

**INFLUENCE OF LEADERSHIP ROLE ON HEALTH SECTOR  
SERVICE DELIVERY IN THE DEVOLVED UNITS IN WESTERN  
KENYA REGION**

**PAMELA NAFULA NYONGESA**

Jaramogi Oginga Odinga  
University of Science and Technology

**Prof. MARIA ONYANGO**

Department of Management and Economics.  
Jaramogi Oginga Odinga University of Science and Technology

**Dr. ELIJAH MUSEVE**

Department of Management and Economics.  
Jaramogi Oginga Odinga University of Science and Technology

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**ABSTRACT**

With the inception of county governments in Kenya in 2013, the citizenry expected that there will be efficient service delivery in the public health sector following the devolving of the health function to county governments, yet a large proportion of the citizenry still raises many questions on the efficacy of delivery of services in the public health sector. The sector is still grappling with the challenge of the inability to provide sustainable access to quality and affordable healthcare through health institutions and healthcare workers aim at delivering efficient and quality health services to their clientele. This has been occasioned by frequent strikes by HRH disrupting the only health system accessible to the poor majority in the country. The performance of an organization is dependent on the way employees' behavior and efforts are managed and directed by leadership towards the attainment of goals. This study's objective was therefore to determine the influence of leadership role on the health service delivery in the devolved units in western Kenya. For this study, the target population was 1,892 HRH from the five cadres; from both counties and 1,655 inpatients over 5 years of age. A sample size of 201 health workers (medical officers, Clinical Officers, Nurses, Pharmaceutical Technologists/Technicians, Laboratory Technologists/Technicians, and 166 in-patients) was determined using Krejcie & Morgan's (1970) sample size determination table, and proportional allocation was used to obtain samples from each stratum. Multi-stage, purposive and simple random sampling procedures were used to get the health facilities to participate in the study. Stratified cluster sampling, purposive and simple random sampling methods were used to include a pre-described sample target. Structured questionnaires and interview schedules were used to collect data from the human resources for health and in charge of cadres respectively. An explanatory research design was used. Data were analyzed using descriptive and inferential statistics which included correlational and Simple Linear Regression Analysis on SPSS (version 23). The leadership role variable had a significantly strong positive relationship with the service delivery in devolved units ( $r = 0.764 > 0.5$ ,  $p =$

0.000<0.05). The study recommends that policy and research issues should focus on how leadership systems and styles impact on the management of health service delivery in public healthcare facilities in Kenya. Leaders in the public health sector in the devolved units in Kenya should work on encouraging a sense of purpose in the teams and encourage open communication in their organizations in order to enhance service delivery to the citizenry.

**Keywords:** Leadership role; leadership styles; Health Sector; Service Delivery; Devolved Units, Human Resource for Health

## 1.0 INTRODUCTION

On 27th August 2010, Kenya promulgated a new constitution that repealed the independent constitution of 1963 leading the country into a new political era of devolution. This marked a new milestone in the way the country is managed to occasion a change in the structure of public service. The constitution that was promulgated in 2010 created a two-level government, that is the national government and forty-seven (47) county governments which are separate and inter-reliant (GOK, 2010). This came into effect after the general elections of 2013 with agriculture, health, water and sanitation, tourism, and education (pre-primary, village polytechnics, and adult education) being devolved to county governments.

With the inception of County Governments in 2013, came the County Public Service Boards (CSPBs) created by Article 57 of the County Governments Act, (GOK, 2012) whose role among others is to ensure efficient, effective, timely, and reasonable delivery of services and provide equal chances for employment, training, and progression of all cadres in the public service.

However, Lankeu et al, (2012) opine that public service ethics in Kenya is still very low despite the changes put in place since the inception of devolution and the existence of institutions and instruments that govern the public service. They assert that the public service has been grappling with corruption, poor service delivery, ineptitude, lack of transparency, and ethnicity that is manifested in recruitment and provision of training opportunities, and accountability. They conclude that for Kenya's public service to command trust and respect, there is a need for a clean and more efficient operation of the government.

Organizations aim at delivering efficient and quality services to their clientele at various levels; national, regional, and local; for instance, in the health sector in Kenya. It alludes that the behavior of an organization is dependent on the way employees are and the way its managers direct and lead it as they involve a range of practices (Senyucel, 2009) underscoring the saliency of leadership style in any organization. A leader has a great influence on his/her subordinates with regard to inspiring and empowering them to perform and work towards the success of the organization. This gives impetus to the role of a leader in enhancing production and or service delivery in organizations.

## 2.0 STATEMENT OF THE PROBLEM

The management of public healthcare services and health institutions requires functional leadership to be in place in order to spur productivity. The public health sector in Kenya continues to face challenges since the promulgation of the new constitution in 2010 in spite

of the constant implementation of reforms to strengthen its systems in order to provide quality healthcare to the citizenry that is equitable, affordable, and of good quality. These include: an acute shortage of staff in crucial cadres, poor pay among cadres, delayed or lack of promotion, delayed salaries, lack of medical and non-medical supplies, diminishing productivity among health workers, unequal distribution of health workers, poor work ethics, workers' strikes, leadership crisis and governance among others. These symptoms of failure to offer efficient services have often led to the closure of public health facilities in Kenya during industrial action disrupting the only health system accessible to the poor majority (Gwaro et al, 2017, Ong'ayo et al 2019). This, therefore, calls for effective HRM practices to stimulate efficiency and effectiveness among the employees, which requires an examination of the leadership role in the public health sector in the devolved units of Western Kenya as espoused by Joshi, (2013) who opines that employees place leadership expectations on managers and expect them to meet their social and personal needs; expectations a manager has to deal with. Oladipo et al, (2013) assert that the achievement or failure of an institution, nation or other social units is attributed to the nature of leadership style. Further, they allude that the behavior of an organization is dependent on the way employees are and the way its managers direct and lead as they involve a range of practices (Senyucel, 2009), underscoring the saliency of leadership style in any organization. Studies done on leadership have established that the style of leadership is vital in influencing organizational performance and work outcomes (Amgheib, 2016) hence, the importance of personality traits of a leader. He however notes that there is some divergence on what constitutes the leadership behaviors that have a grander impact on performance. How leadership impacts on the management of the healthcare system and service delivery in western Kenya have not been well documented in a survey of available literature. This article is a response to this problem and sought to determine how the leadership role influences service delivery in the public health sector in the devolved units in western Kenya with a focus on the Siaya and Bungoma county governments.

### 3.0 RESEARCH OBJECTIVE

To determine the effect of a leadership role on service delivery in the public health sector in the devolved units of the Western Kenya region.

#### 3.1 Research Hypothesis

This study was guided by the following null hypothesis:

**H01:** Leadership role has no significant influence on health sector service delivery in devolved units in the Western Kenya region.

### 4.0 LITERATURE REVIEW

Leadership is a procedure of inspiring and helping others to work towards the organization's objectives enthusiastically and influence their subordinates through actions that impact them (Ng'ethe et al., 2012). It involves the responsibility that purposes to achieve the bottom line by using the available human and material resources for a unified organizational process (Ololube, (2013). Yukl, (2006) as cited in Amgheib, (2016) defines leadership as the process of guiding others to recognize and decide on what ought to be done and in what way it should

be done, and the process of enabling individual and collective synergy to achieve collective objectives. Chipeta et al, (2016) found that cordial working relations between nurses and their supervisors impact positively satisfaction and performance.

They further reveal that good interpersonal skills, conflict resolution, teamwork, and effective communication lead to improved supervisor/employee relationships, job satisfaction, quality care, and a good work environment. The significance of good leaders in organizations cannot, therefore, be overstated. According to Chitra (2013) leadership entails accomplishing tasks through others and directing change to a better journey (Chitra, 2013). Employees place leadership expectations on managers, for instance, they expect them to meet their social and personal needs; expectations a manager has to deal with (Joshi, 2013). Further, he states that the responsibilities of the manager are: 1) Encourage teamwork, 2) Establish a warm and trusting working climate in the department, 3) Promptly handle employees' problems, 4) Provide a clear explanation of all matters regarding the jobs, 5) Trains employees in job-related skills, 6) Discuss planned changes before they take place, 7) Develop a satisfactory level of positive attitudes among employees and 8) Have a fair relationship with employees. Oladipo et al, (2013) assert that the achievement or failure of an institution, nation, or other social unit is attributed to the nature of leadership style. Leadership style in an organization is critical in improving or decelerating the interest and commitment of the people within an organization (Obiwuru et al, 2011).

Since organizations aim at delivering efficient and quality services to their clientele at various levels; national, regional, and local; for instance, in the health sector in Kenya. The behavior of an organization is dependent on the way employees are and the way its managers direct and lead it as they involve a range of practices (Senyucel, 2009) underscoring the saliency of a leadership role in any organization. A leader has a great influence on his/her subordinates with regard to inspiring and empowering them to perform and work towards the success of the organization. This gives impetus to the role of a leader in enhancing production and or service delivery.

Studies done on leadership have established that the style of leadership is vital in influencing organizational performance and work outcomes (Amgheib, 2016) underscoring the importance of the personality traits of a leader. He however notes that there is some divergence on what constitutes the leadership behaviors that have a grander impact on performance. Yee (2015) observes that an organization's success is largely dependent on the leadership style that is practiced by the leader. This calls for effective leadership skills by the leader apart from formulating detailed plans to take care of daily operations (Yee, 2015). Leadership comes with experience, commitment, knowledge, patience, and negotiation skills affirming the narrative that leaders are not born but made. Amanchukwu et al, (2015).

A leader's decisions and actions have an influence on the attainment of organizational objectives making a strong character and selfless devotion to the organization imperative (Amanchukwu et al, 2015). Many leadership styles have been proposed owing to the fact that there is no universal style. Of great significance is the fact that a good leader motivates, inspires, and directs activities that ameliorate group or organizational goals (Amanchukwu et al., 2015). Sharma et al (2013) explicate four factors of leadership: 1) Leader: to understand who he is, what he knows, and what he can do, 2) Followers; different people require diverse

styles of leadership, 3) Communication; to be two- way, 4) Situation; are difference giving impetus to different leadership style for each situation. But poor leadership repudiates progress in organizations. Transactional leadership motivates followers through extrinsic rewards (Bass, 1990) for services provided. Khan (2016) alludes that a leader's style ought to show the path to the subordinates for them to find their rewards like promotions and/or growth within the organization for them to be motivated resulting in desired outcomes in the organization. Transformational leadership motivates, inspires, and transforms the follower into a leader (Khan, 2016). It is inspiring to the workers to broaden their own interests and make them innovative and creative enhancing their competencies to understand their tasks well leading to enhanced performance (Nielsen et al, 2008 as cited by Khan, 2016). The transactional leadership style entails the exchange of rewards and targets between employees and management; employees are remunerated for attaining specific objectives or standards of performance (Oladipo et al, 2013). Transactional leaders fulfill the employee's needs of rewards when targets are met through the subordinates, in this case, may not always think innovatively leading to them being supervised based on predetermined criteria (Oladipo et al, 2013).

Laissez – Faire leadership involves a leader being passive and not willing to influence subordinates' substantial autonomy to the point of handing over his/her duties (James and Collins, 2008). This style is least effective as employees don't have respect for their leader (Trottier et al., 2008). A study by Oladipo et al, (2013) established that the leadership style of a manager is very vital in making employees get a committed job within an organization in Nigeria underscoring the saliency of leadership in enhancing service delivery in any organization (Oladipo et al., 2013).

According to Leroy et al, (2012), authentic leadership in the workplace calls for a leader to be honest with himself/herself by acknowledging personal mistakes and being honest with others by telling them the hard truth (Leroy et al, 2012). A leader ought to behave in a way that reflects his/her personal values (Kernis (2003) as cited in Leroy et al, 2012). Leadership should encompass the following fundamental elements:1) Influence by controlling the performance of others, 2) Group and 3) Goal; where the focus is on achieving the goals set (Ergeneli, 2007 as cited in Abuorabl, 2012). Bass (1990) stresses two leadership styles; transformational and transactional leadership. According to him, transformational leadership entails raising employees' interests by creating awareness among them to accept the bottom line and the group's mission by inspiring them beyond self-interest and motivating them to exceed their expected performance. Further, he encapsulates characteristics of transformational leadership as an allure, motivation, intellectual inspiration, and personalized consideration. Conversely, he stresses that transactional leadership entails a leader offering rewards to his employees in return for performance, compliance, and successful accomplishment of tasks. This type of leader doesn't stimulate admiration and enthusiasm among employees and is characterized by the exchange of rewards for effort, watching for deviation from rules and values and taking remedial action, interceding only when criteria are not met, and laissez- fare (Bass, 1990).

Schwarz et al (2016) in their study underscored the importance of servant leadership where leaders' focus is on the individual and professional development of their employees beyond the financial gains of the organization. The importance of leaders being role models by

serving others improves job performance leading to the motivation of followers who emulate their attitude concerning the significance of serving stakeholders in organizations. They established that leadership influences the job performance of employees in organizations. Other empirical studies have linked transformational leadership with job satisfaction (Abuorabl, 2012; Yagambaram, 2012) Yee, 2015), follower engagement (Crossen, 2015), and performance (Jackson, 2016).

## 5.0 METHODOLOGY

This study was conducted in Siaya and Bungoma Counties located in western Kenya. It used an explanatory research design since it sought to explain the relationship between the variables; Leadership role and service delivery. This is justified by the fact that it endeavored to elucidate the relationship between two or more aspects of a situation or phenomenon (Sang, 2015). The study adopted the constructivist philosophical approach. This was premised on the fact that employees from selected devolved units were targeted to respond to various qualitative questions aimed at explaining HRM practices and their influence on Service delivery in the health sector in devolved units of Bungoma and Siaya Counties in western Kenya. The target population was 1,892 Human Resources for Health from the five cadres; medical officers, clinical officers, nurses, Pharmaceutical Technologists/Technicians, and Laboratory Technologists/Technicians from both counties participated in the study. The study also utilized a target population of 1,655 inpatients over 5 years of age. These consisted of 1,156 from Bungoma and 499 from Siaya Counties respectively. The sample size determination was based on Krejcie and Morgan's (1970) sample size determination table (Krejcie & Morgan, 1970), and proportionate sampling was done to obtain samples from each stratum (medical officers, clinical officers, nurses, pharmaceutical technologists/technicians, and laboratory Technologists/technicians).

First, a multi-stage sampling technique was used to get the number of health facilities to participate in the study where all the health facilities in each county were grouped according to the levels and purposive and simple random sampling methods were used to get the health facilities that participated in the study. Then stratified sampling and cluster stratified sampling procedures were used to get the respondents (HRH) from each stratum.

Purposive sampling was also used to get the health facilities from which patients who had been admitted to the County Referral Hospitals in the two counties participated in the study. The researcher focused on inpatients attended to in the County Referral hospitals in the two counties only within a specified period owing to a large number of patients attended to in these facilities and due to the rising cases of COVID 19 positivity rate in the country at that time that led to restrictive containment protocols from the Ministry of Health. Based on proportionate stratified sampling using Krejcie & Morgan's 1970 sampling table, the sample size is given as follows in table 5.1 below.

**Table 5.1 Sample Size for Bungoma and Siaya County Governments Using Krejcie and Morgan (1970) Sampling Table**

S N	County	Cadre of Staff	N	S	Proportional allocation for each cadre (10% of N)
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1	<b>Bungoma</b>	Medical Officers	76	63	8
		Clinical Officers	172	118	18
		Nurses	864	265	87
		Pharmaceutical Technologists	43	40	4
		Laboratory Technologists	104	80	11
		In charge of each cadre	5	5	5
		<b>Sub Total</b>	<b>1,264</b>	<b>291</b>	<b>133</b>
2	<b>Siaya</b>	Medical Officers	26	24	3
		Clinical Officers	72	59	7
		Nurses	485	214	49
		Pharmaceutical Technologists	13	10	1
		Laboratory Technologists	32	28	3
		In charge of each cadre	5	5	5
		<b>Sub Total A</b>	<b>628</b>	<b>234</b>	<b>68</b>
<b>Patients</b>					
Bungoma		Inpatients of over 5 years of age	1,156	285	116
Siaya		Inpatients of over 5 years of age	499	214	50
		<b>Sub Total B</b>	<b>1,655</b>	<b>313</b>	<b>166</b>
		<b>Grand Total</b>	<b>3,547</b>	<b>351</b>	<b>367</b>

Where N is the population and S is the target population

**Source:** Data from the office of the Directors of Health, Bungoma and Siaya Counties and Kenya Health Information System, KHIS)

Data was collected using both interview guides and interview schedules. A pilot study was undertaken at Busia County Referral Hospital to determine the reliability and validity of the research instruments. A simple random sampling procedure was used to get the inpatients to participate in the pilot study. The facility was chosen because Busia County was not covered in this study. The county's health sector also presents similar characteristics to those of the counties under study; Bungoma and Siaya. Due to the nature of the 5-point Likert scale used, the study adopted Cronbach's alpha coefficient to establish reliability. A minimum threshold of Cronbach's Alpha coefficient of 0.7 is acceptable to rely on the scale for further analysis (Gill et al., 2010).

Data collected was analyzed using both quantitative and qualitative methods and Statistical Package for Social Sciences (SPSS) version 23. Descriptive statistics studies the distribution of one variable. Inferential statistics included simple linear regression to describe the relationship between the variables; leadership role and service delivery, and Pearson

Correlation Coefficient to test the hypothesis and the relationship between the independent and dependent variables.

## 6.0 FINDINGS AND DISCUSSIONS

### 6.1 Descriptive Analysis of Leadership Role

A Likert scale of 1- 5 was adopted to indicate the extent of agreement with each of the items on a leadership roles in the respondents' organizations as shown below where; 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree. The results are presented in Table 6.1 below.

**Table 6.1: Descriptive Analysis of Leadership Role**

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
He/she gives new suggestions on how to complete assigned tasks quickly.	85	14	17	21	15
	56%	9%	11%	14%	10%
Employees are encouraged to make decisions that can improve their performance.	7	85	22	22	14
	5%	57%	15%	15%	9%
Open communication is encouraged by the supervisor/leader in this organization.	9	89	14	28	12
	6%	59%	9%	18%	8%
Leader appreciates and communicates satisfaction when targets are met.	80	17	25	22	8
	53%	11%	16%	14%	5%
He/she exudes confidence and is knowledgeable in relation to work.	9	91	30	15	6
	6%	60%	20%	10%	4%
Rarely makes decisions.	8	105	20	12	5
	5%	70%	13%	8%	3%
Does not focus on the mistakes, shortcomings and threatens employees.	90	20	17	14	12
	59%	13%	11%	9%	8%
Is sensitive to the needs of the employees and encourages a sense of purpose in them.	2	85	27	15	15
	1%	59%	19%	10%	10%
The leader is never	7	23	100	10	8



present when needed.	5%	16%	68%	7%	5%
Instills a sense of pride and unity of purpose in his/her staff.	6	7	97	21	18
	4%	5%	65%	14%	12%
My supervisor treats everyone with respect at work.	6	8	100	18	15
	4%	5%	68%	12%	10%
<b>Average level of Leadership Role</b>	<b>Mean(%Mean)</b>	<b>Std. Dev.</b>	<b>Std. Error of mean</b>	<b>Min</b>	<b>Max</b>
	2.5744 (51.5%)	0.72364	0.05850	1.73	4.55

Source: Field Research, 2020

Generally, the level of a leadership role in the devolved units in the Western Kenya region on average was at 51.5% (Mean=2.5744, Std. Dev.=0.72364) a low rating; a pointer that the leadership role is key in determining the performance of health workers in the devolved units in Western Kenya region. The findings are backed by Johnson (2002) who espouses that leadership does with inculcating the spirit of freedom and raising levels of energy to develop and grow followers and entails influencing subordinates. Effective leadership creates a conducive working environment of trust between leaders and followers aiding creativity and innovation that augment organizational competitiveness. They emphasize that leadership is critical in minimizing politics in an organization. Hence the significance of the leadership style as proposed by Oladipo, et al (2013) that the style of leadership is a major factor in organizational failure or success as it plays a vital role in formulating, pursuing, attaining, and sustaining collective endeavor. The style of leadership in an organization contributes to enhancing or slowing the interest and employees’ engagement in an organization (Obiwuru, et al,2011). Other empirical studies came to the conclusion that a manager’s leadership style is a crucial factor in the employee engagement Linear

**6.2 Correlation Analysis between the Leadership Role, and Health Sector Service Delivery in Devolved Unit in Western Kenya.**

The study was to determine the strength and direction of the relationship between leadership roles and service delivery in devolved units in Western Kenya. This was realized through Pearson Correlation analysis and the findings are indicated in Table 6.2 below.

**Table 6.2: Correlation Analysis Output between Leadership Role, and Health Sector Service Delivery in Devolved Units**

		<b>Service Delivery (HR)</b>
<b>Leadership Role</b>	Pearson Correlation coefficient (r)	0.764**
	Sig. (2-tailed)	0.000
	N	151

From the results in Table 6.2 above, the leadership role variable had a significantly strong positive relationship with the service delivery (HR) in devolved units ( $r = 0.764 > 0.5$ ,  $p = 0.000 < 0.05$ ). A coefficient (r) between 0.5 and 1 or -0.5 and -1 connotes a strong relationship

as alluded by Lyndsay (2009), concluding that the leadership role has a significantly strong positive relationship with service delivery in the health sector in devolved units in Western Kenya.

**6.3 Simple Linear Regression Analysis between Leadership Role and Health Sector Service Delivery in Devolved Units in Western Kenya**

To realize the objective, a simple linear regression analysis model was used to determine the influence of the leadership role on health sector service delivery in devolved units. The following hypothesis was tested;

**H01:** Leadership role has no significant influence on health sector service delivery in the Devolved Units.

The results were as presented in Table 6.3 below:

**Table 6.3: Regression Analysis Output between Leadership Role and Health Sector Service Delivery in Devolved Units**

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.764 <sup>a</sup>	.583	.580	.53411		
<i>a. Predictors: (Constant), Leadership Role</i>						
<i>b. Dependent Variable: Service Delivery (HRH)</i>						
ANOVA <sup>a</sup>						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	59.475	1	59.475	208.487	.000 <sup>b</sup>
	Residual	42.505	149	.285		
	Total	101.981	150			
<i>a. Dependent Variable: Service Delivery</i>						
<i>b. Predictors: (Constant), Leadership Role</i>						
Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		$\beta$	Std. Error	Beta		
1	(Constant)	.254	.160		1.589	.000
	Leadership Role	.865	.060	.764	14.439	.000
<i>a. Dependent Variable: Service Delivery )</i>						

The results of the ANOVA test in Table 6.3 above were  $F(1, 149) = 59.475, P = 0.000 < 0.05$ ; indicating that the simple linear regression model was appropriate to the dataset. The model (leadership role) explained 58.0% of the variation in the health sector service delivery in devolved units as shown by the Adjusted R Square = 0.580 as in the model summary of Table

6.3. The results of the regression coefficient results reveal that  $\beta = 0.254$ ,  $t = 1.589$ ,  $p = 0.000 < 0.05$ ; leading to the rejection of the null hypothesis and concluding that leadership role has a significant influence on service delivery in the health sector in devolved units in Western Kenya. The leadership role did have a positive standardized beta coefficient = 0.764 as indicated in the results in Table 6.3; implying that a unit enhancement in the leadership role was likely to result in an improvement in the health sector service delivery in devolved units by 76.4%.

The findings are also anchored on the agency theory where the agent acts on behalf of the principal and the decision made by the agent affects both principal and the agent as Moldoveanu et al (2001) allude that the principal hires the agent due to his capabilities that s/he believes will safeguard and increase the organization's assets; human resources being one of them. This calls for the principal to hire the best candidates for leadership positions in order to enable the public health facilities to gain competitive advantage as espoused in the Resource-Based Review (RBV). Ng'ethe et al (2012) concur with the findings of this study. Some scholars have established that leadership practiced by most of the leaders in these organizations was not conducive to retention (Ng'ethe et al., 2012). Their study adopted a descriptive analysis method only and was carried out in the public universities in Kenya and on academic staff only. It focused on academic staff retention and not service delivery. Other empirical studies that support these findings are Maphumulo, et al (2019) which determined that health outcomes in public healthcare delivery were worse occasioned to poor leadership and insufficient management mirrored by lack of vision and poor goal setting. Poor styles of leadership affect the working relationships between obstetric care staff and their managers hampering the delivery of health services to clients (Chipeta et al, 2016). They concluded that the negative effect of poor management and staff relations together with inadequate support for employee performance and well-being were complicated by a lack of transparency in HRM practices. Coovadia et al, (2009) as cited by Maphumulo et al, (2019) further affirm that many health problems in the healthcare system are allied to placing inexperienced managers in senior positions resulting in poor quality service delivery emanating from tolerance to misconduct and lack of monitoring approaches that lead to employees failing to abide by the law (Siddle, 2011, eKLR, 2018, Petition Case No. 5 of 2014) hence the need for leadership that will provide strategic direction for better performance owing to the fact that for the organization's climate to be monitored by in – charge of nurse for early identification of issues of concern for action, failure to which leads to adverse consequences like the decline in patient continuity care due to high turnover of nurses and reduced patient outcomes as a result of ineffective health care team collaboration. He further underscores the salience of transformational leadership that promotes a conflict resolution process where issues are brought to the fore without fear of ramification or isolation contrary to the leadership style where errors that happen in the course of the day are punished and demonstrated to others instead of taking an individual aside and coming up with a strategy to enhance the skill level and restore confidence in the staff. Gerardi, (2004) opines that delivering care to patients is associated with stress which can lead to inappropriate disruptive behavior that affects the quality of care and recommends the importance of a leader fostering a bond of solidarity for optimal performance (Gerardi, 2004). He emphasizes the need for instilling principles of fairness, confidentiality, and non-retribution in the leaders. Wong et al, (2013) postulate that there is a strong association between leadership styles and lesser patient deaths, low medication errors, restraint use, and low hospital-acquired infections (Wong et al., 2013).

They concluded that effective nurse leadership ensures appropriate staffing and availability of other resources to ensure optimum patient outcomes.

## 7.0 CONCLUSION

From the results, the study draws the following conclusions:

The study concludes that leadership role has an influence on service delivery. It was established that the leadership role significantly influences service delivery in the devolved units in the Western Kenya region. The study too rejected the null hypothesis that the leadership role has no significant influence on service delivery in the public health sector. Conclusively, the leadership role affects service delivery in the public health sector in the devolved units.

## 9.0 RECOMMENDATIONS

These study findings bring to the fore the challenges in leadership in the public health sector in the devolved units and provide suggestions for the creation of proposer policies that will guide the recruitment and capacity building of managers in the public health sector to reduce industrial action and spur productivity. Additionally, the county government leadership should come up with the best leadership strategies that will enhance teamwork and improve productivity.

From the findings, leaders in the public health sector in the devolved units should work on encouraging a sense of purpose in the followers, avoid threatening employees and appreciate and communicate satisfaction when targets are met. These will help to improve the HRH service delivery in the public health facilities in the devolved units.

Further, Leadership in the health sector in the county governments should encourage open communication in their organizations and instill a sense of purpose in their teams. Supervisors should be discouraged from having preferential treatment and treat all staff under their purview with respect. They should learn to appreciate their staff and should not only dwell on the mistakes of the employee but help develop them for growth and enhanced service delivery. County governments should discourage leadership that threatens employees as it hampers productivity. It is imperative for the public health sector in the devolved units to focus on the leadership role so as to avert industrial action by the HRH in the sector and improve service delivery to the citizenry.

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