



Firm Performance as an Outcome of Adhocracy Culture: A Perspective of Level Five Hospitals in Kenya

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Abstract: The state of a country's health sector determines the development of its residents' welfare and quality of life. The Kenyan health industry is confronted with issues that result in poor service delivery. Therefore, this study sought to determine the effect of adhocracy culture on the performance of a Level 5 hospital in Nairobi, Kenya. The study was anchored on resource-based view theory. Both descriptive and explanatory research projects were used. The study targeted 20 level five hospitals in Nairobi County. All the hospitals were included in the study and therefore it was a census. The unit of observation included 10 department heads from each hospital. A total of 200 respondents were expected to participate in the study. Structured questionnaire was used to obtain primary data. Pilot data was used to measure the questionnaire's reliability. Frequencies, percentages, means, and standard deviation were used in descriptive statistical analysis. Inferential statistics were used to determine how variables were related. It consisted of correlation and regression analysis to assess the relationship between the independent and dependent variable. The findings of the correlation analysis found out that adhocracy culture had a positive and significant relationship with firm performance ($r=0.640$, $p=0.000$). Further, regression output indicated that adhocracy culture had a positive and significant effect on firm performance ($\beta=.719$, $p=0.000$). Therefore, the study concluded that adhocracy culture has a substantial contribution to the performance of level 5 hospitals. The management of level five hospitals should ensure policies are streamlined to strengthen the aspects of adhocracy culture within the organization. In particular, the management should promote adaptability and also encourage individual initiatives. The management should further boost the organizations' resources through acquisition of new resources.

Keywords: Adhocracy culture, firm performance, level five hospitals

1. INTRODUCTION

The performance of the company can be determined through both qualitative and quantitative measurements. Berberoglu (2018) believes that company performance is to achieve goals such as large market share margins, attractive financial results, high returns, and survival at a certain point in time with the help of a significant work system. Al Hammadi and Hussain (2019) argue that for a high-quality organizational measure, implementation can be viewed as a measure that has an influence, cognitive and symbolic influence on the outcomes of organizational members.

Numerous researchers have adopted different measures of firm performance in the health sector. Acar and Acar (2014) conceptualized corporation performance in terms of wide variety of personnel, degree of pride of employees, quantity of sufferers, patient complaints, service satisfactory, and economic fulfillment of new services. Amolo (2018) measured firm performance using quality service, specialized treatment and resource allocation. Omondi (2016) operationalized firm performance in terms of quality, affordability, accessibility, and acceptability. In this study, firm performance of level five hospitals was measured using quality service, specialized treatment, resource allocation, customer satisfaction, employee commitment and affordability.

Adhocratic culture is a workplace that is diverse, entrepreneurial, imaginative, and artistic (Tseng, 2010). New product and service development, adaptability, growth, change, productivity, performance, and experimentation are all priorities (Asaah, Effah & Sam, 2015). According to Gao (2017), adhocratic culture has a positive relationship with company success. Companies' economic

output is influenced by adhocratic tradition, according to Fekete and Bocskei (2011). This culture is exemplified by an organization that conducts business over the Internet, which is characterized as a new economy with advanced technology (Acar & Acar, 2014). In terms of the advancement of projects, entrepreneurial leadership, and the acquisition of new tools, Misigo et al. (2019) define an adhocratic community. Adhocracy, according to Migdadi, Zaid, Yousif, Almestarihi, and Al-Hyari (2017), is a type of culture that promotes adaptability, versatility, and ingenuity in organizations to cope with complexity, ambiguity, and knowledge overload. In this study, adhocracy culture was measured by adaptability, individual initiative, and acquisition of new resources.

The level five hospitals in Nairobi are paramount in facilitating government objectives of providing affordable and quality health services to Kenyans and by extension serving neighboring countries. They are an essential segment of the health system of the county and stand in place of district hospitals' referral hospitals as a mediating facility between the districts and national referral hospitals (Ministry of Health [MoH], 2019). They also act as regional centers for providing specific care such as intensive care and life support and consultations from specialist health care providers. The level five hospitals comprise various medical professionals such as specialized nurses and midwives, general medical physicians and pediatricians (MoH, 2019).

1.1. Statement of the Problem

The state of a country's health-care system determines its growth in terms of its residents' well-being and quality of life. However, it is believed that the Kenyan health care sector has lost between 10% and 18% of sales owing to inventory shortages (Murphy, 2018). Malaria cases have been reported as a result of a scarcity of necessary drugs in some hospitals. Malaria, for example, is thought to affect more than 40% of outpatients and 60% of cases in children's hospitals (Agango & Achuora, 2018). Furthermore, according to the data, 8.7 percent of households in the poorest quintile have lower health-care costs. People seek treatment at a higher level than necessary due to weak baseline standards of care and ongoing difficulties with the referral system, which harms the health system's overall performance (KHSa, 2019).

Previous research has found a correlation between organizational culture and company performance. However, these investigations highlight a number of research gaps. Studies such as (Wambugu, 2014; Indiya, Obura, & Mise, 2018; Misigo, Were, & Odhiambo, 2019) offer contextual gaps because they were conducted in contexts that differed from the current research. Because of these contextual differences, the findings and conclusions of the investigations are irrelevant to this report. The research cited above, in particular, focused on other industries rather than the health sector. Moreover, several investigations reveal conceptual limitations. Omukaga (2016) studied employee performance, which is a subset of company performance. Furthermore, there is a methodological gap. Ngara (2018) was restricted to a single organization. The current study included a survey of level five hospitals. With the above knowledge gaps in mind, the study aimed to evaluate the impact of adhocracy culture on the performance of level five hospitals in Nairobi City County, Kenya.

2. LITERATURE REVIEW

2.1. Theoretical Review

Resource Based View Theory

Barney (1991) introduced the resource-based theory view, in which firms are understood as a set of resources that are spread heterogeneously through firms and in which resource disparities persist over time. The theory suggests that the company can be thought of as a set of resources. Furthermore, corporations achieve and maintain competitive advantage, according to the theory, by using valuable resources and opportunities that would otherwise be unavailable. The company's long-term competitive advantage and excellent results was due to internal organizational factors. The basic prediction of this theory is that by using unique and specialized organizational tools and skills, sustained superior performance can be achieved.

The theory tackles the issue of how businesses can obtain and retain these advantages. The theory also emphasizes the importance of long-term benefits: a business can gain a long-term competitive advantage by successfully using these resources in the market for its goods (Kapelko, 2006). According to Madhani (2010), the theory entails analyzing and interpreting internal resources in order

to develop strategies for gaining a long-term competitive advantage. In principle, competitive advantage is based on valuable, uncommon, incomplete imitation that cannot be fully replaced, rather than all firm capital (Barney, 1991). Companies ought to also make those gear to be had for strategic purposes and make true use of them if you want to achieve long-term aggressive benefit and strategic targets (Collis, 1995).

The theory of the resource perspective is applicable to this research because it brings out the role of organizational resources in increasing efficiency. This research focuses on adhocracy culture as an internal resource that companies can use to maximize efficiency. In theory, adhocracy culture can be viewed as valuable organizational resource with which a company can be successful. The theory therefore, provides a prediction that adhocracy culture as a resource can result in improved firm performance.

2.2. Empirical Review

Yesil and Kaya (2013) analyzed how corporate culture affects financial performance in Turkish businesses. The findings of this study were analyzed using a descriptive research method and regression analysis. The findings show that, in comparison to clan cultures and hierarchies, an adhocratic culture facilitates knowledge transformation and improves business efficiency. However, the study crosses financial measures for firm efficiency. The current study used non-financial measures including quality service, specialized treatment, resource allocation, customer and employee satisfaction and affordability. Different operationalization of variables could yield varying results and therefore the existing findings cannot be generalized.

In Tunisia, Khedhaouria, Nakara, Gharbi, and Bahri (2020) investigated the relationship between organizational culture (adhocracy, clan, hierarchy, and market) and entrepreneurial orientation (innovation, risk-taking, and activity) and their impact on small business success. The findings revealed that entrepreneurship plays a role in small business success by promoting creative and constructive action through adhocracy and market culture. The research, however, did not find a connection between adhocracy culture and company results. Instead, the survey used a mediating variable. The current study established the direct link between adhocracy culture and entity efficiency.

Naranjo-Valencia, Jiménez-Jiménez, and Sanz-Valle (2016) examined the relationship between organizational culture, innovation, and competitiveness in Spanish companies. The findings indicate that culture can either drive creativity and business performance or can be an obstacle to both, depending on the values promoted by culture. In particular, an adhocratic culture has proven to be the best predictor of innovation and efficiency. According to the findings, creativity mediates the relationship between performance and some forms of organizational culture. However, since the research was performed in Spain, which is a different geographical context than Kenya, there is a conceptual difference. In addition, this study cannot determine the direct impact of corporate culture on productivity and productivity and instead introduces a moderating variable. This study analyzed the direct influence of adhocracy culture and company performance.

Misigo, Were, and Odhiambo (2019) studied how adhocracy culture affects the success of Kenyan public water companies. According to the correlation coefficient, adhocratic culture has an important positive impact on results. The regression results show that any shift in Adhocratic culture improves productivity by 0.327 units, implying that Adhocratic culture has a positive impact on organizational effectiveness. According to the findings, an adherent community has a huge impact on the success of Kenya's public water companies. Even so, the study focused on drinking water companies. The current study focused on health organizations. These sectors are different and the summary of results may not be appropriate.

2.3. Conceptual Framework

The hypothetical relationship between the independent and dependent variables in this analysis is depicted in Figure 1. Adhocracy culture makes up the independent variable. Firm performance is the dependent variable.

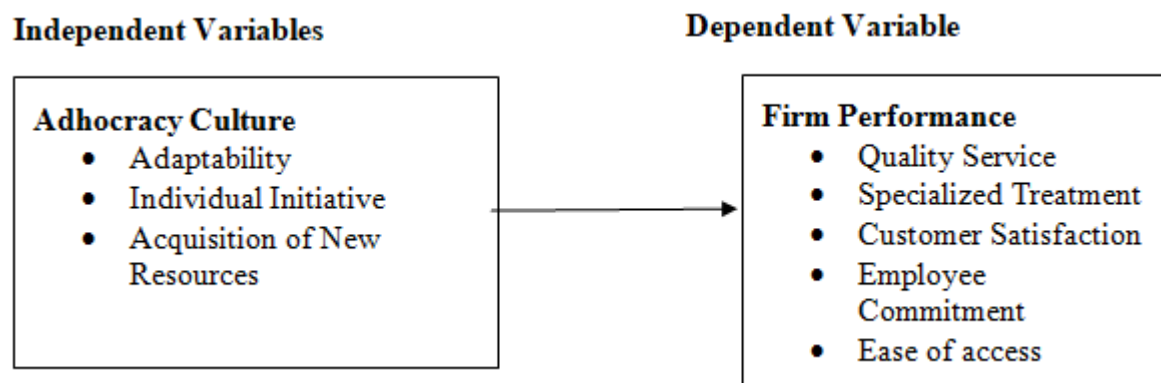


Figure1. Conceptual Framework

3. RESEARCH METHODOLOGY

The study adopted both descriptive and explanatory research designs. The study targeted 20 level five hospitals in Nairobi County. All the hospitals were included in the study and therefore it was a census. The unit of observation included 10 department heads from each hospital. A total of 200 respondents were expected to participate in the study. A structured questionnaire was used to obtain primary data. The analysis used descriptive and inferential statistics to evaluate the results. Frequencies, percentages, means, and standard deviation were used in descriptive statistical analysis. Correlation and regression analysis were used to assess the relationship between the independent and dependent variables.

4. RESULTS AND DISCUSSION

4.1. Response Rate

The researcher administered 200 questionnaires to respondents in selected level five hospitals. The summary of the response rate is provided in Figure 4.1.

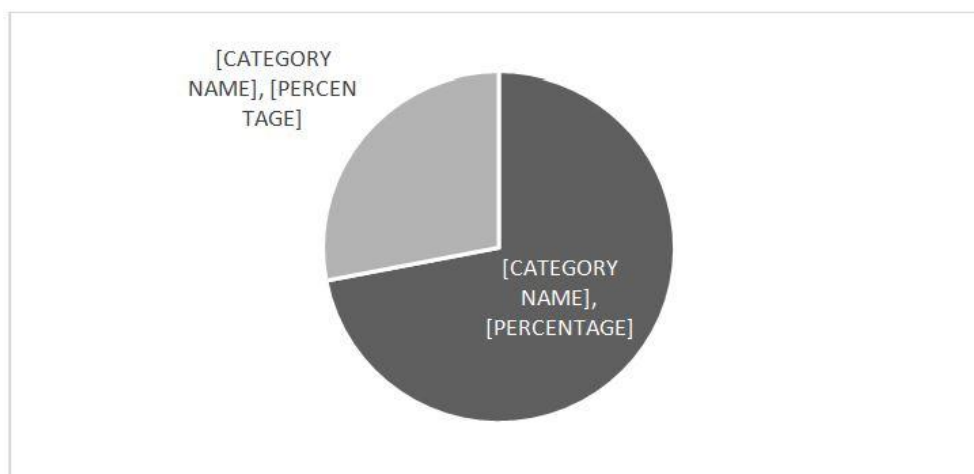


Figure1. Response and Non-Response Rate

Source: Researcher (2021)

Figure 1 shows that 144 of the 200 questionnaires distributed were completed and returned, giving a 72 percent response rate. The remaining 56 questionnaires were either not returned or filled out improperly. For analysis, a response rate of more than 50% is considered satisfactory. The researcher therefore considered a response of 72% to be sufficient for analysis.

4.2. Reliability of the Research Instrument

Cronbach Alpha coefficient was used to test dependability of the data tool. The coefficient evaluates the internal consistence or homogeneity among the research instrument items (Cronbach, 1951). As such, items with Cronbach Alpha value greater than 0.7 were adopted. Table 1 indicates the outcome.

Table1. Reliability Test Results

Variable (N=20)	No of Items	$\alpha \geq 0.7$	Comment
Firm Performance	7	0.905	Reliable
Adhocracy Culture	8	0.834	Reliable

Source: Researcher (2021)

Table 1 shows that firm performance had a Cronbach alpha coefficient of 0.905, and adhocracy culture had 0.834. The coefficients were >0.7 , suggesting that questionnaire was dependable. It's worthwhile to note these benchmark Cronbach Alpha has been widely used in social science research (Kinyua, 2015; Mbugua & Kinyua, 2020; Gatuyu & Kinyua, 2020; Ontita & Kinyua, 2020; Muthimi, Kilika, & Kinyua, 2021; Ong'esa & Kinyua, 2020; King'oo, Kimencu & Kinyua, 2020)

4.3. Descriptive Analysis

The participants revealed their agreement with the statements relating to firm performance. Results are presented in Table 2.

Table2. Descriptive statistics on firm performance

Statements	1	2	3	4	5	M	S.D
The services offered at the hospital are of top quality	2.1%	9.0%	2.8%	40.3%	45.8%	4.19	1.00
There is top quality professionalism at the hospital	3.5%	6.2%	6.2%	47.2%	36.8%	4.08	1.00
The hospital offers specialized treatment to patients requiring special attention	2.1%	4.9%	4.2%	35.4%	53.5%	4.33	0.92
Customers are satisfied with the services delivered at the hospital	2.8%	2.8%	5.6%	46.5%	42.4%	4.23	0.89
Employees are committed to their tasks allowing focus on quality service delivery	1.4%	2.8%	4.2%	45.1%	46.5%	4.33	0.80
The services at the hospital are easily accessible by the citizens	3.5%	3.5%	3.5%	43.1%	46.5%	4.26	0.94
There is an active and functional feedback mechanism to encourage communication with the patients	2.1%	0.7%	5.6%	45.8%	45.8%	4.33	0.79
Aggregate mean						4.25	0.91

Source: Researcher (2021)

The results shown in Table 2 show that the majority of respondents believed that the health facility's services are of high quality, as evidenced by a mean of 4.19 and a standard deviation of 1.0. The repliers further agreed with the statements that there's top-quality professionalism at the health facility (mean = 4.08, std. dev = 1.0), the hospital offers specialized treatment to patients requiring special attention (mean=4.33, std. dev=0.92) and customers are satisfied with the services delivered at the hospital (mean=4.23, std. dev=0.89).

Additionally, most of the respondents agreed with the claims that employees are committed to their tasks allowing focus on quality service delivery (mean=4.33, std. dev=0.80); the services at the hospital are easily accessible by the citizens (mean=4.26, std. dev=0.94); and there is an active and functional feedback mechanism to encourage communication with the patients (mean=4.33, std. dev=0.79).An aggregate mean of 4.25 and a standard deviation of 0.91 support the replies on various dimensions of company performance. This indicates that the participants agreed on the aspects of company performance measurement. The low variability indicates that the participants agreed with most aspects of firm performance.

The respondents were requested to suggest their level of agreement with the statements relating to adhocracy culture. Table 3 shows the outcome.

Table3. Descriptive statistics on Adhocracy culture

Statements	1	2	3	4	5	M	S.D
Employees are adaptable to new tasks that surface amidst challenging times.	2.1%	3.5%	1.4%	51.4%	41.7%	4.27	0.83
The hospital has cross-functional agile teams to allow for transformation	2.1%	2.1%	3.5%	49.3%	43.1%	4.29	0.81
The operations in the various departments are flexible allowing room for change	2.8%	5.6%	2.8%	45.1%	43.8%	4.22	0.95

The leadership is flexible allowing change of bad leadership to better one for the benefit of the overall performance	4.2%	4.9%	0.0%	41.7%	49.3%	4.27	1.00
The hospital encourages the acquisition of new resources	6.9%	9.0%	3.5%	42.4%	38.2%	3.96	1.19
The leadership encourages individual initiative towards allocated tasks	3.5%	4.9%	4.2%	43.1%	44.4%	4.20	0.98
Employees are welcome to bring in new ideas about innovativeness in the operations	4.2%	9.0%	4.2%	35.4%	47.2%	4.12	1.12
There is a culture of individuality to encourage creativity and innovation.	8.3%	13.2%	2.8%	38.2%	37.5%	3.83	1.29
Aggregate mean						4.13	1.05

Source: Research Data (2021)

The findings tabulated in Table 3 indicates that most of the repliers agreed with the aspect that workers are adaptable to new tasks that surface amidst grueling times (mean = 4.27, std. dev = 0.83); the hospital has cross-functional agile teams to allow for transformation (mean=4.29, std. dev=0.81); the operations in the various departments are flexible allowing room for change (mean=4.22, std. dev=0.95); and the leadership is flexible allowing change of bad leadership to better one for the benefit of the overall performance (mean=4.27, std. dev=1.0).

Further, most of the respondents agreed with the aspects that the hospital encourages the acquisition of new resources (mean=3.96, std. dev=1.19); leadership encourages individual initiative towards allocated tasks (mean=4.20, std. dev=0.98), employees are welcome to bring in new ideas about innovativeness in the operations (mean=4.12, std. dev=1.12), and there is a culture of individuality to encourage creativity and innovation (mean=3.83, std. dev=1.29),

The responses on the different aspects of adhocracy culture are supported by an aggregate score 4.13 and deviation of 1.05. The implication is that the participants demonstrated agreement with the aspects measuring adhocracy culture. The low variability indicates that the participants expressed agreement with most aspects of adhocracy culture. These findings suggested that the respondents acknowledged the importance of adhocracy culture in their organization.

4.4. Inferential Analysis

The objective of the study was to establish the effect of adhocracy culture on the performance of level five hospitals in Nairobi City County, Kenya. To achieve the objective, the study conducted correlation and regression analysis.

4.4.1. Correlation Analysis Results

This section presents correlation analysis results on the relationship between adhocracy culture and firm performance. The findings are shown in Table 4.

Table4. Correlation Analysis Results

		Firm performance	Adhocracy Culture
Firm performance	Pearson Correlation	1	
	Sig. (2-tailed)		
Adhocracy Culture	Pearson Correlation	.640**	1
	Sig. (2-tailed)	.000	
	N	144	144

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

Source: Researcher (2021)

Table 4 shows that the study found a connection of 0.640 between adhocracy culture and performance. (p = 0.000) was the significant value, which was less than 0.05. This suggested that adhocracy culture and performance had a strong positive and substantial association. This implies that both adhocracy culture and performance change in the same direction. The findings concurred with Yesil and Kaya (2013) assertion that adhocratic culture facilitates knowledge transformation and improves business efficiency. However, this study findings were contrary to those of Khedhaouria, Nakara, Gharbi, and Bahri (2020) who found no connection between adhocracy culture and firm performance.

4.4.2. Regression Analysis Results

Regression analysis was performed using simple linear regression analysis. The independent variable (adhocracy culture) was regressed against the dependent variable. The findings are shown in Tables 5, 6 and 7.

Table 5. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.640 ^a	.409	.405	.30330
a Predictors: (Constant), adhocracy culture				

The R-value of 0.640 in Table 5 demonstrates that adhocracy culture and firm performance have a strong positive linear association. Similarly, the results show R square and adjusted R square values of 0.409 and 0.405, respectively. As a result, the modified coefficient of multiple determination, which offers the explanatory power of the created statistical model, is 0.405. This means that the adhocracy culture accounts for 41 percent of level five hospital performance.

Table 6. ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.049	1	9.049	98.372	.000 ^b
	Residual	13.063	142	.092		
	Total	22.112	143			
a Dependent Variable: Firm performance						

Table 6 shows that the established statistical model fits the observed data well, with an F-statistic of 98.372 at a 0.000 level of significance less than the 0.05 threshold. The results indicated that the proposed model predicted the dependent variable with statistical significance (excellent fit).

Table 7. Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.261	.302		4.173	.000
	Adhocracy culture	.719	.072	.640	9.918	.000
a Dependent Variable: Firm performance						

Model

$$Firm\ performance = 1.261 + 0.719 \text{ Adhocracy Culture}$$

The purpose of this study was to examine the effect of adhocratic culture on the performance of a Level 5 hospital. The results showed that the culture of adhocracy has a positive and significant effect on company performance. This is supported by a beta of 0.719 and a p-value of 0.000. The p value is below 0.05 with a 95% confidence interval. The results show that a change in the culture of adhocracy would result in a 0.719 change in the performance of a Level 5 hospital. The study findings were consistent with those of Naranjo-Valencia, Jiménez-Jiménez, and Sanz-Valle (2016) who established that adhocratic culture has proven to be the best predictor of innovation and efficiency. Similar findings were reported by Misigo, Were, and Odhiambo (2019) that adhocratic culture has a positive impact on organizational effectiveness.

5. CONCLUSION

The study came to the conclusion that adhocracy culture has a substantial contribution to the performance of level 5 hospitals.

6. RECOMMENDATIONS

The management of level five hospitals should ensure policies are streamlined to strengthen the aspects of adhocracy culture within the organization. In particular, the management should promote adaptability and also encourage individual initiatives. The management should further boost the organizations' resources through acquisition of new resources.

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