



Effect of Training and Development on Service Delivery in Public Health Institutions of Western Kenya Region

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ABSTRACT

Purpose: To assess the effect of training and development on service delivery in public health institutions of Western Kenya Region

Design/Methodology/Approach: The study utilized a positivist research philosophy and Causal-comparative and descriptive research designs. The target population was 306 including Medical Superintendents, Hospital Administrators, Human Resource Officers, Health Records Information Officers. The study grouped the respondents into nine strata as simple random sampling obtained 234 respondents from a target of 306. The study utilized descriptive and inferential analysis

Findings: Using hierarchical regression analysis, the results revealed that the R square moved from 0.519, $P=0.000$ to 0.752, $P=0.000$ implying that leadership style is responsible for additional 23.3% change in explaining the variance in delivery of service.

Implications/Originality/Value: The study findings underscore practical implications for managing public health institutions in Western Kenya. Leadership development is crucial, focusing on nurturing adaptive leadership styles that effectively moderate the impact of talent management practices.



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Introduction

Human capital theory holds that returns on investment for the company can come from expenditures on human capital including development and training. The notable rise in service delivery is evidence of the expected good return the company will get from its training and development investment.

2016 saw Kipkebut and Wambui look at how programs for development and training impact Kenyas' service delivery. The study revealed that those who got chances for ongoing education and growth showed better understanding of contemporary medical procedures, higher skill levels, and more confidence in managing patient care. More patient-centered, effective service delivery resulting from this helped to lower treatment mistakes and raise patient satisfaction. Even in resource-limited environments characteristic of public health facilities, the study also underlined that training in fields including communication, technological skills, and innovative medical techniques enabled healthcare staff to give higher-quality treatment. Reduced turnover rates and a more stable healthcare staff resulted from employees who also reported higher job satisfaction and a stronger sense of dedication to their profession participating in training programs. This validates the results of present research.

The results provide insightful analysis of the dynamics of training, leadership, and service delivery and fit rather nicely with human capital theory and situational leadership theory. Human capital theory holds that returns in the form of increased productivity and performance come from investments in people that is, education, training, and skill development (Becker, 1993). Reflecting this idea, the important coefficient of 1.826 for training and development shows that every unit spent on training results in appreciable improvements in service delivery. This emphasizes how instruction gives staff members the skills required to provide better services. Furthermore supporting human capital theory is the harmonic relationship between leadership styles and training ($B=0.331$), which emphasizes how much leadership increases the value obtained from training. Leaders who provide a suitable environment for using new talents make sure that these investments are adequately appreciated, therefore improving the organizational results.

In Africa, issues such limited access to healthcare need for good talent management (Akokuwebe & Adekanbi, 2017). Infectious infections (Mabunda et al., 2023) load the public health system heavily in South Africa. Nigeria's healthcare system urgently lacks doctors and nurses (Balogun, 2022), hence talent management is needed to improve the service delivery. Despite amazing growth, Ethiopia's healthcare system suffers difficulties which emphasizes the necessity of better access and poverty reduction (Assefa, 2017). Limited resources and inequalities in Uganda's public health system call for efficient talent management for optimal service delivery (Baine, 2018). With issues like insufficient money and poor cooperation, Tanzania uses public-private partnerships for healthcare delivery (Nuhu, Mpambije & Ngussa, 2020).

Notwithstanding devolution, Kenya still has healthcare problems; among these are inadequate staffing and resources (Gitobu, Gichangi & Mwanda, 2018). Handling these challenges requires good talent management (Gitobu, Gichangi & Mwanda, 2018.). Two especially significant concerns Western Kenya addresses that need for sustainable talent management are understaffing and infectious diseases (Juma, Ayub & Ali, 2023). Research on training, rewards, education and development, recruitment, and leadership in healthcare (Nama et al., 2022; Kurdistan & Alshurideh, 2020; Ojuolape et al., 2022; Mwihiaki, 2022; Elkomy, Murad & Veleanu, 2023) expose knowledge gaps on their whole integration into sustainable talent management.

Statement of the Problem

Kenya's public healthcare system has struggled to deliver first-rate services as statistics indicating growing indicators including increased newborn and under-five mortality rates (KDHS, 2018; RoK, 2020) points to. Research on Western Kenya reveal flaws in the provision of health services include inadequate infrastructure, low patient attendance, and limited capacity for health evaluations (Kwobah et al., 2023). Furthermore impeded efforts at service improvement by insufficient use of health referral systems resulting from financial and human resource constraints is Opondo et al., 2022. The ACOG 2020 study on inadequate service delivery rates in Western Kenya counties highlights even more the need of With examples of medical misbehavior and insufficiency recorded (WHO, 2018; MOH, 2017; Wagana, 2017; KIPPRA, 2018), the decline in public healthcare quality poses issues on the success of devolution. Healthcare services' civilian satisfaction ratings show how urgently development is needed (KIPPRA, 2018). Therefore, it is rather crucial to find out how environmentally friendly talent management practices influence the public health institutions' service delivery in Western Kenya. Research gaps in knowledge on how the quantifiable influence of training and development on service delivery (Nama et al., 2022; Kurdish & Alshurideh, 2020; Rotich & Kiiru, 2021; Mwiwaki, 2022) based on present literature. Moreover underdeveloped is the moderating effect of leadership styles on the interplay between training and development and service outcomes (Elkomy et al., 2023). Therefore, a comprehensive study is needed to close these gaps and provide suggestions on enhancing the public health service delivery in Western Kenya.

Objectives of the Study

- i. To examine the effect of training and development on delivery of services in public health institutions in Western Kenya Region.
- ii. To determine the moderating effect of leadership style on the relationship between training and development and delivery of service in public health institutions in Western Kenya Region.

Research Hypothesis

The study tested the following null hypotheses:

H01: Training and development have no statistically significant effect on delivery of service in public health institutions in Western Kenya Region.

H02: Leadership Style has no statistically significant moderating effect on the relationship between training and development and delivery of service in public health institutions in Western Kenya Region.

Theoretical Framework

The Human Capital Theory, first proposed by Schultz in 1961 and later expanded upon by Becker in 1994, states that workers' skills develop as they receive more education and training. Human ability determines organizational value; Carlbäck, Nygren & Hägglund, 2023 Human capital, that which drives innovation and secures organizational survival—that intelligence, skills, and knowledge drive—that is correctly utilized. Along with physical resources, these intangible ones define the market value of a corporation (Ray et al., 2023). Critics reply that the strategy overfits formal education and undervalues experience knowledge and unofficial learning (Brown, Green & Lauder, 2001). It also overlooks social and structural factors like discrimination and socioeconomic inequality, which significantly affect employment access and education and so calls into doubt the theory that human capital by itself determines economic results (Bowles & Gintis, 1975). Therefore, overcoming the limitations of human capital asks for a more expansive perspective of it.

Empirical Review

Consistent positive results on organizational performance and service quality have come from extensive studies on staff training and development in many various contexts. Arifin (2018) for instance found that targeted training programs significantly raise general patient care, technical proficiency, and job performance in Indonesian hospitals. From this follows measurable improvements in service delivery: reduced wait times and increased patient satisfaction. Karanja and Kyalo (2020) conducted a similar research in Kenyan public hospitals stressing that well-organized and comprehensive training programs not only raise staff technical proficiency but also improve diagnosis accuracy and patient outcomes. These findings complement Li et al. (2019), whose study of Chinese healthcare facilities underscored the benefits of frequent training in terms of developing an innovative culture of continuous improvement in service delivery.

Smith and Jones (2021) widen the discussion even more by distinguishing technical from soft skill training. They stress that whereas technical training directly influences clinical results by raising the capacity of healthcare personnel to conduct challenging operations, soft skills training focuses on enhancing communication, empathy, and general patient contact. Together with patient satisfaction, this twin approach guarantees maximum technical accuracy. Their studies imply that the best results come from addressing technical and interpersonal competencies, so supporting a balanced training program. Bamidele et al. (2022) underlined the need of stressing filling up training gaps, particularly in undeveloped nations like Nigeria where patient care practices and motivation are vital to improve service delivery. These discoveries highlight the significance of providing whole training programs first priority for optimum outcomes.

Contrasting research findings stem from methodological and sector-specific differences. Analyzing private sector customer service delivery in Nairobi, Nekesa and Wanjira (2020) revealed clear positive correlations between training initiatives and service quality. The private-sector focus, however, limits the direct application of their findings to public organizations confronted with different operational challenges and financial constraints. Similarly, Tanui and Kwasira (2019) examined the effects of training while their results showed notable increases in service quality attributable to training; the study's emphasis on a single institution limited its generalizability, so allowing room for broader sectoral comparisons across various organizational setting.

Methodological restrictions are one topic of much criticism in the literature. For instance, Engetou (2017) underscored the crucial need of training for organizational success, even if the study mostly addressed training needs without examining other factors influencing training efficacy, such managerial support and resource allocation. Ndibe looked at training advantages for Nigerian bottling businesses in 2014 but omitted to take time into account how these effects evolve. Li et al. (2019) filled this gap by evaluating training outcomes in Chinese hospitals using a longitudinal approach, therefore proving how long-term benefits in service delivery follow from continuous training programs.

Comparative study helps us understand how training works in a variety of circumstances. Analyzing the Kenya Forest Service, Mathenge et al. (2019) discovered a clear association between training and organizational performance especially in terms of operational efficiency and customer satisfaction especially in terms of Leseiyo and Mwikya (2019) also demonstrated in Kenyan institutions how training enhances performance by motivating staff members and fostering inventiveness. Nevertheless, the sector-specific focus of the findings limits them and underlines the need of more general, multi-sectoral research to identify shared training benefits across industries and contexts.

Above all, many studies rely on descriptive designs which demonstrate associations but typically lack causal certainty. Omosa et al. (2018) and Khan *et al.* (2016) underlined how training enhanced performance even when they applied methods excluding strong causal conclusions. Studies with both experimental and longitudinal designs including Smith and Jones (2021) and Li et al. (2019) show more robust evidence of the long-term benefits of training and its direct impact on the provision of services.

Conceptual Review

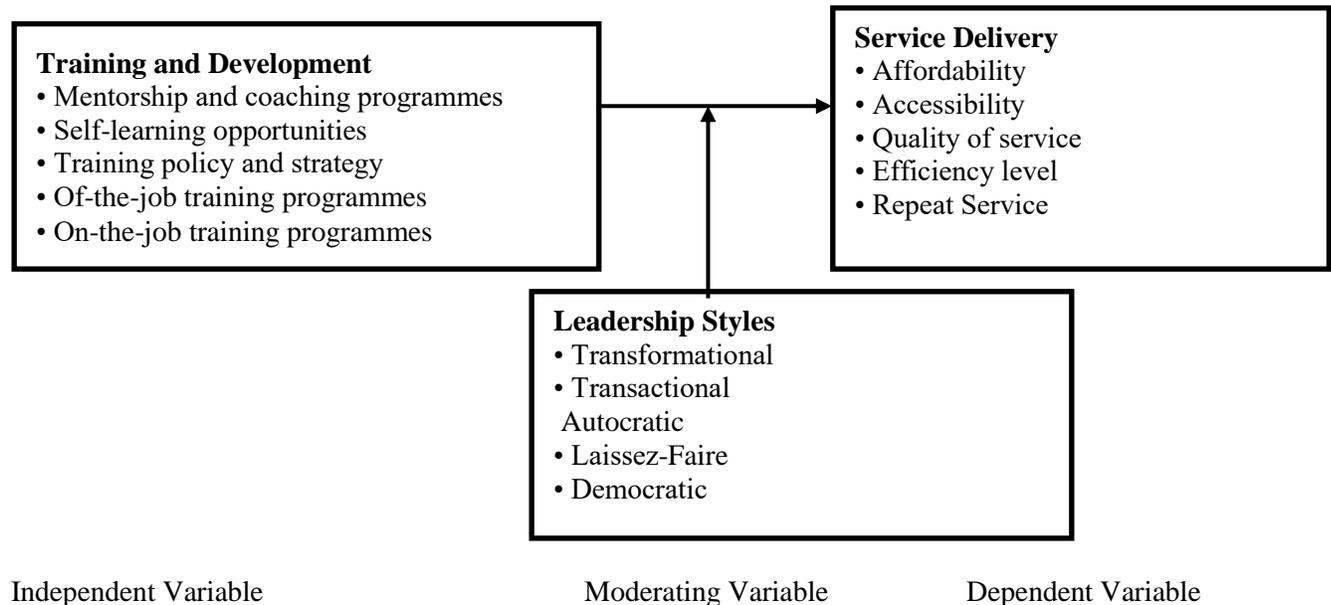


Figure 1: Conceptual Framework

Methodology

Target Population: The target population consists of 510 staff members overall, 234 of which are sampled from all the sub-county hospitals and County referral facilities. Medical superintendents, hospital managers, human resource officials, health records information officers, head of nutrition, chief medical officers, head of physiotherapy, head of supply chain, head of occupational therapy, head of radiology services and head of dental services were among the responders.

Data collection: Primary data was acquired via a questionnaire, while qualitative data was collected through interviews with chosen patients.

Data Analysis: Use of both descriptive and inferential statistics applied. Training and development and service delivery was examined through Hierarchical Multiple Regression Technique.

Results and Discussion

Descriptive Statistics of Variables in the Study

(1). Strongly Disagree (SD) (2) Disagree (D) (3) Fairly Agree (FA) (4) Agree (A) (5) Strongly Agree (SA).

Table 1: Training and development

No.	Training and development	5	4	3	2	1	Mean	SD
1	The training and development programs in my institution are relevant to my job.	16.9 (33)	27.2 (53)	52.3 (102)	3.1 (6)	0.5 (1)	3.57	0.82
2	I have access to regular and comprehensive	15.9	27.7	52.3	2.6	1.5	3.54	0.84

	training and development opportunities.	(31)	(54)	(102)	(5)	(3)		
3	Training and development have improved my knowledge and skills in providing healthcare services.	12.8 (25)	30.8 (60)	52.8 (103)	1.5 (3)	2.1 (4)	3.51	0.81
4	Training and development have enhanced my ability to communicate effectively with patients and colleagues.	11.8 (23)	26.7 (52)	56.9 (111)	3.1 (6)	1.5 (3)	3.44	0.80
5	Training and development have increased my confidence in carrying out my job responsibilities.	10.8 (21)	29.7 (58)	54.9 (107)	3.1 (6)	1.5 (3)	3.45	0.79
6	I feel motivated to continue my career in public health due to the training and development opportunities provided	4.6 (9)	31.8 (62)	61 (119)	1 (2)	1.5 (3)	3.37	0.66
7	The management and leadership in my institution support and encourage training and development.	14.9 (29)	22.1 (43)	60.5 (118)	2.1 (4)	0.5 (1)	3.49	0.79
8	There is a clear performance evaluation process in place that recognizes the impact of training and development on service delivery	7.2 (14)	34.4 (67)	54.9 (107)	2.6 (5)	1 (2)	3.44	0.711
Aggregate Scores							3.48	0.778

Source: Field Data (2025)

The study findings reveal significant insights into the role of training and development in enhancing service delivery and job satisfaction among employees. A notable 44.1% of respondents (16.9% strongly agreed, 27.2% agreed) found the training and development programs relevant to their job roles, supported by a mean of 3.57. Similarly, 43.6% (15.9% strongly agreed, 27.7% agreed) affirmed access to regular and comprehensive training opportunities (mean = 3.54). These findings highlight the positive perception of training relevance and accessibility within the institution. Training's impact on skill enhancement and job performance was also evident. Approximately 43.6% of respondents agreed (12.8% strongly, 30.8% agreed) that training improved their skills in healthcare delivery (mean = 3.51). Additionally, 38.5% (11.8% strongly, 26.7% agreed) stated it enhanced their communication abilities with patients and colleagues (mean = 3.45). Confidence in performing job responsibilities was similarly supported, with 40.5% (10.8% strongly, 29.7% agreed) acknowledging increased confidence (mean = 3.45).

Regarding career motivation, 36.4% of respondents (4.6% strongly, 31.8% agreed) felt motivated to continue in public health due to training opportunities (mean = 3.37). Management's support for training received agreement from 37% (14.9% strongly, 22.1% agreed), reflecting its importance in fostering a conducive learning environment (mean = 3.49). Furthermore, 41.6% of participants (7.2% strongly, 34.4% agreed) acknowledged the presence of a performance evaluation process recognizing training's impact on service delivery (mean = 3.44). Studies by Yanchus et al. (2020) and Waithaka et al. (2019) corroborate these findings, emphasizing that training boosts confidence, skills, and patient-centered care. Tannenbaum and Yukl (2022) highlight managerial support's role in successful training implementation, while Maurer (2021) associates employee training with increased organizational commitment. However, traditional evaluation methods may inadequately measure training outcomes, as noted by Brinkerhoff and Montesino (2015).

Moderating Influence of Leadership Styles on the Relationship between Training and Development and the Service Delivery

The research uses hierarchical regression analysis to investigate if leadership styles influence the association between the service delivery in public health institutions in Western Kenya Region and training and development. Stated differently, is there a relationship between leadership styles and the degree to which training and development impact its service delivery? This fascinating investigation sought to clarify any possible ambiguities in the training and development and how it relates to the service delivery.

Table 2: Hierarchical Regression Model Summary

Model	R	R ²	Change Statistics						
			Adj. R ²	Std. Error of the Estimate	Change of R ²	F Change	df1	df2	Sig. F Change
1	.720 ^a	.519	.517	.291130	.519	208.276	1	193	.000
2	.852 ^b	.726	.723	.220408	.207	144.724	1	192	.000
3	.867 ^c	.752	.748	.210003	.027	20.499	1	191	.000

Source: Field Data (2025)

Table 2 reveals that Model 2 attained an R² value of 0.519. The independent variable explained 51.9% of the variation in service delivery. The findings of Model 2 indicate that when leadership styles are included as a moderator, there is a significant and cumulative association between training and development, leadership styles, and service delivery ($p < 0.05$). The coefficient of determination (R²) rose from 0.519 (51.9%) to 0.726 (72.6%), suggesting that an additional 0.207 (20.7%) was included into the model.

Model 3 of the regression analysis included the interaction (Training and development) and the moderator (Leadership styles). The model's findings indicate that the combined effect of Training and development and leadership styles accounts for a considerably greater proportion of the observed variation, in comparison to the individual effects of leadership styles and Training and development alone (R² = 0.752, $p = .000$). This implies that the leadership styles have a substantial influence on how training and development related to the service delivery in public health institutions in Western Kenya Region.

Table 3: Regression Coefficient of Moderating influence

Model	Unstded Coeff		Standardized Coefficients		
	B	Std. Error	Beta	T	Sig.
1 (Constant)	1.667	.188		8.863	.000
Training and development	.663	.046	.720	14.432	.000
2 (Constant)	.527	.171		3.080	.002
Training and development	.362	.043	.393	8.444	.000
Leadership Style	.556	.046	.560	12.030	.000
3 (Constant)	-5.221	1.280		-4.079	.000
Training and development (TD)	1.826	.326	1.986	5.601	.000
Leadership Style (LS)	1.863	.292	1.876	6.382	.000
TD*LS	.331	.073	2.596	4.528	.000

a. Dependent Variable: Service delivery

Source: Field Data (2025)

$$Y = -5.221 + 1.826X_1 + 1.863Z + 0.331X_1Z$$

Y = The service delivery

X_1 =Training and development

Z = Leadership styles

The incorporation of training and development demonstrated a noteworthy and statistically significant predictive capability, with a coefficient of 1.826 and a p-value of 0.000. This implies, when training and development increases by a unit, service delivery increases by 1.826 units. The inclusion of leadership styles in third model had a positive and statistically significant effect on service delivery ($\beta=1.863$, $P=0.000$). This suggests that a one-unit increase in leadership styles results in a substantial 1.863-unit improvement in service delivery. Proceeding to the third model, the interaction term (cross-product) between leadership styles and training and development is introduced. Leadership styles continue to be important and exhibits enhanced predictive capability ($B=0.331$). Furthermore, the interaction term was shown to be statistically significant. The results from model 3 demonstrate a significant moderating impact of leadership styles on the link between Training and development and service delivery. This indicates that for each unit increase in leadership styles has a substantial rise of 0.331 units in the influence of Training and development on service delivery ($P=0.000$).

Discussion of the findings

The results underscore value of training as well as development and leadership styles in enhancing service delivery. The statistically significant coefficient of 1.826 for training and development ($p=0.000$) demonstrates its direct, positive impact on service delivery. This finding suggests that investments in training programs lead to measurable improvements in organizational performance, aligning with studies highlighting training as a key driver of skill enhancement, employee competence, and service quality (Goldstein & Ford, 2020). The inclusion of leadership styles in the third model ($\beta=1.863$, $p=0.000$) further amplifies the importance of effective leadership. This result reflects the transformational role leaders play in shaping organizational culture, motivating employees, and ensuring the successful implementation of HR practices, consistent with Yukl (2022). Leadership's statistically significant coefficient reinforces its influence as a standalone driver of service delivery.

Introducing the interaction term between leadership styles and training and development ($B=0.331$, $p=0.000$) in model 3 highlights the moderating role of leadership. The result implies that leadership enhances the efficacy of training and development programs. For every unit increase in leadership quality, the impact of training and development on service delivery rises by 0.331 units. This interaction emphasizes the synergistic effect of aligning leadership practices with HR initiatives, reflecting findings from Brinkerhoff and Montesino (2015), who argue that supportive leadership amplifies the effectiveness of training.

Training and development activities enhance the skills and competencies of employees, which is a direct investment in their human capital. As employees become more proficient in their roles, they are better able to deliver services effectively. Human capital theory holds that returns on investment for the company can come from expenditures on human capital including development and training. The notable rise in service delivery is evidence of the expected good return the company will get from its training and development investment.

2016 saw Kipkebut and Wambui look at how programs for development and training impact Kenyas' service delivery. The study revealed that those who got chances for ongoing education and growth showed better understanding of contemporary medical procedures, higher skill levels, and more confidence in managing patient care. More patient-centered, effective service delivery resulting from this helped to lower treatment mistakes and raise patient satisfaction. Even in resource-limited environments characteristic of public health facilities, the study also underlined that training in fields including communication, technological skills, and innovative medical

techniques enabled healthcare staff to give higher-quality treatment. Reduced turnover rates and a more stable healthcare staff resulted from employees who also reported higher job satisfaction and a stronger sense of dedication to their profession participating in training programs. This validates the results of present research.

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Situational leadership theory, as proposed by Hersey and Blanchard (1977), allude that leadership is based on abilities. The positive and significant impact of leadership styles ($\beta=1.863$) and their moderating role on the training-service delivery link align with this theory. Leaders who adapt their styles whether through directive, coaching, or supportive approaches create an environment where training initiatives are more impactful. For instance, leaders who actively support and guide employees in applying their training ensure higher service delivery outcomes. The interaction term's significance ($B=0.331$) further illustrates situational leadership in action. It suggests that as leaders adjust their style to complement the training and development initiatives, the effectiveness of these programs improves. This is consistent with findings that emphasize leadership's role in fostering skill application and motivating employees (Tannenbaum & Yukl, 2022).

Conclusions

Training and development significantly and positively influence on service delivery in public health institutions in Western Kenya Region. Therefore, the first null hypothesis was rejected. Employees value these programs for their relevance to job roles and enhancement of skills and confidence. Moderately, employees felt motivated to continue their career in public health due to the training and development opportunities provided and the training and development programs in their institution are relevant to their job.

Recommendations

Public health institutions should invest in robust training and development programs tailored to employees' needs, aligned with organizational goals, and linked directly to enhancing service delivery. Management must demonstrate active support through policies and resources, including funding and time allocation. Moreover, implementing transparent and standardized performance evaluation systems will ensure continuous monitoring and recognition of the impact of training on delivery of services.

This study examines the interplay between training and development, leadership styles, and service delivery in Kenya's public healthcare institutions. It highlights leadership's moderating role in enhancing HR practices like training, and development. The findings advocate for context-specific HRM strategies aligned with leadership styles to improve service outcomes. By addressing leadership's influence on practices like training and development, the study challenges traditional HR approaches. It provides a framework for reforming healthcare delivery

in Kenya and similar regions across Africa, emphasizing the need for integrated, adaptive HRM systems to maximize organizational performance and service delivery effectiveness.

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