



THE MEDIATING EFFECT OF CULTURE ON THE RELATIONSHIP BETWEEN ORGANIZATIONAL RESILIENCE AND PERFORMANCE OF HEALTH INSTITUTIONS IN KIAMBU COUNTY, KENYA. A REVIEW

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ABSTRACT

Purpose: The main objective was to establish the effect of culture on resilience and performance of public health facilities in Kiambu county, Kenya.

Methods: The study reviewed extant literature on culture, resilience and performance of public health facilities in Kiambu county. Hofstede's cultural model was used to evaluate cultural variables affecting resilience and performance of health facilities.

Results: Empirical review indicated that culture had a positive impact on the resilience and performance of public health facilities in Kiambu county.

Unique contribution to the theory, practice and policy: County management boards should seek to establish and sustain performance culture in health institutions. This leads to resilient and sustainable public health services.

Key Words: *Resilience, Culture, Kiambu county*

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INTRODUCTION

Kiambu county, located in central Kenya is among the 47 counties in the republic of Kenya. It covers 2,543.5 square kilometers, out of which 476.3 is forested. It has a population of 2,417,735 persons. (KNBS, 2019). The provision of public health services in Kiambu county is guided by county health services Act (2014). The Act provides a legal framework for promoting and safeguarding access to health services and right to health care for all as provided in the constitution. Kiambu county has a total of 108 public health care facilities. This consists of one inter county facility, thirteen hospitals, twenty-four health centers and seventy dispensaries. (Kiambu county Government, 2018). In the financial year 2021/2022, Kiambu county spent Ksh 5.67 billion in the provision of public health. This represented 35% of the county budget.

Resilience is both a multifaceted and multidimensional concept (Ponomarov & Holcomb, 2015), relating to a variety of topics ranging from physical material properties to supply chain management, resulting in a diverse literature base. Fundamentally, the concept of resilience is closely related with the ability of an element or system to return to a stable state after a disruption (Cumming, 2018). Resilient healthcare facilities anticipate, prepare for, manage and learn from extreme events affecting the healthcare systems. The strategic response of the healthcare system depends on the severity of the event. (WHO, 2020)

World Health Organization (WHO) has identified three macro indicators that are used to identify, monitor and track the performance of public health facilities. These are resilience, equity and quality. When applied to public health, resilience implies good governance structures, ability of the public health facility to adjust to demographic health needs, adequate and sustainable funding, physical infrastructure, competent human resources, available and affordable medicines, availability of surveillance system on health, digitization of health records and procedures, appropriate models of care, availability of quality care improvement systems as

well as safe, efficient and prompt access to quality care. (WHO, 2022). These findings are consistent with BMC health research that revealed that governance, funding, empowered middle-level management, robust surveillance system and empowered workforce leads to health system resilience (Forsgren et al, 2022).

Within organisations, resilience resides in both the individual and organisational responses to turbulence and discontinuities. This involves both the ability to withstand systematic discontinuities as well as the capability to adapt to new risk environments (Crichton, 2016). Personal resilience enables a healthcare worker to manage stress and burnout, contribute effectively to team goals, adapt to demanding work schedules, achieve work-life balance, delegate and become productive. Personal resilience can be enhanced through physical activity, time off, relaxation techniques, performing pleasant tasks and empowerment. (Robertson, Elliot et al, 2016)

PERFORMANCE

Performance measures or indicators are accountability tools and dashboards that help organizations by monitoring and reporting, detecting and alerting organizational members of potential problems for prompt correction. (Mantas J et al, 2016) Results of performance measurement are used as a basis for decision making that leads to process and organizational improvement. The indicators must be aligned to the organizations mission and strategic objectives. (McKinsey, 2017). Performance indicators can either be quantitative or qualitative. Quantitative indicators include financial ratios. This paper examines qualitative performance measures in public health institutions.

According to Elger (2015), performance denotes the achievement of results through collaborative efforts over time. It involves the application of increasing skills and knowledge levels, increased identity, changed mindset. To an individual, performance denotes their contribution to the organizations core mandate. (Sonntag and Frese, 2017). Performance

is multi-faceted with different researchers and theorists contextualizing the definition of performance to fit in with their respective disciplines. like airline (Ismail & Jenatabadi, 2018; Jenatabadi & Ismail, 2017), education (Hui, 2013; Dadkhah, Hui, & Jenatabadi, 2017), management (Hui, 2015), and computer science (Jenatabadi, 2016). Cameron (1986) refers to an absence of sufficient understanding or clarification in the definition of the concept of performance. In the absence of any operational definition of performance upon which the majority of the relevant scholars agree, there would naturally be different interpretations and inferences opined by various people according to their own perceptions. This discord and lack of agreement is partly due to the lack of a significant attempt to theoretically or practically account for and define the concept. As a result, a commonly accepted definition of the concept faces various problems, which means that the possibility of any definitions and deriving some norms to arrive at the desired definition is still questionable.

Performance measurement of healthcare outcomes aims at boosting patient and community health, reducing stress and burnout among healthcare workers and maximizing patient care. It evaluates the effectiveness of an intervention as indicated by the change in the health of a patient. (Tinker A.2022). OECD identifies quality as a key indicator of healthcare services. Further, it specifies three sub indicators of equity as patient centeredness, safety and effectiveness. Effectiveness points to the ability to provide evidence-based healthcare. Safety is the extent to which health care processes reduce harm to the patient, healthcare worker and the environment. (OECD, 2020).

Organizational performance is a subjective perception of reality, which explains the multitude of critical reflection on the concept and its measuring instruments (Lebas, 1995; Wholey, 1996). At present, there are a variety of definitions attributed to the concept of organizational performance due to its subjective nature. Thus, the concept of

organizational performance has gained increasing attention in recent decades, is pervasive in almost all spheres of human activity. Moreover, organizational performance has always had a significant influence on the actions of companies (Crook, Bratton, & Street, 2016). One of the concerns of this effect is the increase in the number and variety of means and methods to measure the performance accurately and, gradually establishing a vital research field for both companies and academics. Unluckily, there is no agreement in the literature on how to measure organizational performance, and the problem is multilevel (Lusthaus, Adrien, Anderson, Carden, & Montalván, 2012).

MEDIATING EFFECT OF CULTURE

Organizational culture is a set of values, beliefs, and behavior patterns that differentiate one organization from other organizations (Ortega-Parra & Sastre-Castillo, 2016), collective programming of minds which differentiates groups (Jonathan M and George M, 2013) Organizational culture is defined by King (2015) as a system of values that subconsciously and silently drives people to make each choice and decision in the organization. Business managers use organizational culture and corporate culture interchangeably because both terms refer to the same underlying phenomenon (Child, 2017). Culture sets apart an organization from others (Hofstede,2001).

In healthcare, culture implies shared behaviour patterns, feelings and models of thinking within a health facility. (Mannion and Davies,2018). A strong culture, coupled with the establishment of health care professional groups and a robust clinical performance management system leads to a discipline workforce which in turn improves the performance of the health facility. (Yusuf,2022). An analysis of 44 emergency units in the United States showed a positive correlation between agreement about inter-group cultural norms and effectiveness of the emergency units. (Scott T. et al, 2022).

All organizations share certain attitudes, representation, and viewpoint (Schein, 2010) which

have varying definitions as per the context these are placed in. There are three levels of culture that can be manifested in a healthcare facility, namely artefacts, norms and values. Artefacts are visible and include physical facilities layout, prescribed dress codes for different staff groups, approved and customized rituals and ceremonies and patient safety and risk management systems. Norms are unconsciously held beliefs that guide routine day to day operations while values set health facilities apart from others. (Mannion and Davies, 2018).

Hofstede(1980) identified five dimensions of culture namely- power distance as the extent to which the disadvantaged people accept and expect unequal distribution of power, masculinity or the extent to which competition, heroism, assertiveness and materialism is demonstrated in a community versus femininity as demonstrated care and concern, solidarity and nurturing are depicted in a society, individualism through personal goals versus collectivism depicted through group dynamics, uncertainty avoidance as the preference for clarity and long term versus short term orientation as the search for absolute truth.

Ernst and Young (2012) admitted that an organization's culture plays an important function in its resilience, maintaining that it makes stronger an organization's skill to change and adjust and influence the environment. They added that people are the main resource of resilience and that the ability to attract and retain the best people is very important to the resilience of an organization. To

them, a commonly held belief of CEOs is that organizational resilience is by extension a difficult cultural task and culture is controlled by managers.

According to Barrett (2010), the culture that leaders create largely depends on their behaviors and their relationship with other leaders and their staff in the organization. However, Briggs and Morgan, (2015) maintained that a good positive ethical culture inspires their managers to be worthy of emulation and to learn from the ethical predicaments that unavoidably happens during business operations.

Hamel and Valikangas (2003) asserted that an organization need to practice a particular type of business culture as spelt out by Lengnick-Hall, Beck, and Lengnick-Hall (2016) in order for it to be resilient. According to them, first, a company should possess "cognitive resilience", meaning the organization should be deeply familiar with the events that takes place around it and wisely address the need for change and come-up with best reactions.

Secondly, companies should possess "behavioral resilience" meaning that they react with free flow of information, design cordial relationships and look for many avenues of data or facts in the case of suspicious sources. Thirdly, "contextual resilience" focuses on the inner social links. Interpersonal networks aid companies fight with and react to changes around it and wisely address the need for change and come-up with best reactions (Lengnick-Hall, Beck, & Lengnick-Hall, 2016).

Conceptual Framework

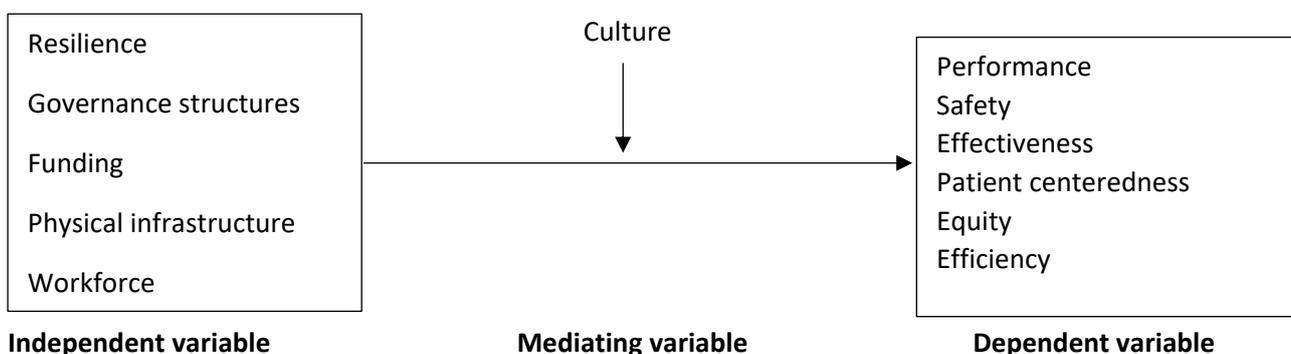


Figure 1: Conceptual Framework

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