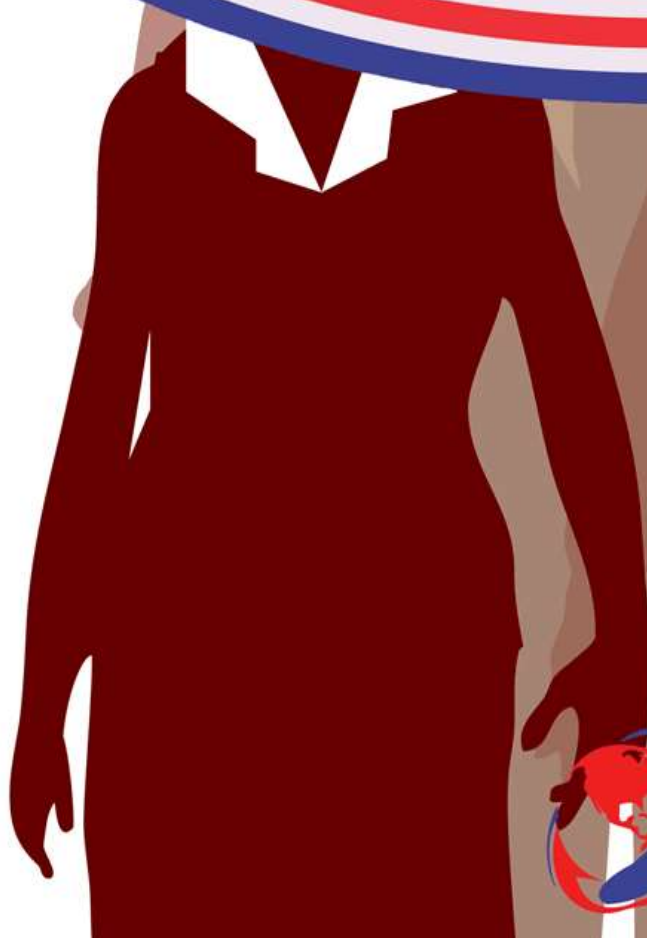






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Effect of Mentorship on Performance of Mission Hospitals in Kenya

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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 study sought to establish the effect of mentorship creative leadership practice on performance of mission hospitals in Kenya and to establish the moderating effect of perceived organizational support on the effect of mentorship creative leadership practice 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 selected through census. 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 24th version 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 linear regression analysis. The study results were presented through use of tables and figures

Findings: The findings of the study underscore the substantial influence of effective mentorship in enhancing both individual and organizational performance in the context of Mission hospitals in Kenya. The strong agreement among respondents on the various aspects of mentorship, combined with the significant statistical correlation between mentorship and improved hospital performance, underscores the value of investing in robust mentorship programs. Perceived organizational support moderates the effect of mentorship on performance of Mission hospitals in Kenya.

Unique Contribution to Theory, Practice and Policy: The study was grounded on servant leadership theory and Transactional Leadership Theory. The study recommends that healthcare institutions prioritize the development and enhancement of mentorship programs. These programs should focus on leadership development, skill acquisition, and professional growth, tailored to the diverse needs of individual employees. From the study, Mentorship could explain upto 63.1% of the performance of mission hospitals in Kenya. This study therefore recommends further study on other factors affecting performance of mission hospitals in Kenya.

Keywords: *Mentorship, Organization Support, Performance, Mission Hospitals*

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INTRODUCTION

Mentorship plays a pivotal role in enhancing the performance of mission hospitals in Kenya, where the transfer of knowledge and skills from experienced healthcare professionals to less experienced staff is crucial (protégé, 2020). In these settings, mentorship programs can lead to improved patient care outcomes, increased job satisfaction among staff, and the overall advancement of hospital services. By fostering a culture of continuous learning and professional development, mentorship ensures that mission hospitals remain at the forefront of delivering compassionate and competent healthcare services in line with their foundational missions (Ogunnowo, Olufunlayo, & Sule, 2019). Creative leaders, as outlined by Stoll and Temperley (2019), foster conditions that inspire creativity in others, such as setting high expectations, promoting individual and collaborative thinking, and using failure as a learning opportunity. Mentorship emerges as a powerful catalyst in nurturing creative leaders, providing guidance, unlocking potential, and fostering essential skills like creative thinking. By incorporating practices like co-creation projects and immersion experiences, mentors empower mentees in the dynamic realm of creative leadership.

In the context of healthcare organizations, the leadership of executives and managers significantly influences performance. The success of healthcare institutions, as noted by Anderson and Wiig (2020), hinges on financial strength, operational effectiveness, people development, and patient satisfaction. Public and private hospitals may differ in goals and complexity, as acknowledged by Andersen and Hvidman (2021). Mission hospitals, anchored on limited resources, play a crucial role in providing quality care amid challenges in infrastructure and manpower.

Challenges in healthcare implementation, such as those observed by Salarvand et al. (2021) in Iran and Oluwale et al. (2018) in Nigeria, highlight the need for effective leadership. In Kenya, Okech's (2020) situational analysis on devolution and universal health coverage reveals gaps in specialized medical equipment and maintenance. Mission hospitals, supported by missionary groups, have historically contributed significantly to healthcare, surviving on donor funding.

These hospitals prioritize the poor, aligning with a preferential option for the poor, as discussed by Lukwago (2019). Despite economic constraints, mission hospitals remain a stable sector, providing almost free medical care. The priorities of mission hospitals are distinct, emphasizing ethical policies, including issues related to cuts, bribes, referrals, and private practices, as noted by Marina and Wahjono (2021). 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 the mission hospitals, they still 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 on 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 in relation to 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 mentorship creative leadership among the mission hospitals in Kenya, despite weak leadership and managerial capacities contributing to problems facing health systems in these settings. Similarly, studies conducted on the relationship between some of the leadership styles and organizational performance has also given inconsistent results (Kiptingos et al., 2020; Nzinga et al., 2018; Njoroge, 2022). Therefore, there is a significant gap between mentorship creative leadership and performance of mission hospitals in Kenya. The aim of the present study was thus to evaluate the effect of mentorship creative leadership practice on Mission Hospitals' performance in Kenya.

Research Objectives

1. To establish the effect of mentorship creative leadership practice on performance of mission hospitals in Kenya.

Research Hypothesis

H₀₁: There is no significant effect of mentorship creative leadership practice on performance of Mission hospitals in Kenya.

LITERATURE REVIEW

Theoretical Framework

Servant Leadership Theory

The term servant leadership was first coined by Robert Greenleaf (1970) in his essay series titled *The Servant as Leader*. It begins with the natural feeling one wants to serve, to serve first. Then Conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first. Greenleaf asserts that service to others develops legitimate power for leadership (Greenleaf, 1998). According to Greenleaf (1977), a servant leader's focus in leadership is for others to reach for their full potential. Another important aspect of servant leadership is the mentorship and friendship. A servant leader values diversity and acknowledges the intrinsic worth of each member in the community. Each member is valuable and has different talents that are integral to the whole. A servant leader desires to create the context in which these gifts can be developed and polished. In this sense, a servant leader values diversity in their community and enables others to discover and reach for their own potential for the good of the team as well as growth of the individual. A servant leader has emergent authority and uses such authority ethically and morally as a basis to serve others. A servant leader is a giver in social interaction, who defines and measures the success of their leadership by the well-being and advancement of those whom he/she leads (Northouse, 2016). Servant-leaders do most of the things that other leaders do - they provide a vision, they motivate, they manage, they communicate, and so forth. Empirical studies of servant leadership are multi-faceted, with scholars' interests ranging from the attributes of servant leaders (Spears, 2010), and the behaviors of servant leaders (Sendjaya, 2003), to the culture of servant leadership organization (Laub, 1999). Greenleaf (1970) stated that servant leadership is not a management technique but a way of life, allowing those who make this choice to unleash its power and promise. The concept of servant leadership is applicable and beneficial to leadership development.

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 reward 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 through observing their performances and reacting to errors and failures. A transactional leader takes cognizance of the needs of followers and facilitates negotiation with them so as 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 which focuses on supervision and sustaining group performance. Transactional leaders promote compliance of their followers through 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. 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 return 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

Mutia (2020) studied the determinants of the performance of satellite clinics, a case of mater misericordiae performance in Nairobi. The study concludes that variations in the hospital performance of satellite clinics are determined by the level of medical service quality, medical service responsiveness and medical infrastructure at the satellite clinics and recommended that the hospital should foster provision of quality medical care, professionalism and responsiveness of the workforce to enhance performance.

Maina (2022) examined the effect of customer perception on the performance of private Hospitals in Nairobi. The study employed a descriptive research design with the unit of analysis being Karen Hospital. The study employed a semi-structured research questionnaire in the data collection. The results indicate that the client's perception of the cost did not significantly affect the performance of the hospital. The study indicates that customer perception of hospital staff, the quality of service and efficiency significantly predicted the performance of the hospital.

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 the inadequate provision of individualized services to the patients. The study indicates there is an overall positive interaction between quality service 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.

Critique of Reviewed Literature

Although various studies have been conducted on mentorship creative leadership practice and organization performance, these studies focused on specific countries, organizations, sectors, and contexts hence the study findings cannot be generalized to the current study. For instance; Mutia (2020) studied the determinants of the performance of satellite clinics, a case of mater misericordiae performance in Nairobi. Maina (2022) examined the effect of customer perception on the performance of private Hospitals in Nairobi. Wambura (2019) examined the link between service quality and performance improvement in health care at Kenyatta National Hospital. 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. Nevertheless, none of these studies focused on performance of mission hospitals in Kenya. To fill the highlighted gaps, the current study sought to establish the effect of mentorship creative leadership practice on performance of mission hospitals in Kenya.

Conceptual Framework

According to the framework, the independent variable is mentorship creative leadership practice. This is characterized by engagement, confidence and learning/development. The dependent variable is the performance of mission hospitals. This entails efficiency, availability of services and client acquisition and retention.

Independent Variable



Dependent Variable

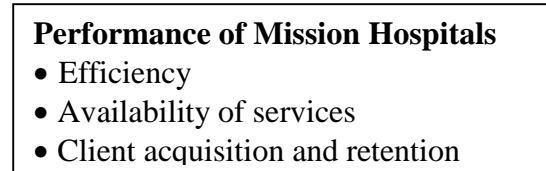


Figure 1: Conceptual Framework

Mentoring and Organizational Performance

Mentoring typically involves two parties (a mentor and a mentee), a relationship (formal or informal) and the transfer of skills, knowledge and attitudes with the objective of development and growth of the mentee”. The mentor is usually someone in a more senior position from whom the mentee can, through a process of support and engagement, learn and develop in their chosen area. Carruthers (2021) note that the corporate and business world has historically used the mentor protégé or classic mentoring approach where a younger, less experienced person is taken under the wing of an older, more experienced person who then hones the younger person’s skills. Advancing the argument, Carruthers affirms that Mentoring has a rich history and harbors immense learning potential, which is supported by the theories and concepts of prominent researchers and philosophers such as Vygotsky, Rogoff, and Bruner. Mentors take on various roles and, like chameleons, transform their roles to fit the needs of their mentees, including becoming coaches, supporters, counselors, educators, and sponsors.

While the benefits to mentoring are immense, personal and societal constraints such as time, incompatibility, and inadequate training show that engaging in mentoring takes immense time, effort, and commitment in order to obtain the desired results. A mentor fulfills psychological function where he or she promotes personal growth through critical support, counseling, and providing acceptance and guidance (Savickas, 2021). Moore and Wang (2020) note that mentoring continues to build momentum among startups and established enterprises due to its positive impact on individuals and organizations. Additionally, their findings encourage organizations to proactively and selectively prioritize mentoring among top leadership, taking into account their differing levels of cognitive adaptability. They add that further research could focus on how to provide greater support for mentors of higher level leaders.

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 applied 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. To ensure research instrument validity and reliability there is need to perform a pilot survey which according to (Van Teijlingen &Hundley 2001) is a rehearsal of the main survey. 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 used the use of both construct validity and content validity. For construct validity, the questionnaires was checked to ensure that each section assessed information for a specific objective, and also ensure that the same is closely tied to the theories being adopted by this study. To ensure content validity, the questionnaire was developed from existing literature or scales and subjected to thorough examination by experts and peers for constructive criticism.

This study applied quantitative approaches to process and analyze the data. Quantitative data was sorted, coded and input into SPSS 24th 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 Results on Mentoring****Table 1: Descriptive Statistics on Mentoring**

	SD%	D%	N%	A%	SA%	Mean	Std. Dev
My supervisor guides me in my journey towards leadership	0.4	6	8.2	66.4	19.0	4.19	0.86
My supervisor enables me to open up to new possibilities and set or achieve goals	3.9	3.4	9.9	56	26.7	4.05	0.96
My supervisor encourages me, provides feedback and helps me in acquiring new skills	0.4	6.9	15.9	57.3	19.4	4.01	0.90
My supervisor provides a safe place to try out new ideas	0	6.9	10.3	61.2	21.6	3.97	0.77
My supervisor supportively challenges me	0.4	6.9	13.4	65.9	13.4	3.85	0.75
My supervisor helps me develop useful connections with others at work	0.4	3.4	15.9	52.6	27.6	4.03	0.78
My supervisor provides an example from whom to learn	0.4	0	23.2	64.2	12.1	4.00	0.80
I have learnt leadership skills from my supervisor	0	3.7	7.8	67.4	21.1	4.12	0.67
My supervisor provides continuous support and training	0.6	4.4	9.6	69.1	16.3	3.98	0.72
Valid N (listwise)			232				

SD=Strongly Disagree D=Disagree N=Neutral A=Agree SA= Strongly Agree, Std. Dev= Standard Deviation

Using the 5-point Likert scale, the majority of the respondents agreed that their supervisor guides them in their journey towards leadership as demonstrated by a mean of 4.19 and a standard deviation of 0.86. The standard deviation is below 1 implying that the responses had low variability. The respondents agreed that they have learnt leadership skills from their supervisors as demonstrated by a mean of 4.12 and a standard deviation of 0.67, and that their supervisor helps them develop useful connections with others at work as demonstrated by a mean of 4.08 with a standard deviation of 0.90. Similarly, Wolverton (2020) adds that having mentoring programs provides mentees with the type of learning relationship needed to thrive.

In addition, the respondents further agreed that the supervisors enable them to open up to new possibilities and set or achieve goals as shown by a mean of 4.05 with a standard deviation of 0.96. The respondents also agreed that their supervisor encourages, provides feedback and helps them acquire new skills as demonstrated by a mean of 4.01 with a standard deviation of 0.90 and also that their supervisor provides an example from whom to learn as shown by a mean of 4.00 and a standard deviation of 0.80. The low standard deviations show less data set variability. With a mean of 3.98 and a standard deviation of 0.72, the respondents agreed that their supervisor provides continuous support and training. With a mean of 3.97 and a standard

deviation of 0.77, the respondents agreed that the supervisor provides a safe place to try out new ideas. The respondents also agreed that the supervisors supportively challenge the respondents as shown by a mean of 3.85 with a standard deviation of 0.75. Corroborating with the study findings, Brooks, Brant and Lamb (2019) concluded that the mentoring process allowed for skills, transfer and dissemination of knowledge and skills to their organization.

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 staff 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 Mwihi (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 Mentorship and Performance of Mission Hospitals in Kenya

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.795 ^a	.631	.630	.40910

a. Predictors: (Constant), Mentorship

The correlation coefficient (R) is 0.795, indicating a strong positive relationship between mentorship and hospital performance. The coefficient of determination (R^2) is 0.631. It represents the proportion of variance in the dependent variable (Performance) that can be explained by the independent variable (Mentorship). Approximately 63.1% of the variation in hospital performance can be explained by mentorship.

Table 5: ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	65.938	1	65.938	393.992	.000 ^b
	Residual	38.493	230	.167		
	Total	65.938	1	65.938	393.992	

a. Dependent Variable: Performance

b. Predictors: (Constant), Mentorship

Table 5 shows the analysis of variance, which tests the overall significance of the regression model. The "F" statistic is 393.992, which is highly significant ($p < 0.001$). This suggests that the model as a whole is a good fit for explaining the relationship between mentorship and hospital performance. The p-value (Sig.) is less than 0.001 (indicated by .000), further confirming the model's significance.

Table 6: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.083	.163		6.659	.000
	Mentorship	.761	.038	.795	19.849	.000

a. Dependent Variable: Performance

The "Constant" represents the intercept of the regression equation. In this case, it's 1.084.

The "Mentorship" coefficient is 0.761. This is the slope of the regression line and represents how much hospital performance is expected to increase for each unit increase in mentorship. A unit increase in mentorship will result to a 0.761 unit rise in hospital performance. The "t" statistic (t) is 19.848 for Mentorship, and the p-value (Sig.) is less than 0.001. This indicates that the relationship between mentorship and hospital performance is statistically significant.

Test for Hypothesis

H₀₁: There is no significant effect of mentorship on performance of Mission hospitals in Kenya.

Regression analysis results showed that mentorship has a positive and significant effect on the organizational performance of mission hospitals ($\beta_1=0.761$, $p\text{-value}=0.000$). P-value (0.000) was less than 0.05 (significant level). Therefore, the null hypothesis (**H₀₁**) was rejected and the alternative hypothesis (**H_{a1}**) was accepted and hence there is a statistically significant effect of mentorship on performance of Mission hospitals in Kenya. In the same vein Moore and Wang (2020) note that mentoring continues to build momentum among startups and established enterprises due to its positive impact on individuals and organizations thus mentorship is a significant factor to improving performance and or output in an organization.

CONCLUSION AND RECOMMENDATIONS

Conclusion

In conclusion, the study conducted in Mission hospitals in Kenya provides compelling evidence of the significant positive impact of mentorship on hospital performance. The findings clearly demonstrate that mentorship is not just a supplementary aspect of professional development but a critical component in enhancing leadership skills, fostering valuable workplace relationships, and encouraging personal and professional growth. The strong agreement among respondents on the various aspects of mentorship, combined with the significant statistical correlation between mentorship and improved hospital performance, underscores the value of investing in robust mentorship programs. These programs not only benefit individual employees but also contribute substantially to the overall effectiveness and success of healthcare institutions.

Recommendations

Healthcare institutions should prioritize the development and enhancement of mentorship programs. These programs should focus on leadership development, skill acquisition, and professional growth, tailored to the diverse needs of individual employees. Training for mentors is crucial to equip them with effective communication, leadership, and coaching skills. Hospitals should foster a culture that values mentorship, integrating it with organizational goals to directly contribute to improved patient care and hospital performance. Regular evaluation and feedback mechanisms are essential to continually refine these programs. Additionally,

facilitating cross-departmental mentorship can promote interdisciplinary collaboration and knowledge sharing, thereby enriching the overall healthcare delivery system. Adequate resources, including time and funding, should be allocated to support these initiatives, ensuring their sustainability and effectiveness in enhancing both individual and institutional outcomes in the healthcare sector.

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