficacy reported a strong average of 3.875 and a mean of 0.899. The leader's ability to practice fairness, learn about the strengths and talents of the team members reported a mean of 3.938 and a standard deviation of 0.896, the leader's

approach towards his way of energizing employees, orienting them toward their collective objective, and fully engages their talents had a mean of 3.812 and a standard deviation of 0.938. The skills and talent of the leader was measured in his ability to allow autonomy of work leading to creative skills and innovation reported a mean of 3.876 and a standard deviation of 0.863.

From the results, it was noted that there was overall good leadership efficacy among the leaders of County health workers and health management team as espoused by Luthans et al. (2006) who highlighted that a leader's capacity and psychological resources to perform their tasks is a major transformational test of leadership efficacy since they can be in a position to handle unprecedented challenges posed by the ever-changing work environments. The table presented above shows the rating of statements used to gauge leadership efficacy as a factor influencing governance in County referral hospitals in the country. From the findings, statements under leader's capabilities had higher mean scores followed by the knowledge subcomponent whereas skills and talents had the least.

Governance among CHMT and Health Care Workers

Governance was the dependent variable. The study conceptualised the governance as the leader's ability to manage County health facilities and referral hospitals, overseeing pharmacies and ambulatory services, promoting primary health care, supervising cemeteries, funeral Parlors, and crematoria, as well as regulating and licensing relevant undertakings and maintaining sanitation standards. Effective leadership and governance involve the interplay of processes, structures, and traditions that govern the exercise of power, ensure the input of citizens and stakeholders, and guide decision-

making (Sangroula, 2020; Ali et al., 2020; Northouse, 2019). The results are presented in table 4.12.

Table 4. 12: Descriptive Statistics for Governance among CHMT and Health Care Workers

Governance Dimensions	**Statistics**		
Accountability	**N**	**Mean**	**SD**
Healthcare professionals have a clear understanding of the levels of accountability within the hospital.	384	3.814	0.942
Sub Variable aggregate score	**384**	**3.814**	**0.942**
Transparency	**N**	**Mean**	**SD**
Leaders adopt a transparent leadership style that helps employees get to know you/them, understand the decisions leaders make, and feel more connected to the department/ hospital	384	3.636	0.894
Treating people equally and appropriating resources evenly without bias or favoritisms.	384	3.658	0.996
Variable aggregate score	**384**	**3.649**	**0.945**
Responsiveness	**N**	**Mean**	**SD**
Health workers leaders understand that leadership is a responsibility not power and take responsibility for their actions which include both failures and successes	384	3.688	0.97
Ability to communicate ideas and intentions to others clearly without being misunderstood	384	3.846	0.838
Improves personal performance.	384	3.91	0.86
Sub Variable aggregate score	**384**	**3.815**	**0.889**
Participation	**N**	**Mean**	**SD**
Our organization has been able to meet the set targets	384	3.692	0.794
Employees have been efficient in their work	384	3.86	0.768
Leadership and governance trainings are reinforced	384	3.418	1.024
Sub Variable aggregate score	**384**	**3.657**	**0.862**
Overall Aggregate Score	**384**	**3.706**	**0.899**

Source: Research Data (2023)

The summarised statistics in table 4.12 illustrates that the sub variable accountability had a mean of 3.814 and a standard deviation of 0.942. This means that majority of the respondents agreed that accountability is a good indicator of good governance. Further, the respondents agreed that transparency is another important aspect of good governance (Mean= 3.649, SD=0.945) with the aspect of leaders adopt a

transparent leadership style that helps employees get to know you/them, understand the decisions leaders make, and feel more connected to the department/ hospital (Mean = 3.636, SD = 0.894) while treating people equally and appropriating resources evenly without bias or favouritisms (Mean = 3.658, SD = 0.996). The respondents agreed that responsiveness is important as a dimension of good governance with an aggregate mean of 3.815 and a standard deviation of 0.889. The leaders agreed that health workers and leaders understand that leadership is a responsibility not power and take responsibility for their actions which include both failures and successes (Mean = 3.688, SD = 0.97), ability to communicate ideas and intentions to others clearly without being misunderstood (Mean = 3.846, SD = 0.838) and improved individual performance (Mean = 3.91, SD=0.86).

Finally, the sub variable participation as a dimension of good governance had an aggregate mean of 3.706 and a standard deviation of 0.899. This means that respondents agreed that participation is a key element of good governance, and leaders need to be given opportunities to get involved in the operations of the hospitals. Our organization has been able to meet the set targets (Mean = 3.692, SD = 0.794), employees have been efficient in their work (Mean = 3.86, SD = 0.768) and the facilities ability to ensure good leadership and governance process is enforced recorded a mean of 3.418 and a standard deviation of 1.024. This aspect of participation recorded a low mean, and the respondents were hesitant on the enforcement because of the changes taking place in hospitals and the challenges the service providers are facing given the macro and micro environmental factors.

Diagnostic Tests Results

This section presents the diagnostic test results pertaining to the assumptions underlying parametric tests, such as linear regression and Pearson's correlation. These assumptions include the normality of residuals, homogeneity of variance, and the absence of multicollinearity, as elaborated upon below.

Normality Test Results

The study conducted normality test to assess whether the data collected were normally distributed. Shapiro wilk test was used to test for normality. Using a p value greater than 0.000 to indicate that the data is normal, the collected information was tested, and the findings are presented in table 4.13.

Table 4. 13: Normality Test

Dimensions	Shapiro-Wilk		
	Statistic	Df	Sig.
Self-Awareness	.904	384	.001
Internalized Moral Perspective	.860	384	.001
Balanced Processing	.849	384	.001
Relational Transparency	.913	384	.001
Leadership Efficacy	.879	384	.001
Governance	.894	384	.001

Source: Research Data (2023)

The summarised statistics indicate that the data was normal given the variables had all their p value greater than 0.000. Specifically, self-awareness recorded a p value 0.001, internalised moral perspective 0.001, rational transparency 0.001, leadership efficacy 0.001 and governance 0.001. This shows that the data was normally distributed.

The findings support the study by Razali et al. (2012), who posits that data is considered to have a normal distribution if the p value is greater than 0.000.

Homoscedasticity

Homogeneity of variance, or homoscedasticity, pertains to the consistency of variance. In the context of regression analysis, it assumes that the residuals maintain a consistent variance across all levels of the independent variables. To evaluate homoscedasticity, a scatter plot of residuals was generated, plotting predicted scores against standardized residual values, commonly referred to as errors of prediction. The absence of a triangular fan-out pattern in the residuals serves as an indicator that the assumption of equal variance is met.

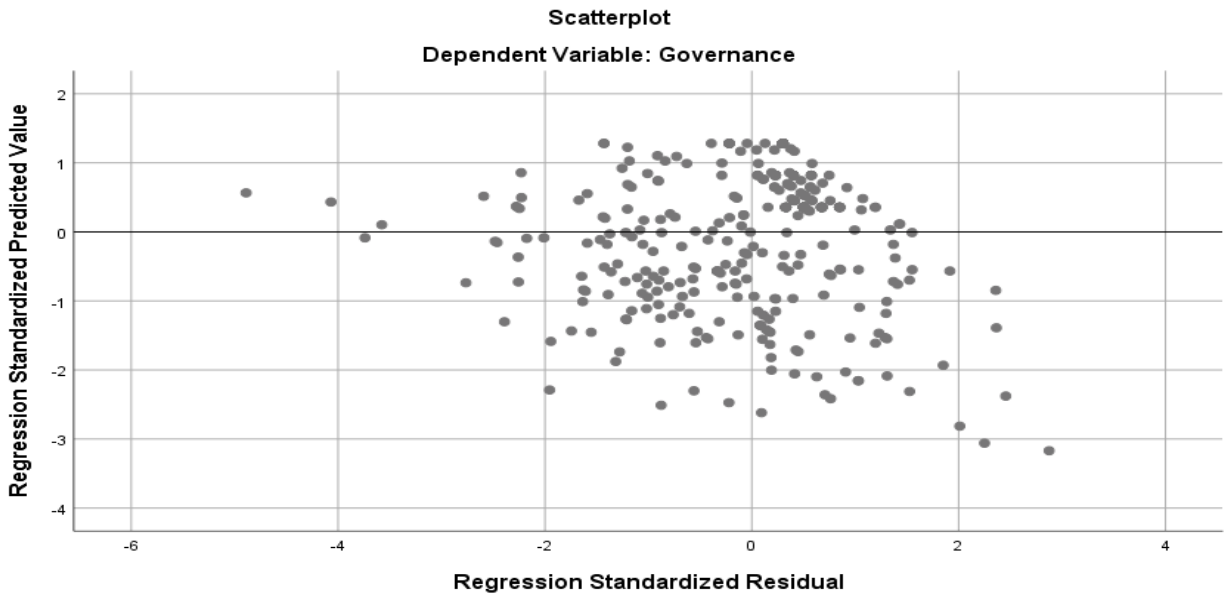

Figure 4. 1: A Scatter figure of the Predicted Values of Governance and Residual Values of Governance

Based on the results presented in the above figure, the scores appear to be randomly scattered, and the residuals do not exhibit a triangular fan-out pattern. This suggests that the homoscedasticity assumption was not violated.

Multicollinearity

The analysis of the results examines multicollinearity. Multicollinearity occurs when there is a high correlation among independent variables, making it challenging to isolate the individual impact of each variable on the dependent variable. Multicollinearity is characterized by high correlations among independent variables. In linear regression analysis, it is assumed that independent variables are not strongly correlated with each other. To examine multicollinearity, variance inflation factor (VIF) and Tolerance tests were conducted.

Table 4. 14: Multicollinearity Test

Variable	Tolerance	VIF
Self-Awareness	0.732	1.367
Internalized Moral Perspective	0.588	1.700
Balanced Processing	0.459	2.180
Relational Transparency	0.412	2.429
Leadership Efficacy	0.541	1.850

Source: Research Data (2023)

Looking at the results for each variable: Self-Awareness, with a tolerance of 0.732 and a VIF of 1.367, indicates a low tolerance and a relatively high VIF, suggesting low correlation with other predictor variables and not posing any risk of multicollinearity. Similarly, Internalized Moral Perspective exhibits low tolerance (0.588) and a relatively

high VIF (1.700), indicating no potential multicollinearity with other variables in the model.

Balanced Processing, although showing a higher tolerance (0.459) compared to the previous variables, still has a relatively elevated VIF (2.180), suggesting low correlation with other predictors. Lastly, in the case of Relational Transparency, with a tolerance of 0.412 and a VIF of 2.429, there is still no evidence of multicollinearity, as the VIF surpasses the threshold. Finally, leadership efficacy had a tolerance level of 0.541 and a VIF of 1.850. This shows that there was a low correlation between the variables of the study. The findings affirm a violation of the no-multicollinearity assumption, as the VIF values were less than 5, and Tolerance values were above 0.2.

Inferential Analysis

Inferential analysis was performed to determine the effect of authentic leadership on Governance as well as establish whether leadership efficacy had any moderating effect on the relationship between authentic leadership and Governance of County referral hospitals in Kenya. Pearson's correlation was used to establish the relationship and regression analysis was used to test the study hypothesis for the five objectives.

Correlation Analysis

The study conducted a Pearson correlation analysis to examine a linear association between the outcome variable (Governance) and the predictor variables (Authentic leadership) and also the moderating variable (Leadership efficacy). It helped in determining whether there was a relationship between each independent variable and

the dependent variable, the strengths of association, and the direction of the relationship, whether positive or negative. The results are as indicated below:

Table 4. 15: Correlation Analysis

		Self-Awareness	Internalised Moral Perspective	Balanced Processing	Relational Transparency	Leadership Efficacy	Governance
Self-Awareness	Pearson Correlation	1					
	Sig. (2-tailed)						
	N	384					
Internalised Moral Perspective	Pearson Correlation	.797**	1				
	Sig. (2-tailed)	.000					
	N	384	384				
Balanced Processing	Pearson Correlation	.725**	.748**	1			
	Sig. (2-tailed)	.000	.000				
	N	384	384	384			
Relational Transparency	Pearson Correlation	.745**	.690**	.667**	1		
	Sig. (2-tailed)	.000	.000	.000			
	N	384	384	384	384		
Leadership Efficacy	Pearson Correlation	.612**	.535**	.559**	.658**	1	
	Sig. (2-tailed)	.000	.000	.000	.000		
	N	384	384	384	384	384	
Governance	Pearson Correlation	.610**	.536**	.562**	.671**	.809**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	384	384	384	384	384	384

Source: Research Data (2023)

The results of the study indicated compelling findings regarding the relationship between various factors of authentic leadership, leadership efficacy and Governance. Firstly, there was a notably strong and positive association between Governance and Self-awareness, with a correlation coefficient of r = 0.610 and a p-value of 0.000 at a 5% level of significance. Similarly, Internalized Moral perspective showed a strong and positive correlation with Governance (r = 0.610, p = 0.000). Balanced processing also exhibited a significant relationship with Governance, although slightly lower than the aforementioned factors, with a correlation coefficient of r = 0.562 and a p-value of 0.000 at a 5% significance level. Moreover, Relational Transparency was found to have a significantly strong positive association with Governance, showing a correlation coefficient of r = 0.671 and a p-value of 0.000.

Lastly, the moderating variable, Leadership efficacy, displayed a substantial positive relationship with Governance, indicating a high correlation coefficient of r = 0.809 and a p-value of 0.000. This finding suggested that Leadership efficacy was strongly related to Governance. Therefore, all the independent variable constructs- Self-awareness, Internalized Moral perspective, Balanced processing, Relational Transparency - exhibited strong positive and significant linear associations with Governance. Furthermore, the moderating variable, Leadership efficacy, was also observed to strongly relate to Governance.

Hypotheses Testing

The study conducted a multiple regression analysis for the test of direct relationship of the study variables that is the effect of authentic leadership and governance of County referral hospitals in Kenya. Authentic leadership was guided by

hypothesis testing of four hypotheses namely (a) there is no significant effect of self-awareness among CHMT and healthcare workers on the governance of County referral hospitals in Kenya; (b) there is no significant effect of internalised moral perspective among CHMT and healthcare workers on the governance of County referral hospitals in Kenya ; (c) there is no significant effect of balanced processing among CHMT and healthcare workers and the governance of County referral hospitals in Kenya and (d) there is no significant effect of relational transparency competencies among CHMT and healthcare workers on the governance of County referral hospitals in Kenya. A composite index was computed, and the average was regressed against the dependent variable. The result was used to explain the significance of the model summary, ANOVA and the Beta coefficients. P value less than 0.05 was used to determine the significance level.

Table 4.16: Authentic leadership and governance of County referral hospitals in Kenya.

Model Summary						
Model	R	R Squared	Adjusted R Square	Std. Error of the Estimate		
1	0.703[a]	0.494	0.489	0.63738		
ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	150.607	4	37.652	92.682	.001[b]
	Residual	153.968	379	.406		
	Total	304.575	383			
Regression Coefficients						
Model		Unstandardized coefficients		standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.900	.288		-3.126	.002
	Self-Awareness	.313	.085	.240	3.676	.001
	Internalized Moral Perspective	-.101	.103	-.064	-.978	.328
	Balanced Processing	.239	.089	.152	2.694	.007
	Relational Transparency	.691	.088	.443	7.837	.001

Source: Research Data (2023)

The summarised statistics in Table 4.16 indicate that the model was fit to test for the hypothesis. The correlation coefficient (R) was 0.703 which indicate that there is a strong positive correlation between authentic leadership and governance. The R^2 was used to establish the strength of the relationship on how much of the total variable of the dependent variable, governance, can be explained by the independent variable, authentic leadership. The study reported R^2 of 0.494 which means that 49.4% of the variation in governance of County referral hospitals in Kenya is explained by the combined effect of the independent variable (self-awareness, internalized moral perspective, balanced processing, relational transparency). The remaining 50.6% of the variation in governance is attributed by factors outside the model of the study. In addition, the results show the analysis of variance through the output on the ANOVA on authentic leadership and governance to be significant. The analysed data reported an F statistic of 92.682 with a P value of .001 meaning that the model was significant in predicting the effect of self-awareness, internalised moral perspective, balanced processing and relational transparency on governance of County referral hospitals in Kenya. Based on the findings, the regression equation on the various dimensions of authentic leadership on governance of County referral hospitals in Kenya is summarised as follows.

$$Y = \beta 0 + \beta_1 X1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Governance = -900 + 0.313 Self-awareness -0.101 Internalised moral perspective + 0.239 Balanced Processing + 0.691 Relational Transparency+ ε

The findings on the regression model indicate that if all the factors of authentic leadership remain constant that is self-awareness, internalised moral perspective, balanced processing and relational transparency, the effect of governance within the selected referral hospitals in Kenya will be equal to -0.900. This means that there will be a 90% negative effect to governance within the hospitals. The statistics further indicate that if all the other factors are held constant then an increase in leader's self-awareness will enhance governance by 0.313 (31.3%). Similarly, an increase in the level of internalised moral perspective had a negative influence on governance by 0.101 (10.1%). In the effort to ensure that governance is enhanced, it was noted that holding other factors constant, and the balanced processing results in 0.239 (23.9%) positive influence on governance. Finally, holding the factors constant, an increase on relational transparency has a potential of enhancing the level of governance by 0.691 (69.1%).

The extant literature and the empirical findings have provident empirical evidence on the impact of the various dimensions of authentic leadership in predicting governance of referral hospitals in Kenya. It was noted that rational transparency had the highest contribution with a p value less than 0.05 level of significance followed by self-awareness which also reported a significance level of p value less than 0.05. Balanced processing was significant at p value less than 0.005 while there was a negative significant effect of internalised moral perspective reporting a p value greater than 0.05 with a negative beta coefficient. This means that internalised moral perspective had a negative effect on governance of referral hospitals in Kenya.

The effect of Self-Awareness on Governance of County Referral Hospitals in Kenya

The first research objective aimed at investigating the effect of Self-Awareness among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya. The null and the alternative hypothesis were stated as follows:

H0: There is no significant effect of self-awareness among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_0: $\beta_1 = 0$).

Ha: There is significant effect of self-awareness among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_1:$\beta_1 \neq 0$).

From the multiple regression results, the self-awareness coefficient stood at 0.313, with a t-statistic of 3.676 and a p-value of .001. The variable reported a significant level $p< 0.05$ the null hypothesis was rejected in favour of the alternate hypothesis. The result provided strong evidence for a significant impact of self-awareness on Governance, affirming its statistical significance as a predictor. The multiple regression analysis findings led to the rejection of the hypothesis that self-awareness did not affect Governance, confirming that there was a significant influence of self-awareness of Health workers and CHMT leaders on Governance of County referral hospitals in Kenya. Moreover, correlation analysis demonstrated a robust and positive relationship between Governance and self-awareness, strongly supporting the idea that self-awareness significantly impacted Governance within County Referral Hospitals in Kenya, emphasising self-awareness's critical role in effective hospital governance. Therefore, the study recommends that self-awareness as a crucial for authentic leadership, influencing team dynamics and organizational success. The research revealed a positive attitude towards self-awareness. Implementing the recommendations can further enhance self-

awareness, nurturing an environment valuing authenticity and introspection among leaders.

The findings supported Bedrov & Bulaj (2018) findings on self-awareness and a precursor for good governance. Shirey (2015) also noted that self-awareness is a critical factor for health professionals to recognise their struggles. It is also important since it allows leaders to recognize their positive and negative emotions and assess their impact on others (Mansel & Einion,2019). The findings also supported Younas et al., (2021) on the findings that self-awareness allows for nurse leaders to overcome negative emotions and factors and incorporate ethical and moral reasoning, thereby preventing them from ineffectual management. Finally, Showry and Manasa (2014) argue that self-awareness is important if leadership and governance is to succeed in any organisation, and in a survey of the Stanford Business School Business Advisory Council it was determined that it's the important factor that leaders need (Toegel & Barsoux, 2012).

The Effect of Internalised Moral perspective on Governance of County Referral Hospitals in Kenya

The second research objective aimed at investigating the effect of internalized moral perspectives among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya. The null and the alternative hypothesis were stated as follows:

H0: There is no significant effect of internalized moral perspectives among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_0: $\beta_2 = 0$).

Ha: There is significant effect of internalized moral perspectives among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_1:$\beta_2 \neq 0$).

From the multiple regression results, the internalized moral perspectives coefficient was -0.101, with a t-statistic of -0.978 and a p-value of 0.328w. Since the p-value was greater than p> 0.05, the null hypothesis was not rejected. Based on the findings, it was concluded that internalised moral perspective did not influence governance of County referral hospitals in Kenya. The findings draw much from the conceptual, theoretical and empirical review that established that internalised moral perspective is embedded in values, beliefs and culture that is different from individuals hence making it not to have much bearing on governance. In addition, there was an observation that most leaders are female with either certificate or diploma qualifications. This might have an impact on the knowledge and application of the variable at work hence the negative outcome. The findings are in support of Skubinn and Herzog (2014) who established that moral identity from ethical leadership is merely adopted as a social role. The study was not in support of Crawford (2019) who said moral perspective is a fundamental element of an authentic leader.

The Effect of Balanced Processing on Governance of County Referral Hospitals in Kenya

The third research objective aimed at investigating the effect of balanced processing among CHMT and healthcare workers on governance of County referral hospitals in Kenya. The null and the alternative hypothesis were stated as follows:

H0: There is no significant effect of Balanced Processing among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_0: $\beta_3 = 0$).

Ha: There is significant effect of Balanced Processing among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_1:$\beta_3 \neq 0$).

From the multiple regression results, the Balanced Processing coefficient stood at 0.239, with a t-statistic of 2.694 and a p-value of 0.007. Since the p-value was less than 0.05, at 95% level of significance, the null hypothesis was rejected in favour of the alternative hypothesis. This provided strong evidence that balanced processing had a positive significant effect on governance of County referral hospitals in Kenya. According to Northouse (2021), the concept of balanced processing refers to a leader's ability to analyse objectively all relevant information before arriving at a decision. That ability includes a willingness to solicit opinions, even if such opinions challenge the leader's deeply held views. This study results are confirming that balanced processing has significant impact on Governance and is key for leaders among healthcare workers in County referral hospitals in Kenya. This study also gives solutions to many challenges facing the health sector. A Kenyan study conducted by Nzinga, McGivern, and English (2019) affirms the positive effect of balanced processing with governance.

The findings supported the study of Cao et al., (2024) on the significant effect of balanced processing as an aspect of authentic leadership and its effect on project governance. The findings affirm the contribution of Gatheru et al., (2023) on the positive

influence of balanced processing on employee commitment in agencies implementing public financial management reforms in Kenya.

The Effect of Relational Transparency on Governance

The fourth research objective aimed at investigating the effect of relational transparency among CHMT and healthcare workers on governance of County Referral hospitals in Kenya. The null and the alternative hypothesis were stated as follows:

H_0: There is no significant effect of Relational Transparency among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_0: $\beta_4 = 0$).

H_a: There is significant effect of Relational Transparency among CHMT and healthcare workers on Governance of County Referral Hospitals in Kenya (H_1: $\beta_4 \neq 0$).

From the multiple regression results, the relational transparency had a beta coefficient of 0.691, with a t-statistic of 7.837 and a p-value of 0.001. Since the p-value less is than 0.05 threshold at 95% level of significance, the null hypothesis was rejected in favour of the alternative hypothesis. This demonstrated that relational transparency has a positive significant effect on governance of referral hospitals in Kenya. The results were consisted with scholars who tried to study the variable.

Relational transparency was conceptualised as a leadership quality that presents the leaders genuine self to others, as opposed to the distorted or fake self. Relational transparency encourages trust via sincere disclosures in which a person shares information openly and expresses their thoughts and emotions genuinely without trying

to mask them (Bedrov & Bulaj, 2018). Melissa (2018) on the other hand argues that there is only one major skill that you need to be an authentic leader. Indeed, transparency, authenticity and collaboration are important skills that today's business leaders must possess and display; they must not shy away from expressing themselves honestly, including asking the tough questions that will help them obtain the information they need to make sound decisions. Wong and Hearther (2022) study found out that relational transparency as an attribute of authentic leadership made significant contributions toward nursing staff's structural empowerment; structural empowerment in turn helped improve self-assessed performance and, ultimately, job satisfaction. They concluded that when staff perceive their managers as being transparent, they feel empowered in the workplace, are satisfied with the work environment and experience better performance in terms of improved productivity. This study confirms that a leader in the health sector ought to develop rational transparency towards improving their authenticity. All in all, this study provided strong evidence for a significant impact of relational Transparency on Governance, affirming its statistical significance as a predictor. The inferential findings of correlation analysis revealed that relational transparency had a positive relationship with Governance within County Referral Hospitals in Kenya; moreover, after conducting a multiple regression analysis with all other factors, the findings led to the rejection of the fourth hypothesis, concluding that relational transparency had an impact on Governance. Hence there was a significant effect of relational transparency of Health workers and CHMT leaders on Governance of County referral hospitals in Kenya. Therefore, the study depicted the importance of individuals' ability to seek feedback, listen to others,

consider diverse perspectives, and recognize their strengths. These qualities contribute to improved communication, collaboration, and personal growth.

Finally, the qualitative data show that most of the respondents attributed good governance to authentic leadership. The respondents agreed that supervisors and departmental leaders are committed towards good governance through the proper feedback provided, open communication, transparency in operations by always adhering to policy ensuring that there are clear roles and responsibilities. A respondent replied by stating *"I love the leadership style being practiced since there is room for an open honest communication at my workplace"*. Another one respondent *"Transparency and fairness is felt in the way work is allocated"*. The statement from the respondents shows a great impact of authentic leadership experienced by leaders in the referral hospitals.

Moderating Effect of Leadership Efficacy on the Relationship Between Authentic Leadership and Governance

The fifth sub-objective of this study was to ascertain the moderating effect of leadership efficacy on the relationship between authentic leadership and governance. The model used in the conceptual framework was to demonstrate the direct relationship between the independent variable on the dependent variable that is the authentic leadership, leadership efficacy and, its effect on the governance of County referral hospitals. To evaluate the moderation effect of leadership efficacy on the relationship between authentic leadership and governance of referral hospitals in Kenya, a two-step model by Whisman and McClelland (2005) was adopted to test for moderation.

Step One: Regression of Authentic Leadership on Governance

The first moderating effect was to carry out a regression analysis of authentic leadership on governance to assess the strength of the relationship. The summarised statistics in table 4.17 illustrate the findings.

Table 4. 17: Regression of Authentic Leadership on Governance

Model Summary					
Model		R	R Squared	Adjusted R Square	Std. Error of the Estimate
1		0.666[a]	0.444	0.443	0.66573

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	135.275	1	135.275	305.228	<.001[b]
	Residual	169.300	382	.443		
	Total	304.575	383			

Regression Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		β	Std. Error	Beta		
1	(Constant)	-1.015	.290		-3.504	<.001
	Authentic Leadership	1.156	.066	.666	17.471	<.001

Source: Research Data (2024)

The findings indicate that when governance is regressed against authentic leadership, the adjusted R square (R^2) was of 0.44 which implies that the model was fit to explain the variation in governance of referral hospitals in Kenya by 44.3%. The remaining 55.6% of the level and effect of governance in the referral hospitals is explained by other factors beyond authentic leadership.

The results also indicate a significant ANOVA on the relationship between governance and authentic leadership with a p value less than 0.05. The F statistics was observed at 305.228 which is more than the critical F value of 2.7534. In this regard, the study concluded that authentic leadership had a positive significant effect in predicting the improved governance of referral hospitals in Kenya. The unstandardised beta

coefficient of 1.156 with a p value of 0.001. Since the significance level was less than 0.05, authentic leadership was considered to have a positive predictive power on governance. The result of the model is summarised as follows:

Governance = -1.015 + 1.156 Authentic Leadership + ε

Step Two: Governance, Authentic Leadership, Leadership Efficacy and Interaction Term between Authentic Leadership and Leadership Efficacy

The second step in the test for the moderating effect is to regress governance on authentic leadership, leadership efficacy and the interaction term between authentic leadership and leadership efficacy. The summarised statistics in table 4.18 show the results.

Table 4.18: Governance, Authentic Leadership, Leadership Efficacy and Interaction Term between Authentic Leadership and Leadership Efficacy

Model Summary				
Model	R	R Squared	Adjusted R Square	Std. Error of the Estimate
1	0.831[a]	0.690	0.688	0.49841

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	210.178	3	70.059	282.027	<.001[b]
	Residual	94.397	380	.248		
	Total	304.575	383			

Regression Coefficients						
Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		β	Std. Error	Beta		
1	(Constant)	1.934	1.236		1.566	.118
	Authentic Leadership	-.279	.298	-.161	-.935	.350
	Leadership Efficacy	.041	.310	.036	.133	.894
	AL*LE	.169	.072	.930	2.345	.020

Source: Research Data (2024)

The result in table 4.18 indicate that R^2 was 0.69 which means that the model was 69% significant in predicting the changes in the governance of referral hospitals in Kenya. The analysis of variable reported an F-value of 282.027 with a significance value of 0.001. This implies that the model was again confirmed significant since the p value was less than 0.05. The unstandardised beta coefficient for authentic leadership was -0.279 with a p value of 0.350 which was greater than p value 0.05. This means that authentic leadership was not significant. When the interaction term was introduced, the beta coefficient was 0.169 with a p value of 0.02. The interaction term was significant at p less than 0.05. It was noted that there was a change in R^2 (0.444-0.690 = 0.246) in table 4.16 and 4.17 respectively. Based on the findings that demonstrated an increase in the variable of governance by 0.246 units or 24.6% attributed by the interaction term. The moderating effect of leadership efficacy was found to be significant at p less than 0.05. The summarised model is as follows:

Governance = 1.934 - 0.279 Authentic Leadership+0.041 Leadership Efficacy +0.169 Authentic Leadership*Leadership Efficacy.

The moderation effect may be summarized as shown in Table 4.19

Table 4.19: Summary of Regression Results for the Moderating Effect

Parameters	**Step 1**	**Step 2**	**Change**	**Decision**
R Squared	0.444	0.690	0.246	The hypothesis was rejected because the interaction term leadership efficacy had a significant moderating effect on the relationship between authentic leadership and governance of referral hospitals in Kenya.
Adjusted R^2	0.443	0.688	0.245	
F Value	305.228***	282.027***	23.201	
β_0 Constant	1.015**	1.934*	-0.919	
β_1Authentic Leadership	1.156***	0.298*	0.858	
B_2Leadership Efficacy	-	0.310*	-	
β_3Authentic Leadership* Leadership Efficacy	-	.072**	-	
***P< 0.000, **P< 0.05, *P>0.05				

Source: Research Data (2024)

The summarised regression effect of leadership efficacy shows that when authentic leadership was regressed against governance, a strong correlation as indicated by R square (R^2) 0.444 with a standardised beta coefficient of 1.156 with a p value of 0.05 indicating that authentic leadership has a significant effect on governance of referral hospitals in Kenya. Further, when the moderating variable, leadership efficacy was introduced into the relationship, the strength of the relationship became stronger by reporting a higher R^2 0.690 hence increasing the variation in the governance level by 0.246. Drawing from the posits of Whisman and McClelland (2005) model which espouse that when correlation coefficient has a P value less than 0.05 then the model has reported a positive moderating effect. In this study, the interaction term reported a positive significant level of 0.02. Therefore, the study failed to reject the null hypotheses and it was established that leadership efficacy is a critical component that moderates the relationship between authentic leadership and governance of County referral hospitals.

From these results, it can be concluded that the effect of authentic leadership on Governance was moderated by leadership efficacy. Therefore, the null hypothesis was rejected concluding that there was moderating effect of leadership efficacy on the relationship between authentic leadership and Governance.

The primary purpose of objective five was to determine if there is an interaction/moderation between the leadership efficacy and authentic leadership on governance. This study concluded that the effect of authentic leadership on Governance was moderated by leadership efficacy. Therefore, the null hypothesis was rejected concluding that there was moderating effect of leadership efficacy on the relationship

between authentic leadership and Governance. Therefore, the need to promote authentic leadership dimensions among health workers leaders is necessary to improve on the leadership efficacy and hence improve on good governance of County referral hospitals in Kenya. Moreover, based on the quantitative and qualitative findings, it was found that the leaders in County referral hospitals demonstrated a strong level of leadership efficacy since majority of respondents agreed with the statements related to knowledge, capabilities, and skills/talents of the leaders. This indicates a positive perception of the leaders' abilities to effectively lead and manage their teams.

Summary of the findings for the hypothesis testing

The following table presents a summary of the findings for the five-study hypothesis.

Table 4. 20: Summary of the findings for the hypothesis testing

Hypothesis	Type of Analysis	Type of Decision
H_{01}: There is no significant effect of self-awareness among CHMT and healthcare workers on the governance.	Multiple regression analysis, model coefficients (t-statistic, p-value).	Rejected since the P-value was < 0.05
H_{02}: There is no significant effect of internalized moral perspective among CHMT and healthcare workers on the governance.	Multiple regression analysis, model coefficients (t-statistic, p-value).	Failed to reject the hypothesis since the P-value was > 0.05

H_{03}: There is no significant effect of balanced processing among CHMT and healthcare workers and the governance.	Multiple regression analysis, model coefficients (t-statistic, p-value).	Rejected since the P-value was < 0.05
H_{04}: There is no significant effect of relational transparency competencies among CHMT and healthcare workers on the governance.	Multiple regression analysis, model coefficients (t-statistic, p-value).	Rejected since the P-value was < 0.05
H_{05}: There is no significant moderating effect of leadership efficacy in the relationship between authentic leadership and governance.	Moderated Multiple regression analysis, model coefficients (t-statistic, p-value).	Rejected since the P-value was < 0.05

Source: Research Data (2023)

The study contributes to the development of the leadership development theories with particular emphasis on authentic leadership, leadership efficacy and governance theories. The study has demonstrated that authentic leadership competencies such as balanced processing, relational transparency and leadership efficacy competencies such as knowledge, ccapabilities and Skills/Talents are crucial for the realization of good governance in County referral hospitals. This study has reinforced that authentic leadership is crucial for organizational success. The results support that over ally the coefficients for self-awareness, balanced processing, relational transparency, and leadership efficacy suggest that these variables have a significant positive impact on governance. An example of correlation analysis demonstrated a strong positive relationship between governance and balanced processing, affirming the substantial impact of balanced processing on effective hospital governance. Multiple regression analysis results rejected the hypothesis of no effect, confirming the significant influence of balanced processing among healthcare workers and CHMT leaders on hospital governance. Hence, the study emphasized traits such as seeking feedback, considering diverse perspectives, and recognizing personal strengths, as these qualities contribute to

informed decision-making, effective collaboration, and individual growth within healthcare settings, highlighting their importance in achieving robust governance in County referral hospitals in Kenya. However, internalized moral perspective do not have a significant impact on governance in this model. Theories adopted in this study, such as authentic and leadership efficacy theories stress the need for organizations to be led by individuals who apply authentic leadership and leadership efficacy competencies values and principles in managing organizations. Authentic leadership theory was reported by Martino (2019) who concludes that leaders should aid their followers and other stakeholders to be true to the values stated and implied as well as their strengths. Additionally, the notion of authentic leadership has also been studied and examined since the early nineties, as per Northouse (2019).

Chapter Summary

In this chapter the researcher presents the result and findings which suggests that there was a positive statistically significant relationship between the independent variable authentic leadership and dependent variable that is governance in the referral hospitals. The researcher conducted the data analysis and the different statistical procedures by use of the Statistical Packages for Social Sciences (SPSS). The results and findings have been presented by use of tables, figures and equations a shown in this chapter. The chapter has also presented a detailed discussion on each objective emerging from the analysis and conclusions well-articulated as required. The results demonstrated that the order of significance on effects of authentic leadership practices was rational transparency, self-awareness, balanced processing, and moral perspective respectively. The study findings indicated that authentic leadership is essential in attaining proper

governance in County referral hospitals across the country. The results also confirmed that there was a moderation effect of leadership efficacy on the relationship between authentic leadership on governance of County referral hospitals in Kenya. On recommendations, the study determined that authentic leadership can be enhanced by capacity building of healthcare workers through trainings and mentorship and enhance the capabilities which include self-awareness, balanced processing, internalised moral perspective and rational transparency towards strengthening authentic leadership construct with aim of strengthening the governance of County referral hospitals in Kenya.

CHAPTER FIVE: SUMMARY FINDINGS, IMPLICATIONS, CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH

Introduction

In this study, the researcher presents the summary findings and the conclusion in this chapter. The researcher identifies aspects of the study that have not been covered by the study and to enable other future researchers to work on them, recommendations for further research are also suggested.

Summary of Findings

In this study, the researcher's primary purpose was to determine the effect of authentic leadership and leadership efficacy on the governance of County referral hospitals in Kenya. To achieve this, the researcher was guided by five objectives, which were as follows: to determine the effect of self-awareness among CHMT leaders and health care workers with leadership roles on the Governance of County referral hospitals in Kenya; to investigate the impact of internalized moral perspective among CHMT leaders and health care workers with leadership roles on the Governance of County referral hospitals in Kenya; to determine the effect of balanced processing among CHMT leaders and health care workers with leadership roles on the Governance of the County referral hospitals in Kenya; to establish the effect of relational transparency competencies among CHMT leaders and health care workers with leadership roles on the Governance of County referral hospitals in Kenya; and, to ascertain the moderating effect of leadership efficacy of the relationship between authentic leadership and Governance of County referral hospitals in Kenya.

To meet the overall objective and test the study hypotheses, the study adopted a mixed methods research design with quantitative and qualitative data-gathering methods being used simultaneously. A purposive and a random sampling strategy were used to select a sample of 396 HCW and CHMT leaders in five referral hospitals in five counties, namely: Narok, Kajiado, Kwale, Kiambu and Makueni in Kenya. Primary data was collected from the healthcare workers and CHMT leaders, and out of the 396 sampled, a total of 384 responded, yielding a response rate of 97%. The study had four independent variables, one moderating and a dependent variable. The variables were governance, which was the dependent variable; authentic leadership (Self-awareness, moral perspectives, Balanced processing, and Relational transparency) acting as the independent variable, and leadership efficacy, which was the moderating variable. The data was collected using the ALS tool proposed by Walumbwa et al. (2008). The tool comprises a four-item scale measuring self-awareness, relational transparency, balanced processing with a three-item scale, and internalized moral viewpoint for 16 items. The collected data was entered and analyzed using SPSS version 24.0. Descriptive statistical analysis was then conducted where statistics such as mean, frequency, standard deviation and percentage were produced to summarize the collected information and the results were presented using figures and tables.

Pearson's correlation and regression analysis were used under inferential analysis. Pearson's correlation analysis was used to determine the significance, strength and direction of the linear relationship between governance and the independent variables. Self-awareness, moral perspectives, balanced processing, and relational and leadership efficacy were the moderating variables. On the other hand, regression analysis was used

to examine the nature of the relationship. Parametric tests for various parametric assumptions were carried out before regression analysis. These assumptions were: normality assumption for the residuals tested using a histogram with a normal plot, homoscedasticity was tested using a residual scatter plot for predicted scores and standardized residual values test, and lastly, Multicollinearity which was tested using Tolerance values and Variance Inflation Factors (VIF). The assumptions were tested and met, hence validating the results.

Overall, 48.0% of the variance in governance could be explained by the independent variables suggesting that authentic leadership (Relational transparency, balanced processing, self-awareness) had a significant impact on the level of Governance in County referral hospitals in Kenya. The Multiple regression model was then used to test the research hypothesis.

The summary of each objective and research hypothesis has been discussed in the subsections below:

The effect of self-awareness on the governance of County referral hospitals in Kenya

The first objective of the study examined how self-awareness among County Health Management Teams (CHMT) and healthcare workers impacts governance in Kenyan County referral hospitals. Descriptive findings highlighted a generally strong level of self-awareness among healthcare workers in these counties, although variations existed between the counties. Kiambu displayed consistently higher mean scores across most self-awareness statements, indicating a more pronounced inclination towards self-perception and feedback-seeking among its healthcare workers. Conversely, Kajiado and

Makueni demonstrated relatively lower mean scores, suggesting scope for improvement in specific aspects of self-awareness.

Though overall self-awareness was promising, targeted interventions may enhance aspects where they seemed lower. Analysis revealed high mean scores across self-awareness statements, emphasizing agreement among respondents. The highest mean score, "I let others know who I truly am," suggests comfort in expressing authenticity. Yet, the statement "I rarely present a 'false' front" had a slightly lower mean, indicating the potential for consistent, genuine behaviour. The healthcare workers recommended bolstering self-awareness in leadership and encouraging self-reflection, fostering a feedback culture, implementing leadership development programs focusing on self-awareness, and promoting authentic role modelling by leaders as interventions. Moreover, the multiple regression analysis findings led to the rejection of the hypothesis that self-awareness did not affect governance, confirming that there was a significant influence of self-awareness of health workers and CHMT leaders on Governance of County referral hospitals in Kenya. Moreover, correlation analysis demonstrated a robust and positive relationship between governance and self-awareness, strongly supporting the idea that self-awareness significantly impacted Governance within County Referral Hospitals in Kenya, emphasising self-awareness's critical role in effective hospital governance.

Therefore, self-awareness is crucial for authentic leadership, influencing team dynamics and organizational success. The research revealed a positive attitude towards

self-awareness. Implementing the recommendations can further enhance self-awareness, nurturing an environment valuing authenticity and introspection among leaders.

The effect of internalized moral perspective on the governance of County referral hospitals in Kenya

The second objective of this study focused on examining how internalized moral perspectives among County Health Management Teams (CHMT) and healthcare workers influenced governance in Kenyan County referral hospitals.

Descriptive analysis revealed a strong ethical inclination among healthcare workers in these hospitals, illustrating consistent alignment of their actions with core values. However, despite this high level of internalized moral perspective, a lower rating in admitting mistakes suggests the necessity of fostering an environment that encourages openness about errors.

While demonstrating commendable dedication to upholding core values crucial for ethical governance, admitting mistakes could enhance transparency and accountability in healthcare settings. High average scores indicate that individuals tend to exhibit behaviours reflecting core values and openness about beliefs. Meanwhile, low standard deviations imply a high consensus among participants concerning internalized moral perspectives. The majority (70%) of individuals in the study displayed a clear understanding of their beliefs, values, and emotions. This emphasizes the significance of articulating beliefs, admitting mistakes, aligning actions with values, embracing emotions, contributing to personal growth, stronger relationships, and a more ethical and compassionate society.

The study respondents proposed several recommendations to enhance internalized moral perspective in leadership. The recommendations included: Encouraging open communication about beliefs, reflecting on, and acknowledging mistakes, aligning actions with values, promoting self-acceptance and self-compassion are suggested strategies. These were found to foster personal growth, accountability, and a positive sense of self. The inferential findings of correlation analysis revealed that internalized moral perspective had a positive relationship with Governance within County Referral Hospitals in Kenya. However, after conducting a multiple regression analysis with all other factors, the findings led to the non-rejection of the second hypothesis concluding that internalized moral perspectives did not affect Governance, hence there was no significant influence of internalized moral perspectives of healthcare workers and CHMT leaders on Governance of County referral hospitals in Kenya. Therefore, moral perspective did not have explanatory power to affect or explain Governance in Kenya's County referral hospitals.

The effect of balanced processing on the governance of the County referral hospitals in Kenya

The third objective aimed at investigating the effect of balanced processing on the governance of the County referral hospitals in Kenya. Findings indicated a prevalent strong agreement among individuals in valuing balanced processing aspects, including seeking feedback, listening to others' ideas, considering diverse perspectives, and acknowledging personal strengths.

To augment balanced processing in leadership, the healthcare workers proposed several recommendations, including encouraging active solicitation of feedback through structured evaluation processes that could enhance self-awareness—secondly, promoting active listening skills and emphasizing the importance of considering diverse opinions before decision-making might be achieved through targeted training. Thirdly, fostering eclectic discussions and problem-solving opportunities could encourage seeking various viewpoints. Lastly, providing resources for individuals to identify and articulate their strengths, such as self-reflection exercises or coaching programs, could further bolster balanced processing. Correlation analysis demonstrated a strong positive relationship between governance and balanced processing, affirming the substantial impact of balanced processing on effective hospital governance. Multiple regression analysis results rejected the hypothesis of no effect, confirming the significant influence of balanced processing among healthcare workers and CHMT leaders on hospital governance.

Hence, the study emphasized traits such as seeking feedback, considering diverse perspectives, and recognizing personal strengths, as these qualities contribute to informed decision-making, effective collaboration, and individual growth within healthcare settings, highlighting their importance in achieving robust governance in County referral hospitals in Kenya. According to Northouse (2021) leaders with balanced processing are seen as authentic because they are open about their own perspectives but are also objective in considering others' perspectives. A Kenyan study conducted by Nzinga, McGivern, and English (2019) revealed that most of the country's surgery departments are headed by senior surgeons and physicians who are highly trained in their respective areas. However, the department heads were found to exhibit very limited leadership

abilities. They also portrayed limited familiarity with organisational culture and politics mainly because of limited formal and on-the-job training in leadership. The departmental heads also expressed disbelief in the necessity and effectiveness of formal training in leadership. The same study also found that most clinical managers in the country are ill-equipped for leadership and administrative roles and are, therefore, hesitant to take up such roles. A similar study examined the role of leadership skills in fostering effective departmental leadership. The study was conducted in Mogotio Sub-County in Baringo County, Kenya and involved 126 respondents drawn from 185 managerial staff of 32 hospitals. Data were collected by means of questionnaires and analysed both inferentially and descriptively using SPSS version 24. The study concluded that mentorship was a cost-effective yet effective strategy for improving leadership capacities in public hospitals. Hospitals were therefore advised to step up their leadership mentorship efforts. Meanwhile, many hospitals in the country have realized gaps in leadership and have started implementing various programmes – including training and mentorship – aimed at enhancing the leadership skills of their workforces (Nyikuri et al., 2020). Yet, from the literature reviewed thus far, it is apparent that no systematic study has been undertaken to investigate the effectiveness of the various leadership development programmes that Kenyan healthcare organisations have been implementing. In other words, it is unclear if these interventions have helped improve the quality of leadership. The study concluded that leadership skills are essential to enhancing effective departmental leadership. The study recommended that hospitals should emphasise mentorship as a strategy for leadership development. This study also has made similar recommendations regarding

capacity building and mentorship of healthcare workers towards improving the governance of County referral hospitals in Kenya.

The effect of relational transparency competencies on the governance of County referral hospitals in Kenya

The fourth objective aimed to examine the effect of relational transparency competencies on the Governance of County referral hospitals in Kenya. From the findings, many of the individuals in the study demonstrated a firm agreement with the statements related to relational transparency. This suggests they value seeking feedback, listening to others' ideas, considering different perspectives, and recognizing their strengths. To further enhance relational transparency in leadership, the study participants made the following recommendations to be considered. First, to encourage individuals to actively seek feedback from others to gain a deeper understanding of themselves. This could be done through feedback sessions, mentorship programs, or self-reflection exercises. Secondly, promote active listening skills and the importance of considering the ideas and perspectives of others before making decisions. This could be achieved through training and workshops on effective communication and decision-making. Thirdly, encourage individuals to seek out and consider the opinions of others before forming their own. This can be done through group discussions, brainstorming sessions, or utilizing collaborative decision-making processes. Finally, provide resources and support for individuals to identify and articulate their own strengths. This can include strengths assessments, coaching or mentoring programs, or self-reflection exercises. The inferential findings of correlation analysis revealed that relational transparency had a positive relationship with governance within County Referral Hospitals in Kenya. Moreover, after

conducting a multiple regression analysis with all other factors, the findings led to the rejection of the fourth hypothesis, concluding that relational transparency had an impact on governance. Hence there was a significant effect of relational transparency of health workers and CHMT leaders on governance of County referral hospitals in Kenya.

Therefore, the study depicted the importance of individuals' ability to seek feedback, listen to others, consider diverse perspectives, and recognize their strengths. These qualities contribute to improved communication, collaboration, and personal growth.

The moderating effect of leadership efficacy of the relationship between authentic leadership and governance of County referral hospitals in Kenya

The primary purpose of objective five was to determine if there was a moderation of leadership efficacy on the relationship between authentic leadership on governance of County referral hospitals in Kenya. The conceptual framework demonstrated the different variables and the effect of the independent variables on the dependent variable that is the authentic leadership, leadership efficacy and its effect on the governance of County referral hospitals.The study found that the leaders in County referral hospitals demonstrated a strong level of leadership efficacy since majority of the respondents agreed with the statements related to knowledge, capabilities, and skills/talents of the leaders. This indicates a positive perception of the leaders' abilities to effectively lead and manage their teams.

A regression model was used to determine the moderating effect of leadership efficacy on the relationship between authentic leadership and governance. The statistical findings highlighted the critical role played by self-awareness, balanced processing, and relational transparency in shaping governance within County referral hospitals in Kenya. Mainly, relational transparency emerged as a critical factor significantly linked to effective governance, emphasizing the importance of transparent relationships in hospital administration for bolstering governance practices. However, internalized moral perspective showed no direct impact on governance. An intriguing discovery was made that revealed the moderating effect of leadership efficacy on the relationship between relational transparency and governance. This suggested that strong leadership efficacy could potentially reshape how relational transparency influences governance within these hospitals. Conclusively, the effect of authentic leadership on governance was found to be partly moderated by leadership efficacy, emphasizing the significance of nurturing authentic leadership qualities among healthcare leaders to enhance leadership efficacy and consequently improve governance in County referral hospitals in Kenya. The results confirmed that there was a moderation effect of leadership efficacy on the relationship between authentic leadership on governance of County referral hospitals in Kenya.

Additionally, based on the study, it can be concluded that the leaders in County referral hospitals demonstrate a strong level of leadership efficacy. The majority of respondents agree or strongly agree with the statements related to knowledge, capabilities, and skills/talents of the leaders. This indicates a positive perception of the leaders' abilities to effectively lead and manage their teams.

Conclusions

According to the study's primary objective, the researcher concluded that the significant values in the models developed suggested a statistically significant positive linear correlation between authentic leadership, leadership efficacy, and governance of the County referral hospitals. The researcher concluded and agreed that leadership efficacy and authentic leadership had good impact on County referral hospitals' governance. When predetermined frameworks, rules, and processes are followed in conjunction with authentic leadership and leadership efficacy, the governance and leadership of the referral hospitals in the counties are subsequently improved. All staff members at the County referral hospitals and other healthcare facilities affiliated with these institutions must act in the public's best interest in order to practice authentic leadership. This also entails maintaining confidentiality while at work. Where authentic leadership and leadership efficacy are applied promptly, there will be effectiveness and efficiency that can be assessed over the long term. Additionally, there will be a certain amount of trust among health workers and hospital leaders and County health management teams.

Additionally, it was determined that the level of genuine leadership practised at the County referral hospitals is not only insufficient but also unsatisfactory. The rigid organisational structures, the outdated systems, the lack of capacity building for health workers with leadership responsibilities, the absence of an organisational culture that is supportive of the leadership, and the insufficient commitment from the top management of the County referral hospitals are the reasons that were established as to why authentic

leadership has since not been implemented in the County referral hospitals. Additionally, it was determined that the organisational culture that many public sector employees adhere to presents a barrier to the effective implementation of authentic leadership, which in turn affects the proper administration of the County referral hospitals.

The accomplishments and targets that would have been fulfilled by organizations or the County referral hospitals in the counties are impacted when old methods of doing things are used and rigidity in the organisational culture is present. The County referral hospitals' retrogressive organisational culture harms their ability to develop and expand. The information asymmetry and how information is shared inside the organisation also affect how successfully the organisation is governed. Employees will take ownership of the organization's and facility's processes for a while if they are allowed to express themselves and participate in organisational decision making whether directly or indirectly. This makes it simple for hospital administration to oversee and execute many departmental views as staff members will be decision makers. Again, it was revealed that successful leadership and governance of the referral hospitals in the counties depend critically on the development of authentic leadership (with an emphasis on authentic leadership components) and governance ability among County and hospital officials.

Recommendations on Leadership Development

Based on the study findings, the following recommendations on leadership development were drawn:

a) County referral hospitals should prioritize ongoing investment in leadership development programs to augment the knowledge, capabilities, and skills of their leaders. These programs should encompass training sessions focusing on accountability, hospital policies, and technical standard operating procedures (SOPs) to ensure that leaders possess a thorough understanding of these critical areas. Moreover, leaders should actively practice fairness in decision-making processes and engage in regular communication and feedback sessions with employees to comprehend their strengths and talents. Opportunities for professional growth and development should be provided to create an inclusive work environment.

b) Empowering employees is essential, and County referral leaders should be encouraged to recognize and leverage the unique skills and competencies of each team member. This can be achieved by delegating tasks and providing employees with the necessary authority and resources to successfully carry out their work. By doing so, leaders can instil a sense of ownership and accountability among team members, leading to heightened motivation and productivity.

c) Additionally, there should be a focus on developing balanced processing skills among leaders through training programs and workshops that emphasize critical thinking, considering different perspectives, and making informed decisions. Relational transparency within County referral hospitals should be actively fostered, promoting open communication, trust-building activities, and opportunities for employees to share their thoughts and ideas.

d) Leadership efficacy should be a central theme in leadership development programs, with resources and support provided for leaders, including mentoring, coaching, and ongoing professional development opportunities. It is crucial to establish a system for continual assessment and monitoring of leadership efficacy, incorporating regular feedback from employees and stakeholders to identify areas for improvement and track progress over time.

e) Leaders within County referral hospitals should be encouraged to reflect on their self-awareness and moral perspective, even though these factors may not have a significant impact on governance. Emphasizing ethical decision-making can contribute to overall leadership effectiveness. Lastly, the formulation of policies should be considered, focusing on balanced processing, relational transparency, and leadership efficacy to contribute to improved governance within County referral hospitals. These policies should serve as a framework to guide and reinforce the recommended practices for enhancing leadership and governance in these healthcare institutions.

Policy Recommendation

From the study results and findings about authentic leadership and how it affects governance, the researcher was able to draw some policy recommendations.

a) The positive significant relationship between authentic leadership, leadership efficacy and governance implies that an improvement in the two aspects would consequently result in an improvement in the governance of the County referral hospitals in Kenya. According to the study, County referral hospitals' leadership should be able to plan

for the capacity building of healthcare professionals through leadership and governance training, with an emphasis on developing authentic leadership and leadership efficacy competencies for all County health management teams and healthcare professionals from different cadres working in County referral hospitals/health departments. This is since real leaders' behaviours have the power to favourably or negatively affect employee behaviour.

b) The emphasis on capacity building should be placed on authentic leadership and the promotion of leadership efficacy skills among County health leaders and hospital leaders and managers. The County referral hospitals will have better leadership and governance as a result, and the general disposition of the medical staff will also be strengthened. By doing this, it will be ensured that leaders of the healthcare industry perform better and that hospitals operate more effectively and efficiently. The study found that authentic leadership and leadership efficacy, which are centred on standards and norms within the organizational culture, are among the factors that permit high performance. It is also wise to keep in mind that the performance and attainment of good governance would suffer if there was a decrease in genuine leadership within the organisation, such as in the County referral hospitals. The working environment inside public sector organisations creates space for innovation and creativity among the workers and employees when authentic leadership is present and effective. The public expects that the leadership therein will be considerate enough to apply authentic leadership and leadership efficacy in their wake in order to ensure that the interests of the members of the public are upheld. This is because County referral hospitals are typically public hospitals. This indicates that

there should be less self-interest, resource waste, and pilferage in the County referral hospitals. It also implies that the management of referral hospitals, which are institutions of the public sector that deliver important services and products, would be able to utilize the resources available to enhance the services provided to patients in public hospitals. It is recommended that the amount of money the County allocates to the referral hospital be revised upwards in order to improve service delivery and facilitate the referral hospitals via their genuine leadership. The Ministry of Health office in the County should also come up with a mechanism and design systems that enhance or provide support for authentic leadership and leadership efficacy which should contribute positively to the governance of the County referral hospitals. Implementation of these structures and mechanisms by the leadership of the referral hospitals will make it possible for the employees to understand their mandate and their responsibility.

c) The study recommends that the Ministry of Health in collaboration with higher education institutions should organize regular training of healthcare providers on leadership. Development/Implementing Partners assisting the MoH should assist the County governments in enhancing authentic leadership and governance through the development of capacity, oversight, and assessment of various officials to improve their leadership abilities. Leadership and governance, genuine leadership and leadership efficacy, strategic leadership, credible leadership, and performance management are among the suggested training aspects to be explored. The leadership will benefit from the training as it will aid in managing the institution as it filters down to the lower officials. The effective use of authentic leadership and governance

training will improve the use of public resources and prevent fraud, scandals, and corruption inside the institution. As a result, the public will receive healthcare services quickly.

d) The study also suggests that the authorities charged with the responsibility for selecting health professionals should make sure that job descriptions are clear and include well-articulated tasks for leadership roles. This needs to be made explicit to prevent any misunderstanding of obligations. Additionally, there should be a consideration of openness, accountability, and transparency. Additionally, a technologically enhanced information system that guarantees the existence of criteria that evaluates the performance of the various officials should be implemented in the County referral hospitals. There also ought to exist a more supportive working environment, ensuring that the surroundings and circumstances are favourable.

e) It is also advised that mentorship be enforced by senior management on health care workers working at the referral hospitals in the Counties since they will guarantee that the leadership has established achievements and targets within a certain time frame. This will also make it simple to identify people who can effectively exercise authentic leadership inside the organisation. Since the new Kenyan constitution was adopted in 2010 and the national and County governments were established as independent institutions, this study will shed light on the effect of authentic leadership among healthcare leaders and the governance of County referral hospitals. Comparable research should be carried out to identify authentic leadership

and leadership efficacy training and performance gaps among County health management teams and health workers.

f) The study recommends that MoH should concentrate on assessing the County health leadership teams and health workers gaps with leadership responsibilities with an aim of tracking and addressing these competencies. There are many aspects of authentic leadership and leadership efficacy among leaders and managers of public institutions that can be used to generate new research questions for subsequent studies by researchers.

Areas of further Research

The research was specifically carried out at Kenya's Kwale, Narok, Makueni, Kiambu, and Kajiado County referral hospitals. This creates an opportunity for more research to be done in Kenya's other referral hospitals. In order to identify and address authentic leadership and leadership efficacy, future studies should take into account a more comprehensive look into the effect of authentic leadership and leadership efficacy on the governance of all other counties and cascade to other public and private health institutions.

Since the adoption of the new 2010 constitution 2010 and the national and County governments were established as independent institutions, this study will shed more light on the effect of authentic leadership among health care provider leaders and the governance of County referral hospitals. Comparable research should be carried out to identify authentic leadership and leadership efficacy training and performance gaps in

County health management teams and health workers. The study should concentrate on assessing the County health leadership teams and health workers with leadership responsibilities with an aim of tracking and addressing these competencies. There are many aspects of authentic leadership and leadership efficacy among leaders and managers of public institutions that can be used to generate new research questions for subsequent studies by researchers.

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APPENDICES

APPENDIX A: QUESTIONNAIRE

1. SECTION A: Introduction

This section is intended to collect information on **effect of Authentic Leadership on Governance of County Referral Hospitals in K**enya. You are requested to take some time to respond to the questions presented. The information obtained will not be disclosed without the respondent's consent and will be used for academic purpose only. (**This is aimed at improving health services in your County**)

Name of the County----------

CONFIDENTIALITY CLAUSE

All information gathered will be for the purpose of this academic study ONLY and will be strictly confidential.

Instructions

Please tick √ and fill into which applies to you as read through each part.

Section A: Demographic Information

1. Gender

    a. Male [ ]
    b. Female [ ]

2. Age

    a. Between 20-30 [ ]
    b. Between 30-40 [ ]
    c. Between 40-50 [ ]
    d. Between 50-60 [ ]

3. Kindly fill in the County you are from

    a. Kiambu [ ]
    b. Narok [ ]
    c. Kwale [ ]
    d. Makueni [ ]
    e. Kajiado [ ]

4. Kindly fill in your current level of position/rank

    a. Senior Level [ ]
    b. Middle Level [ ]
    c. Lower Level [ ]

5. What is your level of education?
    a. Masters [ ]
    b. Degree [ ]
    c. Diploma [ ]
    d. Certificate [ ]

6. How many years of experience do you have
    a. Between 0-5 years [ ]
    b. Between5-10 years [ ]
    c. Between 10-20 years [ ]
    d. Over 20 years [ ]

Section B: Self Awareness

This section seeks to find out the extent in which self-awareness as a dimension of authentic leadership has been used as a tool for good governance in the County referral hospital that you work for. The statements listed below describes how the variable has been applied and you are required to tick the correct box to indicate the extent at which you agree or disagree with the statement in a scale of 1-5. Where 1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

Self – Awareness					
I am authentic in my operations and leadership					
I solicit feedback as a means of gaining insight into my true self.					
I can list my three greatest weaknesses					
I rarely present a "false" front to others					

Section C: Internalized Moral Perspective

This section seeks to find out the extent in which internalised moral perspective as a dimension of authentic leadership has been used as a tool for good governance in the County referral hospital that you work for. The statements listed below describes how the variable has been applied and you are required to tick the correct box to indicate the extent at which you agree or disagree with the statement in a scale of 1-5. Where 1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

Internalized Moral Perspective Statements					
Other people know where I stand on controversial issues					
I admit my mistakes to others					
My actions reflect my core values					
I accept the feelings I have about myself					

Section D: Balanced Processing

This section seeks to find out the extent in which balanced processing as a dimension of authentic leadership has been used as a tool for good governance in the County referral hospital that you work for. The statements listed below describes how the variable has been applied and you are required to tick the correct box to indicate the extent at which you agree or disagree with the statement in a scale of 1-5. Where 1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

Balanced Processing Statements					
I seek feedback as a way of understanding who I really am as a person					
I listen very carefully to the ideas of others before making decisions					
Seek others' opinions before making up my own mind					
I can list my three greatest strengths					

Section E: Rational Transparency

This section seeks to find out the extent in which rational transparency as a dimension of authentic leadership has been used as a tool for good governance in the County referral hospital that you work for. The statements listed below describes how the variable has been applied and you are required to tick the correct box to indicate the extent at which you agree or disagree with the statement in a scale of 1-5. Where 1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

Rational Transparency Statements					
I do not allow group pressure to control me					
Other people know where I stand on controversial issues					
I openly share my feelings with others					
I do not emphasize my own point of view at the expense of others					

7. Does your supervisor encourage authentic leadership in order to promote good governance in your department/hospital? Yes [ ] No [ ]

Section F: Leadership Efficacy

Leadership efficacy is a specific form of efficacy associated with the level of confidence in the knowledge, skills, and abilities associated with leading others. Leadership efficiency was measured using dimensions such as knowledge, skills/talents and capabilities. Kindly indicate the extent to which the following indicators of leadership efficacy effect governance in your department/hospital. Use a scale of 1-5, where 1-very little extent, 2-little extent, 3-moderate extent, 4-great extent, 5-very great extent. Below:

Leadership Efficacy Statements					
Knowledge					
Knowledgeable and clear about levels of accountability within the organisation.					
Knowledgeable on hospital policies and technical SOPS					
Is clear on tasks and has ability to prioritize tasks *(making sure the most essential tasks are performed before the less essential ones)*					
Capabilities					
Have the capabilities to lead others by example. Participates in technical assignments					
Ability to prepare good and timely daily/weekly/monthly reports					
Ability to share responsibilities with and to give adequate authority to subordinates to perform tasks					
Skills/Talents					
Practice fairness, learn about the strengths and talents of the team members					
Energizes employees, orients them toward their collective objective, and fully engages their talents.					
1 give/am given (employees) autonomy to unleash their skills when possible.					

9. Does your organisation encourage leadership Efficacy in order to promote good governance in the department/hospital? Yes [ ] No [ ]

10. Kindly indicate what you would recommend in order to promote leadership Efficacy in the department/hospital……
……
……
……

4. SECTION G: Governance

Kindly indicate the extent to which the following indicators of governance have been realized in your department/ hospital. Use a scale of 1-5, where 1-very little extent, 2-little extent, 3-moderate extent, 4-great extent, 5-very great extent (Accountability, Transparency, Responsiveness and Participation) Below:

Governance					
Accountability					
Health workers are clear about levels of accountability within the hospital.					
Transparency					
Leaders adopt a transparent leadership style that helps employees get to know you/them, understand the decisions leaders make, and feel more connected to the department/ hospital					
Treating people equally and appropriating resources evenly without bias or favouritism.					
Responsiveness					
Health workers leaders understand that leadership is a responsibility not power and take responsibility for their actions which include both failures and successes					
Ability to communicate ideas and intentions to others clearly without being misunderstood					
Improves personal performance.					
Participation					
Our organisation has been able to meet the set targets					
Employees have been efficient in their work					
Leadership and governance trainings are reinforced					

11. Kindly indicate what you would recommend in order to promote authentic leadership and governance in the department/hospital----------
---

---

12. Indicate the leadership and governance trainings you have done in the past one year---
---

THANK YOU FOR YOUR PARTICIPATION

APPENDIX B: CERTIFICATE OF ETHICAL CLEARANCE

Certificate of

Ethical Clearance

PAN AFRICA CHRISTIAN UNIVERSITY

RESEARCH ETHICS REVIEW COMMITTEE (PACURERC)

This Certificate is awarded to
EUNICE NDUKU MUTEMI (POLD/8879/0/17)

For the research titled

effect OF AUTHENTIC LEADERSHIP, LEADERSHIP EFFICACY AND GOVERNANCE OF COUNTY REFERRAL HOSPITALS IN KENYA

Having complied with PAC University Research Ethics Review Committee's guidelines and Standard Operating Procedures for ethical clearance.

This Certificate is issued subject to compliance with the following requirements:

i. Before commencing the study, you are required to obtain a Research Permit from the National Commission for Science, Technology and Innovation (NACOSTI) as well as other institutional clearances as and where needed.
ii. Only approved documents including research instruments and informed consent forms will be used.
iii. All changes including amendments and/or deviations are to be submitted for review and clearance by PAC University Research Ethics Review Committee before use.
iv. Any expected or unexpected changes that may increase the risks to study participants or affect the integrity of the study must be reported to PAC University Research Ethics Review Committee within three days.
v. Any request for renewal or approval must be submitted to PAC University Research Ethics Review Committee at least six weeks prior to the expiry of this Certificate and must be accompanied by a comprehensive

progress report to support the renewal.

Date of issue	11/10/2022	**Expiry date**	11/10/2023

Signed: _  _____

Name of Reviewer: __Dr. Jane kinuthia_____

For PAC University Research Ethics Review Committee

APPENDIX C: COUNTY RESEARCH AUTHORIZATION

REPUBLIC OF KENYA **GOVERNMENT OF MAKUENI COUNTY**

OFFICE OF DIRECTOR HEALTH SERVICES
P.O BOX 89-90300 MAKUENI
Email:countyhealthmkn@gmail.com contact@makueni.go.ke
Website: www.makueni.go.ke

REF: GMC/DOH/CDH/RES. I (19) 31st October, 2022

Eunice Nduku Mutemi
Pan Africa Christian University
P.O Box 56875 -00200
Nairobi

RE: AUTHORIZATION TO CARRY OUT A STUDY

Reference is made to the letter dated 28th October 2022, and **NACOSTI/P/22/21202** dated 19th October, 2022 regarding the above matter.

You are hereby authorized to do research on "***Influence of Authentic Leadership, Leadership Efficacy and Governance of County Referral Hospitals in Kenya.***"

You are directed to:-

1. Report to the Medical Superintendent prior to the initiation of the fieldwork component to further facilitation.
2. Collaborate and liaise with Unit Head Health Administration for dissemination of study finding.
3. Submit the final study report to the undersigned office.

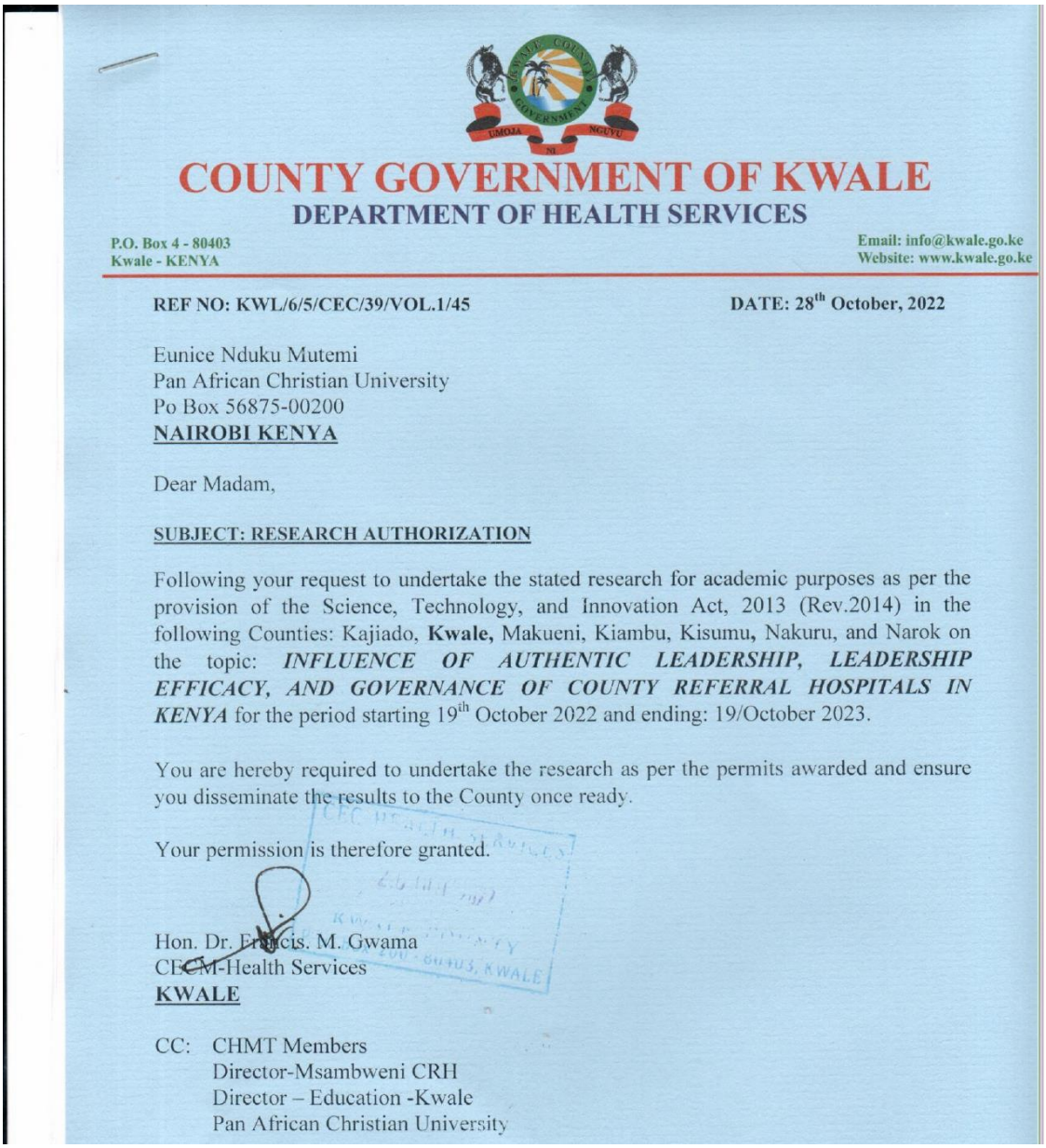
Yours

COUNTY DIRECTOR OF HEALTH
MAKUENI COUNTY
31 OCT 2022
P. O. Box 89 - 90300, MAKUENI.
Email: countyhealthmkn@gmail.com

Dr. Kiio S. Ndolo
Director Medical Services
Makueni

Copy to:

- Ag. ECM – Health Services
- Ag. CO – Health Services
- Director(s) – Health Services
- Medical Superintendent – Makueni CRH
- Unit Head – Health Administration
- Research Focal Person – Health Services



COUNTY GOVERNMENT OF KWALE

DEPARTMENT OF HEALTH SERVICES

P.O. Box 4 - 80403
Kwale - KENYA

Email: info@kwale.go.ke
Website: www.kwale.go.ke

REF NO: KWL/6/5/CEC/39/VOL.1/45 **DATE: 28th October, 2022**

Eunice Nduku Mutemi
Pan African Christian University
Po Box 56875-00200
NAIROBI KENYA

Dear Madam,

SUBJECT: RESEARCH AUTHORIZATION

Following your request to undertake the stated research for academic purposes as per the provision of the Science, Technology, and Innovation Act, 2013 (Rev.2014) in the following Counties: Kajiado, **Kwale,** Makueni, Kiambu, Kisumu**,** Nakuru, and Narok on the topic: ***INFLUENCE OF AUTHENTIC LEADERSHIP, LEADERSHIP EFFICACY, AND GOVERNANCE OF COUNTY REFERRAL HOSPITALS IN KENYA*** for the period starting 19th October 2022 and ending: 19/October 2023.

You are hereby required to undertake the research as per the permits awarded and ensure you disseminate the results to the County once ready.

Your permission is therefore granted.

Hon. Dr. Francis. M. Gwama
CECM-Health Services
KWALE

CC: CHMT Members
Director-Msambweni CRH
Director – Education -Kwale
Pan African Christian University

COUNTY GOVERNMENT OF KIAMBU
DEPARTMENT OF HEALTH SERVICES

All correspondence should be addressed to HEAD
HRDU – HEALTH DEPARTMENT
Email address: mndiritu@gmail.com
mkwasa@live.com
Tel. Nos: 0721641516
0721974633

HEALTH RESEARCH AND DEVELOPMENT
UNIT
P. O. BOX 2344 – 00900
KIAMBU

Ref. No.: KIAMBU/HRDU/22/11/17/RA_MUTEMI Date: 17th Nov 2022

TO WHOM IT MAY CONCERN

RE: CLEARANCE TO CONDUCT RESEARCH IN KIAMBU COUNTY

Kindly note that we have received a request from Ms. Eunice Nduku Mutemi of Pan Africa Christian University to carry out her study in Kiambu County, the research topic being on "**Influence Of Authentic Leadership, Leadership Efficacy And Governance Of County Referral Hospitals In Kenya**"

We have duly inspected her documents and found that she has been cleared by NACOSTI to carry out the research for a period ending **19th October 2023**. She thus does not need any further clearance with another regulatory body in order to conduct research within the county of Kiambu.

However, it is incumbent upon the institution where she is carrying out research to ensure that she receives adequate supervision during the process of conducting the research. This note also accords her the duty to provide a feedback on her research to the county at the conclusion of her research.

DR. MWANCHA KWASA
COUNTY CLINICAL RESEARCH OFFICER
KIAMBU COUNTY

COUNTY GOVERNMENT OF KAJIADO

DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE COUNTY DIRECTOR OF HEALTH SERVICES
P. O. BOX 31, KAJIADO

REF: CGK/MEDICAL SERVICES/01/VOL.11/66 28th October, 2022

EUNICE NDUKU MUTEMI

REGISTERED/LICENSED NUTRITIONIST

RE: RESEARCH AUTHORIZATION

Reference is made to your request on the above subject for a period ending 19th October, 2023.

The Department has no objection in you carrying out research on '**Influence of Authentic leadership, leadership efficacy and Governance of County referral hospitals in Kenya'.**

You are however required to share findings of your research with this office.

Thank you.

COUNTY DIRECTOR OF HEALTH
KAJIADO COUNTY
20 OCT 2022
P.O Box ... 01100
KAJIADO

DR. LYDIA MUNTEYIAN
COUNTY DIRECTOR HEALTH SERVICES

CC:

CHIEF OFFICER FOR MEDICAL SERVICES

NAROK COUNTY GOVERNMENT
DEPARTMENT OF HEALTH AND SANITATION

Telegrams: "**HEALTH**", Narok
Telephone: Narok 22300 and 22308
Fax: (050) 22394
Email: *countyhealthdirectornarok@gmail.com*

COUNTY DIRECTOR OF HEALTH
NAROK COUNTY
P.O. BOX 11- 20500
NAROK

When replying please quote our Ref and date

OUR REF: DIR/NRK CNTY/MOH/60/172 **28th October, 2022**

EUNICE NDUKU MUTEMI
PAN AFRICA CHRISTIAN UNIVERSITY

RE: RESEARCH AUTHORIZATION LICENSE NO. NACOSTI/P/22/21202

Reference is made to your request letter dated 26th October, 2023 and the Pan Africa Christian University Research Ethics Review Committee [PACURERC] Certificate of Ethical Clearance issued on 11th October, 2022.

Authority is hereby granted to you to carry out research in Narok County for the period ending **19th October, 2023** on the topic ***'INFLUENCE OF AUTHENTIC LEADERSHIP, LEADERSHIP EFFICACY AND GOVERNANCE OF COUNTY REFERRAL HOSPITALS IN KENYA'.*** The research must be carried out in conformity with the study protocol and ethics.

The Medical Superintendent Narok County Referral Hospital is hereby copied for information and support.

COUNTY DIRECTOR OF HEALTH
28 OCT 2022
P O Box 11-20500
NAROK
NAROK COUNTY GOVERNMENT

Dr. Francis K. Kiio
County Director of Health
NAROK COUNTY

C.C. Medical Superintendent
NAROK COUNTY REFERRAL HOSPITAL

APPENDIX D: NACOSTI RESEARCH AUTHORIZATION

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **694466**

Date of Issue: **19/October/2022**

RESEARCH LICENSE

This is to Certify that Ms.. EUNICE NDUKU MUTEMI of Pan Africa Christian University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kajiado, Kiambu, Kisumu, Kwale, Makueni, Nakuru, Narok on the topic: INFLUENCE OF AUTHENTIC LEADERSHIP, LEADERSHIP EFFICACY AND GOVERNANCE OF COUNTY REFERRAL HOSPITALS IN KENYA for the period ending : 19/October/2023.

License No: **NACOSTI/P/22/21202**

694466

Applicant Identification Number

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