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THE INFLUENCE OF CULTURAL DIVERSITY MANAGEMENT ON THE STRATEGIC GROWTH OF FAITH-BASED MISSION HOSPITALS IN NAIROBI AND KIAMBU COUNTIES IN KENYA

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ST. PAUL'S UNIVERSITY

A DISSERTATION SUBMITTED TO THE SCHOOL OF BUSINESS AND LEADERSHIP MANAGEMENT IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION (STRATEGIC MANAGEMENT OPTION) OF ST. PAUL'S UNIVERSITY

NOVEMBER, 2024

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DECLARATION

This dissertation is my original work and has not been presented for a degree in any other University. It can be available for reference with authority from me or that of St. Paul's University

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OPERATIONAL DEFINITION OF TERMS

Cross-Cultural Communication Strategies: This refers to intentional methods, procedures, and practices employed to help people or groups with disparate cultural backgrounds engage and communicate effectively. In this study, this referred to tactics that faith-based hospitals use in order to reduce miscommunication, foster tolerance and understanding amongst people of different cultural backgrounds, and to bridge cultural gaps in the study population.

Cultural Diversity: This refers to the existence of different cultural backgrounds, viewpoints, beliefs, customs, and practices within a certain setting or organization. In this study, this referred to variations in social class, gender identity, language, religion, ethnicity, race, and other aspects of culture in the studied faith-based hospitals.

Diversity Training: This refers to structured programs or activities aimed at enhancing knowledge, abilities, and awareness of diversity, equity, and inclusion in the workplace or organizational context. In this study, this term referred to the extent to which faith-based hospitals in the study area promoted inclusive behaviors among the workforce and stakeholders, removed implicit prejudices and preconceptions, taught participants the importance of diversity, and fostered a courteous and encouraging work atmosphere for people with different backgrounds.

Inclusivity of Hiring Practices refers to deliberate efforts done by organizations, in order to ensure that the employment selection and onboarding process are fair, transparent, and devoid of discrimination. In this study, this referred to actions taken by faith-based hospitals on issues such as eliminating bias from job ads and job descriptions, utilizing diverse selection panels, accommodating candidates with impairments, and granting all candidates equal opportunity for career development and promotion regardless of background.

Inclusivity of Recruitment Practices: This refers to using fair, equal and impartial procedures to draw in, evaluate, and hire applicants from a variety of backgrounds. In order to assess how the faith-based hospitals in the study area practice inclusivity during recruitment practices, this referred to the extent to which they have a diverse and inclusive workforce that represents the communities and the organization they serve. It also sought to find out and take into consideration applicants with various viewpoints, experiences and identities as regarded in these hospitals.

Inclusivity Policies: This refers to official guidelines, regulations or declarations an organization might implement to encourage diversity, equity and inclusion in its practices,

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policies, and decision-making procedures. In this study, we referred to the faith-based hospital's dedication to fostering a friendly and encouraging environment for people of all origins and identities as expressed in their policies. These touched on issues such as hiring, promoting, training, perks and workplace adjustments as well as how they deal with harassment and discrimination.

Strategic Growth: This refers to a process in which, in order to accomplish long-term objectives and goals, an organization's operations, resources, capabilities, and market position might be intentionally planned and expanded, developed, or improved. In this study, it entailed indicators that were relative to the expansion of healthcare services, percentage increase of patient outreach and engagement, growth of strategic partnerships and collaborations as well as the percentage growth in research and innovation funding.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIC	African Inland Church
CEO	Chief Executive Officer
CSR	Corporate Social Responsibility
FBHI	Faith-Based Healthcare Institutions
FBMH	Faith-Based Mission Hospitals
GCCT	Grace Community Center Trust
ISERC	Institutional Scientific & Ethics Review Committee
NACOSTI	National Commission for Science, Technology and Innovation
NCCK	National Council of Churches in Kenya
NHIF	National Hospital Insurance Fund
PCEA	Presbyterian Church of East Africa
Sta. Dev	Standard Deviation

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ABSTRACT

The strategic growth of Faith-Based Mission Hospitals is vital in order to improve community health, ensure the sustainability and efficacy of healthcare services in a variety of frequently neglected areas, and improve healthcare delivery. The overall goal of this study was to assess the role of cultural diversity management on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties. Understanding the complex effects of cultural diversity management on strategic growth goals is vital because hospitals manage the intersection of the varied cultural backgrounds of their stakeholders, patients, and staff Specific objectives were to determine the influence of cross-cultural communication approaches on the strategic growth of faith-based mission hospitals, diversity training, the role of diversity recruitment practices and diversity policies on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties. Theories anchoring the study were the diversity management paradigms, Hofstede's Cultural Dimensions Theory and the Resource Based Theory. The study adopted a descriptive research design where the findings were used establish the influence of cultural diversity management on growth of faith-based mission hospitals in Kiambu and Nairobi Counties. The target population was 454 diverse employees (doctors, specialists, clinical officers, nurses, chief executive officers and corporate managers) distributed in 17 hospitals in the counties. The sample size was 265 individuals calculated by application of stratified and random sampling methods. Each faith-based hospital was allocated a proportionate number of respondents according to the sub-populations in each of them. A structured questionnaire was used to collect primary data relating to each objective of the study. Quantitative data analysis was used which involved both descriptive (percentages, means and standard deviations) and inferential analysis (Correlation and regression) supported by a computer software, the Statistical Package for Social Sciences (SPSS). The study revealed that diversity training has the most substantial positive impact on the strategic growth of faith-based hospitals, underscoring the importance of comprehensive training programs in fostering organizational development and success. Diversity recruitment practices also does contribute positively to strategic growth, though to a lesser extent, by ensuring a diverse and capable workforce. However, cross-cultural communication approaches showed a negative impact on strategic growth, despite being statistically significant, suggesting potential challenges or conflicts that need to be addressed. Diversity policies, on the other hand, had a negligible and statistically insignificant impact. This means that faith-based mission hospitals should prioritize diversity training as a key strategy for growth due to its strong positive impact. Enhancing diversity recruitment practices can also contribute to strategic growth, though it should be integrated with training efforts. Cross-cultural communication approaches require careful assessment and refinement to ensure they positively impact strategic growth. While diversity policies are essential, their direct impact is minimal without effective implementation and support from other diversity initiatives. This study will be beneficial to hospital administrators and managers in faith-based mission hospitals for it has provided insights that would enable them enhance cultural diversity in their institutions.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The strategic growth of Faith-Based Mission Hospitals (FBMH) is vital in order to improve community health, ensure the sustainability and efficacy of healthcare services in a variety of frequently neglected areas, and improve healthcare delivery. These hospitals that represent a dedication to people's overall well-being by different faiths, have for long played a crucial role in the provision of healthcare services around the world (Adu-Gyamfi, Kuusaana, Darkwa, & Tomdi, 2020). FBMHs across the globe use a range of strategies to carry out their objective of offering healthcare services based on beliefs and fulfilling the unique needs of communities. They do this by integrating faith into healthcare delivery and placing an emphasis on holistic treatment that addresses patients' mental, emotional, and spiritual needs, which is an important tactic. In order to broaden their scope and reach, these hospitals frequently make use of alliances with local communities, religious institutions and governmental bodies (Olivier & Wodon, 2014). Additionally, these hospitals also prioritize training and capacity building efforts to improve clinical services and empower local healthcare providers (Kengia & Nelson, 2020). Furthermore, they adapt healthcare delivery models in order to meet cultural and local requirements, encouraging inclusivity and awareness in their methods (Kiragu, Ngugi, Nyachae, & Maingi, 2012).

In the United States of America, various organizational strategic growth tactics are utilized by FBMHs to broaden their scope, intensify their influence, and accomplish their objective of delivering compassionate healthcare services. This ranges from developing novel therapeutic strategies, broadening the field of medicine, enhancing support services like palliative care, rehabilitation, and diagnostics. Mission hospitals also benefit from resources, expertise and infrastructure by forming alliances with governmental bodies, charitable organizations and other faith-based organizations (Nelson, 2021).

In order to reach individuals outside their own nations of origin, a significant number of FBMHs in Europe take part in international outreach initiatives. This could be by participating in medical missions, collaborating with foreign organizations, or providing humanitarian aid and relief supplies to underdeveloped countries during times of need (Walker, 2022). Obtaining funding for growth projects and charity-giving initiatives from

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foundations, philanthropists and benefactors is a common strategy for these organizations. FBMHs in Asia employ a number of organizational growth strategies, including expanding their services and establishing connections with new populations (Winiger & Peng-Keller, 2021). In order to take advantage of networks, resources, and knowledge to expand their influence, they also collaborate with religious institutions, governmental entities, community health clinics and non-governmental organizations.

For strategic growth, FBMHs in Nigeria rely on donations, benefactors and charity groups for financial support as they carry out their expansion plans and charitable care initiatives (Saibu, 2020). Mission hospitals regularly participate in grant-writing initiatives, donor outreach campaigns and fundraising events in order to raise funds. Religiously affiliated mission hospitals that value cultural diversity make a commitment to learning about and honoring the cultural sensitivities of other populations. This makes it possible for them to treat patients with cultural competence and respect for their traditions, beliefs and values, which increases patient satisfaction and builds trust (Fubara-Manuel, 2022). According to reports, mission hospitals in South Africa can strategically grow into communities by valuing cultural variety. By being fully aware of each group's particular preferences and demands, they then modify their services and outreach initiatives to suit the healthcare needs of different groups in an efficient manner (Olivier & Wodon, 2012). In Tanzania, the country has abundance of diverse cultures, languages, and customs (Mutale, 2022). In this case, the mission founded on faith healthcare services that are sensitive to cultural differences and that acknowledge and celebrate the unique practices, beliefs and values of different groups are given top priority in hospitals that support cultural diversity (Muhoja, 2023).

Kenya's healthcare system is distinguished by the participation of both governmental and private sectors. As vital components of the private sector, faith-based mission hospitals, greatly enhance the availability of healthcare. These hospitals have a long history of providing care to a variety of groups in Kenya from the early 1900s to date, when a number of missionary groups founded medical institutions with the dual goals of disseminating religious teachings and offering medical care (Musyoki, 2020). Kenya is home to a wide variety of races, languages, and customs, therefore cultural diversity has always had a profound impact on how organizations operate (Wangila, 2023). In the past therefore, these healthcare facilities have been able to carefully balance the diverse ethnic backgrounds and religious beliefs of their staff (Chepng'eno, 2023).

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Cultural diversity in healthcare facilities enable patients to receive care from medical professionals who are culturally competent: that is, who are trained, aware of and respectful of the cultural beliefs, values and practices of their patients (Antón-Solanas, et al., 2022). Furthermore, effective cross-communication, the process of recognizing both differences and similarities among cultural groups to effectively engage within a given context, and in context between healthcare personnel and patients from diverse cultural backgrounds is facilitated by cultural diversity. Appropriate communication that considers cultural and linguistic differences improves patient involvement, lowers miscommunication and lets patients participate more in healthcare decision-making (Schouten, et al., 2020). From a practical perspective and as guiding principles, social justice, compassion and diversity are emphasized by many faith-based healthcare organizations. By advancing fairness, upholding human dignity and addressing health inequalities among marginalized communities, cultural diversity is consistent with these ideals (Davey, Kahiya, Krisjanous, & Sulzberger, 2021). These are issues that implicate on the performance of faith-based health facilities.

In Kenya, the state of faith-based mission hospitals' expansion strategy and cultural diversity are crucial. The population that these hospitals serve is varied, representing a range of racial and ethnic backgrounds, tongues, and cultural customs. Reaching marginalized groups, promoting community participation, and giving priority to healthcare service that is culturally competent are all part of embracing diversity as a growth strategy (Ndege, Tenambergen, & Njoroge, 2022). However, problems like miscommunication between cultures, language difficulties and unequal access to healthcare still exist. Thus, there is still need for development, even if some faith-based mission hospitals have achieved great progress in integrating cultural diversity into their daily operations (Wambugu, 2022). Leveraging cultural diversity for greater growth and impact in these institutions requires creating targeted health initiatives, attracting diverse people and strengthening collaborations with local communities.

Kenya's largest city, Nairobi, along with the neighboring Kiambu County, which were the focal counties of this study region, create a microcosm of the nation's diversity of cultures. Nairobi is a thriving metropolis with a wide variety of cultures, languages and ethnicities living there (Kilonzo, 2022). With its blend of modern and traditional activities, Kiambu, a predominantly rural county, displays a unique feature of cultural variation (Mureithi, White, & Wesonga, 2022). Interestingly, the two counties have a significantly high

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concentration of faith-based hospitals. Understanding faith-based mission hospitals' patterns of strategic growth in these counties requires an understanding of how they manage and take advantage of this cultural diversity.

1.1.1 Cultural Diversity Management

Cultural diversity is a strategic necessity for businesses and organizations hoping to thrive in today's complex and interconnected world. This encapsulates the variety of viewpoints, life experiences, and cultural backgrounds that the employees represent (Austin, 2010). In today's fast-paced, global corporate environment, an organization's adoption of appropriate cultural diversity management practices at the work place is not only morally right, but also an issue of strategic advantage. By embracing diversity, management need to enhance innovation and decision-making procedures, expand market reach and promote employee involvement. Thus, organizations can maximize the potential of their diverse workforce and create sustainable growth and competitive advantage (Amegashie, 2018).

Favorable cultural diversity management and policies helps in bringing people together who have various perspectives and methods for tackling problems through diversity recruitment practices. Diversity recruitment involves hiring candidates from various demographic and socio-cultural backgrounds based on skills and qualities, and which overall promotes creativity. On the other hand, diversity policies are guiding documents that outline organizations' commitment to diversity and set the tone for inclusive behavior and practices that promote equality of opportunity amongst employees, as well as its relationships with other stakeholders (Clayborne, Martin, Goett, Chandrasekaran, & McGreevy, 2021). Organizations use cultural diversity as a catalyst for innovation to drive competitive advantage and sustainable growth through promoting cooperation and cross-cultural exchange (Muktamar, Wahdiniawati, Fatmawati, & Mardikawati, 2023). Furthermore, because they take a wider range of options into account and are better at anticipating potential hazards, diverse teams can perform better than homogeneous ones when making decisions. This means that organizations can improve their ability to make inclusive and well-informed decisions which improves outcomes and increases stakeholder satisfaction, by embracing positive cultural diversity management practices (El-Amin, 2022).

Organizations can enhance their brand reputation as inclusive and culturally sensitive while gaining growth in global markets by mirroring the diversity of their target

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audiences. Furthermore, workers who believe their employers value diversity are more dedicated and content with their positions (Jonsen, Point, Kelan, & Grieble, 2021). Arguably therefore, organizations may attract and retain top personnel and secure their most precious assets by fostering an inclusive work environment where various viewpoints are valued and heard especially through diversity training. Diversity training, which is a type of corporate training designed to facilitate positive intergroup interaction, reduce prejudice and discrimination, and teach different individuals how to work together effectively, is able to promote long-term success and profitability and underscore the importance of positive cultural diversity management.

Additionally, many FBMHs rely heavily on cultural diversity to support their mission of providing compassionate care to all. Successfully managing cultural diversity therefore within these organizations is essential to optimizing performance and fulfilling the institution's fundamental purpose of providing high-quality healthcare services upholding its core values and principles and ensuring strategic growth (Seymour, 2023). Management practices that ensure cultural diversity are entrenched through cultural competence in patient care, fostering creativity and cooperation, bolstering community participation and trust, and improving employee satisfaction and retention, will ultimately improve the growth of faith-based mission hospitals (Ochieng & Kaseje, 2023). This management approach will ensure that these hospitals are sustainably able to give compassionate and equitable healthcare services to people and communities globally, whereby they are able to embrace variety as a source of strength, resilience and growth.

Young and Guo (2020) recommend that healthcare providers such as nursing practice staff should have competence in cultural diversity communication in order to communicate and take care of patients. Further, Ahrens and Elias (2023) note that the concept of effective communication with linguistically-diverse patients by offering multilingual services, including signage, interpreter services and multilingual staff members, improves accessibility and communication for patients who speak languages other than the dominant one. Rankin et al. (2022) and McMillan and Browning (2020) equally show the need for health workers to communicate with patients but they do not relate how the cultural diversity management in the hospitals relates to institutional growth. Emphasis on cultural diversity communication relates to how well the patients can understand the treatment that they are given but not in the context of management and growth of the hospital (Antón-

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Solanas, *et al.,* 2022; Schouten*, et al*., 2020; Norris, 2021; Walker, 2022; Rajhans & Hiray, 2022).

1.1.2 Strategic Growth of Mission Hospitals

Mission hospitals are engaged in complex processes for strategic growth that includes service expansion, quality improvement and sustainability. Globally, mission hospitals encounter distinct difficulties and opportunities (WHO, 2021). The sustainable growth of revenue is one strategic issue that FBMH should attain. In addition, to improve both patient care and efficiency in operations, strategic initiatives usually concentrate on educating healthcare professionals, modernizing medical technology, and putting in place health information systems (WHO, 2015). In addition, mission hospitals are adding community health initiatives and preventive care to their list of offerings. In addition to meeting urgent medical needs, this all-encompassing strategy encourages long-term health and wellness in the communities they serve (WHO, 2021).

In the Kenyan context, in addition to addressing the financial constraint, improving healthcare quality is an area of primary strategic focus. This entails making investments in training and retention of qualified healthcare workers, modernizing healthcare facilities and guaranteeing the availability of necessary medications and supplies (MOH Kenya, 2020). For instance, Kijabe Hospital, a well-known mission hospital in Kenya, has made significant investments in staff training programs, which have improved patient outcomes and boosted ability to manage challenging medical cases (Kijabe Hospital, 2022). Moreover, mission hospitals contribute to the improvement of general health standards and the decrease of illness load by strategically expanding into local communities (USAID., 2021). Leveraging on technology, for example through telemedicine, so as to enhance service delivery is another strategy used by Kenyan FBMHS (MOH Kenya, 2019).

The strategic expansion of mission hospitals both in Kenya and around the world depends heavily on cultural diversity. By encouraging cultural competency among healthcare professionals, it improves patient care by ensuring that services are conscious of and sensitive to the different cultural backgrounds of patients (Page, 2007). Cultural diversity in Kenya, supports community trust and engagement by enabling mission hospitals to address a range of health beliefs and practices. By matching services to the community needs and values, and by embracing diversity it could: promote sustainable growth,

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improve health outcomes, and allow customization of health interventions (MOH Kenya, 2020).

1.1.3 Profile of Mission Hospitals in Nairobi and Kiambu

In Nairobi and Kiambu counties, faith-based hospitals are essential for meeting the healthcare requirements of the populace, advancing health equity, and delivering healthcare services (Njoroge, 2020). Their dedication to providing compassionate care, engaging with the community, and promoting holistic well-being makes them invaluable resources in Kenya's healthcare system. In spite of their valuable contributions to the healthcare system they do encounter several obstacles. These include scarcities of medical equipment and supplies, poor infrastructure, a lack of funding, and challenges finding and keeping skilled healthcare workers. Other challenges include foreign funding sources, healthcare regulations and government laws (Chepng'eno, 2023).

The counties of Nairobi and Kiambu have a number of well-established faith-based hospitals that include those with an in-patient capability. These are categorized into Level 4 and 5 hospitals as per the NHIF guidelines of which Kiambu County has 11 and Nairobi city county has 6. Kiambu County has Nazareth Hospital Riara Ridge, Nazareth Hospital Ruiru and St. Immaculate Heart Hospital, Mary Help of The Sick Mission Hospital, Assumption of Mary Catholic Dispensary, Kalimoni Mission Hospital and Immaculate Heart of Mary Hospital under the Catholic Church. In addition, it has A.I.C Kijabe Medical Centre and AIC Cure International Children's Hospital under the African Inland Church (AIC) as well as the PCEA Hospital Kikuyu and PCEA Kikuyu Orthopedic Rehabilitation Centre under Presbyterian Church of East Africa (PCEA). Nairobi County has Jumuia Hospital, Huruma under the National Council of Churches in Kenya (NCCK) and the Neema Hospital. Ruaraka that is a under a religious charitable organization, the Grace Community Center Trust (GCCT). It also has Nairobi Adventist Hospital in Westlands under the Seventh Day Adventist Church and the Coptic Hospital under Coptic Orthodox Church. Another one is St. Mary's Mission Hospital and Mater Misericordiae Hospital under the Catholic Church.

1.2 Statement of the Problem

Faith based mission hospitals offer healthcare services in an environment that is sophisticated due to the nature of their business operations (Arbuckle, 2000). These organizations aim at striking a balance between strategic issues such as remaining true to

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the faith-convictions, sustainability of their business models, paying their staff competitively while remaining afloat (Schouten, et al., 2020, Davey, Kahiya, Krisjanous, & Sulzberger, 2021). This notwithstanding, they may have to attend to issues that do not contribute to core business such as Corporate Social Responsibility (CSR) which could eat into their revenue. Furthermore, these institutions have to continually adopt appropriate strategic practices and frameworks that attract customer sustainably and ensure growth and expansion in a fiercely competitive market, where both the government and other privately-owned health institutions are players (Waymer & VanSlette, 2021). Additionally, majority of these faith-based hospitals are founded, funded and managed by people from countries in Europe, Asia and elsewhere in the world; which has triggered an interest on whether cultural diversity affects the strategic expansion of these institutions (Sandal & Trauschweizer, 2022). One potentially significant front for achieving the aspired strategic growth is by embracing cultural diversity in its organizational structure, staffing and organizational culture. By embracing cultural diversity, the healthcare organizations seek to accentuate a customer-centered approach of service delivery, in the hope of enhancing their strategic performance, both financial and non-financial (Polanco, 2018).

In Kenya and specifically in the Nairobi and Kiambu Counties, faith-based mission hospitals are essential to the provision of healthcare services because they have some of the oldest mission hospitals in the country, such as the Kikuyu Mission Hospital founded in 1908 and the AIC Kijabe Hospital that started in 1915. The faith-based hospitals serve populations from a wide range of cultural background across the country (Wanjiku, Kiiru, & Muchangi, 2022). Nairobi City and Kiambu counties are home to a wide range of ethnic groups with different cultural traditions and beliefs. Cultural diversity is characterized by a number of qualities that demonstrate the complexity of human cultures. The cultural mosaic presents in form of language barriers, religious diversity and limiting gender norms and roles (Vertovec, 2023). Furthermore, certain cultural taboos and customs, such as perceptions of causes of sickness, belief in traditional healing methods, and restrictions on diets, may have an influence on the way these hospitals deliver healthcare (Thipanyane, Nomatshila, Oladimeji, & Musarurwa, 2022). In order to offer patients with care that respects their beliefs and values while being culturally sensitive, faith-based hospitals must negotiate these discrepancies. Accepting and comprehending the diversity of cultures fosters empathy, tolerance and respect for various lifestyles (Mwachuo, 2013).

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Understanding the complex effects of cultural diversity management on strategic growth goals is vital because hospitals manage the intersection of the varied cultural backgrounds of their stakeholders, patients and staff. A number of challenges impede FBMHs' efforts towards strategic growth and expansion. In the same light, up to 50% of FBMHs face annual financial deficits because of relying on unpredictable external funding. Additionally, FBMHs face critical medical service-capacity shortfalls that range between 20–25% which has a significant undesirable outcome on hospitals' operational and strategic performance. Furthermore, about 40% of FBMHs in rural areas report inadequate medical facilities and equipment, and about 30% of these hospitals experience operational inefficiencies as a result of delays in the distribution of funds and policy implementation (Wachira & Mwai, 2021; Faith-based Health care in Kenya, 2013). This shows that FBMHs face strategic challenges. The influence of cultural diversity management in this situation is unknown despite its critical role in strategic direction of FBMHs.

Previous research presents various research gaps, as some have conceptual gaps where they have concentrated on corporate settings or healthcare organizations in general, with limited inclusion of the special opportunities and challenges presented by cultural diversity management in faith-based health institutions (Davey, Kahiya, Krisjanous, & Sulzberger 2021; Norris, 2021; Nelson, 2021; Walker, 2022; Ott, Shafritz, & Jang, 2015). Other studies have presented methodological gaps (Ndege, Tenambergen, & Njoroge, 2022; Saleh, Hejase, & Abdel-Aziz, 2024). By focusing on the specific context of Nairobi and Kiambu Counties, this research sought to provide nuanced insights into how cultural diversity management impacts the strategic growth trajectories of faith-based mission hospitals in Kenya.

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1.3 Objectives of the Study

The overall objective of the study was to establish the role of cultural diversity on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties

1.4 Specific Objectives

The specific objectives of the study were to determine the influence of:

i. Cross-cultural communication on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties.

ii. Diversity training on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties.

iii. Diversity recruitment practices on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties.

iv. Diversity policies on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties.

1.5 Research Questions

The following research questions guided the study:

i. What was the influence of cross-cultural communication approaches on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties?

ii. What was the influence of diversity training on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties?

iii. What was the influence of diverse recruitment practices on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties?

iv. What was the influence of diversity policies on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties?

1.6 Justification of the Study

It is essential to comprehend how cultural diversity management affects the strategic expansion of FBMHs in Nairobi and Kiambu Counties. The quality of healthcare provided by these institutions is high and they continue growing even when healthcare in Kenya is struggling. Additionally, healthcare system in Kenya is dominated by government institutions while FBMHs constitute a large component of the privately-owned hospitals. Other private hospitals have not grown much and private investment is still low. In a fast-changing healthcare sector, these hospitals continue to show resilience. Their ability to leverage on cultural diversity management practices can be a competitive advantage as they pursue strategic expansion. This study was therefore significant in providing nuanced insights into how cultural diversity management impacts the strategic growth trajectories

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of FBMHs in Kenya. The study findings could be beneficial to other researchers interested in the research topic, as well as students and academicians, since it has added to the body of existing knowledge.

1.7 Scope of the Study

With an emphasis on FBMHs in Nairobi and Kiambu counties, this study attempted to investigate the ways in which cultural diversity affects the strategic expansion of these facilities in Kenya. The unit of observation in this study included doctors and specialists, clinical officers, nurses, chief executive officers and corporate managers. By focusing on these units of observation, the study gathered data that is directly aligned with its objectives of understanding the influence of cultural diversity management on the strategic growth of faith-based hospitals. The goal of the study was to find best practices and chances to improve strategic growth by examining the experiences, difficulties and tactics used by mission hospitals in managing cultural diversity. It examined FBMHs in the two counties using a case study methodology to offer contextually rich insights. The findings of this study have advanced knowledge on how cultural diversity influences the long-term growth and strategic orientation of Kenya's FBMHs.

1.8 Significance of the Study

There are several potential and positive implications of this study to several stakeholders. The results will be beneficial to hospital management and administrators as they make strategic decisions and customize policies that support cultural diversity for long-term growth. In FBMHs, hospital administrators and management play an essential part in putting regulations that address cultural diversity and promote strategic growth into practice. Their leadership affects decision-making procedures, organizational culture and resource allocation, which in turn affects how well healthcare is delivered and how hospitals affect the communities they serve. Knowledge on good patient care techniques and cross-cultural communication could be helpful to healthcare workers. In FBMHs, these healthcare workers are front-line players in recognizing and addressing cultural difference. The efficacy of the healthcare services and the strategic expansion objectives of hospitals are shaped by their relationships with patients and communities. The research can be used by policymakers to create guidelines that acknowledge and encourage the contribution of cultural diversity in faith-based healthcare institutions. Policy makers have an obligation to assign resources and to shape the regulatory framework for FBMHs. Their decisions have an impact on how these hospitals in Nairobi and Kiambu Counties manage

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cultural diversity and develop strategic expansion initiatives which in effect affects the standard of healthcare provided and the general well-being of the population. The stakeholders are significant since they inform strategy, operations and outcomes, ensuring alignment with cultural nuances and community needs in faith-based mission hospitals. On the other hand, the study makes a contribution to the body of knowledge on how cultural diversity affects healthcare organizations' strategic expansion, especially when it comes to FBMHs. It has also provided a practical understanding on theoretical frameworks that relate to cultural diversity in FBMHs.

1.10 Limitations of the study

The study anticipated challenges during data collection due to the tight work schedules in healthcare settings. This could lead to access restrictions, participation reluctance or incomplete data. To overcome this, the researcher increased the sample size so as to cater for a higher response rate. In addition, the respondents were granted ample time to fill up the questionnaires. It was explained to the respondents that the study was purely academic and that information they gave cannot be used for any other purpose. In addition, to enhance confidence, they were instructed to fill up the questionnaires anonymously. Another anticipated limitation was biased data interpretation, subjective to the researcher's views. This could impact the validity and reliability of the study findings. To overcome this, the study did triangulation by combining qualitative and quantitative methods in order to provide a broader understanding of the research topic. To ensure confidentiality, access to obtained data and the results of data analysis was limited only to the researcher and authorized individuals. The data was anonymously handled during collection, storage and disposal.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the theoretical and empirical literature review, which is done along the study variables. It also presents the gaps found in the reviews, summary and conceptual framework.

2.2 Theoretical Review

The study made use of a theoretical framework that integrates concepts from organizational behavior, strategic management and cultural studies. It investigated how cultural variety impacts organizational dynamics using Diversity management paradigms by Thomas and Ely (1996) and Hofstede's Cultural Dimensions Theory. Moreover, the Resource-Based View (RBV) served as the framework for the examination of how cultural diversity may be viewed as a strategic resource that influences the development trajectory of faith-based mission hospitals. These theories are discussed below:

2.2.1 Diversity Management Paradigms

Diversity management paradigms put forward by Thomas and Ely (1996) are still very relevant today and have been improved upon recently as more and more organizations see diversity as an essential part of their daily operations. The Discrimination-and-Fairness Paradigm, the Learning-and-Effectiveness Paradigm, and the Access-and-Legitimacy Paradigm are the three diversity management paradigms. These paradigms provide several perspectives on how diversity is managed inside organizations and how it affects the growth and effectiveness of those organizations.

Discrimination and Equity paradigm is centered on following anti-discrimination and equal opportunity laws. Achieving demographic representation in the workforce and making sure that no group is disadvantaged are the main priorities (Thomas & Ely, 1996; Nishii, 2013). But by concentrating only on compliance, this model can impede innovation and prevent the organization from fully reaping the rewards of diversity. On the other hand, the access-and-legitimacy paradigm recognizes the benefits of cultural diversity in accessing diverse markets or communities. It highlights how diversity can help organizations become legitimate in many cultural contexts by allowing employees to relate to clients and customers from a range of ethnic backgrounds. Although this paradigm is more sophisticated than the discrimination-and-fairness model, one of its limitations is that

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it frequently sees diversity from a transactional perspective. Employees from diverse backgrounds may feel undervalued for their broader skills and contributions if they are only seen as tools to access specific markets. The Efficiency and Learning Paradigm incorporates diversity into the fundamental operations of the organization. It views diversity as an asset that improves the efficacy and learning of organizations. In addition to emphasizing demographic representation, the goal is to foster an inclusive atmosphere where all viewpoints are actively included in the processes of innovation, problem-solving, and decision-making. The learning-and-effectiveness paradigm promotes ongoing learning and adaptation, which optimizes the advantages of diversity. It promotes an inclusive and cooperative atmosphere by enabling organizations to strategically grow by utilizing the varied experiences and ideas of their workforce (Roberson, 2019).

This theory was important in informing cultural diversity management framework, the independent variable, and whereby the theoretical postulations can assist FBMHs in going beyond compliance. Theoretically, they should strive toward transitioning from the paradigms of discrimination and fairness to more inclusive ones, like the learning-and-effectiveness paradigm, which provides long-term advantages in terms of growth, innovation, and employee satisfaction. Faith-based mission hospitals should use the access-and-legitimacy paradigm not only in strategic application to better serve a variety of patient populations, but also in transition to the learning-and-effectiveness paradigm in order to improve organizational growth and healthcare delivery.

Despite the fact that Thomas and Ely's (1996) paradigms provide an organized approach to diversity management, organizations are shifting their attention to the learning-and-effectiveness paradigm because of its long-term advantages. Contemporary studies, such those by Nishii (2013) and Roberson (2019), support the development of inclusive settings that encourage creativity and diversity-based learning. Organizations that adopt this paradigm can increase organizational effectiveness through deeper cultural integration in addition to achieving compliance and market access.

2.2.2 Hofstede's Cultural Dimensions Theory

Hofstede's Cultural Dimensions Theory was proposed by Geert Hofstede (1980). It provides a framework for understanding how cultural differences impact various aspects of society, including organizations (Rojo, Everett, Ramjan, Hunt, & Salamonson, 2020). As a framework for interpreting differences in societies, Hofstede's Cultural Dimensions

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Theory has six dimensions categorized as follows: Power Distance (acceptance of hierarchy), Masculinity vs. Femininity (assertiveness vs. nurturing), Individualism vs. Collectivism (focus on self vs group), Avoidance of Uncertainty (acceptance for ambiguity), Long-term vs. Short-Term Orientation (focus on future vs. present), and Indulgence vs. Restraint (gratification vs. control). These variables enable cross-cultural management, negotiation, and communication through understanding how cultures differ in norms, values, and behaviors (Taras, Steel, & Stackhouse, 2023). The theory emphasizes how human behavior and perceptions are molded by cultural context, which affects how people interact with one another and their surroundings. In the context of this study, Hofstede's theory offered valuable insights into how cultural diversity influences the operations and strategic growth of these hospitals.

Kenya has a comparatively high-power distance score as a nation. This is the degree to which members of a community or organization who are less powerful accept and expect that power is distributed unfairly (Njuguna, Alkizim, & Njuguna, 2022). It is symptomatic of a culture that is hierarchical and in which people anticipate distinct hierarchies. On the premises of this theory therefore, understanding and managing power relations among varied staff members, such as religious leaders, medical professionals, and support personnel, can have an impact on organizational effectiveness and strategic decision-making in the setting of mission hospitals. As a foundational element of Hofstede's Cultural Dimensions Theory, Kenyan culture is often more collectivist, promoting harmony and cooperation within the group (Cheruto, 2021). This may show up in collaborative methods of patient care, community involvement, and decision-making procedures in FBMHs in Kenya. In the context of this theory, leveraging collectivist cultural norms can improve strategic growth initiatives, the dependent variable in this study, by encouraging collaboration and mutual support among various staff members.

A civilization that possesses traits of both femininity and masculinity is another point of reference in the postulations of Hofstede's Cultural Dimensions Theory. This illustrates how success and nurturing values can coexist in harmony (Minkov & Kaasa, 2021). This could have an impact on organizational priorities, healthcare service delivery, and leadership philosophies at FBMHs in the counties of Kiambu and Nairobi City, considering that the various gender roles and values that exist can help create a more inclusive and successful strategic growth plan. This was an issue of reference in this study as encapsulated in the diversity recruitment.

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Long-term orientation is another cultural component according to Hofstede's Cultural Dimensions Theory. In light of this, even though long-term planning is not highly valued in Kenyan culture, FBMHs may give priority to sustainable growth initiatives that are consistent with their goals and core values (Cheruto, 2021). Including cultural viewpoints on temporal orientation in strategic planning procedures helps guarantee that FBMH expansion projects are socially and culturally appropriate as well as long-term successful. Thus, in this way the theory provided the basis for linking cultural diversity and the strategic growth of FBMHs.

Is summary, the study investigated how cultural diversity shapes the strategic expansion initiatives of FBMHs in Nairobi and Kiambu counties by integrating the postulations of Hofstede's Cultural Dimensions Theory. Arguably therefore, for sustainable development in diverse healthcare settings, fostering organizational resilience, creativity, and sustainable development could be made easier with a better understanding of these cultural factors.

2.2.2 Resource Based View Theory

The resource-based view theory was developed by Edith Penrose's work in 1959, This theory highlights the contribution that firm-specific assets and competencies provide to attaining long-term competitive advantage and growth (Iruthayasamy & Iruthayasamy, 2021). According to the theory, a firm's unique and invaluable resources are the source of its competitive advantage and subsequently growth. These resources could be either intangible, such as brand reputation or expertise, or tangible, such as physical resources. According to this theory, organizations that have rare, distinctive, non-replaceable, and organized assets remain able to maintain a competitive edge and growth for a long time. Organizations can increase performance, create hurdles to entrance for rivals, and provide economic value by effectively employing these resources (Freeman, Dmytriyev, & Phillips, 2021). This theory illustrates the critical role of strategic resource allocation and internal capacities in attaining sustained success in competitive and dynamic marketplaces. In the context of this study, the theory provided insights into how cultural diversity within FBMHs could contribute to their strategic growth by guiding the allocation of resources to this variable.

One argument that RBV presents is focused on the unique resources that organizations possess (Gibson, Gibson, & Webster, 2021). One could consider the cultural diversity

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found in FBMHs in the counties of Nairobi and Kiambu to be a unique resource. Staff, patients, and stakeholders come from a variety of cultural origins, speak different languages, hold different ideas and have different points of view. According to the RBV arguments, utilizing this variety well can result in competitive advantages including improved innovation, inventiveness and responsiveness to the demands of various patient populations (Freeman, Dmytriyev, & Phillips, 2021).

RBV emphasizes the importance of developing internal capabilities that are valuable, rare, and difficult to imitate (Lubis, 2022). To FBMHs, it is necessary to develop particular competencies, such as cross-cultural communication, cultural competency training, and conflict resolution skills, in order to manage cultural variety. FBMHs can contribute to strategic growth by using these capabilities in order to deliver culturally sensitive healthcare services, establish trust with patients from a variety of backgrounds, and effectively negotiate cultural barriers. This aspect informs the objective of diversity training and as well as internal diversity policies as a way of making each hospital unique. This aspect was investigated in this study.

Furthermore, RBV highlights the need for alignment between firm resources and strategic objectives (Hamdoun, 2020). FBMHs' organizational beliefs, priorities and decision-making processes can all be impacted by cultural diversity. Successfully utilizing cultural diversity allows these hospitals to better match their strategic growth efforts with the requirements and preferences of a wide range of stakeholders, which improves organizational performance, community engagement, and patient happiness. Additionally, RBV acknowledges the significance of dynamic capabilities in enabling long-term competitive advantage and adapting to changes in the environment (Lubis, 2022). Arguably, FBMHs face both benefits and challenges from cultural variety, necessitating constant learning and adaptation. These hospitals can anticipate future trends, seize growth opportunities in a variety of market segments, and strengthen their resilience in a fast-evolving healthcare ecosystem by developing dynamic capabilities for managing cultural diversity.

In conclusion, this study examined how cultural diversity serves as a strategic resource in Kenyan FBMHs by utilizing the Resource-Based View. By using an RBV lens to analyze the relationship between strategic expansion and cultural diversity, hospitals in Nairobi

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and Kiambu counties could develop more sustainably and employ more effective management practices.

2.3 Empirical Literature

The following section presents relevant empirical literature relating to the variables namely cross-cultural communication strategies, diversity training, inclusive recruitment practices and diversity policies.

2.2.1 Cross-Cultural Communication Strategies and the Strategic Growth of FBMH

According to a study by Young and Guo (2020) titled Cultural Diversity Training: The Necessity of Cultural Competence for HealthCare Providers and In Nursing Practice, Hospital staff members can become more aware of, knowledgeable about, and equipped with the skills necessary to communicate with people from different cultural backgrounds by receiving cultural competency training. Topics including religious beliefs, healthcare practices, communication methods, and cultural humility may be included in this course. In light of these findings, the study sought to determine whether staffs at FBMHs do undergo training on skills of communicating with people from diverse cultural backgrounds.

A study by Ahrens and Elias (2023) that analyzed the concept of effective communication with linguistically diverse patients revealed that offering multilingual services, including signage, interpreter services, and multilingual staff members, improves accessibility and communication for patients who speak languages other than the dominant one. These findings highlight the importance of language access in reducing health disparities and improving patient-provider communication. This study examined the extent to which FBMHs offer multilingual services as a strategy for growth in the study area.

A study by Rankin et al. (2022) that scoped the literature on role of the indigenous patient navigator demonstrated that using cultural liaisons or navigators from a variety of cultures can help close the trust gap, improve communication, and make it easier for patients to navigate the healthcare system. These people act as cultural mediators, guiding patients through intricate healthcare procedures, understanding medical advice, and overcoming cultural obstacles. These findings emphasize the role of cultural navigators in improving healthcare access and outcomes for minority populations. This study sought to determine the extent FBMHs under the study are utilizing cultural liaisons and navigators in culture communication to reach patients.

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Furthermore, it has been demonstrated that improving communication efficacy involves modifying communication resources—like pamphlets, instructional materials, and patient forms—to consider a range of cultural preferences, linguistic abilities, and literacy levels in a study by Martinez and Mahoney (2022). According to the research, comprehension and engagement are increased when clear language, culturally appropriate images, and contextually relevant examples are used. Additionally, it is critical to have communication materials that are culturally sensitive in order to advance patient empowerment and health literacy. This study sought to determine how the hospitals under investigation develop their communication resources to make them culturally sensitive.

A qualitative study by Ogrin, Meyer, Appannah, McMillan and Browning (2020) that looked at how diversity principles relate to improving older people's involvement in their care discovered that fostering polite inquiry and active listening fosters mutual understanding and open communication between patients and healthcare professionals from different cultural backgrounds. In order to customize care therefore, it is arguable that healthcare professionals should show empathy, respect patients' viewpoints, and find out about their cultural preferences and values. In order to increase patient satisfaction and treatment compliance, it is critical to establish patient-centered communication, an issue that this study sought to determine.

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2.2.2 Influence of Diversity Training and Strategic Growth of FBMHs

A study by Young and Guo (2020) titled Cultural diversity training and competence for health care providers and in nursing practice, programs for diversity training improve healthcare professionals' cultural competency and their ability to communicate with patients from a variety of backgrounds. According to this research, culturally competent care improves patient satisfaction, treatment adherence, and health outcomes. FBMHs can better serve their diverse patient populations and draw in new patients from a variety of cultural communities by providing their personnel with cultural understanding and effective communication skills. This study sought to determine the extent the FBMHs in the study area do cultural diversity training.

In the UK, Hussain, Sheikh, Timmons, Stickley and Repper (2020) titled Diversity, diversity training and ethnic minorities: The case of the UK national health service, revealed that initiatives for diversity training support the attraction, retention, and development of a diverse healthcare workforce, in their study on workforce diversity,

diversity training, and ethnic minorities. This means that workforce diversity contributes to organizational innovation, creativity and problem-solving, hence FBMHs could draw top talent, boost morale and improve organizational performance by creating an inclusive workplace where workers feel appreciated and valued. This would result in strategic growth.

In addition, diversity programs raise awareness of healthcare disparities and social determinants of health, empowering healthcare providers to address inequities in patient care. This is supported by a study by Martinez and Mahoney (2022) titled Culturally sensitive behavior intervention materials: A tutorial for practicing behavior analysts. It demonstrated that diversity training can help reduce disparities in healthcare access, quality, and outcomes. By promoting health equity and cultural responsiveness, FBMHs can expand their reach, improve community health, and foster partnerships with underserved populations, contributing to strategic growth.

Diversity training fosters a culture of sensitivity and respect for cultural differences in service delivery. Studies by Flores et al. (2016) and Kagawa-Singer et al. (2010) emphasize the importance of culturally tailored care in improving patient satisfaction and engagement. By incorporating diverse perspectives into clinical practice guidelines, care protocols, and patient materials, faith-based mission hospitals can enhance the patient experience, strengthen community trust, and differentiate themselves in the healthcare marketplace, driving strategic growth.

Diversity initiatives facilitate community engagement and collaboration with diverse stakeholders, including community organizations, religious institutions and cultural groups. Research by Chin *et al*. (2012) and Kagawa-Singer *et al.* (2010) highlights the value of community partnerships in addressing health disparities and promoting preventive care. By building trust and rapport with diverse communities, FBMHs can expand their network, access new markets, and identify strategic opportunities for growth and development.

2.2.3 Diversity Recruitment Practices and the Strategic Growth of FBMHs

Recruitment procedures that are inclusive are essential to the strategic expansion of FBMHs. These procedures promote inclusivity, creativity, and high standards of patient care in addition to ensuring diversity in the workforce. Inclusive recruitment practices aim to attract candidates from diverse backgrounds, including different cultures, religions,

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genders, and ethnicities as seen in a study by Hussain, Sheikh, Timmons, Stickley and Repper (2020) at the UK National Health Service that investigated workforce diversity, diversity training and ethnic minorities. According to the research, diverse teams are more creative and have superior problem-solving abilities. FBMHs can have access to a broader range of perspectives, abilities and experiences by drawing from a diversified resource pool. This allows them to drive strategic growth through flexibility and creativity. This study sought to determine the extent to which recruitment process in the targeted hospitals promote inclusivity

Adopting inclusive hiring practices enhances the reputation of faith-based mission hospitals as inclusive and socially responsible employers. A study by Milkah and Orwa (2023) that was literature review of secondary data of gender in workforce diversity and FBMH employee performance, showed that organizations that prioritize diversity and inclusion are better able to draw in top talent, raise employee engagement levels, and strengthen brand loyalty. FBMHs may stand out in the healthcare industry, drawing clients, funders, and community partners while encouraging strategic expansion, by advancing a culture of equity and belonging. This was an issue of investigation in this current study.

Inclusive hiring practices lead to a more culturally competent healthcare workforce, better equipped to meet the needs of diverse patient populations. Research by Gonzaga, Appiah-Pippim, Onumah and Yialamas (2020) titled a framework for inclusive graduate medical recruitment strategies: meeting the ACGME standard for a diverse and inclusive workforce demonstrates that culturally competent care improves patient satisfaction, adherence to treatment, and health outcomes. FBMHs can foster trust, enhance communication, and provide individualized treatment by hiring staff members who are representative of the variety of their patient population. This could ultimately lead to enhanced patient loyalty and referrals, which will drive strategic expansion. This current study focused on the extent to which FBMHs in the study area hire staffs that are representative of their patient population.

Inclusive teams foster a culture of innovation, collaboration and creativity. A study by Fu, et al, (2022) titled: An inclusive leadership framework to foster employee creativity in the healthcare sector: The role of psychological safety and polychronicity, suggests that diverse teams outperform homogeneous teams in problem-solving and decision-making.

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Through the integration of individuals with diverse experiences, viewpoints, and abilities, inclusive recruitment strategies foster innovation, enhance organizational performance, and propel strategic growth via the introduction of new services, process enhancements, and market expansion.

Inclusive recruitment practices contribute to the long-term sustainability and resilience of faith-based mission hospitals. Research by Davey et al. (2021) titled: *Shaping service delivery through faith-based service inclusion: The case of the salvation army in Zambia*, indicates that diverse organizations are better equipped to adapt to change, mitigate risks, and seize opportunities. FBMHs may improve their capacity for innovation, agility and resilience by cultivating a diverse and inclusive staff. This would put them in a position to expand strategically over time in a dynamic healthcare environment.

2.2.4 Diversity Policies and The Strategic Growth of FBMHs

According to Barasa and Munge (2018) in a study titled: Financing devolved health systems: A critical assessment of the implementation of health financing policies in Kenya, policies help hospitals to grow strategically. Therefore, health institutions can draw in more patients and broaden their community reach by making sure healthcare services are available to everyone through appropriate policies. According to Herzig van Wees, Sop , Betsi, Olongo and Jennings (2021), policies that focus on capacity building and training programs for healthcare professionals can enhance the quality of care provided by faith-based mission hospitals. Subsequently, hospitals can provide a greater range of services in addition to raising the standard of care by funding training programs for physicians, nurses, and other healthcare professionals. In turn, this may draw in additional patients and support the hospitals' strategic expansion. This current study focused on training policies and how they are being implemented by FBMHs in the study area.

A study by Kiburi, Muthoni, & Nyamari (2019) revealed that growth of faith-based mission hospitals can be aided by inclusive policies that encourage the construction of infrastructure in healthcare facilities. This could involve financing for the development of new hospitals or their remodeling, as well as for the purchase of technology and medical supplies. By making infrastructural improvements, these hospitals will be able to provide a wider range of medical services and serve a larger patient base. Policies that promote cooperation and collaborations between government health agencies, FBMHs, and other

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stakeholders can also help to promote strategic expansion (Kwambai, & Mwenda, 2020). Cooperation can result in the sharing of resources, the exchange of expertise, and cooperative projects aimed at resolving community healthcare issues. Together, these hospitals may take advantage of one another's advantages and optimize their influence on the healthcare system. The study therefore, investigated how existing policies guide cooperation between FBMHs and other organizations and how this influences strategic growth.

Inclusive policies that emphasize cultural sensitivity and diversity in healthcare delivery can improve the effectiveness of faith-based mission hospitals in serving diverse populations. This is according to Davey, Kahiya, Krisjanous, & Sulzberger (2021) in their study titled shaping service delivery through faith-based service inclusion: The case of the Salvation Army in Zambia. This could be giving non-native language speakers interpretation services, teaching staff members to recognize and appreciate cultural differences, and providing care that is appropriate for their cultural background. These hospitals can improve patient loyalty and happiness by attending to the particular demands of different cultural and ethnic groups through appropriate policies. This study examined the extent to which FBMHs in the study area are able to develop and adhere to policies that enhance cultural sensitivity and diversity.

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2.4 Summary of the gaps

Mwachuo (2013) conducted a study on Strategy Development in Faith-Based Healthcare Institutions in the Coast Region of Kenya. The study aimed to explore the strategy development process and identify determinants of strategy in these institutions. Using a descriptive research design, Mwachuo found that founders do not significantly influence strategy development in faith-based healthcare institutions (FBHIs). This finding aligns with the absence of an entrepreneurial school in most FBHIs, where key decisions are often reserved for individuals or groups without entrepreneurial vision. However, the study did not address cultural diversity and its role in the performance of faith-based hospitals, presenting a conceptual gap.

Njuguna and Muathe (2022) focused on strategic choice and performance: empirical evidence from mission hospitals in Kiambu county, Kenya. Their study aimed to establish the influence of organizational structure, technology, and leadership on hospital performance. The study found that organizational structure is critical for ensuring that

strategies, goals, and plans translate into effective healthcare delivery. However, this study did not address cultural diversity, focusing only on Kiambu County, whereas the current study also includes Nairobi County, indicating both a conceptual and contextual gap.

Young and Guo (2020) examined cultural diversity training in healthcare, emphasizing the necessity of cultural competence for health providers. Their study revealed barriers to providing culturally sensitive care, such as language differences and biases, and underscored the importance of cultural competence in overcoming these challenges. However, they treated cultural diversity training as an operational issue, whereas the current study examines it as a strategic factor, indicating a conceptual gap.

Sisodia, Bhatia and Totala (2014) explored the *Impact of Workplace Diversity on Employee Performance in IT companies in India*. Their descriptive survey found a significant positive correlation between workplace diversity and employee performance. Nevertheless, the study was focused on the IT sector in India, while the current study examines cultural diversity in faith-based hospitals in Kenya, highlighting both a conceptual and contextual gap.

Kiburi, Muthoni and Nyamari (2019) studied inclusive policies and infrastructure development as catalysts for growth in faith-based mission hospitals. They found that inclusive policies and infrastructure are crucial for creating an enabling environment for these hospitals to thrive. However, their focus was on inclusive policies and infrastructure, whereas the current study examines cultural diversity's role in strategic performance, presenting a conceptual gap.

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2.3 Conceptual Framework

Figure 2.1 below presents the conceptual framework for this study that investigated how cultural diversity influences the strategic growth of FBMHs in Kenya.

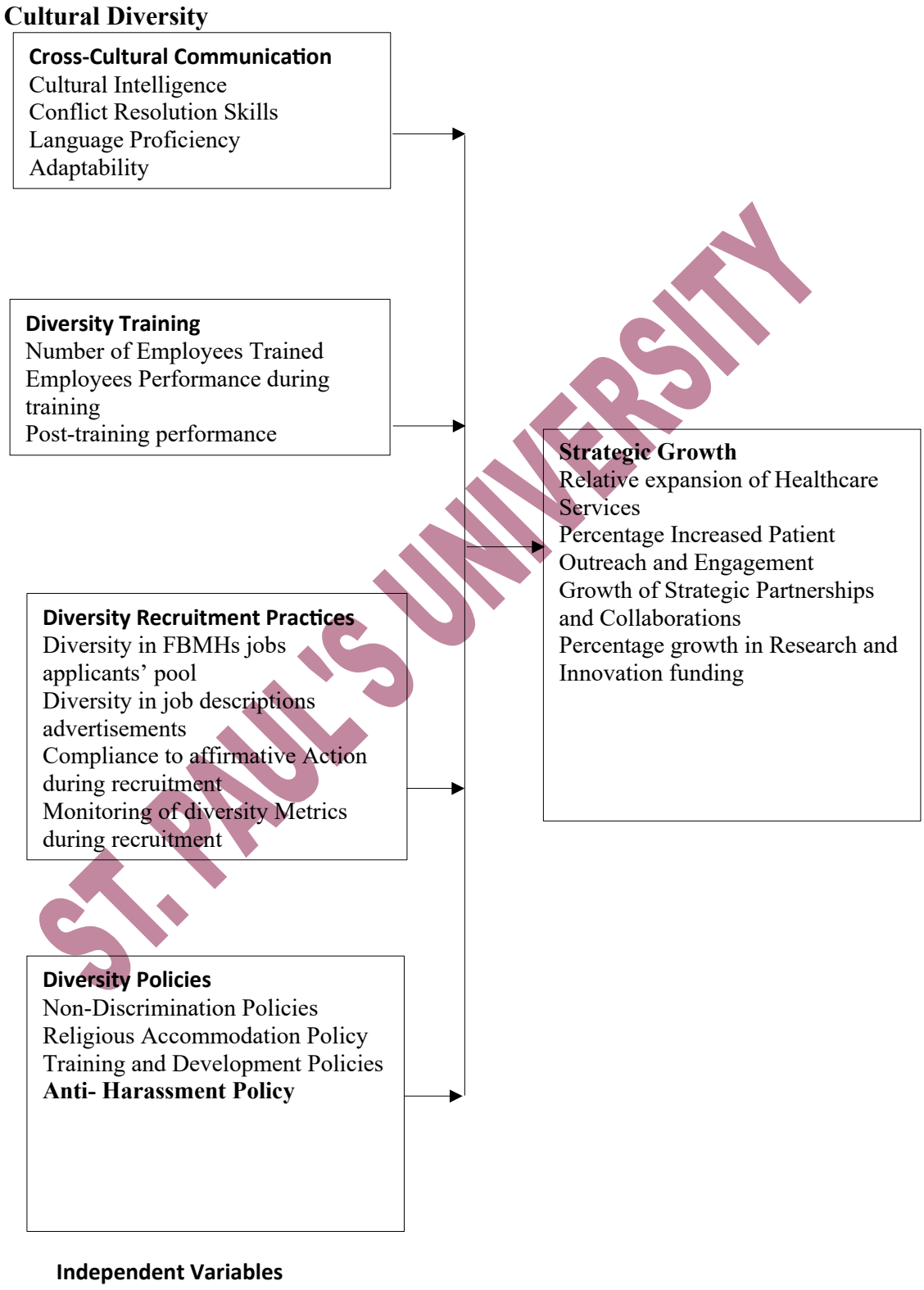


Figure 2:1 Conceptual Framework Source: author (2024)

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The conceptual framework posits that embracing cultural diversity as represented by Cross-Cultural Communication, Diversity Training, diversity recruitment practices and Diversity Policies enhance organizational strategic growth, effectiveness, patient satisfaction, and community engagement in healthcare delivery. Factors such as culturally sensitive care, workforce diversity, community partnerships and patient-centered approaches were examined to understand their impact on the growth and sustainability of mission hospitals. By examining these factors within the context of Nairobi and Kiambu Counties. The study aimed at providing insights into strategies for enhancing the strategic growth of FBMHs in culturally diverse settings.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights the strategies that were employed to achieve the suggested study objectives. It outlines the study design, population, sampling procedures and data collection process, that were used. It also outlines the process for determining the validity and reliability of the research. Finally, the chapter outlines the procedures for data analysis and presentation as well as the ethical guidelines that were adhered to during the research project.

3.2 Research Design

This study employed a descriptive research design, a design that facilitated data collection in order to provide a description of the variables under investigation (Creswell, 2018). The design allowed measuring, analysis, and interpretation of data (Cooper & Schindler, 2009). Accordingly, a descriptive research design aims at answering the who, the why and the what of a research design (Rassel, Leland, Mohr, & O'Sullivan, 2020).

3.3 Population of the Study

The broader population from which the study took a sample or gathered information in order to draw conclusions about a specific phenomenon of interest (Bloomfield & Fisher, 2019) was made up of individuals distributed in 17 FBMHs in Nairobi City County (6) and Kiambu County (11). These are individuals with attributes that were important to the investigation of this study. In this study, there were doctors and specialists, clinical officers, nurses, chief executive officers and corporate managers whose total number as of February 2024 were 454 as shown in Table 3:1. By focusing on these units of observation, the study gathered data that is directly aligned with its objectives of understanding the influence of cultural diversity management on the strategic growth of faith-based hospitals. The goal of the study was to find best practices and chances to improve strategic growth by examining the experiences, difficulties and tactics used by mission hospitals in managing cultural diversity based on the experiences of this study unit.

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Table 3:1 Population of the Study

County	Hospital	doctors & specialists	Clinical officers	Nurses	CEOs/ managers	total
Kiambu	Nazareth Hospital Riara Ridge,	4	6	10	1	21
	Nazareth Hospital Ruiru	3	4	8	1	16
	St. Immaculate Heart Hospital	7	6	9	1	23
	Mary Help of The Sick Mission Hospital	3	7	9	1	20
	Assumption of Mary Catholic Dispensary	3	6	10	1	20
	Kalimoni Mission Hospital	4	6	11	1	22
	Immaculate Heart of Mary Hospital	5	11	13	1	30
	AIC Kijabe Medical Centre	12	16	26	1	55
	AIC - Cure International Children's Hospital	3	6	11	1	21
	PCEA Hospital Kikuyu	8	13	21	1	43
	PCEA Kikuyu Orthopedic Rehabilitation Centre	3	7	11	1	22
Nairobi City	Jumuia Hospital Huruma	3	5	11	1	20
	Neema Hospital Ruaraka	2	5	12	1	20
	Nairobi Adventist Hospital in Westlands	4	6	17	1	28
	Coptic Hospital	4	8	15	1	28
	St. Mary's Mission Hospital	6	8	19	1	34
	Mater Misericordiae	6	8	16	1	31
	Total	80	128	229	17	454

Source: (NHIF, 2024)

3.4 Sampling Technique and Sampling size

The respondents in this study are key hospital staff and administrators directly involved in cross-cultural communication strategies, impacting the strategic growth of mission hospitals. The study used stratified sampling technique which ensured that there is adequate representation of all the groups in the target population (Lohr, 2019; Levy & Lemeshow, 2013). Under stratified sampling technique the population were divided into homogenous subgroups or strata according to particular attributes and within each hospital, and samples were then randomly chosen from each stratum according to its proportion in the hospital (Zhao, Liang, & Dang, 2019). In this case the stratus included Chief Executive Officers and corporate managers (such General managers or executive directors), doctors and specialists, Clinical officers and nurses.

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Using stratified and simple random sampling increased the accuracy of estimates for each subgroup and enable more accurate representation of various subgroups (that is hospitals) within the population (Zhao, Liang, & Dang, 2019). Simple Random Sampling technique gave each member of the sub-population an equal probability of being chosen for the sample. The sample was chosen using randomization tables or random numbers produced by statistical tools. By guaranteeing that every member of the sub-population has an equal chance of being included, simple random sampling offered an objective picture of the population (Lohr, 2021). The choice of 50% of the sample was done as supported by Mugenda and Mugenda (2003) who explains that a sample of 10% of the population is adequate for data collection. Choosing 50% of the strata then the researcher added 10% of the sample size to provide for response rate. This was meant to account for potential non-responses, ensuring the final sample size remains sufficient for accurate data analysis and valid study conclusions. The sample size was as shown in Table 3:2 below. The sample was thus 265.

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Table 3:2 Sample of the Study

County	Hospital	doctors & specialists		Clinical officers		Nurses		CEOs/ managers		Sample	Add 10%
Kiambu	Nazareth Hospital Riara Ridge	N	s	N	s	N	s	N	s		total
		4	2	6	3	10	5	1	1	11	13
	Nazareth Hospital Ruiru	3	1.5	4	2	8	4	1	1	8	10
	St. Immaculate Heart Hospital	7	3.5	6	3	9	4.5	1	1	12	14
	Mary Help of The Sick Mission Hospital	3	1.5	7	3.5	9	4.5	1	1	11	12
	Assumption of Mary Catholic Dispensary	3	1.5	6	3	10	5	1	1	11	12
	Kalimoni Mission Hospital	4	2	6	3	11	5.5	1	1	12	13
	Immaculate Heart of Mary Hospital	5	2.5	11	5.5	13	6.5	1	1	16	17
	A.I.C Kijabe Medical Centre	12	6	16	8	26	13	1	1	28	31
	AIC -Cure International Children's Hospital	3	1.5	6	3	11	5.5	1	1	11	13
	P.C.E.A Hospital Kikuyu	8	4	13	6.5	21	10.5	1	1	22	25
	P.C.E.A Kikuyu Orthopedic Rehabilitation Centre	3	1.5	7	3.5	11	5.5	1	1	11	12
Nairobi City	Jumuia Hospital Huruma	3	1.5	5	1.5	11	5.5	1	1	10	11
	Neema Hospital Ruaraka	2	1	5	1.5	12	6	1	1	10	11
	Nairobi Adventist Hospital in Westland's	4	2	6	4	17	8.5	1	1	16	17
	Coptic Hospital	4	2	8	4	15	7.5	1	1	15	16
	St. Mary's Mission Hospital	6	3	8	4	19	9.5	1	1	18	20
	Mater Misericordiae	6	3	8	4	16	8	1	1	16	18
	Total	80	40	128	63	229	114.5	17	17	244	265

Source: Researcher (2024)

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3.5 Data Collection Instrument and Data Collection Procedure

The study used a structured questionnaire to obtain primary data. The questionnaire was divided into sections, the first of which aimed to gather basic demographic data from the respondents. Based on the research variables, sections of the remaining questionnaire were created. The Likert scale is used in the quantitative items to gather primary data from the respondents, which was then entered into a computer program for statistical analysis.

Questionnaires were sent by email or as google documents to the chosen participants in the sample population. Participants were requested to mail back. Physical questionnaires were also distributed by use of the drop-and-pick later approach because healthcare workers are busy and it is easier to catch up with them and request for information from them.

3.6 Validity and Reliability

The research instrument was subjected to both validity and reliability tests (Kothari, 2004). According to research findings, a test's validity refers to how well it captures the intended meaning of the data. It is the degree to which the findings from data analysis accurately depict the phenomenon being studied. Views from the supervisor and lecturers in the School of Business and Leadership Studies of St. Paul's University helped in improving the validity. In addition, a pilot survey was conducted to achieve validity. The respondents during the pilot study were equal to 10% of the population (43). These came from the county and they did not participate in the main study. After that, their opinions were assessed and considered to increase the study tool's validity.

Reliability test was a statistical analysis that was employed to evaluate the instrument's consistency, stability and dependability over a period of time, under various situations. The degree to which a measurement tool yields reliable and consistent results when used repeatedly to assess the same phenomenon or construct is known as its dependability. The test-retest method was used to prove reliability. This evaluated the consistency of measurements made from the same subjects using the same test for two times within a span of two weeks. It gauged how consistently scores hold steady over time. Cronbach alpha, reliability coefficient was used to assess the correlation between study items, was used to assess the research items' consistency. This operation was supported by a computer software, the Statistical Package for Social Sciences (SPSS). The consistency reliability of the research instrument is higher when the Cronbach's reliability coefficient approaches 1.

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When the Cronbach's alpha coefficient is 0.7 or higher, it indicated adequate reliability; when it is 0.5 or lower, it indicates poor and unacceptable dependability. The threshold in this study was 0.7.

3.7 Data Analysis and Presentation

The study used both quantitative and qualitative approaches to analyze data. Descriptive data was used for both the descriptive and inferential techniques. Descriptive techniques gave the descriptive statistics that included the frequencies and percentages. While inferential statistics was used to make conclusions about the study population based on the data collected, descriptive statistics was used to calculate frequencies, percentages and standard deviation. Regression analysis and the Pearson correlation coefficient are two inferential statistical approaches that were used to determine the relationship between the research variables. The multiple regression model listed below was utilized.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon,$$

Where;

Y: Strategic Growth,

X_1 = Cross-Cultural Communication Strategies,

X_2 = Diversity Training Practices

X_3= Diversity Recruitment Practices

X_4= Diversity Policies

β_0=Constant, $\beta 1$ - $\beta 4$ = Beta coefficients and ε is the error.

This study used the Statistical Packaging for Social Sciences (SPSS) program to conduct statistical tasks and calculate the frequency distribution of each variable. Tables were used to display the results of the analysis.

3.8 Ethical Considerations

The study considered the usual ethical research considerations as spelt out by St. Paul's University SPU- Institutional Scientific & Ethics Review Committee (ISERC). Prior to beginning the study, approvals were obtained from all relevant organizations, in this case the University, National Commission for Science, Technology and Innovation (NACOSTI) and the management of respective participating hospitals. Secondly, in order to protect respondents' identity, the study was guaranteed the confidentiality of the data gathered from each and every one of them. This supported the respondents' willingness to give accurate information. Finally, the researcher pledged to make sure that all study

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results are thoroughly examined and that data is communicated and shown in a straightforward manner without compromising the accuracy of the research findings. Any referenced materials have been acknowledged to avoid plagiarism.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This section presents research findings. It is mainly organized as per the study objectives though starting with the response rate, general demographic data, the descriptive statistics and the inferential statistics.

4.2 Response Rate

Out of the 234 sampled individuals targeted 223 filled up the questionnaires. This means that the overall response rate was 95.3% represented in all the hospitals as shown in Table 4:1.

Table 4:DATA PRESENTATION, ANALYSIS AND DISCUSSION:3 Response Rate

County	Target	Responses	Rate
Kiambu	151	141	93.4
Nairobi City	83	82	98.8
Totals	234	223	95.3

Source: Research data (2024)

4.3 General Demographic Data

The study captured data on the general demographic information of the respondents. It was analyzed and results presented as shown in the Table 4.2.

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Table 4:DATA PRESENTATION, ANALYSIS AND DISCUSSION:4 General Demographic Information

Variable	Parameter	Frequency	Percentage
Respondents' Gender	Male	124	55.5
	Female	99	44.5
Respondents' Age Group	25 years or below	18	8.3
	26-35 years	79	35.4
	36 - 45 Years	37	16.5
	Above 45	89	39.8
Respondents' Education Level	Diploma	25	11.4
	Bachelors	114	51.2
	Masters	83	37.4
Job Title (Except for CEO and Senior Managers)	Medical Staff (Physician/doctor, surgeon)	47	20.9
	Nurse	16	7.1
	Midwife	9	3.9
	Medical Officer	37	16.5
	Pharmacist	2	0.8
	Allied Health Professional	56	25.2
	Administration Staff	39	17.3
	Spiritual and Pastoral Care	1	0.4
	Community Outreach and Health Promotion Officer	18	7.9
Respondents' Job Level	Senior Level	58	26.0
	Middle Level	103	46.1
	Junior / Entry Level	62	28.0
Respondents' Years Served	Below 5 Years	37	16.5
	11-15 Years	64	28.7
	16-20 Years	122	54.7
County serving in	Kiambu	141	63.3

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	Nairobi	82	36.7

Source: Research data (2024)

The results in Table 4.2 show that 55.5% of respondents were male while females were 44.5%. On age distribution, most respondents, that is, 39.8% were above 45 years followed by those 26-35 years bracket at 35.4%. The dataset, indicates a relatively mature workforce. Regarding the level of education, majority 51.2% held a bachelor's degree, followed by masters at 37.4% and 11.4% had a diploma. This shows that majority of respondents are highly educated and predominantly hold a bachelor's or master's degrees.

Among the respondents, 25.2% were allied health professionals, followed by medical staff (physicians, doctors, surgeons at 20.9%, then administration staff 17.3% and medical officers at 16.5%. The range of job titles is broad, reflecting a broad range of roles and skills. On employment levels of the respondents, 46.1% were at the middle level, 28.0% were at the junior or entry level and 26.0% were at the senior level, indicating a well-represented mid-career group with fewer at senior levels. In terms of years served, 54.7% had served for between 16-20 years, 28.7% for between 11-15 years and 16.5% for below 5 years. The findings imply a well-experienced workforce and thus the data they give is based on experience and thus could be regarded as reliable.

4.3 Descriptive Analysis

The study objectives: cross cultural communication, diversity training, diversity recruitment and diversity policies were analyzed using descriptive statistics. The outcomes of analysis were both the mean and the Standard Deviation (Sta. Dev). The mean represented average of the response occurrences in a Linkert scale while were 1 for strongly disagree (SD), 2 for Disagree (D). 3 for Not Sure (NS), 4 for Agree (A) and 5 for Strongly Agree (SA). On the other hand, the standard deviation was a measure of how dispersed the data is in relation to the mean. Low, or small, standard deviation indicates data are clustered tightly around the mean, and high, or large, standard deviation indicates data are more spread out.

4.3.1 Cross-Cultural Communication Approaches

The first study objective aimed at determining the influence of cross-cultural communication approaches. Results are presented in Table 4.3.

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Table 4:5 Cross-Cultural Communication Approaches

Statement	Mean	Std. Dev.
The hospital provides language interpretation services to assist patients who do not speak the local language.	3.55	1.217
Our hospital regularly seeks feedback from patients regarding their cultural experiences and preferences.	2.85	0.991
The hospital collaborates with local community organizations to address cultural issues in healthcare access.	3.02	1.411
Staff members demonstrate sensitivity to religious and spiritual beliefs when providing care to patients.	3.75	0.883
The hospital provides informational resources and materials in multiple languages to accommodate diverse patient populations.	3.14	0.992
Our hospital encourages patients to actively participate in their healthcare decisions guided by their cultural preferences	3.34	1.293
The hospital leadership prioritizes cross-cultural communication initiatives	2.90	1.427
Our hospital incorporates diversity principles in its decision-making processes.	2.87	0.982

Source: Research data (2024)

Regarding whether hospitals provided language interpretation services to assist patients who did not speak the local language, the data revealed a mixed response in which the mean score was 3.6 which is above neutral with a standard deviation of 1.217, indicating high concentration of responses around not sure that were platykurtic (lowly concentrated around the mean). Data was obtained on how hospitals sought feedback from patients regarding their cultural experiences and preferences had a mean score of 2.85 and a standard deviation of 0.991), thus indicating that there were varied responses on patient engagement and feedback mechanisms concerning cultural experiences.

Collaboration with local community organizations to address cultural issues in healthcare access was another matter which was examined. The mean score of responses was 3.02 and a standard deviation of 1.411 which reflected a data highly concentrated around 'not sure' score.

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Staff members ability to demonstrate sensitivity to religious and spiritual beliefs when providing care to patients was measured. Contrastingly, a cross-sectional survey study by Dillard, Moss, Padgett, Tan, and Kennedy (2021) on attitudes, beliefs and behaviors of religiosity, spirituality, and cultural competence in the medical profession revealed that while there was no discernible effect of the religious or spiritual beliefs of healthcare practitioners on their capacity to offer culturally competent care, there are several misconceptions regarding the relationship between religion and spirituality and health. This shows a need for enhanced cultural competence education in line with the current study. The mean score was 3.75 with a standard deviation of 0.883 meaning data was mainly concentrated around 'agree' score.

In addition, data on providing informational resources and materials in multiple languages to accommodate diverse patient populations was obtained. The mean score on this aspect was 3.14 and a standard deviation of 0.992 which means that findings were highly concentrated around the not-sure option. Data was obtained on whether the hospitals encouraged patients to actively participate in their healthcare decisions guided by their cultural preferences. The responses were mixed with a mean score of 3.34 and a standard deviation of 1.293, suggesting that the most data responses were between the not sure score and agree.

The study obtained data on how hospital leadership prioritized cross-cultural communication initiatives, and whose responses were varied. The mean score was 2.90 with a standard deviation of 1.427, indicating a most responses were around not sure. Finally, the incorporation of diversity principles in decision-making processes received mixed feedback. The mean score was 2.87 with a standard deviation of 0.982, pointing to most responses near not-sure score.

Overall, the study highlighted the importance of cross-cultural communication in the strategic growth of faith-based mission hospitals and identified areas for FBMHs improvement to better serve the diverse patient populations in Nairobi and Kiambu counties.

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4.3.2 Diversity Training

The second objective of the study aimed to establish the influence of diversity training on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties Table 4.4 summarized the results of analysis from obtained data.

Table 4:6 Diversity Training

Statement	Mean	Std. Deviation
Our hospital provides comprehensive diversity training programs for all staff members.	3.57	0.872
Diversity training sessions in our hospital effectively address staffs' cultural competence and sensitivity.	3.37	0.784
Assessment of Employees show improved performance on cultural diversity after training on diversity training	2.91	0.654
The diversity training offered by our hospital has influenced staff members' attitudes towards cultural diversity.	3.28	0.948
The diversity training provided by our hospital has improved collaboration among staff who are from different cultural backgrounds.	2.76	0.772
Staff members in our hospital are trained to address cultural and diversity-related issues in patient care	3.63	0.773
The diversity training at our hospital has increased staff members' awareness of health disparities among different population groups.	3.83	1.043
The diversity training initiatives in our hospital have contributed to success of our organization.	3.47	0.783

Source: Research data 2024

In relation to the examination on whether the hospitals provided comprehensive diversity training programs for all staff members, the mean score was 3.57, with a standard deviation of 0.872 (moderately platykurtic), indicating that generally there was a concentration of responses around agree. The study sought to establish whether the diversity training sessions effectively addressed staff members' cultural competence and sensitivity. The mean score for this aspect was 3.37, with a standard deviation of 0.784 meaning that the respondents had a varied perception on effectiveness of the training sessions in enhancing cultural competence. Furthermore, the study examined whether there was improved employee performance on cultural diversity following training. This mean score of responses was 2.91 and a standard deviation of 0.654, a concentration of responses around not sure.

Data was obtained to measure whether diversity training positively influenced staff members' attitudes towards cultural diversity. This gave a mean score of 3.28 and a standard deviation of 0.948, which implies varied responses but with high concentration of responses around not sure. This corroborates a study by Devine and Ash (2022) that

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revealed that literature on diversity training is amorphous and complex and does not allow us to reach decisive conclusions regarding best practices in diversity training.

Additionally, the study sought to establish whether training improved collaboration among staff from different cultural backgrounds. The mean score was 2.76 with a standard deviation of 0.772, meaning a high concentration of responses between disagree and not sure. On whether staff members were specifically trained to address cultural and diversity-related issues in patient care, the mean score was 3.63 with a standard deviation of 0.773, meaning that most responses were around agree. Data on whether diversity training increased staff members' awareness of health disparities among different population groups gave a mean score was 3.83 with a standard deviation of 1.043, indicating that a high concentration of responses between not sure and agree. Lastly, the examination on whether diversity training initiatives were seen to contribute to the overall success of the organization, the mean score was 3.47 with a standard deviation of 0.783. This implies that most responses were between not sure and agree.

4.3.3 Diversity Recruitment Practices

The third study objective aimed at establishing the role of diversity recruitment practices on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties. Table 4.5 highlight results of data analysis on various diversity recruitment practices that these hospitals adopted.

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Table 4:7 Diversity Recruitment Practices

Statement	Mean	Std. Dev.
Our hospital actively promotes diversity in its recruitment practices.	2.90	0.997
The recruitment process in our hospital ensures equal opportunities for candidates from diverse backgrounds.	3.06	1.226
Our hospital considers cultural competence and sensitivity as essential criteria when hiring new staff members.	2.78	1.178
The hiring process in our hospital considers candidates' experiential ability to deal with diverse cultures	3.16	0.794
Our hospital actively seeks to recruit staff members who reflect the cultural diversity of the communities we serve.	3.21	0.815
The recruitment practices in our hospital contribute to building a culturally diverse workforce.	3.34	0.943
The hiring process in our hospital effectively addresses biases and stereotypes that a potential employee could have	2.35	1.041
Our hospital values candidates' aspects that enhance cultural diversity during the interview process.	3.09	0.997
The recruitment practices in our hospital have led to improved staff cultural diversity at workplace.	3.70	0.879
Our hospital's commitment to inclusive recruitment practices is evident through workplace behaviors	3.06	1.190
The recruitment strategies employed by our hospital enable equitable provision of healthcare services to all communities	3.74	0.437

Source: Research data 2024

Study examined data on whether hospitals actively promoted diversity in their recruitment practices resulting in a mean score of 2.90 with a standard deviation of 0.997. This indicated a mixed perception among respondents though most were between disagree and not sure. Data was obtained on whether recruitment process aimed at ensuring equal opportunities for candidates from diverse backgrounds. Its analysis revealed a mean score of 3.06 and a standard deviation of 1.226. This suggested there was higher concentration of responses around not sure and thus showing mixed responses. Furthermore, study examined whether cultural competence and sensitivity were considered as essential criteria when hiring new staff members. The mean score obtained was 2.78 with a standard deviation of 1.178. This showed a varied opinion but with responses concentrated around disagree. The study sought to determine whether the hiring process considered candidates' experiential ability to deal with diverse cultures. This gave a mean score of 3.16 and a standard deviation of 0.794. This revealed a higher concentration of responses around not-

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sure score. The finding corroborates a study by Liu, Gill and Li (2021) that recommended a multi-level approach to developing cultural competence, which can be useful for clinical educators to improve their clinical practice and education in diverse cultural contexts.

Additionally, data was sought that measured whether FBMHs actively sought to recruit staff members who reflected the cultural diversity of the communities they served, yielding a mean score of 3.21 with a standard deviation of 0.815. Data on whether the recruitment practices contributed to building a culturally diverse workforce revealed a mean score of 3.34 and a standard deviation of 0.943, which indicates high concentration of responses around not sure score and thus divided responses.

The study examined whether the hiring process addressed biases and stereotypes that potential employees might have. It revealed a mean score of 2.35 and a standard deviation of 1.041 meaning a more responses around disagree. Data was obtained on whether FBMHs valued candidates' aspects that enhanced cultural diversity during the interview process resulting in a mean score of 3.09 with a standard deviation of 0.997, implying more responses around not sure. On whether recruitment practices improved staff cultural diversity in the workplace, the mean score was 3.70 and a standard deviation of 0.879 which implies a higher concentration of responses around agree. This corroborates findings in a study by Enders et al. (2021) that showed that it is essential for organizations in the health sector to develop strategies to address their diversity, equity and inclusion (DEI) climates.

Data was obtained on whether the commitment to inclusive recruitment practices is evident through workplace behaviors. Analysis revealed a mean score of 3.06 and a standard deviation of 1.190, implying a concentration of responses around not sure. Data was also sought on whether the recruitment strategies enabled the equitable provision of healthcare services to all communities. Analysis revealed a mean score of 3.74 with a standard deviation of 0.437, implying a high concentration of responses around agree score.

4.3.4 Diversity Policies

The fourth study objective was geared towards assessing the influence of diversity policies on the strategic growth of FBMHs in Kiambu and Nairobi Counties. Obtained data was analyzed and presented in Table 4.6.

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Table 4:8 Diversity Policies

Statement	Mean	Std. Dev.
Our hospital has established comprehensive cultural diversity policies that guide our operations.	3.36	0.497
The cultural diversity policies in our hospital promote diversity for all staff members.	3.28	0.947
Our hospital actively seeks input from diverse stakeholders in the development of cultural diversity policies.	2.69	1.184
The cultural diversity policies in our hospital effectively address cultural sensitivity.	3.01	1.173
Our hospital provides resources support to ensure the implementation of cultural diversity policies.	3.36	0.761
The cultural diversity policies in our hospital have improved collaboration among staff from diverse backgrounds.	3.11	0.980
Our hospital regularly updates cultural diversity policies to meet the evolving needs of our workforce.	2.17	0.896
The cultural diversity policies in our hospital have led to increased staff satisfaction.	3.08	0.276
Our hospital recognizes contributions from staff members from all backgrounds.	3.62	0.785
The cultural diversity policies in our hospital are aligned with our vision and mission	3.37	0.715
Our hospital policy has provision for promoting cultural diversity in recruitment, hiring, and promotion of staffs.	3.71	0.471
The cultural diversity policies in our hospital have contributed to success of our organization.	3.33	0.661

Source: Research data 2024

On whether comprehensive cultural diversity policies guided the operations of these hospitals the mean score was 3.36 with a standard deviation of 0.497. This suggests that there was a higher concentration of responses around not sure. Data was obtained on whether the policies promoted diversity among all staff members, which gave a mean score of 3.28 and a standard deviation of 0.947 revealing a response that were mostly on not sure score. Data on the hospitals' active efforts to seek input from diverse stakeholders in policy development revealed a mean score of 2.69 with a standard deviation of 1.184, implying majority were around 'disagreed' score. The study examined whether policies effectively addressed cultural sensitivity, whereby the mean score was 3.01 and a standard deviation of 1.173. This means more responses were in the not sure score. Investigation

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into whether there was provision of resource support for implementing these policies revealed a mean score of 3.36 and a standard deviation of 0.761 which revealed that most responses were in the not sure score.

Data that measured whether collaboration among staff from diverse backgrounds improved due to these policies, revealed a mean score of 3.11 and a standard deviation of 0.980 which was a not sure score. The study examined whether regular updates to the policies to meet the evolving needs of the workforce were done. The mean score was 2.17 and a standard deviation of 0.896 indicating the main response was disagreed. Increased staff satisfaction was assessed as a result of these policies, resulting to a mean score of 3.08 and a standard deviation of 0.276 thus implying that most responses were 'not sure'. Recognition of contributions from staff members from all backgrounds was assessed and revealed a mean score of 3.62 and a standard deviation of 0.785. This means that most responses were between not sure and agree. The alignment of cultural diversity policies with the hospitals' vision and mission was analyzed and revealed a mean score of 3.37 and a standard deviation of 0.715. This means most responses scored were 'not sure'. Provisions for promoting cultural diversity in recruitment, hiring and promotion due to policies were examined, and revealed a mean score of 3.71 and a standard deviation of 0.471. This indicated that most responses were around 'agree' score. The study examined whether the policies were seen as contributing to the success of the organization, resulting in a mean score of 3.33 and a standard deviation of 0.661. This means most responses were around not sure.

4.3.5 Strategic Growth of Faith-Based Mission Hospitals (FBMHS)

Data on the independent variable, strategic growth of faith-based mission hospitals (FBMHs) in Nairobi and Kiambu counties, Kenya, was obtained by the study, analyzed and results presented in Table 4.7.

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Table 4:9 Strategic Growth of FBMHS

Statement	Mean	Std. Dev
Our hospital has experienced significant growth in the number of patients over the past year.	3.14	0.992
The hospital has expanded its range of medical services to meet the needs of the community in the last 3 years	2.89	1.155
Our hospital has successfully established partnerships with other healthcare organizations to enhance service delivery in the recent past	3.16	0.946
The hospital's financial performance has improved consistently over the past three years.	2.60	0.913
Our hospital has invested in infrastructure development and expansion projects to accommodate growing demand.	3.33	1.070
Our hospital has implemented innovative technologies and systems to improve its patient-care services	2.69	1.301
Our hospital has increased its community outreach engagement efforts to reach underserved populations	3.03	1.119
The hospital's reputation in the healthcare industry has grown significantly	2.61	0.636
Our hospital has effectively adapted to changes in healthcare legal framework to remain competitive.	3.41	0.914
The hospital's strategic planning initiatives have led to measurable improvements in overall performance and outcomes.	3.57	0.700

Source: Research data 2024

The study obtained data on whether FBMHs had experienced significant growth in the number of patients over the past year, resulting to a mean score of 3.14 and a standard deviation of 0.992. This means most responses were scored 'not sure'. Data on whether the hospitals expanded their range of medical services to meet community needs over the previous three years revealed that a mean score of 2.89 with a standard deviation of 1.155 meaning that most were 'not sure' Measuring extent of establishing successful partnerships with other healthcare organizations to enhance service delivery revealed a mean score was 3.16 and a standard deviation of 0.946. This means most were 'not sure'. On whether the financial performance had improved consistently over the previous three years, the results revealed a mean score of 2.60 and a standard deviation of 0.913 which meant that most responses were scored 'disagree'. Data on investment in infrastructure development and expansion projects to accommodate growing demand was examined,

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revealing a mean score of 3.33 with a standard deviation of 1.070, which meant most responses scored 'not-sure'.

The study obtained data that measured whether innovative technologies and systems were implemented to improve patient-care services and revealed a mean score of 2.69 and a standard deviation of 1.301. This means that most responses scored 'disagree'. Data on whether community outreach engagement efforts increased to reach underserved populations revealed a mean score of 3.03 and a standard deviation of 1.119, which means that most scored 'not sure'.

Data was obtained on whether the hospitals' reputation in the healthcare industry had grown significantly, resulting in a mean score of 2.61 and a standard deviation of 0.636, which means most responses 'disagreed'. It also obtained data on whether the hospitals had adapted to changes in the healthcare's legal framework to remain competitive. The mean score was 3.41 and a standard deviation of 0.914 meaning most responses were 'not sure'. The study measured whether strategic planning initiatives led to measurable improvements in overall performance and outcomes. The results had a mean score of 3.57 and a standard deviation of 0.700 meaning most responses scored 'not sure'.

The study did both correlation and regression analysis as presented in the section below:

4.3.6 Correlation Analysis

The study did correlation analysis on data. This analysis is done on quantitative data to establish the degree to which two variables are linearly related, or change together at a constant rate. It was done so as to summarize the existing relationship between study variable simple straightforward relationships making a statement about cause and effect. Thus, it was done in order to compute the association of the linear relationship between two variables (the independent variables versus the dependent variables).

4.3.7 Cross Cultural Communication and Strategic Growth

Correlation analysis results between Cross Cultural Communication and Strategic Growth were done during the study. The results of the analysis are presented in Table 4:8.

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Table 4:10 Correlations Between Independent Variables and Strategic growth of FBMHs

		Cross cultural communication	Strategic growth
Cross cultural communication	Pearson Correlation	1	.270**
	Sig. (2-tailed)		.000
	N	223	223
Diversity Training	Pearson Correlation	1	.863**
	Sig. (2-tailed)		.000
	N	223	223
Diversity Recruitment Practices	Pearson Correlation	1	.375**
	Sig. (2-tailed)		.000
	N	223	223
Diversity Policies	Pearson Correlation	1	.177**
	Sig. (2-tailed)		.005
	N	223	223
Strategic Growth	Pearson Correlation	.177**	1
	Sig. (2-tailed)	.005	
	N	223	223
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Research data 2024

The Pearson Correlation coefficient, a number between –1 and 1 that measures the strength and direction of the relationship between two variables, was determined during the correlation analysis. The significance level of 0.000 indicated that the correlation is statistically significant at the 0.01 level ($p < 0.01$). This means that the likelihood of observing this correlation by chance is less than 1%, providing strong evidence that the relationship observed is not due to random variation (Shiekh & El-Hashash, 2022). The results of 0.270 indicated a positive but moderate relationship between cross-cultural communication and the strategic growth of faith-based hospitals. While not a strong correlation, it suggested that as cross-cultural communication improved, strategic growth tended to increase, albeit to a modest extent. The implication is that despite the moderate strength of the correlation, the positive significant relationship suggests that enhancing

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cross-cultural communication can be beneficial for the strategic growth of faith-based hospitals. Effective cross-cultural communication could lead to better patient satisfaction, improved staff interactions, and more cohesive community engagement, all contributing to strategic growth.

The study did a correlation between diversity training and strategic growth and presented the findings in the Table 4:8. The Pearson Correlation coefficient of 0.863 indicated a very strong positive relationship between diversity training and the strategic growth of faith-based hospitals. This high correlation suggested that as diversity training increase, strategic growth tended to increase significantly. The significance level of 0.000 indicated that the correlation was statistically significant at the 0.01 level ($p < 0.01$). This implies that the likelihood of observing this correlation by chance is extremely low, providing strong evidence that the relationship observed is genuine and not due to random variation. The very strong positive and statistically significant correlation highlights the critical role of diversity training in driving the strategic growth of faith-based hospitals. The evidence suggests that substantial benefits can be gained by investing in these initiatives, ultimately leading to improved patient care, employee satisfaction, and overall organizational success.

The study did a correlation between Diversity Recruitment Practices and Strategic Growth and presented the results in Table 4:8. The Pearson Correlation coefficient of 0.375 indicated a moderate positive relationship between diversity recruitment practices and the strategic growth of faith-based hospitals. This suggests that as diversity recruitment practices improved, there was a corresponding increase in strategic growth, though the relationship is not as strong as in some other areas of diversity-related practices. The significance level of 0.000 indicated that the correlation is statistically significant at the 0.01 level ($p < 0.01$). This implies that the observed relationship is highly unlikely to be due to chance, providing robust evidence that diversity recruitment practices have a real and measurable impact on strategic growth. The moderate positive and statistically significant correlation between diversity recruitment practices and the strategic growth of faith-based hospitals highlights the importance of these practices in driving organizational success. Although the relationship is not as strong as some other diversity-related factors, it still underscores the value of a diverse workforce in contributing to the strategic development and growth of healthcare organizations.

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The study did a correlation analysis between diversity policies and strategic growth of FBMHs. The results are presented in Table 4.8. The Pearson Correlation coefficient of 0.177 indicated a weak positive relationship between diversity policies and the strategic growth of faith-based hospitals. This suggests that while there is some positive association, diversity policies alone may not be a strong driver of strategic growth. The significance level of 0.005 indicated that the correlation is statistically significant at the 0.01 level ($p < 0.01$). This implies that the observed relationship is unlikely to be due to chance, providing some evidence that diversity policies have a real, albeit limited, impact on strategic growth. The weak, positive and statistically significant correlation between diversity policies and the strategic growth of faith-based hospitals indicates that while diversity policies contribute to growth, their impact is limited on their own. For meaningful strategic growth, these policies need to be part of a broader, integrated approach to diversity and inclusion, supported by effective implementation and complementary initiatives.

4.3.8 Regression Analysis

The study applied regression analysis, a statistical technique used to examine the relationship between one dependent variable and one or more independent variables. It was done in order to understand how changes in the study's independent variables (cross-cultural communication, diversity training, diversity recruitment practices, diversity policies) affected the dependent variable (strategic growth of faith-based mission hospitals) and to predict the dependent variable based on the values of the independent variables.

The study did a multivariate regression and presented the findings in Table 4.9.

Table 4:11 Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.367	.061		6.042	.000
	Cross-Cultural Communication Approaches	-.216	.016	-.860	-13.651	.000
	Diversity Training	.893	.013	1.240	67.358	.000
	Diversity Recruitment Practices	.112	.009	.321	13.171	.000

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	Diversity Policies	.005	.025	.011	.212	.832
a. Dependent Variable: Strategic Growth						

Source: Research data (2024)

Based on Table 4:9, the constant (intercept) of 0.367 represented the baseline level of strategic growth when all independent variables are held at zero. This is the predicted value of strategic growth without the influence of the independent variables. The coefficient for cross-cultural communication approached -0.216, indicating a negative relationship with strategic growth. The significance level of 0.000 showed this relationship is statistically significant ($p < 0.01$). The coefficient for diversity training was 0.893, indicating a strong positive relationship with strategic growth. For each unit increase in diversity training strategic growth increased by 0.893 units, holding other factors constant. The significance level of 0.000 indicated this relationship is statistically significant ($p < 0.01$). The coefficient for diversity recruitment practices was 0.112, suggesting a positive relationship with strategic growth. For each unit increase in these practices, strategic growth increased by 0.112 units, holding other factors constant. The significance level of 0.000 indicated this relationship is statistically significant ($p < 0.01$), confirming that effective diversity recruitment practices positively influence strategic growth. The coefficient for diversity policies was 0.005, indicating a very weak positive relationship with strategic growth. For each unit increased in diversity policies, strategic growth increased by only 0.005 units, holding other factors constant. The significance level of 0.832 showed this relationship is not statistically significant ($p > 0.05$).

By replacing variables in the regression model.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon,$$

Then

Y (Strategic Growth) = .367-.216 (Cross-Cultural Communication Approaches) + .893 (Diversity Training) + .112 (Diversity Recruitment Practices) + .005 (Diversity Policies).

The analysis reveals that diversity trainings have the most substantial positive impact on the strategic growth of faith-based hospitals, underscoring the importance of comprehensive training programs in fostering organizational development and success. Diversity recruitment practices also contribute positively to strategic growth, though to a lesser extent, by ensuring a diverse and capable workforce. However, cross-cultural communication approaches showed a negative impact on strategic growth, despite being

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statistically significant, suggesting potential challenges or conflicts that need to be addressed. Diversity policies, on the other hand, had a negligible and statistically insignificant impact, indicating that policies alone, without effective implementation and integration with other diversity practices, do not significantly drive strategic growth.

Overall goodness of fit

The study obtained the goodness of fit using the chi-square test. The results are presented in the section that follow.

Table 4:12 Overall goodness of fit

Test Statistics				
	Cross-Cultural Communication Approaches	Diversity Training	Diversity Recruitment Practices	Diversity Policies
Chi-Square	127.717[a]	53.242[a]	62.744[b]	124.596[a]
df	5	5	6	5
Asymp. Sig.	.000	.000	.000	.000
a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 37.2.				
b. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 31.9.				

The Chi-square results provide insight into the goodness of fit of the observed data to the expected data for each variable in this study. On Cross-Cultural Communication Approaches: The Chi-square value is 127.717 with 5 degrees of freedom (df), and the Asymptotic Significance (p-value) is .000. This p-value is less than the typical threshold of 0.05, indicating that the observed distribution of cross-cultural communication approaches significantly differs from the expected distribution. This suggests that cross-cultural communication has a substantial impact on the strategic growth of faith-based mission hospitals.

On Diversity Training, the Chi-square value is 53.242 with 5 degrees of freedom, and the Asymptotic Significance is .000. This statistically significant result implies that diversity training is not evenly distributed and plays a key role in influencing the strategic growth of

mission hospitals. Diversity Recruitment Practices, with a Chi-square value of 62.744, 6 degrees of freedom, and a p-value of .000, the data show a significant divergence from the expected frequencies, underscoring the critical role of recruitment practices in the organizational performance. On Diversity Policies, the Chi-square value is 124.596 with 5 degrees of freedom, and the p-value is .000. This shows a significant impact of diversity policies on strategic growth. In all cases, the Chi-square tests demonstrate that the data are significantly different from the expected distributions, confirming the relevance of the tested factors to the strategic growth of faith-based mission hospitals. Additionally, the fact that no cells have expected frequencies less than 5 ensures the reliability of the Chi-square test results.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This research sought to understand the effectiveness of cultural diversity policies, growth, and development initiatives within a FBMHs' setting. To achieve this, the study assessed how various aspects of the assess the role of cultural diversity on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties. Specifically, it explored the influence of diversity training, established the role of diversity recruitment practices, assessed the influence of diversity policies on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties, and assessing the influence of diversity policies. This chapter details the summary of major findings of the study, conclusions, recommendations, and suggested areas for further studies.

5.2 Summary of the study

The survey on cross-cultural communication approaches reveals mixed perceptions among patients. While many respondents appreciate the hospital's language interpretation services, some feel improvements are needed. There is significant dissatisfaction with the hospital's efforts to seek patient feedback on cultural experiences, suggesting a need for more proactive engagement. Collaboration with community organizations receives moderate recognition but indicates room for enhancement. Staff sensitivity to religious and spiritual beliefs is well-regarded, but multilingual informational resources are found insufficient by some. Encouragement for patient participation in healthcare decisions is inconsistent, with many felt inadequately supported. Perceptions of leadership's commitment to cross-cultural communication suggest potential gaps in prioritization. Additionally, while some acknowledge the integration of diversity principles, a significant number remain uncertain. Overall, the hospital shows strengths but faces challenges in feedback mechanisms, community collaboration, and leadership commitment, which should be addressed to enhance cultural sensitivity and patient engagement.

The faith-based mission hospitals (FBMHs) implemented comprehensive diversity training programs that received mostly positive feedback for enhancing staff cultural competence and sensitivity. While the training was effective in improving staff attitudes towards cultural diversity and raising awareness about health disparities, there was some uncertainty about its overall impact on performance and staff collaboration. Despite mixed

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opinions, the training was deemed crucial for advancing cultural competence, fostering better staff collaboration, and supporting the hospitals' overall success.

The survey on diversity recruitment practices at the hospital shows mixed evaluations. While there is some recognition of the hospital's efforts to build a diverse workforce and provide equitable healthcare, significant concerns remain. Many respondents feel that diversity promotion in recruitment is inadequate and that the hiring process fails to sufficiently address biases and stereotypes. Although some value cultural competence in hiring criteria and appreciate diversity-enhancing attributes, there is uncertainty and disagreement about the overall emphasis on these aspects. Addressing these issues could improve the effectiveness of the hospital's diversity recruitment strategies, leading to a more inclusive and culturally competent workforce.

The survey of the hospital's cultural diversity policies reveals a generally positive perception of their effectiveness, with respondents noting that the policies are comprehensive, promote staff diversity and support the hospital's vision. However, there are concerns about the regular updating of policies, the involvement of stakeholders in policy development, and the impact on staff collaboration. While the policies contribute to staff satisfaction and organizational success, improving stakeholder engagement and ensuring frequent updates could enhance their effectiveness and integration.

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5.3 Conclusions

The aim of the study was to establish the role of cultural diversity management on the strategic growth of faith-based mission hospitals in Kiambu and Nairobi Counties. The study concludes that while FBMHs demonstrate strengths in certain areas of cross-cultural communication, such as language interpretation services and sensitivity to religious and spiritual beliefs, it faces significant challenges in other areas. Key issues include inadequate patient feedback mechanisms, inconsistent encouragement for patient participation in healthcare decisions, insufficient multilingual informational resources, and perceived gaps in leadership's commitment to cross-cultural communication. To enhance cultural sensitivity and patient engagement, the hospital needs to address these challenges, particularly in feedback mechanisms, community collaboration, and the prioritization of diversity principles in decision-making processes.

The diversity training programs implemented by the faith-based mission hospitals (FBMHs) have been largely effective in enhancing staff cultural competence and

sensitivity, with positive feedback from most respondents. However, there is some uncertainty about the training's overall impact on performance and staff collaboration. While the training has improved staff attitudes towards cultural diversity and increased awareness of health disparities, opinions are mixed regarding its effectiveness in fostering better teamwork. Overall, the training is deemed crucial for advancing cultural competence and supporting the hospitals' success, though further efforts may be needed to address issues related to staff performance and collaboration.

On diversity recruitment practices, the study concludes that efforts to build a diverse workforce should be complemented by enhancing recruitment processes and addressing biases. Ensuring that cultural competence is a core aspect of hiring criteria and emphasizing diversity-enhancing attributes during interviews can improve the overall effectiveness of these practices.

On diversity policies, the study concludes that though there are policies currently in place, there is a need for updates and improved stakeholder engagement. Ensuring that policies address evolving needs and have a meaningful impact on staff collaboration can further enhance their effectiveness and integration within the hospital.

On strategic growth, the study concludes that while patient growth, community outreach and strategic planning are areas of positive perception, concerns remain about service expansion, financial performance, and the implementation of innovative technologies. Addressing these concerns and focusing on areas of improvement will be critical for sustaining and advancing the hospital's growth and development.

5.4 Recommendations

The findings of the research have implications on practice and theory of cultural diversity among faith-based mission hospitals which could benefit healthcare givers. It could also be of benefit to academia. The recommendation to hospital administrators and management is that they should enhance cross-cultural communication by improving patient feedback mechanisms. Leadership in these hospitals should increase commitment to cultural diversity. This includes better collaboration with community organizations, expanding multilingual resources, and actively encouraging patient participation in healthcare decisions. The management in FBMHs should address gaps in diversity training by increasing the availability of effective multilingual informational resources. In addition, hospital administrators and management should integrate comprehensive cultural

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competence modules into training programs and continuously refine these programs based on feedback from patients and staff. FBMHs' leadership should be proactive in gathering feedback from stakeholders and integrating cultural competence into training programs

The hospitals' administrators and management should improve diversity recruitment practices by implementing strategies that mitigate biases, emphasizing cultural competence during hiring processes. Regular evaluation of recruitment practices by the hospitals' administrators and management will help ensure a diverse workforce. In the same light, the management should regularly update and strengthen diversity policies, incorporating feedback from diverse stakeholders to ensure their effectiveness. Enhanced communication and implementation strategies should be developed by the management to better integrate these policies into daily operations.

Moreover, hospitals leadership and management should address service expansion, financial performance, and the impact of innovative technologies, which are critical for achieving sustained and effective growth and development. Incorporating appropriate cultural diversity could in overall contribute positively to improvement of these performance indicators Based on Statistical analysis, FBMHs leaders, managers and policy makers should prioritize diversity training as a key strategy for growth due to its strong positive impact. They should enhance diversity recruitment practices and integrate it with training efforts. Policy makers should consistently assess cross-cultural communication approaches and refine them to ensure they positively impact strategic growth. FBMHs leaders, administrators and policy makers should ensure effective implementation of diversity policies and support of diversity initiatives so as to optimize their impact in the hospitals.

Healthcare workers should undergo regular training in cultural competence to ensure effective communication with patients from diverse backgrounds. They should embrace and respect cultural diversity in patient care, fostering an environment of inclusivity that aligns with the values of faith-based institutions. Policymakers should allocate resources to support diversity-related programs and infrastructure in mission hospitals. Faith-based hospitals should collaborate with local and international stakeholders to share best practices in managing cultural diversity and improving hospital growth.

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5.5 Areas for Further Research

This study would like to recommend the following as areas for possible studies:

A study on the impact of cultural diversity policies on patient satisfaction and outcomes, exploring how different policies affect the quality of patient care and overall hospital performance. It also recommends research on the effectiveness of various diversity training programs and their impact on staff cultural competence, examining which training methods yield the best results in improving staff interactions with diverse patient populations; and an investigation into the relationship between hospital financial performance and service expansion initiatives, analyzing how financial stability influences the ability to expand services and meet community needs effectively. Additionally, it also recommends research on the role of innovative technologies in improving patient care and hospital operations, assessing the actual impact of these technologies on patient outcomes and operational efficiency.

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APPENDIX I: QUESTIONNAIRE

Dear Respondent,

Re: Data Collection

I am student at St. Paul's University, pursuing a Master of Business Administration Degree. As a prerequisite for the award of this Degree, I am required to conduct a comprehensive study on a topic of choice. I would appreciate your contribution to this study titled "INFLUENCE OF CULTURAL DIVERSITY ON THE STRATEGIC GROWTH OF FAITH-BASED MISSION HOSPITALS IN NAIROBI AND KIAMBU COUNTIES, KENYA. The aim of the study is to generate a comprehensive report on the research topic. The purpose of this questionnaire is to collect data concerning your job and other personal information. Participation is voluntary and information provided will be treated with utmost confidentiality and will only be used for academic purposes.

Yours faithfully,

Njuguna Munyeki Kelvin

AUGUST 2024

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GENERAL DEMOGRAPHIC DATA

(Tick Appropriately)

1. Indicate your Gender Male ☐ Female ☐

2. Indicate your age group

25 years or below ☐ 26-35 ☐ 36-45 ☐ Above 45 ☐

3. Indicate your highest level of

Secondary School ☐ Certificate Level ☐ Diploma ☐

Bachelors ☐ Masters ☐ PhD ☐

4. Indicate job title except for CEO and senior managers.

_____

5. What is your job level? Senior Level ☐ Middle level ☐ Junior/Entry ☐ level

6 How long have you served this hospital? Years _____

7. County _____

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SECTION B:

CROSS-CULTURAL COMMUNICATION APPROACHES

Tick appropriately whereby Strongly Disagree (SD), Disagree, (D) Not Sure (NS), Agree (A) and Strongly Agree (SA)

	Statement	**SD**	**D**	**NS**	**A**	**SA**
9	The hospital provides language interpretation services to assist patients who do not speak the local language.					
10	Our hospital regularly seeks feedback from patients regarding their cultural experiences and preferences.					
11	The hospital collaborates with local community organizations to address cultural issues in healthcare access.					
12	Staff members demonstrate sensitivity to religious and spiritual beliefs when providing care to patients.					
13	The hospital provides informational resources and materials in multiple languages to accommodate diverse patient populations.					
14	Our hospital encourages patients to actively participate in their healthcare decisions guided by their cultural preferences					
15	The hospital leadership prioritizes cross-cultural communication initiatives					
16	Our hospital incorporates diversity and inclusion principles in its decision-making processes.					

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SECTION C:

DIVERSITY TRAINING

Tick appropriately whereby 1= Strongly Disagree (SD), 2= Disagree, (D) 3= Not Sure (NS), 4 = Agree (A) and 5= Strongly Agree (SA)

	Statement	SD	D	NS	A	SA
16	Our hospital provides comprehensive diversity training programs for all staff members.					
17	Diversity training sessions in our hospital effectively address staffs' cultural competence and sensitivity.					
18	Employees show improved performance on cultural diversity aspect when assessment after training on diversity training					
19	The diversity training offered by our hospital has influenced staff members' attitudes towards cultural diversity.					
20	The diversity training provided by our hospital has improved collaboration among staff who are from different cultural backgrounds.					
21	Staff members in our hospital are trained to address cultural and diversity-related issues in patient care					
22	The diversity training at our hospital has increased staff members' awareness of health disparities among different population groups.					
23	The diversity training initiatives in our hospital have contributed to success of our organization.					

SECTION D:

DIVERSITY RECRUITMENT PRACTICES

Tick appropriately whereby 1= Strongly Disagree (SD), 2= Disagree, (D) 3= Not Sure (NS), 4 = Agree (A) and 5= Strongly Agree (SA)

	Statement	SD	D	NS	A	SA
24	Our hospital actively promotes diversity and inclusion in its recruitment practices.					
25	The recruitment process in our hospital ensures equal opportunities for candidates from diverse backgrounds.					
26	Our hospital considers cultural competence and sensitivity as essential criteria when hiring new staff members.					
27	The hiring process in our hospital considers candidates' experiential ability to deal with diverse cultures					
28	Our hospital actively seeks to recruit staff members who reflect the cultural diversity of the communities we serve.					
29	The recruitment practices in our hospital contribute to building a culturally diverse workforce.					
30	The hiring process in our hospital effectively addresses biases and stereotypes that a potential employee could					

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	have					
31	Our hospital values candidates' aspects that enhance cultural diversity during the interview process.					
32	The recruitment practices in our hospital have led to improved staff cultural diversity at workplace.					
33	Our hospital's commitment to inclusive recruitment practices is rules that guide workplace behaviors					
34	The recruitment strategies employed by our hospital enable equitable provision of healthcare services to all communities.					

SECTION E

DIVERSITY POLICIES

Tick appropriately whereby 1= Strongly Disagree (SD), 2= Disagree, (D) 3= Not Sure (NS), 4 = Agree (A) and 5= Strongly Agree (SA

	Statement	**SD**	**D**	**NS**	**A**	**SA**
35	Our hospital has established comprehensive cultural diversity policies that guide our operations.					
36	The cultural diversity policies in our hospital promote diversity for all staff members.					
37	Our hospital actively seeks input from diverse stakeholders in the development of cultural diversity policies.					
38	The cultural diversity policies in our hospital effectively address cultural competence and sensitivity.					
39	Our hospital provides resources support to ensure the implementation of cultural diversity policies.					
40	The cultural diversity policies in our hospital have improved collaboration among staff from different backgrounds.					
41	Our hospital regularly updates cultural diversity policies to meet the evolving needs of our workforce.					
42	The cultural diversity policies in our hospital have led to increased staff satisfaction and retention.					
43	Our hospital recognizes contributions from staff members from all backgrounds.					
44	The cultural diversity policies in our hospital are aligned with our mission and vision					
45	Our hospital policy has provision for promoting cultural diversity in recruitment, hiring, and promotion of staffs.					
46	The cultural diversity policies in our hospital have contributed to success of our organization.					

SECTION F:

STRATEGIC GROWTH OF FBMHS

Tick appropriately whereby 1= Strongly Disagree (SD), 2= Disagree, (D) 3= Not Sure (NS), 4 = Agree (A) and 5= Strongly Agree (SA)

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	Statement	SD	D	NS	A	SA
47	Our hospital has experienced significant growth in patient volume and admissions over the past one year.					
48	The hospital has expanded its range of medical services to meet the needs of the community in the last 3 years					
49	Our hospital has successfully established partnerships with other healthcare organizations to enhance service delivery in the recent past					
50	The hospital's financial performance has improved consistently over the past three years.					
51	Our hospital is investing in infrastructure projects to accommodate growing demand.					
52	The hospital has implemented innovative technologies and systems to improve efficiency in patient care.					
53	Our hospital has increased its community engagement efforts to reach underserved populations.					
54	The hospital's reputation and standing in the healthcare industry has grown significantly.					
47	Our hospital has effectively adapted to changes in healthcare regulations and policies to remain competitive.					
48	The hospital's strategic planning initiatives have led to measurable improvements in overall performance and outcomes.					

Thank You for Your Participation.

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APPENDIX II: PARTICIPATING HOSPITALS

County	Name of the Faith Based Mission Hospital	Target Individuals
Kiambu	Nazareth Hospital Riara Ridge,	21
	Nazareth Hospital Ruiru	16
	St. Immaculate Heart Hospital,	23
	Mary Help of The Sick Mission Hospital,	20
	Assumption of Mary Catholic Dispensary,	20
	Kalimoni Mission Hospital,	0
	Immaculate Heart of Mary Hospital	30
	A.I.C Kijabe Medical Centre	55
	AIC -Cure International Children's Hospital	21
	P.C.E.A Hospital Kikuyu	43
	P.C.E.A Kikuyu Orthopedic Rehabilitation Centre	22
Nairobi City	Jumuia Hospital Huruma	20
	Neema Hospital Ruaraka	20
	Nairobi Adventist Hospital in Westlands	28
	Coptic Hospital	28
	St. Mary's Mission Hospital	34
	Mater Misericordiae	31
	Total	432

Source: (NHIF, 2024)

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APPENDIX III: UNIVERSITY AUTHORIZATION LETTER

ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728 - 669000
(0) 736 - 424440

BOARD OF POSTGRADUATE STUDIES

11th June, 2024

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR KELVIN NJUGUNA – MBALMR579422 TO CONDUCT RESEARCH

This letter confirms the above-named person is a student in the Master of Business Administration Program at St. Paul's University.

The second year consists of a major research work leading to a Thesis. The student's selected topic is:

"Influence of cultural diversity on the strategic growth of faith-based mission hospitals in Nairobiand Kiambu Counties, Kenya."

Kindly grant this student the required permit.

Yours Faithfully,

DIRECTOR POSTGRADUATE STUDIES ST. PAUL'S UNIVERSITY 11 JUN 2024 P.O. PRIVATE BAG - 00217, LIMURU

Dr. John Muhoho
Director Board of Postgraduate Studies

St. Paul's University Repository

APPENDIX IV: AUTHORIZATION FROM NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 426596

Date of Issue: 04/July/2024

RESEARCH LICENSE



This is to Certify that Mr.. Kelvin Munyeki Njuguna of Saint Paul University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kiambu, Nairobi on the topic: INFLUENCE OF CULTURAL DIVERSITY ON THE STRATEGIC GROWTH OF FAITH-BASED MISSION HOSPITALS IN NAIROBI AND KIAMBU COUNTIES, KENYA for the period ending : 04/July/2025.

License No: NACOSTI/P/24/37241

426596

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

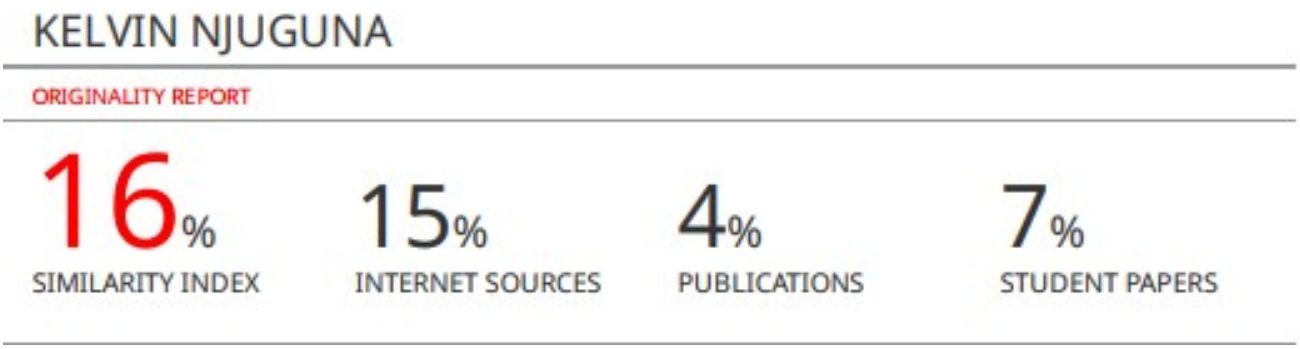
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APPENDIX V: SIMILARITY INDEX REPORT



ST. PAUL'S UNIVERSITY

LETTER FROM ISERC

ST. PAUL'S UNIVERSITY

Private Bag 00217 Limuru,
Kenya
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728-669000
(0) 736-424440

REF: SPU/183/2024 **Date: 12th June 2024**

TO: Kelvin Njuguna
St. Paul's University

Dear Kelvin,

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REF: Influence of Cultural Diversity on the Strategic Growth of Faith-Based Mission Hospitals in Nairobi and Kiambu Counties, Kenya

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Greetings,

This is to inform you that SPU- Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal. **Your ERB approval number is 192, for the period between 12th June 2024 – 12th June 2025 (1 year).**

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SPU- Institutional Scientific Ethics Review Committee.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SPU- Institutional Scientific Ethics Review Committee within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to *SPU- Institutional Scientific Ethics Review Committee* within 72 hours

v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to SPU- Institutional Scientific Ethics Review Committee.
viii. Please note that it is within the ISERC's mandate to monitor your research and to do random visits to the site. All research is subject to post approval monitoring.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,



Dr. Daniel Nzengya, PhD
Chairperson
SPU- Institutional Scientific & Ethics Review Committee

