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THE INFLUENCE OF AUTHENTIC LEADERSHIP ON THE GOVERNANCE OF COUNTY REFERRAL HOSPITALS IN KENYA

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ABSTRACT

Authentic Leadership has received considerable attention because of its potential implications on the governance of an organization. Scholars have outlined authentic leadership as a possible solution for the governance of hospitals today. This study focused on five County referral hospitals. The preparedness of County referral hospitals was a challenge during the implementation of devolution in Kenya. The transfer of national government services to the County governments was occasioned by the promulgation of the Kenyan constitution 2010. Authentic leadership is one of the most effective types of leadership and its influence on the governance of health institutions has rarely been addressed in Kenya. The broad objective of this study was to determine the influence of authentic leadership on the governance of County referral hospitals in Kenya. The specific objectives of this study were to determine the influence of self-awareness, internalized moral perspective, balanced processing, and relational transparency on the governance of County referral hospitals in Kenya. This mixed methods study was anchored on pragmatism philosophy where both qualitative and quantitative data were collected. Questionnaires and interview schedules were used to collect data. The study population included County health leaders such as director of health, County health management team and health program managers. This included doctors, nurses, nutritionists, clinical officers, public health officers, and health workers in the sampled five County referral hospitals. The study employed both purposive and random sampling techniques. Quantitative data was analyzed using SPSS, while qualitative data was analyzed based on emerging themes in narrative form as guided by the study objectives. It was determined that there exists a relationship between authentic leadership, leadership efficacy, and governance of County referral hospitals in Kenya. The government and key stakeholders could apply the results in policy making. Effective policy could ensure that all health institutions engage and develop leaders' authentic leadership knowledge and skills. The Ministry of Health should utilize the capacity building recommendations to develop those in service in order to improve the leadership and governance of health institutions in Kenya and beyond.

Key Words: *Authentic Leadership; Leadership Efficacy & Governance*

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INTRODUCTION

Poor governance is one of the challenges facing Kenya's public health sector today, especially in the current turbulent devolution environment, with authentic leadership and leadership efficacy pegged as key possible solutions. In this regard, this study sought to establish the impact of authentic leadership and leadership efficacy on the governance of County referral hospitals in Kenya. Among the key factors affecting governance in Kenyan health sector are challenges in managing the health workforce, a rapidly changing political context, constrained health financing, and devolution. Globally, the role of leadership and governance in health service delivery has received increased attention (World Bank, 2014). Self-awareness can be defined as a continuous process through which a leader takes on progressive and unconventional levels of ethical maturity (Caldwell & Hayes, 2016). It can also be defined as the process through which a leader demonstrates their understanding of the world around them (Kernis, 2003). It can also be used to mean an understanding of one's weaknesses and strengths as well as their understanding of the multidimensional concept of the self; this includes gaining a better understanding of the self through interactions with others and being aware of one's impact on others. The influence of authentic leadership on public organizations and their employees can be understood by analyzing the various dimensions of authentic leadership: Self-awareness, relational transparency, internalized moral perspective and balanced processing (Algera and Lips-Wiersma, 2012). Authenticity is a necessity of authentic leadership and demands that a person constructs their own meaning of self and the environment. Authentic leaders' behaviours can influence employee behaviours positively. One cannot be a leader simply by virtue of the position he or she holds in an organization (Kellman, 2012). Northouse (2017) has described this element of authentic leadership as "a process in which individuals understand themselves, including their strengths and weaknesses, and the impact they have on others" hence affecting the governance of an organization.

All in all, according to UNDP (2017), good governance is one of the major enablers of health service delivery and contributors to overall improvement of population health. Still, according to the same UNDP publication, 40% of the world's population are without social protection while 21% live in precarious environments characterized by factors that compromise access to quality healthcare, including poor leadership and governance, and weak institutional capacity, both of which adversely affect delivery of basic healthcare services. In 2015, the UNDP enacted seventeen global sustainable development goals (SDGs) whose aim is to transform the world by 2030 (WHO, 2016; UNDP, 2017); this is in line with Kenya's Vision 2030.

The main objective of this study was to determine the influence of authentic leadership on the governance of County referral hospitals in Kenya. The study was guided by the following specific objectives:

- To determine the influence of self-awareness on the governance of County referral hospitals in Kenya
- To investigate the influence of internalized moral perspective on the governance of County referral hospitals in Kenya
- To determine the effect of balanced processing on governance on the County referral hospitals in Kenya

The study was guided by the following hypothesis;

- H_{01}: There is no significant relationship between the influence of self-awareness on the governance of County referral hospitals in Kenya
- H_{02}: There is no significant relationship between the influence of internalized moral perspective on the governance of County referral hospitals in Kenya

LITERATURE REVIEW

Empirical Literature Review

In this section of empirical review, the researcher looked at the literature which the previous scholars had written. Authentic leadership is the foundational theory from which all other theories of leadership stem. Because of its distinctive features, it supersedes all other models of leadership. Some of these features include credibility, self-awareness, trustworthiness, honesty, genuineness and being real. Additionally, unlike other

models of leadership, authentic leadership focuses on the development of followers through role modelling and trust. Authentic leadership is a particularly viable and attractive solution in these challenging times when society is experiencing moral decadence and many organizations are experiencing frauds and corruption.

Northouse (2017) states that fundamentally, authentic leadership comprises four factors which include internalised moral perspective, balanced processing, rational transparency and self-awareness. One of the basic duties of a leader is to produce and sustain change, a duty that is tied directly to enhanced and sustainable performance (Northouse, 2016). Datta (2015) agrees with this theory and notes that, to a great extent, employees' satisfaction with their jobs is influenced by the degree to which they perceive their leaders to be authentic.

Avolio and Luthans (2006) suggest that a leader can reinforce their self-awareness via self-reflection and the exploitation of trigger moments, both planned and unplanned. For Mare et al., (2015), an authentic leader is competent and portrays a morally upright character. Part of their competence includes possessing good interpersonal, communication and business skills. Character entails trust, respect and behaviour driven by values. A leader must also be able to listen intelligently to their subordinates and followers, a skill that produces positive outcomes in individuals and teams alike (Oginde, 2011). Intelligent listening includes the ability to accommodate divergent opinions, providing space for creativity and promoting feedback, whether positive or negative. It also includes emotional and social skills, the ability to provide constructive feedback and the ability to assess information accurately, all of which can be improved through training (Riggio & Reichard, 2008). Leaders can develop authentic leadership through a genuine interest in others, self-regulation and greater self-awareness (Mburu, 2020). Meanwhile, leaders can become more effective in mobilising their followers for goal attainment by nurturing such qualities as consistency, honesty and trustworthiness.

Self-awareness and Governance

Self-awareness can be defined as a continuous process through which a leader takes on progressive and unconventional levels of ethical maturity (Caldwell & Hayes, 2016). It can also be defined as the process through which a leader demonstrates their understanding of the world around them (Kernis, 2003). It can also be used to mean an understanding of one's weaknesses and strengths as well as their understanding of the multidimensional concept of the self; this includes gaining a better understanding of the self through interactions with others and being aware of one's impact on others. The influence of authentic leadership on public organizations and their employees can be understood by analysing the various dimensions of authentic leadership: relational transparency, internalised moral perspective, balanced processing and self-awareness (Algera & Lips-Wiersma, 2012).

Authenticity is a necessity of authentic leadership and demands that a person constructs their own meaning of self and the environment. Authentic leaders' behaviours can influence employee behaviours positively. One cannot be a leader simply by virtue of the position he or she holds in an organization (Kellman, 2012). Northouse (2017) has described this element of authentic leadership as "a process in which individuals understand themselves, including their strengths and weaknesses, and the impact they have on others" hence affecting the governance of an organization.

A study on leadership done in Turkana County, Kenya, explored the relationship between the leadership styles of the leadership of the County and performance of the County. The investigation adopted a mixed-methods approach that included an exploratory survey design. The researchers used questionnaires to collect data from County employees. They used simple and multiple regression analyses to determine whether a relationship existed between the dependent and independent variables. Qualitative data from the interviews were analysed using content analysis; this entailed identifying and grouping emerging themes in accordance with the objectives of the study. The researchers concluded that while there is no perfect leadership style, the following styles of leadership influenced employee performance: affiliative and authoritative. These leadership styles were the most resorted to by County employees. The researchers recommended that the two styles should be used

concurrently to reinforce each other since they are not mutually exclusive. The current study will use the same methodology as that used in the Turkana County study. However, the current study did not delve into all the dimensions of authentic leadership. Instead, it focused on the dimension of self-awareness and how it affects governance and the conduct of leaders in the selected County referral hospitals in Kenya.

Internalized Moral Perspective and Governance

The concept of internalised moral perspective refers to an integrated and internalised kind of self-regulation (Ryan & Deci, 2003). It is also a self-regulatory mechanism by which an individual uses their values and moral standards to guide their behaviour, as opposed to letting external pressures (e.g. societal and peer pressures) drive them (Northouse, 2019). It is a self-regulatory process because we all have some control over the degree to which we allow other people to influence us. A leader with an internalised moral perspective is considered authentic because they tend to be more consistent in their beliefs and actions. There exists limited research on authentic leadership in healthcare (Braithwaite and Gautreau 2019). That was the conclusion of a study that was carried out in the province of Ontario, Canada. The study investigated authentic leadership from the perspectives of fourteen healthcare CEOs and seventy direct reports at senior management levels. The study used both one-on-one interviews and the validated Authentic Leadership Questionnaire (ALQ). Participating CEOs also underwent a twenty-hour training in authentic leadership. The study concluded that in healthcare organisations, authentic leadership is perceived differently depending on an organisation's culture. The current study is similar to the study by Braithwaite and Gautreau (2019) in terms of the methodology and the authentic leadership instruments to be used. However, the two studies differ in terms of their target populations.

Balanced Processing and Governance

The concept of balanced processing refers to a leader's ability to analyse objectively all relevant information before arriving at a decision. That ability includes a willingness to solicit opinions, even if such opinions challenge the leader's deeply held views (Gardner et al., 2005). A Kenyan study conducted by Nzinga, McGivern, and English (2019) revealed that most of the country's surgery departments are headed by senior surgeons and physicians who are highly trained in their respective areas. However, the department heads were found to exhibit very limited leadership abilities. They also portrayed limited familiarity with organisational culture and politics mainly because of limited formal and on-the-job training in leadership. The departmental heads also expressed disbelief in the necessity and effectiveness of formal training in leadership. The same study also found that most clinical managers in the country are ill-equipped for leadership and administrative roles and are, therefore, hesitant to take up such roles.

A similar study examined the role of leadership skills in fostering effective departmental leadership. The study was conducted in Mogotio Sub-County in Baringo County, Kenya and involved 126 respondents drawn from 185 managerial staff of 32 hospitals. Data were collected by means of questionnaires and analysed both inferentially and descriptively using SPSS version 4. The study concluded that mentorship was a cost-effective yet effective strategy for improving leadership capacities in public hospitals. Hospitals were therefore advised to step up their leadership mentorship efforts. Meanwhile, many hospitals in the country have realized gaps in leadership and have started implementing various programmes – including training and mentorship – aimed at enhancing the leadership skills of their workforces (Nyikuri, Kumar, English & Jones, 2020).

From the literature reviewed thus far, it is apparent that no systematic study has been undertaken to investigate the effectiveness of the various leadership development programmes that Kenyan healthcare organisations have been implementing. It is thus unclear if these interventions have helped improve the quality of leadership. The study concluded that leadership skills are essential to enhancing effective departmental leadership. The study recommended that hospitals should emphasise mentorship as a strategy for leadership development.

Relational Transparency and Governance

Relational transparency refers to the leadership quality of presenting one's genuine self to others, as opposed to the distorted or fake self. Relational transparency encourages trust via sincere disclosures in which a person shares information openly and expresses their thoughts and emotions genuinely without trying to mask them (Kernis, 2003). Melissa (2018) on the other had argues that there is only one major skill that you need to be an authentic leader. Indeed, transparency, authenticity and collaboration are important skills that today's business leaders must possess and display; they must not shy away from expressing themselves honestly, including asking the tough questions that will help them obtain the information they need to make sound decisions.

Wong and Hearther (2012) carried out a study to test a model linking managers' authentic leadership with nurses' perceptions of job satisfaction, performance and structural empowerment. They found that authentic leadership made significant contributions toward nursing staff's structural empowerment; structural empowerment in turn helped improve self-assessed performance and, ultimately, job satisfaction. They concluded that when staff perceive their managers as being authentic, they feel empowered in the workplace, are satisfied with the work environment and experience better performance in terms of improved productivity.

Wong and Hearther's (2012) findings were in agreement with the findings of a similar study by Wong and Cummings (2009). These studies are similar to the planned study specifically on the data was collected from the sample using questionnaires additionally, there is similarity on the independent variable and methodology used. The current study, therefore, used the authentic leadership instrument to assess health leaders' relational transparency construct and how it contributes to governance of the hospital.

Empirical Literature on Governance

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

Authentic Leadership Inventory

Authentic leadership inventory (ALI) and authentic leadership questionnaire (ALQ) are some of the instruments that can be used to measure authentic leadership. These instruments can help followers to gauge the perceptions and authenticity of their leaders (Northouse, 2016). Walumbwa et al., (2008) established the Authentic Leadership Scale (ALS) to assess authentic leadership behavior based on the preceding description. There were four dimensions to this ALS scale. A four-item scale was applied in measuring self-awareness, a five-item scale was applied in measuring relational transparency, information balance processing with a three-item scale, and internalized moral viewpoint using five-item scale, for a total of 16 items (Walumbwa et al., 2008).This study utilized the Authentic Leadership Self- Assessment Scale(Northouse, 2019).The development of a measuring scale was done by Northouse (1999) and was used to assess authentic leadership behaviour

among nurse leaders working in a busy hospital. The scale is composed of four components which include self-awareness, internalised moral perspective, balance processing and rational transparency. The tools consists of 16 items grouped into four subscales. There are no right or wrong responses.

Hannah et al., (2008) emphasized the need of distinguishing between leadership and leader self-efficacy. They advocated that the terms "leading" as well as "leadership" be distinguished. Leading is defined as "an emerging positive impact occurring in a group of which the leader is a member," whereas leadership is defined as "an inherent positive impact happening in a team wherein the leader is a member" (Hannah et al., 2008, p. 2). As organizations struggle to integrate to the ever-accelerating variation both within and outside, today's leaders face unprecedented difficulties. Such transformation tests not just the leaders' knowledge, skill sets, as well as expertise, but also one‘s self-conceptualizations of his\her leadership potential as well as psychological resources to fulfill the ever-increasing expectations the roles they perform (Hooijberg, Hunt, & Dodge, 1997; Lord & Hall, 2005; Luthans, Zhu, & Luthans, 2005; Luthans, Zhu, & Avolio, 2006).

Transformational Leadership Theory

Maslow's (1954) explained that in hierarchy of needs, transformational leaders seek and succeed in moving those impacted from a lower to a higher degree of need (Bass, 1985). According to Burns (2010), those that recognize and take advantage of existing demands and needs of those that would follow are the transformational leaders. In so doing, the leader can assess personal moral identity positively, assess the motives of would be followers and meet the needs of the follower while engaging the whole person. Other studies revealed that conclude that just like charismatic, servant and spiritual leaders, a transformational leader has the controlling idea of an appealing vision (Avolio & Gardner, 2005; Burns, 1978; Burns, 2010). Additionally, Avolio and Gardner (2005) and George (2003) agreed that even though authentic leaders may be visionary or charismatic, this may not necessarily or implicitly be attributed to the definition.

Authentic transformational leaders and fake transformational leaders were differentiated by Bass and Steidlmeier (1999). Their case was that the first were moral leaders, whereas the other as self-serving and politically driven. In the case of individualized and socialized charismatic leadership, Howell (1988) drew a similar difference. The ethical level of transformational leaders is high according to Bass and Avolio (as stated in Brown & Trevio, 2006). On the other hand, transactional leaders inspire the people they are leading through contingent compensation and active and passive administration by exceptional (Elkins & Keller, 2003).

Ethical Leadership Theory

Brown and Treviño (2006) stated that due to the perceived lack of trust in followers witnessed through the emergence of increased corporate scandals, a solution was envisioned through ethical leadership models comprising ethical, servant as well as spiritual. Each of these, like AL have a moral component. Four components characterize spiritual leadership: Organizational vision, selfless love arising from a caring work environment, faith in realization of the vision, and spiritual survival (Fry, 2003). Empowering and growing individuals, interpersonal acceptance, authenticity, offering guidance, humility, and stewardship are all characteristics of the approach (Parris & Peachey, 2013; Van Dierendonck, 2011).

Governance Theory

Following the passage of the 2010 Constitution and also the start of devolution, the governance of Kenya was altered substantially. According to the Constitution of Kenya (2010), the right to health to all Kenyans was passed. Article 43(1) states that every person has a right to the highest attainable standard of health, including the right to health care services plus the right to reproductive health healthcare. The constitution (2010) led to the enactment of the health act in 2017 which being an extensive legislative framework requires a certain standard to be upheld by healthcare facilities in Kenya bearing in mind of the poor state of Kenya’s health care system (Health Act, 2017). This study sought to assess authentic leadership, leadership efficacy and governance of County referral hospitals in Kenya. This follows the promulgation of the new constitution, hence the creation of 47 counties which were tasked with various administrative, political and financial tasks (Health Act, 2017).

There are significant changes that the health sector have undergone in terms of governance due to task delegation from the national government to County government. The national government remained to be the overall leader of health sector as the regulator and policy director while the main responsibility of County government is to deliver health care to its people. The Health Act No.21 of 2017 was enacted by parliament in June 2017, integrating together disparate pieces of health regulation into a single streamlined framework. This new legislation defines a rights-based view of health, specifies the duties of both national and County governments, introduces new regulatory agencies, and gives direction on topics like health finance and private industry engagement. (Health Act, 2017).

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

Browning et al., (2013) delved in a study relating to leadership in healthcare that is collaborative in a time of change that transforms industries discovered that in United States of America for some time, the environment that health care personnel operated in was challenging to say the least. The healthcare system was not only changing at a fast rate but was quite fragmented. Curry, Taylor, Chen, and Bradley (2012) in the research on leadership roles in healthcare, identified five key themes as central to being in leadership: self-awareness with ability to identify and use contemporary skills with inspiration; vision that is value based and can improve the future of health in the nation; managing relationships; ability to make decisions using data; and sustainable commitment to learning. The research was carried out in Ethiopia, Ghana, Liberia and Guinea through their ministries of health and the ministers in charge of those ministries who mobilized the relevant respondents. Moreover, Tomolike (2013) researched on servant leadership and devolved health systems, a case of Kenya. It emerged that the leaders that truly look out for the needs of others by giving of themselves fully to the well-being of their organizations are the servant leaders. They do not compromise their values and clearly communicate their ideas.

Kosgei (2015) carried out a study at Kenyatta national hospital on effects of leadership development strategies and how they affect delivery of service. The researcher was able to determine that efficiency and effectiveness in service delivery is a result of leadership developments. This study made a recommendation to the government to invest in strategies of leadership development. The respondents were senior assistant directors, assistant directors, heads of departments, and heads of units, senior managers and middle level managers through questionnaires. According to Nzinga et al. (2018), a study in public hospitals in Kenya Clinical leadership through the distributed leadership lens, distributed leadership lens is useful in analysing leadership at middle level in hospitals in Kenya. Moreover, doctors that are leaders have a direct influence on the behaviour of colleagues. Structures, culture and norms were also found to interfere with the way leadership in Kenyan Hospitals is practised (Nzinga et al., 2018).

Authentic Leadership and Governance of Health Institutions in Kenya

The healthcare sector's governance arrangements have evolved as a result of Kenya's 2010 constitution's devolution of authority (National Council for Law Reporting, 2010). The 2010 constitution delegated policy

making, control of referral health centers, including capacity building to national government, while service delivery was delegated to County administrations. Both national and county governments have adjusted its organization structure to line with their newly allocated tasks ever since government devolution after the 2013 elections. As outlined in the 4th schedule of the 2010 constitution, the functions of the national and county governments (National Council for Law Reporting, 2010). Moreover, MoH (2015) states that at the national level, the ministry of health offers general leadership, as well as regulatory and policy advice, to assist County in providing health services and ensuring functionality of health system.

Before devolution, health was under the ministry of public health and medical service which was merged to the ministry of health. The management of senior health sector management is charged with the responsibility of overseeing the whole policy process at the national level, from agenda development through assessment. The health Cabinet Secretary, the Principal Secretary, the Director General, and the heads of the semi-autonomous government agencies (SAGAs), which include Kenyatta National Hospital, Moi Teaching and Referral Hospital, Kenya Medical Training College, Kenya Medical Supplies Authority (KEMSA) and Kenya Medical Research Institute (KEMRI), are part of this management. Under the new constitution, the cabinet secretaries are intended to be non-political in their duties (Health Act, 2017).

Ministers of health have formerly played substantial political Kenya health system evaluation responsibilities on behalf of governing administrations, in conjunction to management of health sector (Mulaki & Muchiri, 2019). The Principal Secretary, Director of Medical Services, directors' directorate, all sectorial department leaders, such as those under SAGAs, plus head of divisions serve the Cabinet Secretary. There are departments that make up the directorate and are linked with the policy objective and health agenda in Kenya. The MoH organizational chart has altered numerous times over the last 4 years, notwithstanding certainty on essential roles like directors. Responsibility, transparency, and cooperation with stakeholders are all hampered by these regular organizational changes. Mulaki & Muchiri, (2019).

At the County level, the structure of leadership guided by the County Governments Act of 2012, which is similar to that of national MoH (National Council for Law Reporting, 2012). The CECM in charge of health is a political appointee chosen by the Governor but the County Assembly has to vet them. The selected committee member is charged with the responsibility of overseeing policies and leadership of the sector at the County government. Chief health officer is recruited by the CPSB, and they oversees the sector's finances, and in line with the County Government Act, also the Governor appoints him or her (National Council for Law Reporting, 2012). Health director at the County government, whose role is now codified in Health Act, has the responsibility of advising health management team at County level and is made up of heads of departments (Health Act, 2017).

There is lack of clarity, effectiveness and uniformity in management structure that enables service delivery from their inception in 2013. For instance, there are counties whose health departments have been divided into several directorates, reinstating inefficiencies that existed from 2008 to 2013, while there were two independent health ministries. The common directorates that have been formed in counties are ones responsible for Curative, preventative, and administration services, although arrangements differ by County. Browning et al., (2013) delved in a study relating to leadership in healthcare that is collaborative in a time of change that transforms industries discovered that in United States of America for some time, the environment that health care personnel operated in was challenging to say the least. The healthcare system was not only changing at a fast rate but was quite fragmented.

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Influence of Authentic Leadership

Health care institutions globally suffer a lack of authentic leadership. Employees get demoralized due to poor leadership even though they are expected to give good care to patients. Poor leadership in hospitals can be attributed to loss of innocent people including mothers and children (Bamford et al., 2013). Maternal and children programmes in health can be positively influenced through authentic leadership. When this kind of leadership is well implemented, trust is built and effective leader-follower leadership can be implemented. Giallonard, Wong, and Iwasiw (2010) found out that health facilities that have high levels of authentic leadership caused new graduate nurses to be confident in their responsibilities as they work in such institutions. These findings are similar to the findings of Bamford et al., (2013) but without elaboration on maternal and children's health programs and how it is influenced by such leadership.

Walumbwa et al. (2008) investigated several skills and qualities of an authentic leader and established the following: transparency in one's relations, balanced processing, a strong internal moral compass and self-awareness. They further stated that each of the above is important and that leaders ought to work towards developing the said skills and qualities. According to Shamir and Eilam (2005), moral maturity which is associated with a positive personal value system is equally an important component which has to go hand in hand with the other authentic leadership components of the construct: transparency in one's relations, balanced processing, a strong internal moral compass and self-awareness Moreover, there are essential tips to becoming a better leader as detailed by Avolio and Walumbwa (2014) in association with Gallup Institute that authentic leadership is built character and not style. Furthermore, authentic leaders are always growing, are real and genuine, are not perfect neither do they try to be and are concerned and sensitive to the needs of others. They try to adapt behaviourally to their context (Avolio & Walumbwa, 2014).

Authentic Leadership in Health Institutions in Kenya

According to the MoH (2015) study, whilst 66 percent of the studied health institutions have regular meetings with the management committee, just 32 percent of these had a recently met. This data reveals a lack of confidence in the leadership management strategies in place to deal with leadership restrictions. According to a report by KPMG (2014) regarding devolved health service, there are two key concerns; the benefits of having capacity building for both national and local levels as they prepare them for new management and leadership positions and having mechanisms that can inhibit corruption and fraud which is necessary for devolution success.

MoH (2017) summarizes that the ministry of health's leadership, management and governance has various gaps which include lack of team building, planning tools such as the 100 budgetary process, supervising

functions, monitoring and review, stakeholder involvement in management and scheduling of health interventions, governors' motivation of health workforce as discrepancies in leadership and management competencies and weak governance practices among committees. Being able to carry out a research and use the findings to guide policies formulated and decisions made is becoming significant in institutions offering pre-service.

According to the MoH (2015) Kenya training needs assessment, which may explain the relatively low percentage of 46 percent, which increases slightly to 60 percent at work. This is in line with the findings at the experience level, where the dominating areas are based on inter collaboration and strategic planning. There is low investment in HRM and key inconsistencies can be observed between supply and demand of health personnel, lack of coordination of interventions for single issues results to weakened planning, concentrating on single illness rather than prevention, and adopting and implementing effective policies continues to be uneven," according to the third global forum on human resources for health, held in Recife, Brazil in 2013 (World Health Organization, 2014).Investing in leadership, management, and governance methods throughout health sector's human resource according to Cyrus (2018), will help the personnel and healthcare service perform better. According to 73.8 percent of survey participants and 87.1 percent of key informant guide respondents in the second leadership management and governance evaluation, a large number of respondents were either well or very well equipped for their present roles in health management. Administrators (55 percent) stated that in-service training was mostly used to build abilities in leadership, management, and governance, with some overlap with pre-service learning (45%). Various senior leadership programs essential to the health care systems were assessed as part of the short - term training. Nevertheless, these were included together in the study and not separated by target audience or sponsor. In comparison to governance, just a small percentage senior- and intermediate-level managers received management and leadership training (World Health Organization, 2014).

Conceptual Framework

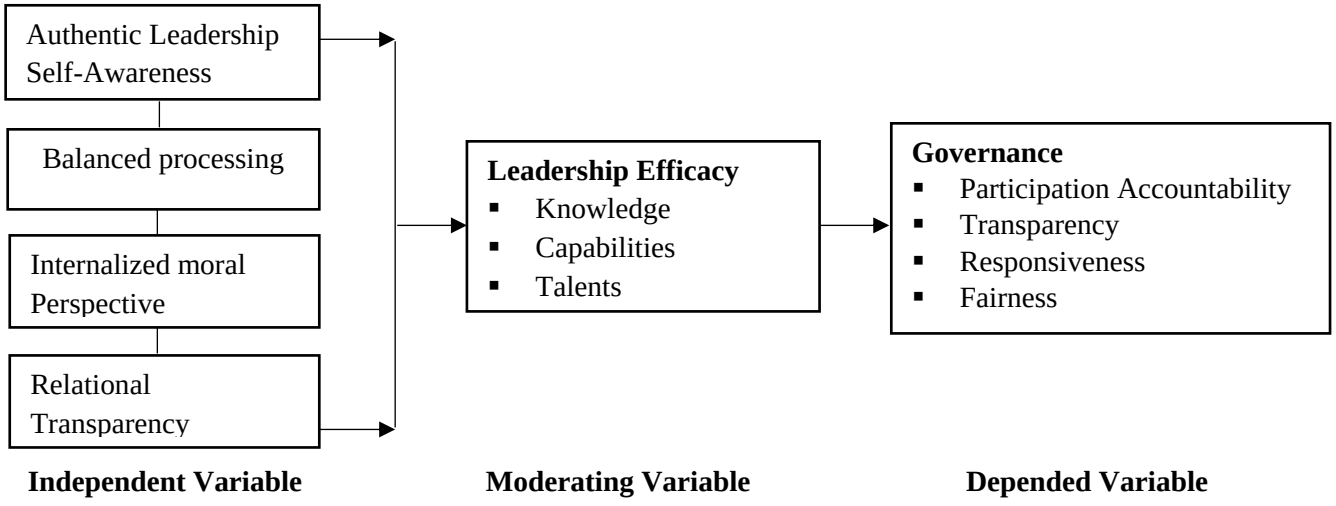

Figure 1: Conceptual Framework

METHOD

Sampling Method

A sample frame, according to Gall, Gall, and Borg (2007), is a subset carefully chosen to represent the whole population with desired traits, and sampling is explained as the method of choosing a few participants in a manner that they provide a representation of the group they are selected from. Burns (2004) defined sampling frame as actual number of persons from whom a sample was then chosen as representation of the population. The sample for this study was drawn from County health managers, health workers with leadership roles who

include; doctors, nurses, nutritionist, pharmacist, clinical officers, and health records hospital administrators in selected County referral hospitals. This was drawn from the five selected Counties Kiambu, Narok, Kajiado, Kitui, and Makueni.

Sampling is a method for picking a collection of items from a population for study (Mugenda & Mugenda, 2003). Sampling procedures are methods for extracting samples from a population, often in order to test a hypothesis about the population. Purposive and random sampling techniques were employed in this study. Random sampling enabled the study to achieve its intended purpose.

Table 1: Sampled Population by selected institutions

Strata	Population	Sample size
Kiambu	778	156
Narok	187	37
Kwale	269	54
Makueni	484	97
Kajiado	208	40
Total	1926	384

The study captures the desired population for the study. The sample selection took into consideration that the health managers are involved since they have the relevant knowledge**.**

RESULTS

According to Nachmias et al., (2004), the acceptable response rate is 50% and above since it is deemed to be satisfactory, appropriate and adequate for analysis of the data. According to Morris (2008), 60% is acceptable for social studies. This study recorded a response rate of 92% therefore it was considered as adequate since it was above 50% hence provided enough information for analysis and drawing objective conclusions. A total of 384 respondents was used in the study. The filled the questionnaires recorded a response rate of 92% and this was considered as adequate for the study. The data collected was also enough for provision of information for analysis and drawing conclusions.

The study targeted five county referral hospitals in Kenya. The total sample achieved was 384. The researcher used SPSS version 24 for data analysis. Walumbwa et al., (2008) established the Authentic Leadership Scale (ALS) to assess authentic leadership behavior based on the preceding description. There were four dimensions to this ALS scale. In this study, a four-item scale was applied in measuring self-awareness, relational transparency, balanced processing with a three-item scale, and internalized moral viewpoint for a total of 16 items (Walumbwa et al., 2008).The influence of authentic leadership on governance of the County referral hospitals in Kenya has been understood by analyzing the various dimensions of authentic leadership namely relational transparency, internalized moral perspective, balanced processing and self-awareness. Analysis of Reliability.

The questionnaire was established using Cronbach alpha. 88. This was to ensure that the data collection instruments collected reliable information and internal consistency was observed too. A Cronbach coefficient of .771 indicates that the data collection questionnaire was reliable. According to Gliem and Gliem (2012) recommend that Alpha value should be 0.7. According to the table below, the five scales were reliable. The reliability values surpassed a threshold of 0.7 hence the study instruments were reliable. This is an indication that the Cronbach alpha was in support of the data collection instrument because the Alpha coefficient show that the same was dependable because it was greater that the critical value. As such the aforementioned findings showed that every study variable had Cronbach's Alpha values more than 0.7, indicating that the questionnaire items satisfied the minimal acceptable standard.

Respondents Demographics Characteristics

There was a possibility that the demographic variables of the respondents was likely to influence their perception on the influence of authentic leadership and leadership efficacy. The demographic variables includes: gender of the respondents, years of public service, level of education, position held. The questionnaire was administered to respondents currently working in the respective county referral hospital and were above 18 years of age.

Bio Data

Research instruments were used to collect data: interview schedules and questionnaire surveys. As far as primary quantitative data was concerned, 384 personnel of the five counties responded to the questionnaire survey, out of which 10.42% were from Kajiado County, 56 % were from Narok County, 40.63% from Kiambu County while 25.26% and 14.06% were from Makueni and Kwale counties respectively. A total of 80 County health management team members were among the respondents as key informants. While the rest 304 were health workers with leadership roles.

Table 2: Key Informants respondents' distribution by county

County	Female	Male	Valid percentage	Grand Total
Kajiado	28	12	10.42	40
Kiambu	141	15	40.63	156
Kwale	35	19	14.06	54
Makueni	49	48	25.26	97
Narok	22	15	9.64	37
Grand Total	275	109	100	384

The county health management team and county referral hospital workers with leadership roles were recruited from the sampled counties namely Makueni, Kiambu, Kajiado, Narok and Kwale. The inclusion criteria were health leaders in their current position in the past 1 year and above. The consented subjects were then asked to fill the questionnaire provided by the researcher. Five counties were selected using systematic random sampling. This sampling method was allowed for selection of five counties with leadership and governance gaps (MoH, 2017). The target respondents are domiciled within the County referral hospitals. The County referral hospital forms the sample. This study employed convenience, and the referral hospital selected as a result of it having the highest number of health workers-average 30% of all County health workforce, according to the ministry of health integrated human resources information system (iHRIS, 2020). In addition, the County referral hospitals provide support to all the health departments and thus provide a suitable sample of respondents for the purpose of the study target.

Purposive sampling of all County Health Management Team -leaders per each County was utilized. At the County referral hospital, homogeneous sampling was employed since the target respondents share the same characteristics working in the same environment and affected by the same leadership decisions. The respondents were the county health management team, and hospital workforce with leadership roles which consists of heads of the departments. The departments include; Medical, Clinical, Nursing, Lab, Nutrition, Community Health, Pharmacy, Health Information and Administration among others.

Gender of the Respondents

The study sought to establish the gender distribution of the respondents as outlined in table 3. From the analysis of the collected data, 109 male respondents represented 40.9% of the total respondents. There were 275 female who represented 59.1% of the respondents that the researcher was able to collect data from. A higher response rate for female was attributed to their availability and willingness to provide information for the study. A larger percentage of female enjoy positions of power in the county referral hospitals.

Table 3: Distribution of Gender of the respondents by county

County	Female	Male	Percentage	Grand Total
Kajiado	28	12	10	40
Kiambu	141	15	41	156
Kwale	35	19	14	54
Makueni	49	48	25	97
Narok	22	15	10	37
Grand Total	275	109	100	384

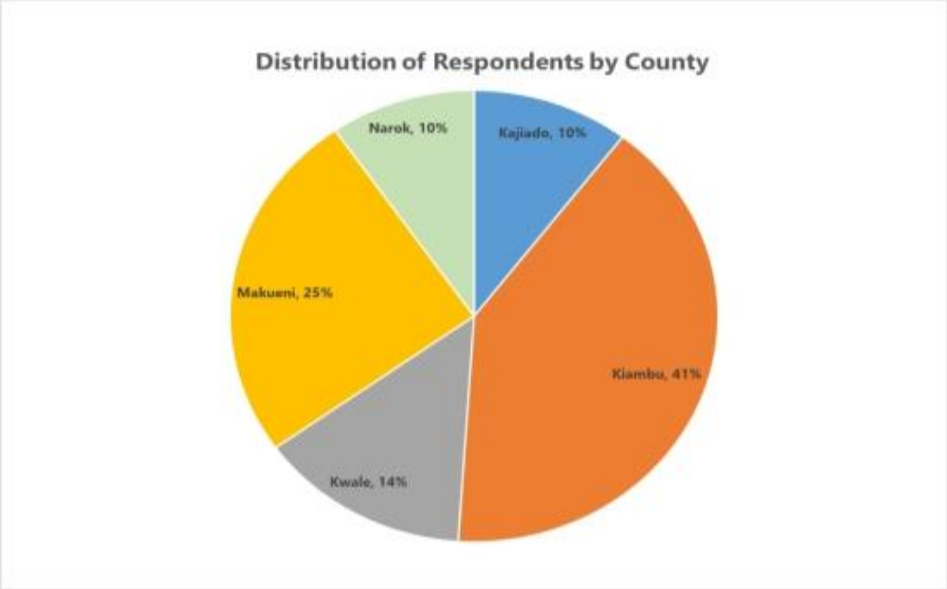

Figure 2: Distribution of Respondents by County Referral Hospital

The information indicates that Kiambu County referral hospital represented 41% of the respondents, while 25% were respondents from Makueni County referral hospital. The other the respondents 14% were from Kwale, while Narok and Kajiado county referral hospital had 10% respectively. This enabled the researcher to deduce the distribution of the respondents by county. The study sought to hear from the "horse's mouth" on the influence of authentic leadership, leadership efficacy on the governance of County referral hospitals.

Level of Education attained by the Respondents

Data relating to the level of education was collected from the various counties. It was believed that the level of education and authentic leadership are correlated. This level of education was to enable the researcher to deduce its influence on the extent of how respondents understood authentic leadership and leadership efficacy from the governance perspective. It is assumed that education liberates an individual to make decisions authentically by selecting between right and wrong. The results in table 4 below indicate that the majority of the respondents 73% were college graduates while 27% were university graduates. This is an indication that the majority of the sample members had average academic qualification while the rest were found to have a graduated from the University hence have higher education. These findings are significant for a better understanding of the research concept and the research's positive outcome. The assumption is that they provided informed feedback to the study. It is assumed that education enables an individual to select between right and wrong, that is, to either make decisions that are ethically grounded or go against ethically accepted standards of the society. According to the findings, the majority of the participants had either studied at a university or a college. As a result, they are to discern and articulate the data required for the study.

Table 4: Education Level attained by respondents

Education Level	Total	%age
College	281	73
University	103	27
Grand Total	384	100

Duration in Public Service

The information and the results in table 4 represents the duration and the years in public service. This enabled the researcher to deduce the relevance of the respondents‟ experiences from the perspective of ethical leadership. The study sought to hear from the "horse's mouth‟ on the influence of authentic leadership and leadership efficacy on the governance of county referral hospitals in Kenya.

Majority (57%) of the respondents had served the public service for a period of 5- 10 years. Nearly a third (25%) had served the public service for a period of < 5years, whereas 13% and 6 % had served the public service for a period of 11-20 years and over 20 years respectively. A higher response rate for above 5-10 years was credited to the fact that the study targeted respondents with in depth information compared to how authentic leadership can be applied to entrench governance components transparency and accountability in the county referral hospitals and the possible generalization of the results to other counties and/or sectors. The participants' level of experience in the public service is shown by the dispersion, which signifies that they have the required and sufficient information and knowledge for this study.

Table 5: Duration of respondents in public service

Duration	Total	%age
<5 years	95	25
5-10 years	217	57
11-20 years	49	13
Over 20 years	23	6
Grand Total	384	100

The Influence of Self-Awareness on the Governance

The components measured using a Likert scale include; let others know who I truly am as a person, I seek feedback as a way of understanding who I really am as a person, I can list my three greatest weaknesses and I rarely present a "false" front to other. In relation to self-awareness the results and response on figure that follows shows the results of the question of "I let others know who I truly am". It was found that there were about 1% of the total participants who strongly disagree that they let others know who they truly are. This was followed by about 2% of the respondents who disagreed and 10% who were neutral in relation to that question. The study participants who were found to have agreed were 29% while those who strongly agree that they let other know who they truly are were about 58% of the total sample. This was the largest or the highest portion of the respondents. This implies that majority of the participants let others know who they truly are in person.

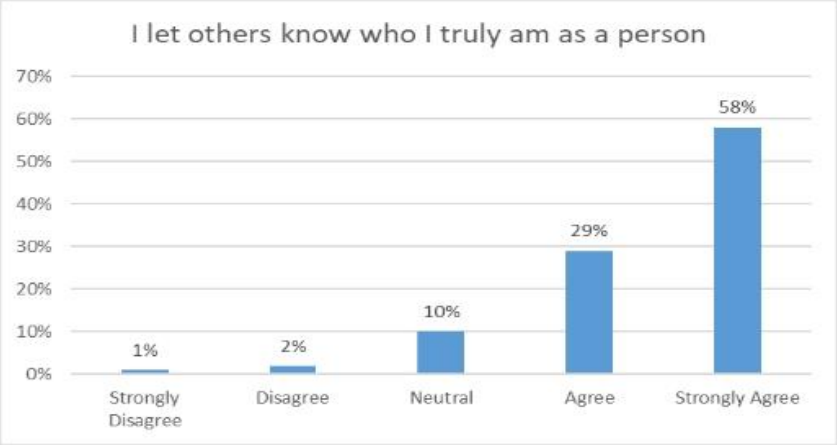

Figure 3: "I let others know who I truly am"

The results in figure 3 showed the responses of those who seek feedback as a way of understanding who they truly are. It shows that there was a tie between those who strongly disagree that they seek feedback from others in order to understand who they really are and those who disagree that they seek feedback from others to understand who they really are. There was a portion of the sample members who were neutral that is 11% while 37% were composed of those who strongly agree and 48% were those who agree that they seek feedback from others in order to get a third-party opinion of who they really are. This means that a better part of the population was of the opinion that there is a probable cause and significance in getting third party feedback in order to understand your personality. As such, majority of the respondents seek feedback as a way of understanding who they really are as individuals.

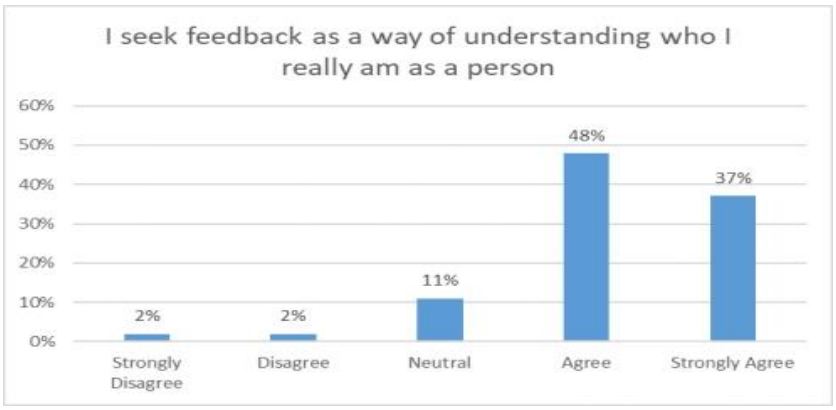

Figure 4: I seek feedback as a way of understanding who I really am as a person

In figure 4 the results of listed weaknesses have been addressed. It was estimated that there was a tie of 1% for those who said that they strongly disagree and those who disagree that they can rarely list any of their three weaknesses. Those who were neutral to this question of listing the weaknesses were 7% while those who agreed were about 39% of the total respondents. Finally, those who strongly agree they can rarely list their three greatest weaknesses were 51% of the total sample members that is the highest amount. As such, majority of the respondents can list their three greatest weaknesses.

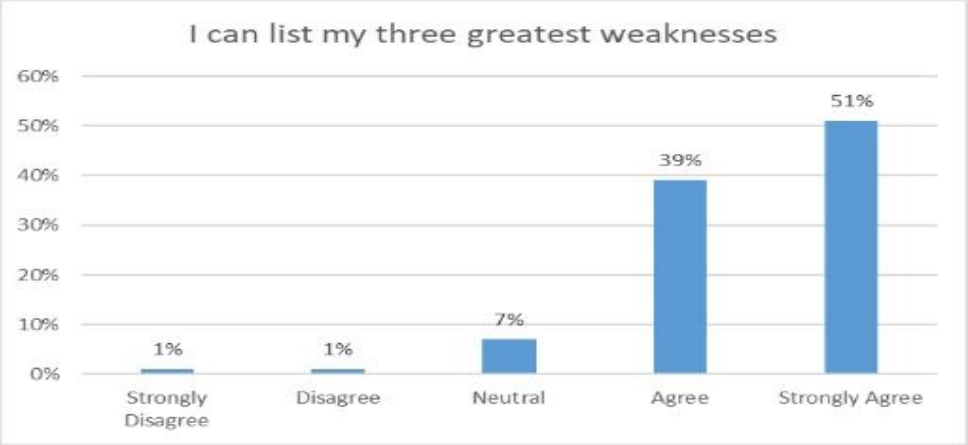

Figure 5: "I can list my three greatest weaknesses"

In the question of presenting a "false" front it was found that there was about 45% of the sample members who agree that they rarely present a false front to other, this was the highest followed by about 39% of the total sample members. Those who disagree and those who strongly disagree were 3% and about 5% respectively. Finally, those who were neutral were about 8% of the total sample members. As such, majority of the respondents rarely present a "false" front to others.

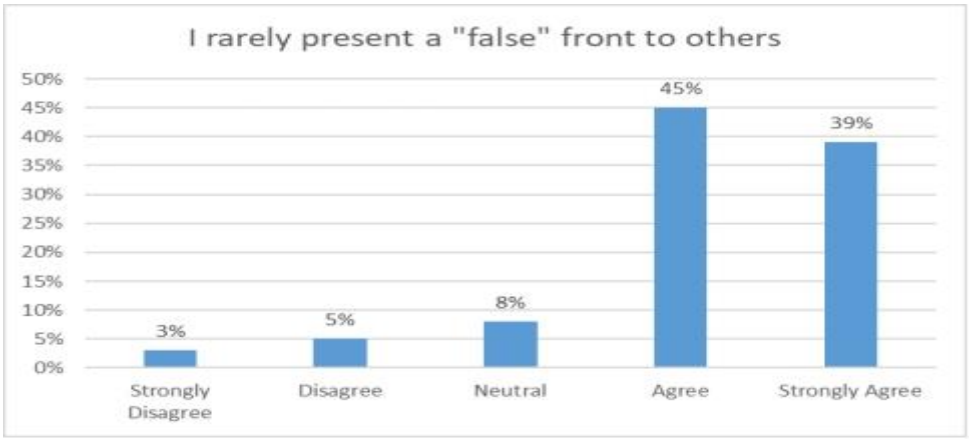

Figure 6: "I rarely present a "false" front to others"

Relationship between Authentic leadership and Governance

The researcher used chi-square test in order to determine associations between attributes of authentic leadership and attributes of governance. The results were provided in the table 6 below. Where p-value was less than 0.05 it means there is association and where it was greater than 0.05 it means no association.

Table 6: The influence of self-awareness on governance at the county referral hospitals

Governance	**(p-values; Chi-square test) – Objective One**					
	All	**Kajiado**	**Kiambu**	**Kwale**	**Makueni**	**Narok**
Accountability	0.800	0.129	*0.017	*0.01	*0.001	0.278
Transparency	0.600	0.19	0.908	*0.003	0.023	0.714
Responsiveness	0.500	*0.003	0.340	0.007	*0.004	0.165
Participation	0.860	0.206	0.996	*0.035	0.861	0.636

P-value < 0.05 * means statistically significant

Table 6 shows that there were varying probability values for the different variables and their influence on governance. It indicates that the probability values for different counties were statistically significant because they were less than the critical value that is 0.05. The results are provided in the table above. Where p-value is less than 0.05 it means there is association and where it is greater than 0.05 it means no association. In Makueni the results indicate that there is an association between self-awareness and accountability p value 0.001), responsiveness (p value 0.004) which are key elements of governance. Additionally, in Kwale County, there was an association between self-awareness and governance since all the elements such as accountability (p value 0.01), transparency (p value 0.003), responsiveness (p value 0.007) and participation (p value 0.035) indicated a p-value of less than 0.05. Moreover, in Kajiado County the p-value was less than 0.05 meaning there was association between self-awareness and the governance of Kajiado County referral hospital with responsiveness (p value 0.003) being the key element.

Hypotheses 1

H_{01}: There is no significant relationship between the self-awareness and the governance of County referral hospitals in Kenya.

Table 7: Correlation-Authentic Leadership and Governance

	1	2	3	4	5
1. self-awareness	1				
2.accountability	.566**	1			
3.transparency	.539**	.787**	1		
4.responsiveness	.570**	.810**	.863**	1	
5. participation	.594**	.813**	.815**	.826**	1

**. Correlation is significant at the 0.01 level (2-tailed).

All the governance variables are significantly related to self-awareness P<0.05. Self-awareness is moderately correlated with all the governance variables having correlation coefficients between 0.5 and 0.9 as detailed by coefficients of 0.566 for accountability, 0.539 for transparency, 0.570 for responsiveness and 0.594 for participation. This implies that accountability, transparency, responsiveness and participation are components of governance and can result from self-awareness.

Regression

Table 8: Correlational Model Summary for self-awareness

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.617[a]	.381	.375	.51753	1.682

a. Predictors: (Constant), participation, accountability, transparency, responsiveness
b. Dependent Variable: self-awareness

38.1% change in self-awareness affects governance evidenced by R square=0.381. The residuals are independent Durbin-Watson =1.682 which is near 2 showing a positive correlation between the independent variables. This implies that a unit increase in the elements of governance (participation, accountability, transparency and responsiveness) influence a 38.1% increase in self-awareness.

Table 9: The Influence of Self-Awareness on Governance

ANOVA[a]

Model		Sum of Squares	Df.	Mean Square	F	Sig.
1	Regression	62.519	4	15.630	58.355	.001[b]
	Residual	101.512	379	.268		
	Total	164.031	383			

a. Dependent Variable: self-awareness
b. Predictors: (Constant), participation, accountability, transparency, responsiveness

The model is significant as shown by a P value of 0.001 being <0.05, and an F-ratio of 58.355 hence a change in self-awareness affects governance of the hospital. This implies that there is a relationship between self-awareness and governance of County referral hospitals in Kenya. Leaders governing county referral hospitals in Kenya ought to build on their self-awareness in order to contribute to good governance of the health facilities.

Table 10: Coefficients[a] - The influence of Self-Awareness on Governance

		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
Model		B	Std. Error	Beta	T	Sig.	Tolerance	VIF
1	(Constant)	2.462	.124		19.846	.000		
	accountability	.108	.048	.175	2.250	.025	.271	3.689
	transparency	.001	.058	.002	.024	.981	.216	4.622
	responsiveness	.124	.067	.171	1.868	.063	.195	5.140
	Participation	.213	.057	.309	3.744	.000	.239	4.175

a. Dependent Variable: self-awareness

According to the model, Transparency and responsiveness does not significantly predict change in self-awareness, P>0.05. However, with the remaining governance variables significantly predicting self-awareness and the coefficient constant being significant i.e. not equal to zero, the model can be predicted by;
Y=K+B1X1+B2x2+e

Y=self-awareness

K=Coefficient constant

B1=accountability coefficient

X1=accountability variable

B2=Participation coefficient

X2= Participation variable

e=error

Hence self-awareness = 2.462+0.108 Accountability + 0.213 Participation + e

A single unit change in self-awareness leads to 0.108 change in accountability and 0.213 change in participation. This is a weak relationship that is not statistically significant and there we fail to reject the null hypothesis that there is no significant relationship between self-awareness and the governance of County referral hospitals in Kenya.

Normality test

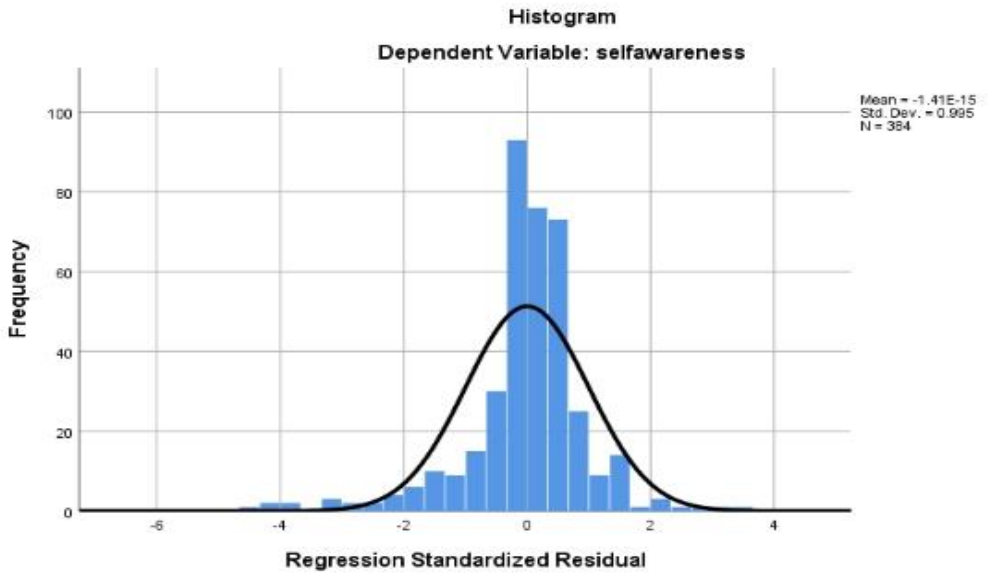

Figure 7: Regression

The variables for self-awareness are normally distributed as per the above histogram. This implies that the data analyzed was normal, originated from a normal distribution and therefore acceptable. All in all, an authentic leader builds trust and healthier work environments through four components: self-awareness, balanced processing, internalized moral perspective and relational transparency (Walumbwa et al., 2008).

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Walumbwa et al., (2008) established the Authentic Leadership Scale (ALS) to assess authentic leadership behavior based on the preceding description. There were four dimensions to this ALS scale. In this study, a four-item scale was applied in measuring self-awareness, relational transparency, balanced processing with a three-item scale, and internalized moral viewpoint for a total of 16 items (Walumbwa et al., 2008). The influence of authentic leadership on governance of the County referral hospitals in Kenya has been understood by analyzing the various dimensions of authentic leadership namely relational transparency, internalized moral perspective, balanced processing and self-awareness (Algera and Lips-Wiersma, 2012). According to the results above authenticity is a necessity of authentic leadership and demands that a person constructs their own meaning of each dimension. Authentic leaders' behaviours can influence employee behaviours positively or negatively. One cannot be a leader simply by virtue of the position he or she holds in an organization (Kellman, 2012).

According to UNDP (2017), good governance is one of the major enablers of health service delivery and contributors to overall improvement of population health. Still, according to the same UNDP publication, 40% of the world population are without social protection while 21% live in precarious environments characterized by factors that compromise access to quality healthcare, including poor governance and poor leadership and weak institutional capacity, both of which affect adversely the governance and delivery of basic healthcare services.

It was revealed that there was a positive statistically significant relationship between authentic leadership and the leadership efficacy and the governance of the county referral hospitals in Kenya. This means that an improvement and an enhancement of the authentic leadership and the efficacy would lead to an improvement of the governance in the county referral hospitals as institutions. The variables for self-awareness are normally distributed as per the analysis. This implies that the data analyzed was normal, originated from a normal distribution and therefore acceptable. Hence, an authentic leader builds trust and healthier work environments

through four components: self-awareness, balanced processing, internalized moral perspective and relational transparency (Walumbwa et al., 2008).

This study concluded that there is a relationship between the influence of self-awareness on the governance of County referral hospitals in Kenya. Avolio and Luthans (2006) suggest that a leader can reinforce their self-awareness via self-reflection and the exploitation of trigger moments, both planned and unplanned. There is need for capacity building on leaders governing county referral hospitals in Kenya in order to build on their self-awareness competencies hence to contribute to good governance of the health facilities. Northouse (2017) has described this element of authentic leadership as "a process in which individuals understand themselves, including their strengths and weaknesses, and the impact they have on others" hence affecting the governance of an organization. The study also recommends that supervision and mentorship mechanisms which enhance authentic leadership competencies should be enforced for the different cadres who have leadership roles in the county referral hospitals.

The self-awareness of the leaders in this study was found to have significant influence on the governance of the referral hospital which means that even when the government or the county would want to influence the change therein or the governance of the county referral hospital then the best proxy to use was the authentic leadership by the use of the self-awareness. Since the self-awareness components of the leaders is one of the key components to promote in order to improve on the governance the county referral hospitals. There are essential tips to becoming a better leader as detailed by Avolio and Walumbwa (2014) in association with Gallup Institute that authentic leadership is built character and not style. Furthermore, authentic leaders are always growing, are real and genuine, are not perfect neither do they try to be and are concerned and sensitive to the needs of others. They try to adapt behaviorally to their context (Avolio & Walumbwa, 2014).

Moreover, leaders governing county referral hospitals in Kenya ought to build on their relational transparency competencies in order to contribute to good governance of the health facilities. As such, heath leaders with competencies of relational transparency contribute positively to the governance of County referral hospitals in Kenya. A change in rational transparency affects the governance of the county referral hospital. Health leaders who portray rational transparency contribute positively the governance of the county referral hospitals in Kenya. Investing in leadership, management, and governance methods throughout health sector's human resource according to Cyrus (2018), will help the personnel and healthcare service perform better.

Conclusions

The study concluded that there was statistically significant linear association that is positive between the authentic leadership and the governance of the County referral hospitals which is indicated by the significant values in the models.

The study concluded and appreciates that the authentic leadership has a positive influence on the governance of the referral hospitals in the counties. When the set structures, rules and procedures have been applied coupled with the authentic leadership and leadership efficacy, then these enhances the proper leadership and governance of the referral hospitals in the counties.

-The study also established that capacity building on leadership coupled with staff supervision and mentorship with a focus on authentic leadership components on governance of county and hospital leaders is also a crucial enabler of effective leadership and governance of the county referral hospitals in Kenya

Recommendations

The study based on study findings recommended that the ministry of health and partners should be able to plan for capacity building of health workers on various leadership and governance trainings with a focus on building authentic leadership competencies to all county health management teams and health workers with

leadership roles. Specifically, Leaders governing county referral hospitals in Kenya ought to build on their self-awareness in order to contribute to good governance of the health facilities

The study recommended that supervision and mentorship mechanisms which enhance authentic leadership competencies should be enforced for the different cadres who have leadership roles in the county referral hospitals.

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Conflicts of Interest: The authors declare no conflict of interest.

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