

**THE RELATIONSHIP BETWEEN ORGANIZATIONAL LEARNING AND
PERFORMANCE OF CHRISTIAN HEALTH ASSOCIATION OF KENYA
HOSPITALS**

MUTURI MOSES IRUNGU

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF
BUSINESS ADMINISTRATION (MBA) OF UNIVERSITY OF NAIROBI**

NOVEMBER, 2014

DECLARATION

DECLARATION

This research proposal is my original work and has not been presented for the award of any degree in this or any other university and this is to the best of my knowledge.

Signature Date

Moses Irungu Muturi

D61/76059/2012

APPROVAL

This research proposal has been submitted with my approval as university supervisor

Signature Date

Dr Regina Kitiabi

Lecturer,

Department of Business Administration

School of Business

University of Nairobi

ACKNOWLEDGEMENT

My deepest gratitude goes to the almighty God for his providence during the entire MBA course.

Special thanks to my supervisor Dr Regina Kitiabi for her support, dedication, encouragement and patience. Her advice, suggestions, positive criticism and encouragement enabled me to come up with a refined paper.

DEDICATION

To my late father and mother for your love and dedication to your children's education.

We did not let you down. May you rest in peace

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ABSTRACT

With the increased competition, organization survival pressure and the dynamic, changing customer-oriented environment in the health sector, organizational Learning has been recognized as one of the important issues and has generated a substantial amount of interest among managers. The objective of this study was to determine whether organizational learning affects the performance of Christian health institutions in Kenya. The study was carried out on all the 23 protestant hospitals under the secretariat of Christian Health Association Kenya. In this study, an organizational learning framework was developed according to a comprehensive literature review. This framework demonstrated the relationship between organizational learning and performance of Christian health association of Kenya Hospitals through examining the effects of Organizational learning facilitating factors on health care organization performance. The proposed model and hypotheses was tested using data collected from the local protestant hospitals under the umbrella of Christian Health Association of Kenya secretariat. On whether the staffs were expected to develop their own ideas and implement them to improve their work. On work experiential, the study revealed that it was true that senior managers create a climate which encourages work experimentation. Regarding risk taking, the study found out that the institution invests in new information technology. The study revealed that the institution invests in new and modern equipment, and that the institution is doing enough to address healthcare financing for needy patients. The study concludes that majority of the respondents indicated that it was true that staffs in our institution are expected to develop their own ideas and implement them to improve their work. The study concludes that the institution enters into partnership with other organizations in order to share experiences and encourage mutual learning. The study recommends that staff in all the institutions should come up with ideas to improve their work. The study concluded that senior managers create a climate which encourages work experimentation. The study recommends that entering into partnership with other organizations will boost the level of understanding of the employees hence enhancing the performance of the institutions. The study recommends that institutions should publish the experience of its leadership to enable the employees and staff to learn on leadership.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The existence and growth of any country in the world is largely dependent on the country's ability to offer health facilities especially in both prevention and cure of diseases and ailments. A healthy nation produces healthy workforce that propel all organizational activities. It is therefore paramount to consider the overall health state of individuals in the management of a country.

Strategic management is all about identification of the organization state, its vision and identification of means to realize the vision. Organizations are formed with the goal of realizing a specific vision. It is therefore the reason that resources are put together to enhance realization of the organization vision, subdivided into goals and objectives. Management is that sector of the organization that is set aside to oversee the conversion of resources to the realization of goals and objectives. The optimum utilization of the available resources to produce result at the expected time is referred to as performance.

It is for the above mentioned explanation that the study takes its focus in the management of the health sector in Kenya. It seeks to examine whether the organizational learning affects the performance of the Christian health institutions in Kenya. However, the study will be biased on the hospitals under the umbrella of Christian Health Association of Kenya Secretariat. For decades churches played an important role in low- and middle-income country health services. During the eighteenth and nineteenth centuries, mission societies began providing medical aid under colonial governments in Asia, Africa, and Latin America. These historical roots

remain evident in the continued presence and stature of Christian health institutions in developing countries. The contribution of Christian health service to provision of health care services in the country has been enormous and indeed are the only source of health for Kenyans in some hard to reach places and among the poor communities.

1.1.1 Organizational Learning

Senge (1990) one of the leaders in the field of the organizational learning defined the LO as one where: “people continually expand their capacity to create results they truly desire; new and expansive patterns of thinking are nurtured; collective aspirations are set free; people are continually learning to learn together” (Senge, 1990). Organizational learning emerged in the 1950’s in reaction to the unreal claims of neo classical micro economists, and although a steady stream of research has been produced in the area, research on organizational learning has intensified considerably since the late 1980’s.

Organizational learning notions gained prominence in the nineteen fifties when they were thrown into an ongoing debate between behaviorists and economists. Economic models of the firm had become dominant during and after World War Two, yet many researchers, especially those with a behaviorist orientation, were dissatisfied with those models. Behaviorist such as March, Simon and Cyert attacked the classical economic theory of the firm on the grounds that its models were overly simplistic and contradicted empirical evidence.

The focus on organizational learning was sharpened in the Behavioral Theory of the Firm by Cyert and March in 1963. The firm was now conceived as a complex, adaptive system-a system that, due to its internal complexity was able to display

considerable autonomy because it could produce outcomes not uniquely determined by external constraints. Learning is not a one-off activity where an ultimate answer is found, but is a cumulative process, which progresses at a pace dictated by the environment, maintaining a balance between reflection, learning and action (Kinoti, 2007)

1.1.2 Performance of Organizations

The objective of the management of any organization is to maximize the operational efficiency by all possible means in order to maintain their competitive advantage and survive in the market. In recent years, many organizations have attempted to manage organizational performance using the balanced scorecard methodology where performance is tracked and measured in multiple dimensions such as: financial performance, customer satisfaction, social responsibility and employee stewardship.

In customer focused management paradigms, external measures of quality, productivity and cost are linked to customer satisfaction. Organizations emphasize both financial as well as non-financial measures. Non-financial measures are not linked directly to bottom line performance but they indicate and direct attention to the specific areas that need improvement to improve the overall competitiveness of the firm. Non-financial measures are tracked continuously as a basis of continuous improvement.

1.1.3 The Health Sector in Kenya

The Kenyan economy largely depends on the health of the employees working in various organizations thus it's important to focus on the health sector as one of the sectors with the most impact on any organizational performance. According to the Kenya Demographic Health Survey (DHS) for 2009, Kenya is one of the 57 countries

globally and one of the 36 within sub-Saharan Africa with critical shortages of health workers far short of the World Health Organization (WHO) recommendation for the minimum threshold required for good health care.

The Health Policy Framework, 1994, recognizes the need for promoting a strong health sector where the private sector is given greater responsibility for curative care (considered to be 'private goods') while the public sector concentrates its efforts on delivering 'public goods' in health.

The National Health Sector Strategic Plan II (NHSSPII) acknowledges that the Government cannot achieve the goal of reversing the declining health trends and revitalize service delivery without active involvement and partnership with other key stakeholders in the sector. Christian Health Institutions contribute about 40% of the National Health Service delivery network complementing government efforts in health care provision, particularly to the poor and marginalized people of Kenya (Wang'ombe, 2009).

As at 2006, Christian Health Institutions were operating a total of 824 health facilities in the country comprising of large (secondary) and medium (primary) referral hospitals, health Centers and dispensaries (Kenya Health Policy, 2012-2030). In addition, there also 104 communities based health care (CBHC) programs. Table 1 shows the distribution of facilities under the Government and Christian Health Services as well as community based health care programs operating under them as shown in the Table 1.1:

Table 1.1: Health Care Institutions by Ownership

Institution Type	GOK	CHAK	KEC-CS(KCCB)
Hospitals	147	25	53
Health Centers	460	48	92
Dispensaries	1,630	324	282
Community Based-Health		58	46
TOTAL	2,237	455	473

Source: (Ministry of Health, 2014)

1.1.4 Christian Health Institutions

For decades churches played an important role in low and middle income country health services. During the eighteenth and nineteenth centuries, mission societies began providing medical aid under colonial governments in Asia, Africa and Latin America. These historical roots remain evident in the continued presence and stature of church-based Institutions in developing countries. According to Nyarang'o (2007), Christian health institutions are considered an important partner in health-systems strengthening and assuring equity of access to healthcare in developing countries. Contribution of Christian health institutions in health services has been considered enormous and in some areas the only source of health for Kenyans in some hard to reach places and among the poor communities.

The Christian health institutions have largely invested in the health sector especially in their pursuit to bring awareness to their followers on the importance of prevention of diseases as well as cure.

In order to sustain their operations Christian health institutions in Kenya have joint ventures to enhance their efficiency and effectiveness by pooling of resources. Christian Health Association of Kenya and The Kenya Conference of Catholic

Bishops act as the secretariats of the Christian health institutions for Protestants and Catholics respectively.

“Christian Health Association of Kenya (CHAK) is an association of protestant Churches and church-health institutions and programs in Kenya. This body was started in the 1930’s as a hospitals’ committee of the National Council of Churches of Kenya (NCCCK).” (Dr. Samuel Mwenda, 2003).

Christian Health Association of Kenya (CHAK) and Kenya Conference of Catholic Bishops(KCCB) have a joint continuous medical education and management training for staff from health facilities; Medical Engineering Unit that provides maintenance services and support services to member health facilities and the Mission for Essential Drugs and Supplies (MEDS) which is responsible for sourcing and distributing cost effective pharmaceutical and other medical supplies to member health units and other non-profit health institutions (Wang’ombe, 2009).

1.2 Research Problem

The Christian health services for many years have supplemented government effort in delivering health care to the citizenry through a network of health programs and facilities all over the country. Their contribution in the health sector accounts to 40% of the total health care in the country. Specifically, in the remote and poorly served districts in Rift Valley and Eastern provinces, their facilities and programs have been the only source of health care to these communities.

The financial sustainability of Christian health institutions face numerous threats, chief among them is the dwindling of revenue sources due to declining use of services by households who are the principal financiers citing “high fee charges”. In addition, the decline in funding sources from households has not been matched with

corresponding increase from any other sources. On the contrary donor funding has declined and government impeding situation in the Christian health facilities. With inadequate income among the Christian health institutions, funding for maintenance may not be available and therefore they face a potential risk of neglect in maintenance. It is also noted that the budgetary support from GOK which ceased in 1996 played a major blow to the sustainability of Christian health institutions since it catered for the recurrent expenditure of the facilities.

There are also concerns that due to high poverty levels among populations served, clients are not able to pay for services due to poverty. A combination of these factors has adversely affected the revenue base of Christian health institutions and therefore renders reliance on out of pocket spending to finance health services which is unsustainable (Wang'ombe, 2009).

In reference to the great contribution by the church in the mission of providing health care and covering all the areas especially the hard-to-reach areas in the country, sustainability of the Christian health facilities has been a key challenge which has seen some of hospitals close down and majority are struggling to survive despite their noble mission. There is a need to evaluate factors like competition from other players, income issues, policy frame work and human resource management which are common to all businesses all over the world and evaluate the strategy of the Christian Health Association of Kenya in sustaining continuity of services despite the massive infrastructural investments and related challenges.

The increased investment by the Government especially the economic stimulus plan through Constituency Development Fund which saw rise of health facilities by the two Ministries of health and increased private players instead of strengthening the

Public-Private Partnership to utilize synergy and complementarities is a big threat to the Christian health institutions sustainability. There is need to strengthen the management strategies that Christian health institutions have used over the years. Does organizational learning affect the performance of the Christian Health Institution of Kenya hospitals? This study sought to establish whether there exists a relationship between organizational learning and performance of the Christian Health Association of Kenya Hospital.

1.3 Research Objective

To determine whether organizational learning affects the performance of Christian health Association of Kenya Hospitals.

1.4 Value of the Study

The study would help Christian Health Association of Kenya (CHAK) explore strategies for sustaining the health services within the network. This would introduce the business aspect of strategic management as the Christian health institutions seek to embrace modernity in doing business and hence sustain their operations and health services.

The research findings would help the other organizations in the health sector embrace modern management strategies in order to realize their objectives and avoid or counter possible hindrances in their operations.

The findings would help future researchers with relevant literature related to the study and will provide them with more references to complete their research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains reviews of various studies carried out, by different scholars and researchers, in related topics. The review is divided along three lines: organizational Learning, performance of organizations and the relationship between them. It gives a review of past studies, summary and gaps to be filled by the study.

2.2 Theoretical Foundation

The Behavioral theory appeared for the first time in the 1963 book *A Behavioral Theory of the Firm* by Cyert and March. The work on this theory had started earlier in March 1952. The existing theory of the firm had the assumptions of profit maximization and perfect knowledge. Cyert and March questioned these two critical assumptions. Neo-Classical economists were of the assumption that a firm enjoys perfect information, maximizes profits but did not suffer from internal resource allocation problems. Advocates of the behavioral approach also challenged the omission of the element of uncertainty from the conventional theory. The behavioral theory of the firm considers large firms whose management is separate from the ownership.

The theory attempts to predict behavior with respect to price, output and resource allocation decisions and it emphasizes the decision making process. The theory argues that while small firms may operate under the guidance of the entrepreneur, such a simple model does not describe larger corporations. These larger firms are coalitions of individuals or groups, which may include managers, stockholders, workers, suppliers and so on.

According to Cyert and March, a firm is a coalition of groups which participates in setting goals and making decisions. Priorities and information may vary by group, potentially creating conflicts. In the model, top management sets the goals of the organization. But these goals are implemented through decision making at two levels, one at the top and the second at lower management levels. The behavioral model made a great impact on the theory of the firm. It gave insights in the process of goal formation and fixation of aspiration levels and resource allocation. Its critics claim that the theory is unnecessarily complicated. There has also been staunch support for profit maximization rather than behavior, which is one of the core elements of the model.

2.3 Organizational Learning

Senge (1990) defined a learning organization as one where: “people continually expand their capacity to create results they truly desire; new and expansive patterns of thinking are nurtured; collective aspirations are set free; people are continually learning to learn together.” According to Drew and Smith (1999), as quoted by Alegra & Chiva (2009), defined the learning organizations as “a social system whose members have learned conscious, communal processes for continually generating, retaining and leveraging individual and collective learning leading to improved performance of the organizational system.”

Organizational routines function as the primary form of organizational knowledge. Routines are regarded as recurrent sequences of action which span multiple organizational actors. Following a comprehensive literature review, Alegra and Chiva (2009) identified four essential facilitating factors of organizational learning:

experimentation, Risk taking, interaction with the external environment, dialogue and participative decision making.

2.3.1 Experiential Learning

According to Nevis et al. (1995), as quoted by Alegra and Chiva (2009), experimentation can be defined as the degree to which new ideas and suggestions are attended to and dealt with sympathetically. Experimentation is the most heavily supported dimension in the OL literature. They consider that experimentation involves trying out new ideas, being curious about how things work, or carrying out changes in work processes.

Firm level experience has traditionally been considered the primary learning mechanism. Firms gradually accumulate knowledge as they expand their activities in incremental stages. This notion of experimental learning is rooted in the behavioral theory of the firm: an organization's behaviors and actions are viewed as based on past activities and previously developed routines.

2.3.2 Risk Taking

Risk Taking can be understood as the tolerance of ambiguity, uncertainty, and errors. Sitkim (1996), as quoted by Alegra and Chiva (2009), goes as far as to state that failure is an essential requirement for effective organizational learning, and to this end, examines the advantages and disadvantages of success and errors.

2.3.3 Interaction with the External Environment

Bapuji and Crossan (2004), as quoted by Alegra and Chiva (2009), define interaction with the external environment is defined as the scope of relationships with the external environment. The external environment of an organization is defined as the factors that lie outside the organization's direct sphere of influence. Environmental

characteristics play an important role in learning, and their influence on organizational learning has been studied by a number of researchers

2.3.4 Dialogue

Dialogue is defined as a sustained inquiry into the processes, assumptions, and certainties that make up every day experiences. Isaacs (1993) & Dixon (1997), as quoted by Alegria and Chiva (2009), understand dialogue to be vitally important to organizational learning. Although dialogue is often seen as the process by which individual and organizational learning are linked.

2.3.5 Participative Decision making

Participative decision making refers to the level of influence employees have in the decision making process. This is emphasized in the behavioral theory of the firm. Daniels & Bailey (1999), as quoted by Alegria and Chiva (2009), organizations implement participative decision making to benefit from the motivational effects of increased employee involvement, job satisfaction and organizational commitment

2.4 Performance of Organizations

Literature on organizational performance clearly shows that there is no single universal measure that can be used to assess overall organizational performance. Traditional financial measures are not accepted as the sole indicators for organizational performance. Moreover, we can hardly find an organization that is very successful or failure in every aspect.

Many performance measures and models have been developed and advocated by various writers, such as: profitability, productivity, efficiency, effectiveness, adaptability, growth, innovation, etc. Among the performance measures that received

much attention is effectiveness. Daft (2004, p.66) pointed that "organizational effectiveness included: goal approach, resource-based approach and internal process approach."

One of the approaches of assessing organizational performance that became popular and widely applied is the "balanced scorecard". The balanced scorecard is a performance measurement tool that focuses on four areas: financial performance, customer service, internal processes and people/ innovation/growth. These four measures are interdependent indicators/measures. Daft commented on this model "This model has attracted much attention and became the main management system in many giant firms and managers can use it for setting goals, resource allocation, budget planning and rewards" (Daft, 2004, p.293).

2.5 Organizational Learning and organizational performance

A study carried out by Harrim, in the Jordanian pharmaceutical industry in 2008, concluded that there is a significant relationship between organizational learning and organizational performance. Most of the dimension variables of organizational learning had a moderate-strong positive relationship with all indicators of the four scales of performance.

The dimensions of the organizational learning had a moderately strong relationship with financial performance scale. Organizational culture dimension had the highest correlation coefficient ($r = 0.821$), followed by learning environment, with $r = 0.754$.

It was also found that organizational learning dimensions had a strong relationship with the customer service performance indicators. The relationship between dimensions of the organizational learning and internal processes did not differ much

from the relationship with customer service. The organizational learning dimensions had significant positive relationship.

2.6 Conceptual Framework

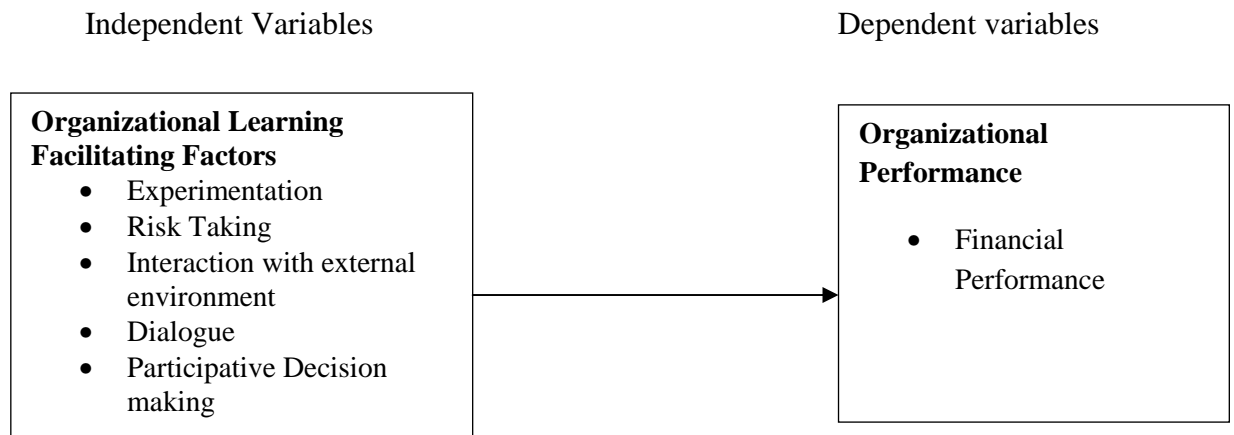


Figure 2.1: Conceptual Framework: The relationship between Organizational Learning and Organizational performance.

Source: (Author, 2014)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methods and procedures that were followed in conducting the research. It describes the research design, the target population and sampling procedure, research instruments, validation and reliability procedures adopted, and data analysis techniques that was adopted by the researcher.

3.2. Research Design

The study employed a descriptive research design. This design is a scientific method which involves observing and describing the character of each unit in the population. Descriptive research describes data and characteristics about the population being studied. The survey was conducted by the use of questionnaires where lists of standardized questions were drafted by the researchers which were filled in by the sampled participants from each incubator. The researcher collected the filled questionnaires after which descriptive statistics was used to summarize the data so as to come up with conclusions on the findings of the study.

3.3 Target population

According to Mugenda and Mugenda, (2003), population is the set of all entities from which statistical inference are drawn. A population is a complete enumeration of all the units in a sampling frame from which the research is to be conducted. The researcher targeted the 23 Christian Health Association of Kenya (CHAK) affiliated hospitals in the country from which a population of 69 persons comprising of Medical/Clinical Officer, Nursing Officer and Hospital Accountant. In each of the 23

institutions, 1 medical/clinical officer and 2 supporting officers were selected to participate in the study. This distribution is indicated in the table 3.1:

Table 3.1: Target Population

Officers interviewed	Target Population (in 23 Hospitals)	Percentage
Medical/Clinical Officer	23	33.3
Nursing Officer	23	33.3
Accountant	23	33.3
Total	69	100

Source: (CHAK, 2014)

3.4 Data collection

The study used both primary and secondary data collection method which was conducted through the use of questionnaires as well as previous financial records. An introductory letter was attached to every questionnaire which explained the purpose of the data to be collected. The questionnaires were designed and developed in such a manner that all the objectives under study were captured. The researcher used drop and pick method of data collection where the questionnaires were left at the respondent's premises and then collected later at agreed time. Questionnaires were both open ended and closed ones that gave room for varied opinion where both qualitative data and quantitative data were collected.

3.5. Research Methods

3.5.1 Validity

Validity is the degree by which the sample of test items represents the content the test is designed to measure. Content validity which was employed by this study was a measure of the degree to which data collected using a particular instrument represents a specific domain or content of a particular concept. Mugenda and Mugenda, (2003)

contend that the usual procedure in assessing the content validity of a measure is to use a professional or expert in a particular field.

To establish the validity of the research instrument the researcher sought opinions of experts in hospital management, supervisors and lecturers. This facilitated the necessary revision and modification of the research instrument thereby enhancing validity.

3.5.2 Reliability

Reliability and validity are means of evaluation of research instruments. Reliability is the extent to which a measure, procedure or instrument yields the same result on repeated trials. Mugenda and Mugenda (2003) define reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trials.

Internal consistency method was tested using Cronbach's Alpha. Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. A pilot test of 10% of the sample size was conducted after evaluating the accuracy and the completeness of the questionnaires. The test determined the internal consistency using Cronbach's Alpha where any value above 0.7 was taken to be reliable and was considered valid after which the researcher was expected to continue with the analysis.

3.6 Methods of Data Analysis

Data analysis is the process of transforming complex data into information that is useful to the intended person through revealing the phenomenon characteristics. It involves breaking down the individual pieces of data in order to come up with conclusions about it.

After data collection, the filled-in and returned questionnaires were edited for completeness, coded and entries made into Statistical package for social sciences (SPSS version 20). Coding is technical procedures where symbols, which are normally numerals, are given to the raw data in order to transform it into an easily tabulated and counted format (Mugenda and Mugenda, 2003). It assists the researcher in reducing the replies to a few categories containing information required for analysis. Thus, codes were given to each individual response. This ensured that the data were accurate, consistent with other information, uniformly entered, complete and arranged to simplify coding and tabulation. With data entry, the data collected was captured and stored. The dataset was then subjected to a verification process to verify if the captured data correlated with the data-capture into SPSS.

The data was analyzed using qualitative and quantitative techniques. Qualitative method involves content analysis and evaluation of text material; during qualitative analysis, the researcher coded the responses against each and every objectives and varied opinion accommodated separately. On the analysis of quantitative data, the researcher used descriptive statistics where frequencies and percentage of responses were obtained through the use of SPSS spread sheet. The measure of dispersion such as mean and mode shall also be used where the researcher obtained mean responses and standard deviations to indicate how the response varies from the actual mean. Correlation analysis was also done to measure the relationship between the different variables under study.

Regression analysis

The Researcher used regression analysis for analyzing the relationship between two or more variables. The regression equation was:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + X_5 + \sum,$$

where

β_0 = is the model coefficient or y-intercept

$\beta_1 - \beta_4$ are the model's coefficients measures how strong each independent variable influence the dependent variable;

Y=Performance

X1= Experiential learning

X2=Risk taking

X3=Interaction with the external environment

X4=Dialogue

X5=Participative decision making

Σ =error term, which is usually taken to be Zero.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the study on the organizational learning affects the performance of Christian health Association of Kenya Hospitals. The findings will be presented in tables.

4.2 Response Rate

The study targeted 69 respondents. Out of the distributed 69 questionnaires, 45 were filled and returned as presented in the Table 4.1. This translated to a response rate of 65%. According to Mugenda and Mugenda (2003) the statistically significant response rate for analysis should be at least 50%.

Table 4.1: Response Rate

	Frequency	Percentage
Response	45	65%
Non Response	24	35%
Total	69	100%

Source: (Research Findings, 2014)

4.3 Experiential learning

The respondents were asked whether staffs in our institution are expected to develop their own ideas and implement them to improve their work. The responses are in Table 4.2

Table 4.2: Experiential Learning

	Frequency	Percent
Not True	5	11.1
Rarely True	11	24.4
True	24	53.3
Often True	4	8.9
Very True	1	2.2
Total	45	100.0

Source: (Research Findings, 2014)

Majority of the respondents said it was true that staffs in our institution are expected to develop their own ideas and implement them to improve their work, those who said it was rarely true were 24.4%, 11.1% said not true, 8.9% said often true and 2.2 said very true.

The respondents were asked whether senior managers create a climate which encourages work experimentation. Table 4.3 shows the results

Table 4.3: Work Experimentation

	Frequency	Percent
Not True	2	4.4
Rarely True	6	13.3
True	27	60.0
Often True	3	6.7
Very True	7	15.6
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that it is true that senior managers create a climate which encourages work experimentation were 60%, 15.6% said that it was very true, 13.3% said it is rarely true 6.7% said it was often true and 4.4% said it's not true.

The respondents were asked whether their institution regularly introduces and implements new ways of doing things. The Table 4.4 shows the findings

Table 4.4: Institution Regulatory

	Frequency	Percent
Rarely True	14	31.1
True	26	57.8
Often True	5	11.1
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that it's true their institution regularly introduces and implements new ways of doing things were 57.8%, 31.1% said rarely true, and 11.1% said often true.

The respondents were asked to what extent they agree that mistakes are seen as an inevitable part of learning. Table 4.5 shows the findings

Table 4.5: Mistakes being part of Learning

	Frequency	Percent
Not True	15	33.3
Rarely True	4	8.9
True	18	40.0
Often True	2	4.4
Very True	6	13.3
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that mistakes are seen as an inevitable part of learning were 40%, 33.3% said it's not true, 13.3% said its very true, 8.9% said its rarely true and 4.4% said its often true.

The respondents were asked whether the staff is given freedom to work and managers do not 'micro manage'. The responses are shown in Table 4.6:

Table 4.6: Staff Freedom

	Frequency	Percent
Not True	5	11.1
Rarely True	12	26.7
True	13	28.9
Often True	4	8.9
Very True	11	24.4
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that it's true the staff is given freedom to work and managers do not 'micro manage were 28.9%, 26.7% said its rarely true, 24.4% said its very true, 11.1% said it's not true and 8.9% said its often true.

4.4 Risk Taking

The study sought to establish whether their institution invests in new information technology (e.g. computer software). Table 4.7 shows the findings

Table 4.7: Technology Investments

	Frequency	Percent
Not True	7	15.6
Rarely True	9	20.0
True	13	28.9
Often True	3	6.7
Very True	12	26.7
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said it's true that institution invests in new information technology (e.g. computer software) were 28.9%, 26.7% said its very true, 20.0% said its rarely true, 15.6% said it's not true, and 6.7% said its often true.

The respondents were asked whether the institution invests in new and modern equipment. Table 4.8 shows the findings

Table 4.8: New and Modern Equipment

	Frequency	Percent
Not True	5	11.1
Rarely True	15	33.3
True	13	28.9
Often True	6	13.3
Very True	6	13.3
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the institution invests in new and modern equipment were 28.9%, 33.3% said it's rarely true, 13.3% said its very true and another 13.3% said its often true and 11.1% said it's not true.

The study sought to establish whether the institution is doing enough to address healthcare financing for needy patients (e.g. Payment plans, Charity). Table 4.9 shows the findings

Table 4.9: Addressing Healthcare

	Frequency	Percent
Not True	15	33.3
Rarely True	11	24.4
True	8	17.8
Very True	11	24.4
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that it true that the institution is doing enough to address healthcare financing for needy patients (e.g. Payment plans, Charity were 17.8%, 24.4% said its very true, another 24.4% said its very true and 33.3% said it's not true.

The respondents were asked whether their institution invests in the latest medical knowledge (e.g. specialized personnel or capacity building). The responses are shown in Table 4.10:

Table 4.10: Investments in Medical Knowledge

	Frequency	Percent
Not True	3	6.7
Rarely True	18	40.0
True	15	33.3
Often True	1	2.2
Very True	8	17.8
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that their institution invests in the latest medical knowledge (e.g. specialized personnel or capacity building) were 33.3%, 40% said that its rarely true, 17.8% said that its very true, 6.7% said it's not true and 2.2% said its often true.

The respondents were asked whether the institution is open to introduction of new systems and models. Table 4.11 shows the findings.

Table 4.11: Introduction of New Systems and Models

	Frequency	Percent
Rarely True	1	2.2
True	38	84.4
Often True	3	6.7
Very True	3	6.7
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said it's true that the institution is open to introduction of new systems and models were 84.4%, 6.7% said its often true, another 6.7% said its very true and 2.2% said its rarely true.

4.5 Interaction with External Environment

The respondents were asked whether their institution enters into partnership with other organizations in order to share experiences and encourage mutual learning. Table 4.12 shows the responses

Table 4.12: Interaction with External Environment

	Frequency	Percent
Not True	1	2.2
Rarely True	15	33.3
True	19	42.2
Often True	5	11.1
Very True	5	11.1
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true their institution enters into partnership with other organizations in order to share experiences and encourage mutual learning were 42.2%, 33.3% said rarely true, 11.1% said often true and another 11.1% said very true, 2.2% said it's not true.

The respondents were asked whether the institution publishes its experiences for wider readership. The responses are in Table 4.13:

Table 4.13: Institution Publishes

	Frequency	Percent
Not True	16	35.6
Rarely True	18	40.0
True	6	13.3
Very True	5	11.1
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that their institution publishes its experiences for wider readership were 13.3%, 40% said its rarely true, 35.6% said it's not true and 11.1% said its very true.

The study sought to establish whether all institutions members who have dealings with the 'outside world' are expected to gather and share relevant information. The responses are in Table 4.14:

Table 4. 14: Relevant Information

	Frequency	Percent
Not True	4	8.9
Rarely True	14	31.1
True	19	42.2
Very True	8	17.8
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the institutions members who have dealings with the ‘outside world’ are expected to gather and share relevant information were 42.2%, 17.8% said its very true, 31.1% said its rarely true, and 8.9% said it’s not true.

The respondents were asked whether the staffs who attend trainings are expected to submit a report upon returning to work. The responses are in Table 4.15:

Table 4.15: Report Submission

	Frequency	Percent
Not True	1	2.2
Rarely True	4	8.9
True	22	48.9
Often True	3	6.7
Very True	15	33.3
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the staff who attends trainings are expected to submit a report upon returning to work were 48.9%, 33.3% were very true, 8.9% said its rarely true, 6.7% said its often true and 2.2% said it’s not true.

The respondents were asked whether the staff participating in exchange visits to share experiences and for mutual learning. The responses are in Table 4.16:

Table 4.16: Staff participation

	Frequency	Percent
Not True	3	6.7
Rarely True	17	37.8
True	18	40.0
Often True	1	2.2
Very True	6	13.3
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the staff participating in exchange visits to share experiences and for mutual learning were 40%, 37.8% said its rarely true, 13.3% said its very true, 6.7% said it's not true and 2.2% said its often true.

4.6 Dialogue

The study sought to establish whether the Staffs are allowed to be members of a professional union. Table 4.17 shows the responses.

Table 4.17: Professional Union

	Frequency	Percent
Not True	2	4.4
Rarely True	1	2.2
True	25	55.6
Often True	3	6.7
Very True	14	31.1
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the Staff are allowed to be members of a professional union were 55.6%, 31.1% said it's very true, 6.7% said its often true, 4.4% said it's not true and 2.2% said its rarely true.

Table 4.18 shows the responses on whether the staffs are free to share their challenges, biases and assumptions with their seniors.

Table 4.18: Challenge Biases

	Frequency	Percent
Not True	1	2.2
Rarely True	13	28.9
True	21	46.7
Often True	1	2.2
Very True	9	20.0
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the staffs are free to share their challenges, biases and assumptions with their seniors were 46.7%, 28.9% said rarely true, 20% said very true, 2.2% said often true and 2.2% said not true.

The study sought to establish whether the institution has a staff welfare association which acts as a channel of communication between staffs and management. The Table 4.19 has the responses

Table 4.19: Staff Welfare Association

	Frequency	Percent
Not True	21	46.7
Rarely True	4	8.9
True	15	33.3
Very True	5	11.1
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said its true that the institution has a staff welfare association which acts as a channel of communication between staffs and management were 33.3%, 46.7% said it's not true, 11.1% said its very true and 8.9% said its rarely true.

The study sought to establish whether their institution holds meetings and people are encouraged to be free in those meetings. Table 4.20 has the findings.

Table 4.20: Meetings

	Frequency	Percent
Not True	1	2.2
Rarely True	9	20.0
True	23	51.1
Often True	2	4.4
Very True	10	22.2
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that it's true their institution holds meetings and people are encouraged to be free in those meetings were 51.1%, 22.2% said its very true, 20% said its rarely true, 2.2% said it's not true and 4.4% said its often true.

The respondents were asked whether there is effort by the management to address the concerns of the staffs. The responses are in Table 4.21:

Table 4.21: Concerns of the staff

	Frequency	Percent
Not True	2	4.4
Rarely True	7	15.6
True	26	57.8
Often True	1	2.2
Very True	9	20.0
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that there is effort by the management to address the concerns of the staffs were 57.8%, 15.6% said its rarely true, 20% said its very true, 4.4% said it's not true and 2.2% said its often true.

4.7 Participative Decision Making

The respondents were asked whether policy making involves people at most levels of the organization. The responses are shown in Table 4.22:

Table 4.22: Participative Decision Making

	Frequency	Percent
Not True	5	11.1
Rarely True	24	53.3
True	9	20.0
Often True	4	8.9
Very True	3	6.7
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that it's true that whether policy making involves people at most levels of the organization were 20%, 53.3% said that its rarely true, 11.1% said that it's not true, 8.9% said that its often true and 6.7% said that its very true.

The study sought to establish whether the institution has provided suggestion boxes to generate ideas on how to improve the management of this institution. The responses are shown in Table 4.23:

Table 4.23: Suggestion Boxes

	Frequency	Percent
Not True	3	6.7
Rarely True	4	8.9
True	27	60.0
Often True	3	6.7
Very True	8	17.8
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the institution has provided suggestion boxes to generate ideas on how to improve the management of this institution were 60%, 17.8% said its very true, 8.9% said that its rarely true, 6.7% said it's not true and another 6.7% said its often true.

The respondents were asked whether the institution holds staffs meeting to brainstorm on different issues. The responses are shown in that Table 4.24:

Table 4.24: Staff Meetings

	Frequency	Percent
Not True	1	2.2
Rarely True	10	22.2
True	20	44.4
Often True	6	13.3
Very True	8	17.8
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said it's true that the institution holds staffs meeting to brainstorm on different issues were 44.4%, 22.2% said its rarely true, 17.85% said its very true, 13.3% said its often true, and 2.2% said it's not true.

The study sought to establish whether all staffs are at liberty to contribute contents for the hospital online pages/publications. The responses are in Table 4.25:

Table 4.25: Liberty of Staff

	Frequency	Percent
Not True	11	24.4
Rarely True	23	51.1
True	8	17.8
Very True	3	6.7
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that all staffs are at liberty to contribute contents for the hospital online pages/publications were 17.8%, 51.1% said its rarely true, 24.4% said it's not true, and 6.7% said its very true.

The respondents were asked whether the institution holds consultative forums before making major decisions on issues that affect staffs. Table 4.26 shows the responses.

Table 4.26: Consultative Forums

	Frequency	Percent
Not True	7	15.6
Rarely True	13	28.9
True	20	44.4
Often True	2	4.4
Very True	3	6.7
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said it's true that the institution holds consultative forums before making major decisions on issues that affect staffs were 44.4%, 28.9% said its rarely true, 15.6% said it's not true, 6.7% said its very true, and 4.4% said its often true.

The respondents were asked whether the staffs are allowed to send representatives to management meetings. The responses are in Table 4.27:

Table 4.27: Representatives

	Frequency	Percent
Not True	11	24.4
Rarely True	17	37.8
True	8	17.8
Often True	1	2.2
Very True	8	17.8
Total	45	100.0

Source: (Research Findings, 2014)

The respondents that said that its true that the staffs are allowed to send representatives to management meetings were 17.8%, 37.8% said it's rarely true, 24.4% said it's not true, 17.8% said it's very true and 2.2% said it's often true.

4.8 Multiple Regression Analysis

In order to determine the effects of organizational learning on the performance of Christian health Association of Kenya Hospitals, the study conducted a multiple regression on the 23 Christian Health Association of Kenya (CHAK). The study applied regression analysis because it is less expensive in terms of time and the information to make the predictions was readily available. The study applied the statistical package Version 20.0 to code, enter and compute the measurements of the multiple regressions for the study. These findings are discussed presented below:

Table 4.28: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.992 ^a	.984	.960	.53444

Source: (Research Findings, 2014)

Coefficient of determination explains the extent to which changes in the dependent variable (Performance of Christian health Association of Kenya Hospitals) can be explained by the change in the independent variables (Experiential learning, Risk taking, Interaction, Dialogue and Participative decision). From Table 4.28, the value of R^2 is 0.984. This implies that 98.4% of the variation in the performance of was affected by organizational learning (Experiential learning, Risk taking, Interaction, Dialogue and Participative decision). The 1.6% remaining implies that there are other factors that affect the performance of Christian health Association of Kenya Hospitals.

Table 4. 29: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	211.539	5	42.307	15.698	.000 ^b
Residual	105.141	39	2.695		
Total	316.680	44			

Source: (Research Findings, 2014)

The F critical at 5% level of significance is 2.46 while the value of F calculated is 15.698. Since F calculated is greater than the F critical (value =2.46), this shows that the overall model was significant in explaining the relationship between Performance of Christian health Association of Kenya Hospitals and the five independent variables. The significance value is also less than 0.05, thus indicating that the predictor variables, explain the variation in the dependent variable.

In order to determine the extent to which each of the five independent variables affected the dependent variable, the study determined the coefficients values for each independent variable. The findings were as illustrated in the Table 4.30:

Table 4. 30: Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	7.332	4.905		1.495	.015
Experiential learning	2.920	.640	.957	4.560	.000
Risk taking	2.893	1.568	1.077	1.845	.002
Interaction	-.309	.654	-.072	-.472	.642
Dialogue	-4.472	1.828	-2.263	-2.446	.025
Participative decision	2.788	1.026	1.398	2.718	.014

Dependent Variable: Performance

Source: (Research Findings, 2014)

The coefficient Table 4.30 established that taking all factors into account (Experiential learning, Risk taking, Interaction, Dialogue and Participative decision)

constant at zero, Performance will have an autonomous value of 7.332. The findings presented also show that taking all other independent variables at zero, a unit increase in inflation would lead to a 0.090 increase in the return on Assets for MFIs. Further, the findings show that unit increases Experiential learning would lead to 2.92 increase in the performance, a unit increase in Risk taking will lead to 2.893 increase in performance, a unit increase in Interaction will lead to 0.309 decrease in performance, a unit increase in dialogue will lead to 4.472 decrease in performance while a unit increase in participative decision making will lead to 2.788 increase in performance of Christian health Association of Kenya Hospitals. These findings show that the independent variable with the greatest effect on performance of Christian health Association of Kenya Hospitals was Experiential learning followed by risk taking. The entire variables are significant except Interaction with the external environment. The regression model drawn from the above Table 4.30 is presented below:

$$Y=7.332+2.92Exp+2.893Risk - 0.309Int - 4.472Dial +2.788Part$$

4.9 Discussion of Findings

The study revealed that it was true that staffs in the institution were expected to develop their own ideas and implement them to improve their work. These findings are consistent with those of Alegria and Chiva (2009), who argued that involvement of employees in decision making, is key for the organization in achievement of their goals.

On work experiential, the study revealed that majority of the respondents indicated that it was true that senior managers create a climate which encourages work experimentation. This is consistent with the work of Nevis et al., (1995) and Alegria and Chiva (2009) who posited that experimentation is the most heavily supported

dimension in the Organizational learning. They consider that experimentation involves trying out new ideas, being curious about how things work, or carrying out changes in work processes.

Regarding risk taking, the study found out that the institution invests in new information technology. This is in line with the work of Sitkim (1996) who indicated in his study that risk taking is an essential requirement for effective organizational learning, and to this end, examines the advantages and disadvantages of success and errors. The study revealed that the institution invests in new and modern equipment, and that the institution is doing enough to address healthcare financing for needy patients. This is consistent with the work of Mary (2007), who indicated that learning is not a one-off activity where an ultimate answer is found, but is a cumulative process, which progresses at a pace dictated by the environment, maintaining a balance between new learning equipment, its reflection, learning and action.

The study also found out that the institution publishes its experiences for wider readership. This is in line with the work of Bapuji and Crossan (2004) who defined interaction with the external environment as the scope of relationships with the external environment. Environmental characteristics play an important role in learning, and their influence on organizational learning has been studied by a number of researchers. Regarding dialogue, the study found out that the Staff were allowed to be members of a professional union. The study also found out that the organization did not involve all the people in policy making.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary, conclusion and recommendations on the effects of organizational learning on the performance of Christian health Association of Kenya Hospitals. The study bases its summary on the findings in the previous chapter.

5.2 Summary of Findings

On whether the staffs were expected to develop their own ideas and implement them to improve their work. These findings are consistent with those of Alegra and Chiva (2009), who argued that involvement of employees in decision making, is key for the organization in achievement of their goals. On work experiential, the study revealed that it was true that senior managers create a climate which encourages work experimentation. This is consistent with the work of Nevis et al., (1995) and Alegra and Chiva (2009) who posited that experimentation is the most heavily supported dimension in the Organizational learning. They consider that experimentation involves trying out new ideas, being curious about how things work, or carrying out changes in work processes. Regarding institutional regulatory, the study found out that the respondents indicated that it was true that their institution regularly introduces and implements new ways of doing things. On mistakes the study established that it was true that mistakes were seen as an inevitable part of learning.

Regarding risk taking, the study found out that the institution invests in new information technology. This is in line with the work of Sitkim (1996) who indicated in his study that risk taking is an essential requirement for effective organizational learning, and to this end, examines the advantages and disadvantages of success and

errors. The study revealed that the institution invests in new and modern equipment, and that the institution is doing enough to address healthcare financing for needy patients. This is consistent with the work of Mary (2007), who indicated that learning is not a one-off activity where an ultimate answer is found, but is a cumulative process, which progresses at a pace dictated by the environment, maintaining a balance between new learning equipment, its reflection, learning and action.

The study established that the institution enters into partnership with other organizations in order to share experiences and encourage mutual learning. The study also found out that the institution publishes its experiences for wider readership. This is in line with the work of Bapuji and Crossan (2004) who defined interaction with the external environment as the scope of relationships with the external environment. Environmental characteristics play an important role in learning, and their influence on organizational learning has been studied by a number of researchers. Regarding dialogue, the study found out that the Staff were allowed to be members of a professional union. The study also found out that the organization did not involve all the people in policy making.

5.3 Conclusion

The study established that the staffs were expected to develop their own ideas and implement them to improve their work. The study concludes that majority of the respondents indicated that it was true that staffs in our institution are expected to develop their own ideas and implement them to improve their work. The study concludes that senior managers create a climate which encourages work experimentation. Regarding institutional regulatory, the study concludes that their institutions regularly introduces and implements new ways of doing things. The study also concludes that mistakes were seen as an inevitable part of learning.

Regarding risk taking, the study concludes that the institution invested in new information technology. The study concludes that the institution enters into partnership with other organizations in order to share experiences and encourage mutual learning. The study also concludes that the institution publishes its experiences for wider readership. Regarding dialogue, the study concludes that the Staff were allowed to be members of a professional union. The study concludes that the organization did not involve all the people in policy making.

5.4 Recommendations

The study concluded that majority of the respondents indicated that it was true that staffs in our institution are expected to develop their own ideas and implement them to improve their work. The study therefore recommends that staff in all the institutions should come up with ideas to improve their work. The study concluded that senior managers create a climate which encourages work experimentation. Regarding institutional regulatory, the study therefore recommends that there should be regulatory frameworks that will enable the staff of the respective organizations improve on their performances.

The study concluded that the institution entered into partnership with other organizations in order to share experiences and encourage mutual learning. The study therefore recommends that entering into partnership with other organizations will boost the level of understanding of the employees hence enhancing the performance of the institutions. The study also concluded that the institution publishes its experiences for wider readership. The study therefore recommends that institutions should publish the experience of its leadership to enable the employees and staff to learn on leadership.

5.5 Limitations of the Study

A limitation for the purpose of this research was regarded as a factor that was present and contributed to the researcher getting either inadequate information or if otherwise the response given would have been totally different from what the researcher expected. The main limitations of this study were:

The first limitation involved limited data available on the unit of analysis. Data on performance from the respective institutions was scant and not well organized. This meant that the data collection had to be rigorous but still not all the data could be accessed. This may have influenced the result findings.

The data used was primary and secondary data generated for other purposes. The measures used may keep on varying from one institution to another subject to the prevailing condition.

Some of the target respondents in some of the institutions visited were not available during the interview process due to their busy schedule hence had no time to fill in the questionnaire.

5.5 Recommendations for Further Research

This study examined the effects of organizational learning on the performance of Christian health Association of Kenya Hospitals. In order to allow for thorough comparison, this study recommends that future studies be conducted taking into account all private and public hospitals to help generalize the findings.

The study further recommends that further studies be conducted on the relationship between organizational learning and performance of Christian health Association of

Kenya Hospitals. The study also recommends that a different study model should be tried so as to make comparisons regarding effects of organizational learning on the performance of Christian health Association of Kenya Hospitals

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APPENDICES

APPENDIX 1: LIST OF CHAK HOSPITALS

1. ACK Mt. Kenya Hospital
2. AIC Cure Crippled Children's Centre
3. AIC Githumu Hospital
4. AIC Kapsowar Hospital
5. AIC Litein Hospital
6. Coptic Hospital
7. Friends Church Sabatia Eye Hospital
8. Friends Kaimosi Hospital
9. Friends Lugulu Hospital
10. Kendu Adventist Hospital
11. Kijabe Hospital
12. Maseno Mission Hospital
13. Maua Methodist Hospital
14. Mwihila Mission Hospital
15. PCEA Chogoria Hospital
16. PCEA Kikuyu Hospital
17. PCEA Tumutumu Hospital
18. Plateau Mission Hospital
19. Sagam Community Hospital
20. St Lukes Hospital, Kaloleni
21. Tenwek Mission Hospital
22. Lighthouse for Christ Eye Centre (MSA)
23. Icfem Dreamland Mission Hospital

APPENDIX 2: COVER LETTER

Moses Irungu

irungu@chak.or.ke/ irumutmos@yahoo.com

0724371027

Date

Dear Sir/Madam,

REF: INTRODUCTION LETTER

I am a University of Nairobi (MBA) student carrying out research on the relationship between Organizational Learning and performance of Christian Health Association of Kenya Hospitals.

You have experience that will be very useful in investigating this very important issue of modern management.

You are kindly requested to fill this questionnaire towards this objective. Your responses will be treated with utmost confidence and the data will be presented in summary form. Your name will not be identified anywhere.

I wish to thank you for your contribution.

Yours Faithfully,

Moses Irungu Muturi

University of Nairobi

APPENDIX 3: QUESTIONNAIRE

SECTION A

- a) Name of institution _____
- b) Location (County) of institution _____
- c) Level _____
- d) Number of departments _____

SECTION B

To what extent do the following apply to your organization? Please tick as appropriate using the following scale:

- (1) Not true (2) Rarely true (3) True (4) Often true (5)Very true

PART A

1. Staffs in our institution are expected to develop their own ideas and implement them to improve their work
 Not true True Very true
 Rarely true Often true

2. Senior managers create a climate which encourages work experimentation
 Not true True Very true
 Rarely true Often true

3. Our institution regularly introduces and implements new ways of doing things
 Not true True Very true
 Rarely true Often true

4. Mistakes are seen as an inevitable part of learning

- Not true True Very true
 Rarely true Often true

5. Staff are given freedom to work and managers do not 'micro manage'

- Not true True Very true
 Rarely true Often true

PART B

1. Our institution invests in new information technology (e.g. computer software)

- Not true True Very true
 Rarely true Often true

2. The institution invests in new and modern equipment

- Not true True Very true
 Rarely true Often true

3. Our institution is doing enough to address healthcare financing for needy patients
(e.g. Payment plans, Charity)

- Not true True Very true
 Rarely true Often true

4. Our institution invest in the latest medical knowledge (e.g. specialized personnel
or capacity building)

- Not true True Very true
 Rarely true Often true

5. Our institution is open to introduction of new systems and models

- Not true True Very true
 Rarely true Often true

PART C

1. Our institution enters into partnership with other organizations in order to share experiences and encourage mutual learning

- Not true True Very true
 Rarely true Often true

2. Our institution publishes its experiences for wider readership

- Not true True Very true
 Rarely true Often true

3. All institutions members who have dealings with the ‘outside world’ are expected to gather and share relevant information

- Not true True Very true
 Rarely true Often true

4. Staffs who attend trainings are expected to submit a report upon returning to work

- Not true True Very true
 Rarely true Often true

5. Staff participating in exchange visits to share experiences and for mutual learning

- Not true True Very true
 Rarely true Often true

PART D

5 Staffs are allowed to be members of a professional union

- Not true True Very true
 Rarely true Often true

6 Staffs are free to share their challenges, biases and assumptions with their seniors

- Not true True Very true
 Rarely true Often true

7 Our institution has a staff welfare association which acts as a channel of communication between staffs and management

- Not true True Very true
 Rarely true Often true

8 Our institution holds meetings and people are encouraged to be free in those meetings

- Not true True Very true
 Rarely true Often true

9 There is effort by the management to address the concerns of the staffs

- Not true True Very true
 Rarely true Often true

PART E

10 Policy making involves people at most levels of the organization

- Not true True Very true
 Rarely true Often true

11 The institution has provided suggestion boxes to generate ideas on how to improve the management of this institution

- Not true True Very true
 Rarely true Often true

12 Our institution holds staffs meeting to brain storm on different issues

- Not true True Very true
 Rarely true Often true

13 All staffs are at liberty to contribute contents for the hospital online pages/publications

- Not true True Very true
 Rarely true Often true

14 Our institution holds consultative forums before making major decisions on issues that affect staffs

- Not true True Very true
 Rarely true Often true

15 Staffs are allowed to send representatives to management meetings

- Not true True Very true
 Rarely true Often true

SECTION C (To be filled by the Hospital Accountant)

Please fill in the following financial information relating to your institution's last financial year according to the audited financial reports:

Current Assets _____

Current Liabilities _____

Total Assets _____

Total liabilities _____

Sales/Revenue _____

Retained Earnings _____

Earnings before Interest and Tax _____

Book value of Equity _____

APPENDIX 4: RESEARCH GAP

AUTHOR	FOCUS OF STUDY	FINDINGS	RESEARCH GAP
LinetAyilo (University of Nairobi)	Organizational learning and operational performance in commercial banks in Kenya	<ul style="list-style-type: none"> • The author approved that there is a relationship between organizational learning and operational performance in the banking industry in Kenya • Organizational learning elements are able to predict operational performance 	<ul style="list-style-type: none"> • The study was conducted on the banking industry while this study will concentrate on the health industry in Kenya
Hussein M. Harrim (Applied science Private University)	Learning Organization and Organizational Performance Relationship: Empirical Study Of Pharmaceutical Firms In Jordan	Concluded that there was a relationship between dimensions of organization learning and organizational performance; most of the relationships were strong while the rest were positively weak.	<ul style="list-style-type: none"> • The study analyzed an international industry while this study will concentrate on the local health care industry of Kenya

<p>Samuel KyamaNzi oka (University of Nairobi)</p>	<p>The relationship between organizational learning and performance improvement in Kenya's Commercial Banks</p>	<ul style="list-style-type: none"> • There is exists a strong positive relationship between the factors that promote organizational learning and organizational performance • There is a strong positive correlation between the dimensions of organizational learning and organizational performance 	<ul style="list-style-type: none"> • The study was carried out on the banking industry while this study will concentrate on the Health industry in Kenya
<p>Mary G. Kihara (University of Nairobi)</p>	<p>The learning organization concept a study of the N.G.O.s in Nairobi</p>	<ul style="list-style-type: none"> • There are no challenges faced in implementation of organizational learning • Organizational learning is important due to dynamics in 	<ul style="list-style-type: none"> • The study concentrated on the NGOs while this study will concentrate on Hospitals • The study did not intend to establish any relationships while this study will establish relationship between

		growth in the organization	organizational learning and performance
Martin Schulz (University of Washington)	Organizational Learning	The paper elaborated organizational learning	The author did not intend to establish a relationship between organizational learning and any other element while this study seeks to establish the relationship between organizational learning and organizational performance
Catherine Lwang&Per vaiz K ahmed	A review of the concept of organizational learning	The concept paper enriched knowledge on organizational learning	The paper reviewed the concept of organizational learning and this informs our study
Stephen Mzuve& Gabriel Nyaega (University of Nairobi)	Application of the Balanced score card as a performance measurement tool at Essar Telkom Kenya	The study showed that the benefits of using the Balanced score card outweigh the costs	<ul style="list-style-type: none"> • The study concentrated on a telecommunication company while this study will concentrate on the health industry in Kenya • The study intended to show the benefits of using the balanced

			score card as a performance measurement tool while in this study the balance score card will only be used to measure performance of health facilities of interest
Stella Wairimu Muhura (University of Nairobi)	Organization capabilities as a source of competitive advantage at Airtel Kenya	The study showed that Airtel had strategic capabilities which give it competitive advantage over other firms	<ul style="list-style-type: none"> • The study was carried out on a telecommunication firm while this study will be on health providing firms • The study was a general study of organizational capabilities while this study will concentrate on one of the strategic capabilities which is Organizational Learning capability
ZenaFakii (University of Nairobi)	The influence of strategy on organizational performance of state operations in Kenya	<ul style="list-style-type: none"> • The study concluded that there was a relation between strategy and resulting 	<ul style="list-style-type: none"> • Concentrated on strategy in general while this study will concentrate on a specific strategy which is organizational

		<p>performance</p> <ul style="list-style-type: none"> • It also concluded that there was a relationship between the choice of strategies and resulting organizational performance 	<p>learning</p>
<p>Enoch K. Musyoka (University of Nairobi)</p>	<p>Organizational Learning and Continuous improvement among cereal milling firms in Kenya</p>	<ul style="list-style-type: none"> • The study showed that there is a relationship between organizational learning and performance of cereal milling firms Kenya • It indicated that performance management systems and regular meetings are most preferred organizational learning mechanisms 	<ul style="list-style-type: none"> • The study was carried out on cereal milling firms in Kenya while this study will be on Christian health institutions