PERFORMANCE MANAGEMENT AND HEALTHCARE DELIVERY IN SIGOWET-SOIN SUB COUNTY HOSPITAL IN KERICHO COUNTY, KENYA

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ABSTRACT

Statement of the Problem: Effective healthcare service delivery is crucial for improving population health outcomes and achieving universal health coverage. However, the contribution of performance management mechanisms such as target setting, negotiation and vetting, execution, and monitoring and evaluation to healthcare delivery outcomes in sub-county hospitals in Kenya remains unclear.

Purpose of the Study: The purpose of the study was to investigate how target setting, negotiation and vetting, execution and monitoring and evaluation contribute to improved healthcare outcomes at Sigowet-Soin Sub County Hospital in Kericho County, Kenya.

Research Methodology: The study employed a descriptive research design and was anchored on the Principal-Agent Theory. A census approach was used to gather data from all administrative and healthcare staff at the hospital using structured questionnaires. Data was analyzed using Statistical Package for Social Sciences (SPSS).

Findings: The results revealed strong positive relationships between all performance management components and healthcare delivery outcomes. The regression model explained 70.1% of variance in healthcare delivery among administrative staff and 74.3% among healthcare officers. Execution emerged as the strongest predictor for administrative staff ($\beta = 0.469$, $p < 0.005$), while negotiation and vetting processes had the strongest effect for healthcare officers ($\beta = 0.456$, $p < 0.005$). All performance management components showed significant positive effects on healthcare delivery, though their relative importance varied between staff categories.

Conclusion: The study concluded that comprehensive performance management systems incorporating target setting, negotiation and vetting, execution, and monitoring and evaluation are essential for enhancing healthcare delivery in sub-county hospitals.

Recommendations: The study recommended strengthening execution processes through clear implementation frameworks and adequate resources; enhancing negotiation and vetting processes through inclusive participation of healthcare officers in decision-making.

Keywords: *Performance Management, Healthcare Delivery, Sigowet-Soin Sub County Hospital, Kericho County, Kenya*

INTRODUCTION

Health service delivery, as a critical component of healthcare systems, represents the primary interface between providers and patients in achieving desired health outcomes (Stewart et al., 2022). It encompasses the systematic provision of healthcare services to meet population health needs through preventive, curative, and rehabilitative care (Zaadoud & Chbab, 2018). The quality of health service delivery is fundamentally measured through its accessibility, comprehensiveness, continuity, and person-centeredness in meeting population health needs (Kwaitana et al., 2024). In primary healthcare settings, service delivery faces numerous challenges including resource constraints, infrastructure limitations, and coordination issues that affect the overall quality of care provided to communities (Agwu et al., 2024). The effectiveness of health service delivery is particularly crucial in developing countries where healthcare systems often struggle with limited resources and increasing population demands (Ndanyi, 2019).

Performance management in healthcare serves as a systematic approach to improving organizational and individual effectiveness in service delivery through strategic planning, monitoring, and evaluation processes (Song & Tucker, 2016). The relationship between performance management and health service delivery is manifested through various mechanisms including target setting, performance measurement, and continuous improvement initiatives (Vainieri et al., 2020). Effective performance management systems in healthcare organizations have been shown to enhance service quality through improved resource allocation, better staff motivation, and streamlined operational processes (Krupička, 2021). The integration of performance management practices in healthcare settings has demonstrated positive impacts on service delivery outcomes, particularly in areas of patient satisfaction, clinical effectiveness, and operational efficiency (Blštáková & Palenčárová, 2021). However, the success of performance management in improving health service delivery depends significantly on proper implementation, stakeholder engagement, and alignment with organizational goals (Madlabana et al., 2020).

In the global context, in the United States, healthcare organizations have implemented comprehensive performance measurement frameworks focusing on service quality improvement and patient outcomes (Schulte, 2022). In addition, India has developed integrated approaches for evaluating healthcare establishments using key performance indicators to enhance medical standards and improve operational efficiency (Abdullah et al., 2022). European healthcare systems have focused on combining performance management with technological advancement, particularly in integrating AI while maintaining regulatory compliance (Correia Lopes & Teymourifar, 2024). In Pakistan, systematic reviews have revealed the importance of performance measurement systems in improving physician performance and patient satisfaction (Asdullah et al., 2022). The Middle East and North Africa region has demonstrated significant investment in health system reforms, though challenges persist in providing equitable, high-quality healthcare services (Katoue et al., 2022). Malaysia has emphasized organizational communication and management as crucial factors in healthcare employee performance (Zawawi et al., 2022), while China has implemented quality measurements in primary healthcare with a focus on diabetes care management (Rasooly et al., 2021).

Within Africa, performance management in healthcare has gained increasing attention as countries work to strengthen their health systems. In Nigeria, the implementation of performance-based financing has shown significant positive effects on health service delivery indicators, particularly in areas such as antenatal care and skilled delivery services (Sato & Belel, 2021). Uganda has focused on improving health worker performance through regular

performance appraisals, though evidence shows inconsistencies in implementation (Mulegi, 2021). The East African region has made notable progress in integrating various healthcare services, particularly in Kenya, Rwanda, Tanzania and Uganda, where efforts have been made to combine HIV and NCD services for improved efficiency (Adeyemi et al., 2021). In Ethiopia, studies have highlighted the role of performance appraisal systems in promoting compassionate, respectful, and caring healthcare delivery, though challenges persist in proper coordination and integration (Nigussie et al., 2021). Tanzania has implemented Health Facility Governing Committees to oversee healthcare service delivery in primary healthcare facilities, though effectiveness varies based on factors such as training and education levels (Kesale et al., 2022).

In Kenya, performance management and contracting in healthcare have undergone significant transformation, particularly following devolution. Moses et al. (2022) assert that county health systems exhibit varying performance levels, with technical efficiency scores ranging from 79% to 90%. An analysis of county healthcare systems has revealed that budget absorption rates and financial flow impediments significantly impact service delivery effectiveness (Zeng et al., 2022). Odongo (2021) disclosed the existence of established criteria for evaluating employee performance; nonetheless, implementation challenges persist. Studies on budget and health service delivery in county governments have underscored the importance of citizen participation and efficient resource allocation in achieving optimal health outcomes (Waduu et al., 2022). Further, studies on the influence of corporate governance on healthcare service delivery have highlighted the critical significance of accountability frameworks, board composition, and resource allocation in improving service delivery at the county level (Kinyeki, 2022). Structures, board dimensions, and resource distribution in enhancing service delivery at the county level (Kinyeki, 2022).

In Kericho County specifically, healthcare performance management and service delivery face unique challenges and opportunities. The implementation of free maternal healthcare services in Kericho County has shown mixed effects on healthcare service delivery indicators, with significant increases in maternal deliveries but challenges in maintaining service quality due to resource constraints (Miranga, 2015). Working conditions have been found to significantly influence sustainable service delivery in Kericho County's devolved health services, with working conditions accounting for 31.1% of sustainability in service delivery (Kitur, 2023). Studies on maternal satisfaction with intrapartum care in Kericho County healthcare facilities have identified various factors affecting service delivery satisfaction, including staff performance, resource availability, and facility conditions (Chepkorir et al., 2023). Healthcare delivery in the county faces additional challenges related to staff preparation, with evidence indicating that healthcare workers are inadequately prepared and existing training curricula are deficient in management and soft skills applications, which directly impacts service delivery quality (Sang et al., 2015).

STATEMENT OF THE PROBLEM

Healthcare service delivery is a critical component of any nation's health system, essential for achieving universal health coverage and improving population health outcomes. Effective healthcare service delivery ensures accessibility, quality, and equitable distribution of health services to meet population needs (Zaadoud & Chbab, 2018). However, Kenya's healthcare service delivery system continues to face significant challenges that impede its effectiveness and efficiency. According to the Kenya Health Service Delivery Indicator Survey (2021), only 44% of public health facilities meet the basic service delivery standards, with rural areas experiencing even lower rates at 32%. The World Health Organization's 2023 report indicates that Kenya's healthcare service delivery index stands at 48%, significantly below the

recommended threshold of 75%. Studies show that 67% of Kenyans face difficulties accessing quality healthcare services, with waiting times averaging 3.5 hours in public health facilities (WHO, 2024).

The persistent challenges in healthcare service delivery can be attributed to insufficient performance contracting mechanisms and poor implementation strategies. Current evidence suggests that ineffective target setting, weak negotiation processes, poor execution strategies, and insufficient monitoring and evaluation systems all contribute significantly to suboptimal service delivery outcomes in Kenya's public health sector (Zeng et al., 2022). Previous research, such as Waduu et al. (2022), looked at the relationship between budget allocation and health service delivery in county governments, but did not specifically address critical variables like target setting, negotiation and vetting, execution, and monitoring and evaluation in the health sector. In addition, Moses et al. (2022) investigated the technical efficiency of county-level public healthcare systems, highlighting performance variations, but did not conduct a thorough examination of the role of performance contracts. Odongo (2021) studied performance management perception in Kenya's devolved governments, but the study focused on general performance guidelines rather than specific performance contracting elements in healthcare delivery. Further, Kinyeki (2022) investigated the effects of corporate governance on healthcare service delivery, but the research was limited to Level 5 hospitals and did not address the broader aspects of performance contracting in the Ministry of Health.

Further, while Waduu et al. (2022) and Kinyeki (2022) explored aspects of health service delivery in Kenya's county governments, their studies focused primarily on governance and budgetary aspects, leaving a significant gap in understanding how performance management elements specifically influence healthcare delivery at the sub-county hospital level. The relationship between performance management components and healthcare delivery in sub-county hospitals remains inadequately explored, particularly in the context of the devolved healthcare system. Therefore, this study sought to establish the effect of performance management on healthcare delivery in Sigowet-Soin Sub County Hospital in Kericho County, with specific focus on target setting, negotiation and vetting, execution, and monitoring and evaluation mechanisms.

OBJECTIVES OF THE STUDY

The main objective of this study is to determine the effect of performance management on healthcare delivery in Sigowet-Soin Sub County Hospital in Kericho County, Kenya.

The study sought to achieve the following specific objectives:

  i. To ascertain how target setting affects healthcare delivery in Sigowet-Soin Sub County Hospital
 ii. To determine the impact of negotiation and vetting on healthcare delivery in Sigowet-Soin Sub County Hospital
iii. To examine how execution of performance management affects healthcare delivery in Sigowet-Soin Sub County Hospital
 iv. To establish how evaluations and monitoring affect healthcare delivery in Sigowet-Soin Sub County Hospital

RESEARCH QUESTIONS

  i. Based on the specific objectives, this study aims to answer the following research questions:
 ii. How does target setting influence healthcare delivery in Sigowet-Soin Sub County Hospital?

iii. What is the impact of negotiation and vetting processes on healthcare delivery in Sigowet-Soin Sub County Hospital?

iv. How does the execution of performance management affect healthcare delivery outcomes in Sigowet-Soin Sub County Hospital?

v. To what extent do evaluation and monitoring mechanisms affect the quality and effectiveness of healthcare delivery in Sigowet-Soin Sub County Hospital?

THEORETICAL FRAMEWORK

This study was anchored on the Principal-Agent Theory, which was developed by Jensen and Meckling in 1976, focusing on analysing contractual relationships between principals and agents (Braun & Guston, 2003). The theory has been extensively applied in various fields, including economics, political science, and public administration, proving its versatility in understanding organizational relationships (Gailmard, 2014). Principal-Agent Theory examines the challenges that arise when one party (the principal) delegates work to another party (the agent) who performs the work on the principal's behalf, particularly focusing on issues of information asymmetry, risk sharing, and incentive alignment (Garen, 1994). The theory suggests that principals must develop effective mechanisms to monitor and control agents' behavior while creating appropriate incentives to ensure agents act in the principals' best interests (Clark, 2009).

The theory is built on several key assumptions: First, it assumes that both principals and agents are rational actors who seek to maximize their utility, which can lead to conflicting interests between the parties (Shrestha et al., 2019). Second, the theory assumes information asymmetry exists between principals and agents, where agents typically possess more information about their actions and intentions than principals (Gailmard, 2014). Third, it assumes that agents may exhibit opportunistic behavior, potentially pursuing their own interests at the expense of the principal's objectives (Coletta, 2013). Fourth, the theory assumes that principals have limited ability to perfectly monitor agents' actions and must rely on various control mechanisms to ensure compliance (Clucas, 2001). The theory's strengths lie in its ability to explain complex organizational relationships and provide frameworks for designing effective monitoring and incentive systems (Braun & Guston, 2003). It offers valuable insights into how organizations can align interests between different parties and reduce agency costs through contract design (Shrestha et al., 2019). However, the theory has limitations, including its sometimes-oversimplified assumption of purely self-interested behavior and its potential underestimation of other factors that influence agent behavior, such as intrinsic motivation and professional ethics (Gailmard, 2014).

The Principal-Agent Theory is relevant to this study because it provides a theoretical framework for understanding the relationships and interactions involved in performance contracting and healthcare service delivery. It relates to target setting by describing how principals can set clear objectives and performance metrics for agents. The theory influences the negotiation and vetting processes by emphasising the significance of contract design in aligning interests. It relates to execution by describing how agents carry out delegated tasks and how principals can ensure compliance. The theory is especially useful for monitoring and evaluation because it explains how principals can track and assess agent performance. Lastly, the theory contributes to a better understanding of the overall relationship between performance contracting and healthcare service delivery by demonstrating how contractual mechanisms can improve service provision through better interest alignment and effective monitoring systems.

EMPIRICAL REVIEW

Luke and Thoronjo (2021) conducted a study on the influence of employee performance contracting on organizational performance at Kapenguria County Referral Hospital in Kenya. The study employed a descriptive research design with a sample size of 184 employees selected through stratified random sampling. The study found that there was a positive and significant relationship between target setting and organizational performance. The study also established that adequate consultation and involvement of employees in target setting led to higher employee commitment and enhanced achievement of organizational targets. Amboyi (2014) investigated the effects of performance contracting strategy on performance at the National Hospital Insurance Fund in Kenya. The study utilized a case study approach, focusing on senior management through interviews and secondary data analysis. The findings showed that performance contracting had a significant effect on institutional performance. The study also revealed challenges in linking performance and rewards to improve efficiency of individual employee performance to realize the cascaded targets.

Odongo and Wang (2018) conducted a systematic review of 155 refereed papers on performance-oriented contracting published between 2000 and 2018. The study employed a systematic literature review methodology. The findings demonstrated that performance contracting is effective in performance improvement when proper job design and knowledge sharing exist across the organization. The study also established that contemporary performance contracting studies lack robust theoretical foundations. Nuti et al. (2017) examined priorities and target-setting support in healthcare organizations in Italian regions. The study used an algorithmic approach to evaluate performance measurement systems. The research found that proper identification of priority indicators in the target-setting phase improved management and reduced costs. The study also indicated that successful target setting requires selecting an appropriate number of indicators to measure objectives effectively.

Gore et al. (2023) investigated public health voluntary licensing negotiations for intellectual property to increase access to health technologies. The study employed a case study approach examining various licensing agreements and their implementation processes. The research found that successful public health licensing negotiations require careful balancing of public health needs with other considerations. The study also revealed that while public health licensing has proven effective, it remains underutilized due to complex negotiation processes and various stakeholder interests. Zhang et al. (2023) conducted research on the impacts of government reimbursement negotiations on targeted anticancer medication prices in China. Using a quasi-experimental interrupted time series design, the study analysed procurement data from 789 public hospitals across 30 provinces. The findings showed that after implementing the 2017 medication price negotiation and reimbursement policy, medication costs decreased by 48.9%, while procurement volumes increased by 143%. The study also established that effective negotiation processes led to better access and affordability of targeted medications. Berge and Stiansen (2023) examined the role of bureaucratic capacity in international economic negotiations and preference attainment. The study utilized in-depth interviews with international economic negotiators and analyzed a dataset of bilateral investment treaties. The findings revealed that states with greater bureaucratic capacity than their counterparts achieved higher preference attainment in investment treaty negotiations. The study also established that negotiating power is significantly influenced by a state's bureaucratic capabilities, beyond just political and economic capacity.

El Khatib et al. (2023) investigated the impact of smart contracts on e-healthcare performance using blockchain technology. The study employed a mixed-method approach, collecting data through online surveys from public and private hospitals' administrative departments in Dubai,

UAE. The findings revealed that blockchain application in smart contracts significantly improved efficiency, transparency, and security in healthcare service delivery. The study also established that the integration of smart contracts led to improved e-healthcare performance through continuous health monitoring and time-effective operations. Omar et al. (2023) conducted research on automating procurement contracts in healthcare supply chain using blockchain smart contracts. The study utilized a framework development approach and tested smart contract code using Remix IDE. The research found that blockchain-based solutions streamlined communication with stakeholders and minimized procurement timelines. The study also demonstrated that the automated contract execution process was economically feasible and reduced transaction costs among stakeholders.
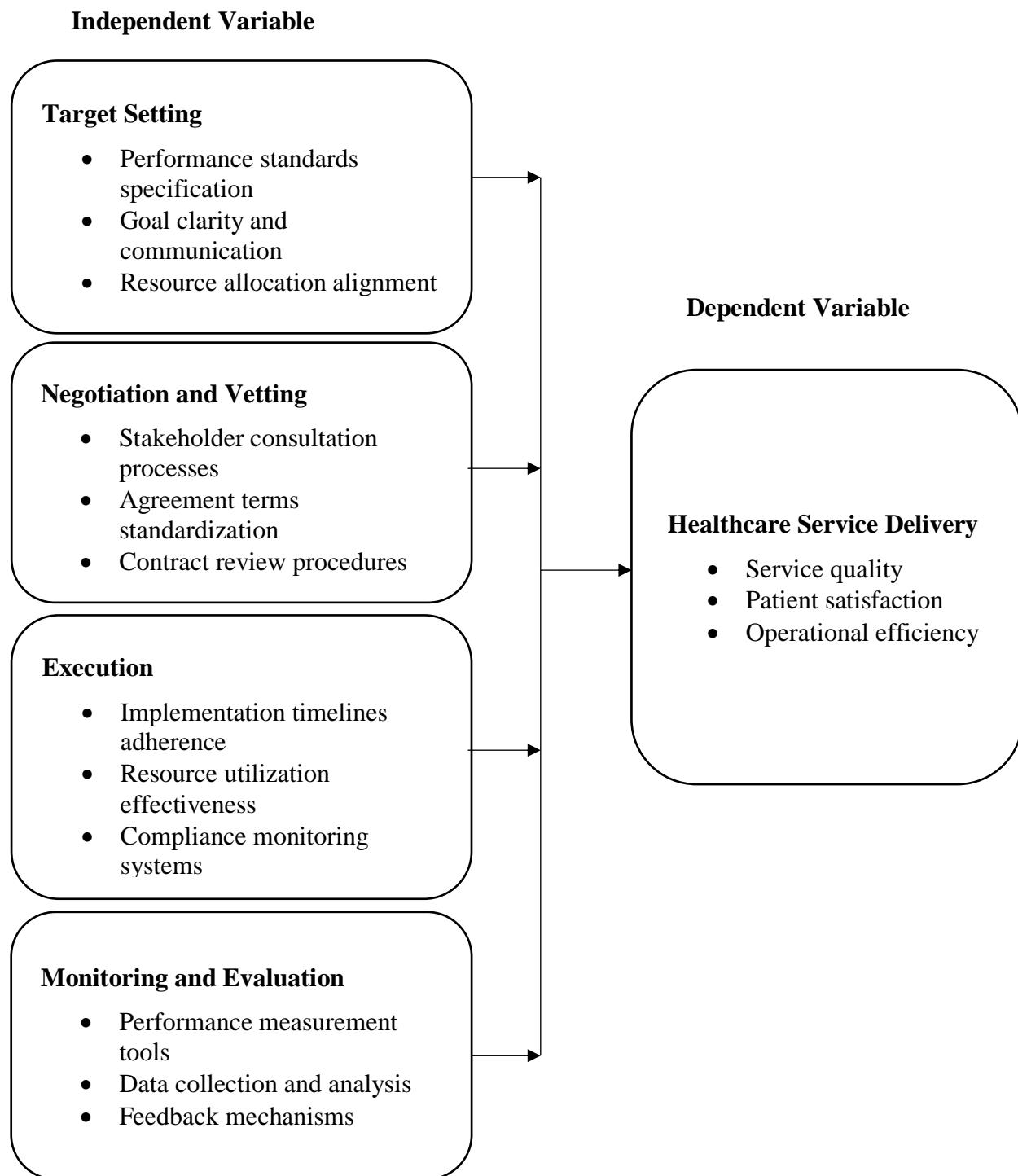
Musiega et al. (2023) examined the influence of budget execution processes on the efficiency of county health systems in Kenya. The study employed a concurrent mixed methods case study approach, collecting data through document reviews and 70 in-depth interviews. The findings revealed that poor budget credibility, cash disbursement delays, limited provider autonomy, and poor procurement practices characterized budget execution processes. The study also established that these challenges compromised the capacity of county health systems to deliver healthcare services effectively. Lakhan et al. (2021) studied smart-contract aware healthcare systems using blockchain technology. The study developed and tested a new cost-effective and stable IoMT framework based on blockchain-enabled fog cloud. The research found that blockchain-enabled smart contracts ensured data consistency and validation while improving execution efficiency. The study also demonstrated that the proposed execution framework outperformed existing baseline approaches in terms of application implementation and cost efficiency.

Abdulmalek et al. (2022) conducted a systematic review of IoT-based healthcare monitoring systems. The study employed a comprehensive literature review methodology examining various systems' effectiveness, efficiency, data protection, privacy, security, and monitoring capabilities. The findings revealed that IoT applications enabled secure and real-time remote patient monitoring that improved healthcare quality. The study also identified key challenges in healthcare monitoring systems including security, privacy, and quality of service issues. Adeniyi et al. (2021) investigated IoMT-based wearable body sensors network healthcare monitoring systems. The study used an ensemble tree-based learning approach to analyze patient health conditions. The research found that integrating IoMT-based wearable body sensors improved patient health monitoring and outcomes.

Reddy et al. (2021) developed a translational evaluation framework for healthcare AI systems called TEHAI. The study utilized a critical review of literature and expert panel consensus to create the framework. The findings showed that effective evaluation systems must include three main components: capability, utility, and adoption. The study also emphasized the importance of translational and ethical features in healthcare monitoring and evaluation systems. Bertram et al. (2021) examined methods for economic evaluation of healthcare interventions for priority setting through WHO CHOICE program. The study employed a generalized approach to cost-effectiveness analysis. The research found that systematic monitoring and evaluation supports priority setting processes and helps achieve the highest health gain from limited resources.

CONCEPTUAL FRAMEWORK

The conceptual framework organized the study variables, with target setting, negotiation and vetting, execution, and monitoring and evaluation as independent variables influencing healthcare delivery (dependent variable). This analytical structure demonstrated how these performance management components collectively affect healthcare service outcomes at Sigowet-Soin Sub County Hospital.

Independent Variable

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┌──────────────────────────────────┐
│ Target Setting                   │
│   • Performance standards        │
│     specification                │
│   • Goal clarity and             │
│     communication                │
│   • Resource allocation alignment│
└──────────────────────────────────┘

┌──────────────────────────────────┐
│ Negotiation and Vetting          │
│   • Stakeholder consultation     │
│     processes                    │
│   • Agreement terms              │
│     standardization              │
│   • Contract review procedures   │
└──────────────────────────────────┘

┌──────────────────────────────────┐
│ Execution                        │
│   • Implementation timelines     │
│     adherence                    │
│   • Resource utilization         │
│     effectiveness                │
│   • Compliance monitoring        │
│     systems                      │
└──────────────────────────────────┘

┌──────────────────────────────────┐
│ Monitoring and Evaluation        │
│   • Performance measurement      │
│     tools                        │
│   • Data collection and analysis │
│   • Feedback mechanisms          │
└──────────────────────────────────┘
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Dependent Variable

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┌──────────────────────────────────┐
│ Healthcare Service Delivery      │
│   • Service quality              │
│   • Patient satisfaction         │
│   • Operational efficiency       │
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Figure 1: Conceptual Framework

METHODOLOGY

This study employed a descriptive research design to examine the relationship between performance management and healthcare delivery in Sigowet-Soin Sub County Hospital in Kericho County, Kenya. The descriptive research design was selected because it allowed for systematic description of the characteristics, attitudes, behaviors, and relationships between

performance management and healthcare delivery in their natural setting without manipulation of variables. The target population for the study comprised healthcare professionals (including medical officers, public health officers, nursing officers, and laboratory technologists) and administrative staff at Sigowet-Soin Sub County Hospital. Due to the relatively small population size, a census approach was adopted where all members of the target population were included in the study, which eliminated sampling error and provided more reliable data. Primary data was collected through two structured questionnaires—one designed for administrative staff focusing on administrative aspects of performance management, resource allocation, and organizational support for healthcare delivery, and another targeting healthcare workers addressing clinical aspects of performance management, service delivery processes, and healthcare outcomes. Semi-structured interview guides were also developed for medical officers and human resource officers to gather in-depth insights about performance management practices and healthcare delivery challenges.

The collected data was analysed using both descriptive and inferential statistical methods. Quantitative data was analysed using Statistical Package for Social Sciences (SPSS) version 25.0, with descriptive statistics including frequencies, percentages, means, and standard deviations to summarize the data's basic features. Inferential statistics, particularly correlation and regression analysis, were used to test the relationships between variables and assess the influence of performance management components on healthcare delivery. The study adhered to strict ethical research principles throughout the process. Prior to data collection, approval was obtained from the hospital management and relevant ethics review committees. All participants were provided with detailed information about the study's purpose and procedures, and informed consent was secured before their participation. Confidentiality and anonymity were ensured by using codes instead of names in data collection and reporting. All collected data was stored securely with password protection, with access limited to authorized research personnel only. The research complied with healthcare research ethics guidelines, including protection of sensitive hospital data and respect for participant privacy. Participation in the study was voluntary, and participants were informed of their right to withdraw at any time without consequences. The findings were reported honestly and accurately, with due consideration for the sensitivity of healthcare information.

RESULTS AND DISCUSSION

Introduction

This chapter presents the findings of the study on performance management and healthcare delivery at Sigowet-Soin Sub County Hospital in Kericho County, Kenya. The study achieved a 100% response rate from 147 respondents, comprising 74 administrative staff and 73 healthcare officers. Demographic characteristics indicate a well-educated workforce with diverse experience levels. Descriptive statistics show generally positive perceptions of performance management practices and healthcare delivery outcomes, with most mean scores above 4.0 on a 5-point Likert scale. The chapter further examines the relationships between these variables through correlation and regression analyses to provide a comprehensive understanding of how performance management influences healthcare delivery at the hospital.

Correlation Analysis for Administrative Staff

This section presents the correlation analysis results for administrative staff at Sigowet-Soin Sub County Hospital. The analysis examines how administrative staff's perceptions of performance management components correlate with healthcare delivery outcomes.

Table 1: Correlation Matrix for Administrative Staff

Variable	Health care	Target Setting	Negotiation & Vetting	Execution	Monitoring & Evaluation
Healthcare Delivery	1.000				
Target Setting	.342** 0.003	1.000			
Negotiation & Vetting	.730** 0.000	.441** 0.000	1.000		
Execution	.791** 0.000	.422** 0.000	.793** 0.000	1.000	
Monitoring & Evaluation	.768** 0.000	.425** 0.000	.793** 0.000	.746** 0.000	1.000

Table 1 presents the correlation results for administrative staff's perceptions of performance management components and healthcare delivery. The analysis reveals that all performance management components have positive and statistically significant relationships with healthcare delivery outcomes at $p<0.01$ level. Among administrative staff, execution showed the strongest correlation with healthcare delivery (r=0.791), suggesting that effective implementation of performance plans has the strongest association with perceived improvements in healthcare service delivery. This was closely followed by monitoring and evaluation (r=0.768) and negotiation and vetting processes (r=0.730), both showing strong positive correlations with healthcare delivery. Target setting, while positively correlated with healthcare delivery, showed a moderate correlation (r=0.342), which was substantially lower than the other components. The correlation matrix also indicates strong inter-relationships among the independent variables, particularly between negotiation and vetting with both execution (r=0.793) and monitoring and evaluation (r=0.793). This suggests that from the administrative staff's perspective, these performance management components are closely integrated and may work synergistically to influence healthcare delivery outcomes.

Correlation Analysis for Healthcare Officers

This section presents the correlation analysis results for healthcare officers, including public health officers, nurses, and laboratory technicians. The analysis explores how healthcare professionals' perceptions of performance management components relate to healthcare delivery outcomes.

Table 2: Correlation Matrix for Healthcare Officers

Variable	Health care	Target Setting	Negotiation & Vetting	Execution	Monitoring & Evaluation
Healthcare Delivery	1.000				
Target Setting	.756**	1.000			
	0.000				
Negotiation & Vetting	.827**	.790**	1.000		
	0.000	0.000			
Execution	.707**	.643**	.796**	1.000	
	0.000	0.000	0.000		
Monitoring & Evaluation	.787**	.759**	.783**	.796**	1.000
	0.000	0.000	0.000	0.000	

Table 2 presents the correlation results for healthcare officers' perceptions of performance management components and healthcare delivery. Similar to administrative staff, all performance management components showed positive and statistically significant correlations with healthcare delivery at $p<0.01$ level. Among healthcare officers, negotiation and vetting processes demonstrated the strongest correlation with healthcare delivery ($r=0.827$), suggesting that healthcare professionals particularly value clear guidelines, structured policies, and opportunities for input in performance expectations. This was followed by monitoring and evaluation ($r=0.787$) and target setting ($r=0.756$), both showing strong positive correlations with healthcare delivery. Execution also showed a strong positive correlation with healthcare delivery ($r=0.707$), though somewhat lower than the other components.

Regression Analysis for Administrative Staff

This section presents the regression analysis results for administrative staff at Sigowet-Soin Sub County Hospital. The analysis examines how administrative staff's perceptions of performance management components predict healthcare delivery outcomes.

Table 3: Regression Model Summary for Administrative Staff

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.837	0.701	0.683	0.39427

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	25.126	4	6.281	40.41	0.000
	Residual	10.726	69	0.155		
	Total	35.852	73			

Coefficients

	Variable	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.409	0.353		1.157	0.251
	Target Setting	0.251	0.074	0.255	3.392	0.010
	Negotiation & Vetting	0.303	0.144	0.308	2.104	0.015
	Execution	0.469	0.116	0.464	4.051	0.000
	Monitoring & Evaluation	0.388	0.119	0.372	3.253	0.002

The regression results for administrative staff indicate that the model explains 70.1% of the variance in healthcare delivery outcomes ($R^2 = 0.701$), with an adjusted R^2 of 0.683, suggesting that performance management components are strong predictors of healthcare delivery from the administrative perspective. The overall model is statistically significant ($F(4, 69) = 40.410$, $p = 0.000$), confirming that performance management components collectively have a significant effect on healthcare delivery outcomes. Examination of the individual coefficients reveals that all four performance management components have positive and significant effects on healthcare delivery. Execution emerged as the strongest predictor ($\beta = 0.469$, $p = 0.000$), suggesting that effective implementation of performance plans has the most substantial impact on healthcare delivery from the administrative staff's perspective. This finding aligns with Luke and Thoronjo (2021), who found that proper execution of performance plans significantly enhanced organizational performance in Kapenguria County Referral Hospital. Monitoring and evaluation was the second strongest predictor ($\beta = 0.388$, $p = 0.002$), indicating that systematic assessment and feedback mechanisms substantially influence healthcare delivery outcomes. This result is consistent with Abdulmalek et al. (2022), who identified that effective monitoring systems significantly improved healthcare quality and outcomes. Negotiation and vetting processes ($\beta = 0.303$, $p = 0.015$) also showed a significant positive effect, supporting Gore et al.'s (2023) finding that successful negotiations require careful balancing of stakeholder interests to achieve optimal outcomes. Target setting demonstrated a significant positive relationship with healthcare delivery ($\beta = 0.251$, $p = 0.010$), which aligns with Nuti et al.'s (2017) research showing that proper identification of priority indicators in target-setting improved healthcare management.

Regression Analysis for Healthcare Officers

This section presents the regression analysis results for healthcare officers at Sigowet-Soin Sub County Hospital. The analysis examines how healthcare professionals' perceptions of performance management components predict healthcare delivery outcomes.

Table 4: Regression Model Summary for Healthcare Officers

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
	0.862	0.743	0.728	0.38272
ANOVA				
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
1 Regression	28.849	4	7.212	49.238	0.000
Residual	9.96	68	0.146		
Total	38.809	72			
Coefficients					
Variable	**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
1	**B**	**Std. Error**	**Beta**		
(Constant)	-0.086	0.398		-0.216	0.830
Target Setting	0.273	0.122	0.275	2.238	0.012
Negotiation & Vetting	0.456	0.122	0.477	3.729	0.000
Execution	0.367	0.152	0.373	2.414	0.020
Monitoring & Evaluation	0.409	0.157	0.415	2.604	0.011

The regression results for healthcare officers demonstrate that the model explains 74.3% of the variance in healthcare delivery outcomes ($R^2 = 0.743$), with an adjusted R^2 of 0.728, indicating that performance management components are strong predictors of healthcare delivery from the healthcare professionals' perspective. The overall model is statistically significant ($F(4, 68) = 49.238$, $p = 0.000$), confirming that performance management components collectively have a significant effect on healthcare delivery outcomes. Analysis of the individual coefficients shows that all four performance management components have positive and significant effects on healthcare delivery among healthcare officers. Negotiation and vetting emerged as the strongest predictor ($\beta = 0.456$, $p = 0.000$), suggesting that clear guidelines, structured policies, and opportunities for input in performance expectations have the most substantial impact on healthcare delivery from the healthcare professionals' perspective. This finding aligns with Zhang et al. (2023), who demonstrated that effective negotiation processes led to better access and affordability of healthcare services.

Monitoring and evaluation was the second strongest predictor ($\beta = 0.409$, $p = 0.011$), indicating that systematic assessment and feedback mechanisms substantially influence healthcare delivery outcomes. Adeniyi et al. (2021) similarly found that integrated monitoring systems significantly improved healthcare outcomes through better oversight and timely interventions. Execution showed a significant positive effect ($\beta = 0.367$, $p = 0.020$), which is consistent with El Khatib et al. (2023) research demonstrating that effective execution of performance contracts significantly improved efficiency, transparency, and security in healthcare service delivery. Target setting also demonstrated a significant positive relationship with healthcare delivery ($\beta = 0.273$, $p = 0.012$), supporting Amboyi (2014) finding that proper target setting significantly enhances institutional performance in healthcare settings.

CONCLUSION

The study concluded that performance management has a significant positive effect on healthcare delivery at Sigowet-Soin Sub County Hospital in Kericho County, Kenya. The findings demonstrated strong relationships between all performance management components (target setting, negotiation and vetting, execution, and monitoring and evaluation) and healthcare delivery outcomes, with the regression models explaining 70.1% of variance for administrative staff and 74.3% for healthcare officers. Among administrative staff, execution emerged as the strongest predictor of healthcare delivery ($\beta = 0.469$, $p = 0.000$), followed by monitoring and evaluation ($\beta = 0.388$, $p = 0.002$), negotiation and vetting ($\beta = 0.303$, $p = 0.015$), and target setting ($\beta = 0.251$, $p = 0.010$). These findings align with existing literature that emphasizes the importance of effective implementation strategies and systematic assessment mechanisms in improving healthcare service delivery. Administrative staff's emphasis on execution suggests that the practical implementation of performance plans plays a crucial role in translating management strategies into tangible healthcare improvements.

For healthcare officers, negotiation and vetting processes demonstrated the strongest effect on healthcare delivery ($\beta = 0.456$, $p = 0.000$), followed by monitoring and evaluation ($\beta = 0.409$, $p = 0.011$), execution ($\beta = 0.367$, $p = 0.020$), and target setting ($\beta = 0.273$, $p = 0.012$). This divergence in emphasis between administrative staff and healthcare officers highlights the importance of role-specific perspectives in understanding performance management's impact on healthcare delivery. The healthcare officers' emphasis on negotiation and vetting underscores the value of clear guidelines, structured policies, and participatory approaches in performance management for clinical staff. Despite these differences, both groups consistently identified monitoring and evaluation as a critical component, indicating its universal importance across professional roles in healthcare settings. Overall, the findings confirm that comprehensive performance management systems incorporating all four components are essential for enhancing healthcare delivery at sub-county hospitals, though the relative importance of each component may vary based on professional perspective and role within the healthcare system.

RECOMMENDATIONS

Based on the study findings, several recommendations can be made to enhance performance management and improve healthcare delivery at Sigowet-Soin Sub County Hospital and similar institutions. First, hospital management should strengthen execution processes by establishing clear implementation frameworks, providing adequate resources, and ensuring timely completion of planned activities, as execution emerged as the strongest predictor among administrative staff. Second, negotiation and vetting processes should be enhanced through more inclusive participation of healthcare officers in decision-making, clearer communication of performance expectations, and structured policy review mechanisms, given their strong influence on healthcare delivery from the clinical perspective. Third, monitoring and evaluation systems should be systematically integrated across all hospital departments with standardized performance metrics, regular feedback mechanisms, and data-driven improvement plans, considering its consistently high significance for both staff categories. Fourth, target setting should be improved through more collaborative approaches that involve both administrative and clinical staff, ensuring that targets are realistic, well-communicated, and aligned with available resources. Lastly, the hospital should develop integrated performance management training programs that address the specific needs of different professional groups, acknowledging the varying perspectives and priorities identified in this study. These targeted interventions would help optimize the impact of performance management on healthcare delivery outcomes at the sub-county hospital level.

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