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**Effect of Creative Work Culture on Performance of Mission Hospitals in Kenya**

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**Abstract**

**Purpose:** Those who employ creative leadership tend to do so by creating conditions which promote creativity. Creating such conditions are described as psychological, material, and/or social supports that trigger, enable, and sustain creative thinking in others. The objective were to establish the effect of creative work culture on performance of mission hospitals in Kenya and to establish the moderating effect of perceived organizational support on the effect of creative work culture on performance of Mission Hospitals in Kenya.

**Methodology:** The cross-sectional survey design was used as the study design with the positivist philosophy also being adopted. The sample populations comprised 285 Mission hospital staff at middle or lower levels of employment. Purposive sampling was used in identifying samples that possess the information needed for the study. Questionnaire was the main data collection instruments. This was tested for validity and reliability before being used for the study. Collected data was analyzed quantitatively using SPSS 24<sup>th</sup> Edition software and was presented in the form of descriptive and inferential results. Descriptive statistics involved percentages, means and means of Standard deviations while inferential involved simple regression analysis.

**Findings:** The study found that a creative work culture, where staffs are confident in their creative capabilities and where there's a positive, collaborative climate, significantly contributes to hospital performance.

**Unique Contribution to Theory, Practice and Policy:** The study was grounded on interactionist perspective and transactional leadership theory. The study recommends that healthcare institutions should encourage creativity and innovation at all levels by providing opportunities for staff to express their ideas and collaborate. Training programs focusing on creative thinking and problem-solving skills should be implemented to enhance the creative capabilities of the staff. Leadership should emphasize the importance of a positive and collaborative work climate, where team members feel a strong sense of belonging and commitment. Regular team-building activities and brainstorming sessions can further promote this culture.

**Keywords:** *Creative Work Culture, Organizational Support, Performance, Mission Hospitals*

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## INTRODUCTION

According to Gheerawo and Ivanova (2020), creative leadership is the ability to create and realize innovative solutions, especially in the face of structurally complex or changing situations. It refers to those people who, when all is shifting and new approaches are yet unknown, can still create clarity of purpose for their teams. The best creativity comes from a desire to contribute to the lives of others, either by introducing something new that improves the quality of their lives or by showing people that something thought to be impossible is possible. When you change people's perceptions about what can be accomplished or achieved, you contribute to their humanity in the richest possible way. Van Dijk, Davidson and Mecozzi (2019) view creative leadership as a philosophy and an act that develops and realizes innovative ideas through the shared ambition of improving the world through enterprise formation. Those who employ creative leadership do so by forging an environment that promotes creativity, innovation, and mission-driven entrepreneurship.

The success of healthcare organizations depends to a significant degree on the leadership of their executives and managers. Healthcare performance is a subject that has been gaining momentum amongst scholars. Anderson and Wiig (2020) note that in terms of health care, performance should focus on healthcare financial strength, health care operations/people development and finally health care patient satisfaction. Researchers have indicated that public hospitals may not share the same ideals as the private ones. Andersen and Hvidman (2021) agree that public institutions differ from private organizations in the complexity and ambiguity of their goals. Joarder, George, Ahmed, Rashid, and Sarker (2021) indicated that physician responsiveness is constituted by their level of friendliness, respect for clients, guidance and informing patients, gaining the trust of patients and optimizing the benefits of the patients.

Oluwale, Olaposi, Adedeji, and Ayanlade (2018) states that there were inadequate manpower and utilities, diagnostic facilities, laboratory equipment and digital systems. Yakob and Ncama (2019) sought to measure the health system responsiveness at the facility level in Ethiopia. The study indicates that improving quality of care, client satisfaction and financial fairness can improve responsiveness performance. The measures of performance have been given due consideration by several of authors. A Ugandan study by Ndanyi (2019) defined hospital performance in six different dimensions for assessing the hospital performance: clinical effectiveness, efficiency, staff orientation, responsive governance, safety and patient-centeredness. A different classification of performance dimensions is offered by Mettler and Rohner (2019), who summarize the potential areas of healthcare performance as healthcare financial strength, healthcare operations, healthcare people development, patient service and satisfaction, and healthcare marketing.

Nur (2018) examined the association between electronic procurement and procurement performance of private hospitals in Nairobi, Kenya. The research adopted a descriptive research design with quantitative research being utilized. The findings of the research indicate that hospitals have established e-tendering, e-catalogues that have reduced operational costs, lead time and contributed towards efficiency within the private hospitals. Iqbal Memon et al (2020) note that effective and efficient leadership skills are significant for the success of the healthcare system since they enhance the quality and delivery of care to patients. Muhindi (2022) rightfully observed that hospitals represent the first points of health care service delivery and are critical in fostering healthy populations. The mission hospitals were started by missionaries in early 20<sup>th</sup> century and most of them have been and are still being managed by

these missionaries. The hospitals were started to provide health care to the poor and the underprivileged in the rural areas (Aukeman, 2021). Indeed, over the years the contribution to health care by the church owned units has grown into a wide network covering almost all the counties in Kenya.

Missionary groups employed numerous mechanisms to make disciples. They constructed schools and hospitals, engaged in public health campaigns, provided charity for the poor, and contributed cheaper social welfare programs as their most effective tools (Hoon, 2023). These hospitals survived on donor funding raised by the missionaries. Good leadership that has robust practices enables them to provide almost free medical care to the public. Sajid (2019) showed that despite the hard economic times that have constrained the functioning of mission hospitals, they remain a great contribution to the health care sector. The mission hospitals have remained a stable sector that employs a large number of people across 200 mission hospitals without mentioning the clinics and dispensaries; (Kenya Catholic Secretariat & Christian Health Association of Kenya, 2019).

### **Statement of the Problem**

In spite of the huge investment in the health sector in Kenya, public and some of the private, such as the mission hospitals have continued to decline in performance (Khan, 2019). According to Lyu (2021), the performance of mission hospitals in Kenya is on a downward trend, with the blame shifting to the leadership in these hospitals. The Senate Health Committee Report (2019), World Bank Report (2020), Manyazewal (2019), all have pointed out that the underperformance witnessed in the health institutions in Kenya has been exacerbated by the shortage in human capital and the incessant challenges concerning proper leadership, as well as the constraints arising from under funding by the sponsors. The KPMG International (2020) also indicated that the performance of health institutions in Kenya has been deteriorating due to the high labor turnover of health care workers, some of them heading to Western countries. Accordingly, leadership plays a very imperative role in improving the quality of care and the performance of any health system world over (KPMG, 2020). Furthermore, the inclusion of doctors and nurses in the provision of creative as well as clinical leadership has been found to be important in driving health service improvement (Manyazewal, 2019). On the contrary, some of the mission hospitals in Kenya have witnessed a decline in their performance which has been attributed to wrangles in their ownership and leadership.

To improve the performance within the health sector, the Kenyan government embarked on an effort to improve the accessibility to health facilities for all through the Universal Health Coverage program, and the devolution of the health function to the county governments in line with the promulgation of the Kenya constitution 2010 (KPMG International, 2020). However, not so much has been done about the mission hospitals, which are run as private entities. Empirically, several studies concerning the concept of leadership in hospitals have been conducted. Fahlevi, Aljuaid and Saniuk (2022) conducted a study on leadership style and hospital performance, empirical evidence from Indonesia, Mulenga, Nzala and Mutale (2018) on establishing common leadership practices and their influence on providers and service delivery in selected hospitals in Lusaka province, Zambia, Influence of leadership skills on effectiveness of departmental leadership in Mogotio Sub County hospitals in Kenya, Kiptingos, Gesimba and Gichuhi (2020). On the influence of leadership skills on effectiveness of departmental leadership in Mogotio Sub County hospitals in Kenya. Njoroge, Ndirangu and Kiambi (2022) sought the role of transformational leadership on millennials' dedication in level

five private hospitals in Kenya while Nzinga, McGivern and English (2018) focused on examining clinical leadership in Kenyan public hospitals through the distributed leadership lens. However, there is relatively little empirical research on creative work culture among the mission hospitals in Kenya, despite weak leadership and managerial capacities contributing to problems facing health systems in these settings. Therefore, there is a significant gap between creative work culture and performance of mission hospitals in Kenya. The aim of the present study was thus to evaluate the influence creative work culture on Mission Hospital performance.

### **Research Objectives**

1. To establish the effect of creative work culture on performance of mission hospitals in Kenya

### **Research Hypothesis**

**H<sub>01</sub>:** There is no effect of creative work culture on performance of mission hospitals in Kenya.

## **LITERATURE REVIEW**

### **Theoretical Framework**

#### **The Interactionist Perspective**

The interactionist perspective of creativity covers three levels of analysis involving individual, team, and organizational creativity aspects (Woodman *e tal.*, 1993). From this perspective, individual creativity is considered a function of antecedent conditions, cognitive style and ability, personality, relevant knowledge, motivational factors which, in turn, are fashioned by social influences and the physical environment. Society is ultimately created, maintained, and changed by the social interactions of its members. It emphasizes all aspects of human behavior including consciousness, thought, selfhood, activity, interaction. Team creativity is influenced by the composition of the group such as diversity and manner of team member interaction; characteristics including size and cohesiveness; group processes such as problem-solving approaches and social information; and contextual influences such as organizational setting, culture, and reward systems. At the organization level, innovation was viewed as a function of both individual and team creativity. Organization creativity was therefore integrally linked to innovation which resulted from integrating the components of management practices, resources, and organizational motivation situated within the work environment (Sadi& Al-Dubaisi, 2008).

#### **Transactional Leadership Theory**

Developed by Bass (1985), this leadership style otherwise known as managerial leadership pays attention to the social interactions or transactions between leaders and followers. It focuses on the role of supervision, organization, and group performance; transactional leadership describes a style of leadership in which the leader champions compliance of the followers through both rewards and punishments. Followers will only show the demanded behaviors when they experience ascertain authority and ability in the leader as well as contingencies in rewards (Bass, 1985). Leaders motivate their subordinates by observing their performances and reacting to errors and failures. A transactional leader takes cognizance of the needs of followers and facilitates negotiation with them to meet their needs. A transactional leader will do all it takes for his followers to meet targets. According to Odumeru and Ogbonna (2022), transactional leadership is a managerial form of leadership that focuses on supervision

and sustaining group performance. Transactional leaders promote compliance of their followers through a rewards-and-consequences style of organization, in which they provide appropriate incentives to persuade subordinates into following protocol and doing their duty, as well as dissuading followers from shirking their duty through necessary consequences. Thus, transactional leaders are most equipped in emphasizing goals, promoting efficiency of operations, and increasing productivity. The leadership style employed by a leader can either motivate an employee to increase his or her level of performance or discourage employee, which in turn can cause decrease in their level of performance or even lead to high turnover rate (Jaskyte, 2004). This theory therefore effectively explains performance of mission hospitals in this study.

**Empirical Review**

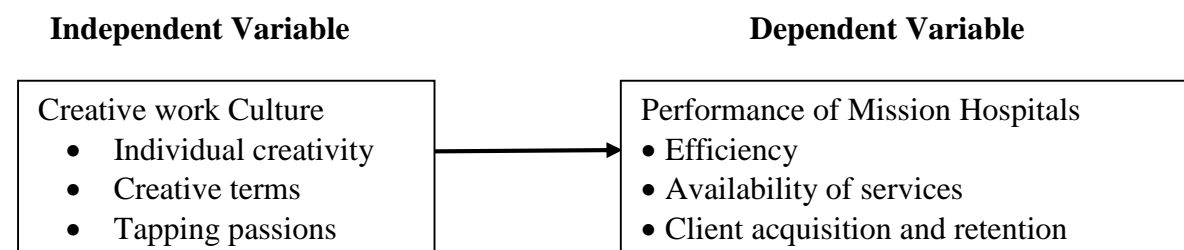
Kirigia, Sambo, and Lambo (2022) analyzed the performance of hospitals in Kwazulu- Natal province in South Africa. The study found that only 40% of the hospitals were technically inefficient. The study found that some medical employees were not fully utilized and therefore, there was a need to reduce them to improve the efficiency of the hospitals.

Wambura (2019) examined the link between service quality and performance improvement in health care at Kenyatta National Hospital. The research adopted a descriptive research design and focused on KNH as the unit of observation. The research utilized structured questionnaires to collect data from patients at the hospital. The study indicated there was a lack of willingness among personnel to respond to patients, there was poor willingness to help patients and there was inadequate provision of individualized services to the patients. The study indicates there is an overall positive interaction between service quality and performance improvement.

Wangari, Anyango and Wanjau (2022) investigated the provision of quality in the public health sector in Kenya and noted that low employee capacity, inadequate technological adoption, ineffective communication, and insufficient financial resources affected the quality performance of hospitals. The study recommended a comprehensive healthcare policy that addressed the plight of medical staff, working environment and resources were critical in ensuring optimal performance of hospitals and increased patient satisfaction and loyalty.

**Conceptual Framework**

The framework makes it easier for the researcher to easily specify and define the concepts within the problem of the study (Mensah et al., 2020). The independent variable is creative work culture. The dependent variable is the performance of mission hospitals. This entails efficiency, availability of services and client acquisition and retention.



*Figure 1: Conceptual Framework*

## **Creative Work Culture and Organization Performance**

Corporate culture plays the main role in motivating and shaping creative behaviour in organizations. Establishing and nurturing entrepreneurial behaviour and practices so that they become part of an organization's culture and ethos can provide the opportunity to initiate renewal and create innovation (Katazyna, 2020). Nwachuku and Hieu (2020) add that firms need creative leadership to comprehend and respond to a dynamic and complex business environment. As such, leaders must possess creative competence and creative thinking skills to adapt and respond to complexity. Creativity in the workplace has become vital for organizational performance, success, and sustainability.

Prihantoro et al. (2010) examines and analyze the effect of creativity, leadership and organizational culture on organizational innovation. The results of their study indicated that both partially and simultaneously creativity, leadership and organizational culture influenced organizational innovation. Yildirim and Birinci (2023) points out that transformational culture and transformational leadership stand as critical strengths for achieving the desired business performance during major organizational changes such as merger and acquisitions.

Allahar (2018) observes that individual creativity is well established in the fields of psychology and sociology but, more recently, management studies focused on the aspects of team and organization creativity in the workplace as part of a triad of creativity, innovation, and entrepreneurship. Business and organization leaders must take full responsibility for promoting creative behavior among organization members as a precursor to innovation.

Creativity is considered an elusive concept because within organizations, creativity concentrated on individual and team creativity, while the study or organizational creativity was viewed as an attribution process (Koch, Wenzel, Senf, & Maibier, 2018). In order to survive and prosper, organizations must embrace creativity, innovation and entrepreneurship as the keys to success. A study by (Isaksen & Akermans 2021) focused on how leaders and managers affect innovation and creativity through their efforts to deliberately foster a work climate that supports creative thinking. The findings of this study support the pivotal role that creative climate plays between leadership behavior and innovative productivity.

## **METHODOLOGY**

This study was based on the positivist philosophy. Positivism looks for causal relationships in data to create law-like generalizations like those produced by scientists (Gill & Johnson 2010). This study used a cross-sectional survey design; one of the most commonly used forms of survey designs. A cross-sectional survey design takes a snapshot of a population at a certain time, allowing conclusions about phenomena across a wide population to be drawn (Kothari, 2004).

The target population consisted of 285 employees of the middle level management in the 57 mission hospitals in Kenya (Kenya Medical Directory, 2021). The sampling frame for this study comprised doctors, nurses, administrators, Human Resource Managers, procurement officers, finance managers, managing directors; the staffs who are the major contributors in delivery of healthcare services. This research adopted a census of 285 staff who work under a senior manager or CEO in mission hospitals in Kenya.

This study used semi-structured questionnaires to obtain primary data for analysis. A pilot survey was conducted to ensure research instrument validity and reliability of the instrument. A pilot study was done on 10% of the sample (29 respondents) who were then excluded from

the main study to avoid response bias. This study adopted the measurement of the internal consistency of the instrument. A value of 0.70 or greater was taken to indicate good internal consistency. This study adopted the use of both construct validity and content validity.

This study applied quantitative approaches to process and analyze the data. Quantitative data was sorted, coded and input into SPSS 24<sup>th</sup> version for generation of descriptive statistics and inferential statistics. Descriptive statistics involved frequencies, means and standard deviation while inferential statistics was measured at significance level of 0.05. A simple linear regression model and a multiple linear regression model was used to test the significance of the influence of the independent variable on the dependent variable and the moderating effect.

## FINDINGS AND DISCUSSION

### Descriptive Statistics on Creative Work Culture

**Table 1: Descriptive Statistics on Creative Work Culture**

	SD%	D%	N%	A%	SA%	Mean	Std. Dev
I have internal motivation to do work because it is interesting, engaging, and positively challenging	1.3	4.7	16.4	51.7	25.9	3.96	0.85
I have confidence in my creative capability in this career	0	3.4	16.8	58.2	21.6	4.48	0.77
I always have a positive mood regarding working in this hospital	0	3.4	16.8	58.2	21.6	3.98	0.72
I have knowledge and experience of working in this profession	0.4	2.2	6.5	59.5	31.5	4.19	0.68
Our hospital team encourages a positive and collaborative work climate	0	3.4	9.1	49.1	38.4	4.22	0.75
I have a strong sense of belonging in this institution	2.2	2.6	3.4	56.9	34.9	4.20	0.80
There is a sense of commitment and positive attitudes towards other team members	0	3.4	10.3	60.3	25.9	4.09	0.70
Our teams display greater creativity through generation of ideas based on the combined inputs of everyone	0.9	6	14.7	54.3	24.1	3.95	0.84
We often have time with the team to focus on desires and needs	2.2	3.2	12.2	59.6	22.8	3.98	0.81
Valid N (listwise)	232						

SD=Strongly Disagree D=Disagree N=Neutral A=Agree SA= Strongly Agree

Std. Dev= Standard Deviation

The findings show that the majority of the respondents strongly agreed they have confidence in their creative capability in their career as shown by a mean of 4.48 and a standard deviation of 0.77. The respondents agreed that their hospital team encourages a positive and collaborative work climate as demonstrated by a mean of 4.22 and a standard deviation of 0.75 and that they have a strong sense of belonging in the institution as illustrated by a mean of 4.20 and a standard deviation of 0.80. With a mean of 4.19 and a standard deviation of 0.68 the respondents agreed that they have knowledge and experience of working in this profession and further agreed that



there is a sense of commitment and positive attitudes towards other team members as shown by a mean of 4.09 and a standard deviation of 0.70.

In addition, the respondents agreed that they often have time with the team to focus on desires and needs as described by a mean of 3.98 with a standard deviation of 0.81 and that they always have a positive mood regarding working in this hospital as demonstrated by a mean of 3.96 and a standard deviation of 0.85 and also that their teams display greater creativity through generation of ideas based on the combined inputs of everyone as demonstrated by a mean of 3.95 and a standard deviation of 0.84. The responses had a low variability as demonstrated by the low standard deviations of below 1. Consistently, Nwachuku and Hieu (2020) revealed that firms need creative leadership to comprehend and respond to a dynamic and complex business environment. As such, leaders must possess creative competence and creative thinking skills to adapt and respond to complexity. Creativity in the workplace has become vital for organizational performance, success, and sustainability.

**Descriptive Statistics on the Performance of Mission Hospitals**

**Table 3: Descriptive Statistics on the Performance of Mission Hospitals**

	SD%	D%	N%	A%	SA%	Mean	Std. Dev
The hospital operates efficiently, minimizing waiting times for patients	1.3	11.2	15.9	56.5	15.1	3.83	0.90
The hospital optimizes its resources to provide cost-effective healthcare.	0	2.6	6.3	64.7	26.4	4.03	0.77
Our staff are always available and willing to provide health services to our patients.	0.4	3.9	14.3	58.2	23.3	4.00	0.76
The hospital has convenient operating hours.	2	4.1	14.4	60.2	19.3	4.01	0.89
The health services at the hospital are preferred by clients since it provide a wide range of medical services.	0.9	4.7	6.9	63.8	23.7	4.05	0.76
The availability of specialized medical services at the mission hospital meets community needs.	0.4	1.3	25.4	59.1	13.8	3.84	0.68
The health services we offer here cater for most needs of the clients seeking help at the hospital.	2.6	5.2	12.9	52.2	27.2	3.96	0.92
We have witnessed a growth in the number of hospital visits	0.9	4.7	17.7	46.1	30.6	4.01	0.87
There are continued referrals from our clients who end up being loyal to the hospital.	0.9	3.9	20.3	50.4	24.6	3.94	0.82
The hospital actively engages with the community to understand their healthcare needs.	1.3	6.9	16.4	50.9	24.6	3.91	0.89
Valid N (listwise)	232						

SD=Strongly Disagree D=Disagree N=Neutral A=Agree SA= Strongly Agree

Std. Dev= Standard Deviation

The respondents agreed that the health services at the hospital are preferred by clients since it provides a wide range of medical services as shown by a mean of 4.05 and a standard deviation of 0.76. They agreed that the hospital optimizes its resources to provide cost-effective healthcare as shown by a mean of 4.03 and a standard deviation of 0.77 and that they have

witnessed a growth in the number of hospital visits as illustrated by a mean of 4.01 and a standard deviation of 0.87. The respondents agreed that the hospital has convenient operating hours as shown by a mean of 4.01 and a standard deviation of 0.89. With a mean of 4.00 and a standard deviation of 0.76, the respondents agreed that their staffs are always available and willing to provide health services to their patients. With a mean of 3.96 and a low standard deviation of 0.92, the respondents agreed that the health services they offer cater to most needs of the clients seeking help at the hospital. The low standard deviation shows a low variance in the responses. Corroborating the study findings, Kondasani and Panda (2021) revealed that the quality of the health facilities in India positively influenced customer perception of private hospitals.

In addition, the respondents agreed that there are continued referrals from their clients who end up being loyal to the hospital (mean, low standard deviation of 0.82 showing a low variance in the responses). The respondents also agreed that the hospital actively engages with the community to understand their healthcare needs, as illustrated by a mean of 3.91 and a standard deviation of 0.89. Moreover, the respondents agree that the availability of specialized medical services at the mission hospital meets community needs as demonstrated by a mean of 3.84 and a standard deviation of 0.68 and that the hospital operates efficiently, minimizing waiting times for patients as shown by a mean 3.83 and a standard deviation of 0.90. The low standard deviations of less than 1 show less data set variability. Consistent with the study findings, a study by Mwhia (2020) on the performance of Public hospitals in Kenya found that there was an improvement in hospital outputs, an increase in patient satisfaction with services and a rise in hospital productivity. In addition, Ogunnowo, Olufunlayo, and Sule (2019) also established an overall positive perceived service quality.

### Inferential Statistical Findings and Tests of Hypotheses

#### Regression between Creative Work Culture on Performance of Mission Hospitals in Kenya

**Table 4: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.635 <sup>a</sup>	.403	.401	.52049

a. Predictors: (Constant), creative culture

The correlation coefficient (R) is 0.635, indicating a strong positive relationship between creative culture and hospital performance. The closer R is to 1, the stronger the relationship. The coefficient of determination ( $R^2$ ) is 0.403. It represents the proportion of variance in the dependent variable (Performance) that can be explained by the independent variable (creative culture). In this case, approximately 40.3% of the variation in hospital performance can be explained by creative culture.

**Table 5: ANOVA<sup>a</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	42.122	1	42.122	155.484	.000 <sup>b</sup>
	Residual	62.309	230	.271		
	<b>Total</b>	<b>104.431</b>	<b>231</b>			

a. Dependent Variable: Performance

b. Predictors: (Constant), creative culture

From the analysis of variance, which tests the overall significance of the regression model, the "F" statistic is 155.484, which is highly significant ( $p < 0.001$ ). This suggests that the model as a whole is a good fit for explaining the relationship between creative culture and hospital performance. The p-value (Sig.) is less than 0.001 (indicated by .000), further confirming the model's significance.

**Table 6: Coefficients<sup>a</sup>**

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	1.150	.252		4.556	.000
Creative culture	.727	.058	.635	12.469	.000

a. Dependent Variable: Performance

The "Constant" represents the intercept of the regression equation. In this case, it's 1.150.

The Creative culture coefficient is 0.727. This is the slope of the regression line and represents how much hospital performance is expected to increase for each unit increase in creative culture. A unit increase in creative culture will result to a 0.727 unit rise in hospital performance. The "t" statistic (t) is 12.469 for creative culture, and the p-value (Sig.) is less than 0.001. This indicates that the relationship between creative culture and hospital performance is statistically significant.

### Test for Hypothesis

**H<sub>01</sub>:** There is no significant effect of creative work culture on performance of Mission Hospitals in Kenya

The regression results indicated that creative work culture has a positive and significant effect on organizational performance of mission hospitals ( $\beta_1=0.727$ ,  $p\text{-value}=0.000$ ). The p-value of 0.000 is less than the conventional significance level of 0.05. Therefore, the null hypothesis (**H<sub>03</sub>**) was rejected and the alternative hypothesis (**H<sub>a3</sub>**) was accepted and hence there is a statistically significant effect of creative work culture on the performance of Mission hospitals in Kenya. A study by (Isaksen & Akermans 2021) focused on how leaders and managers affect innovation and creativity through their efforts to deliberately foster a work climate that supports creative thinking. The findings of this study support the pivotal role that creative climate plays between leadership behavior and innovative productivity.

## CONCLUSION AND RECOMMENDATIONS

### Conclusion

In conclusion, a work environment fostering confidence in creative abilities, promoting a positive and collaborative climate, and encouraging team involvement in idea generation significantly contributes to the overall effectiveness and success of healthcare institutions. The strong agreement among respondents on these aspects, coupled with the statistically significant relationship between creative culture and hospital performance, underscores the importance of nurturing a creative and supportive workplace. This environment not only bolsters staff morale and sense of belonging but also translates into tangible improvements in hospital performance. Thus, fostering a creative culture within healthcare settings is crucial for adapting to the dynamic and complex nature of the healthcare industry, ultimately leading to sustained organizational success and improved patient care. Furthermore, perceived organizational support moderate the effect of creative work culture on performance of Mission hospitals in Kenya.

### **Recommendations**

Hospitals should encourage creativity and innovation at all levels by providing opportunities for staff to express their ideas and collaborate. Training programs focusing on creative thinking and problem-solving skills should be implemented to enhance the creative capabilities of the staff. Leadership should emphasize the importance of a positive and collaborative work climate, where team members feel a strong sense of belonging and commitment. Regular team-building activities and brainstorming sessions can further promote this culture. Additionally, recognizing and rewarding creative contributions can motivate staff to continue engaging in innovative practices. By integrating these strategies, hospitals can create a more dynamic, responsive, and effective workplace, leading to improved performance and better patient outcomes.

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