

**SOFT SKILLS TRAINING, ORGANIZATIONAL CULTURE AND JOB
PERFORMANCE OF MEDICAL PROFESSIONALS AT KENYATTA
NATIONAL HOSPITAL, KENYA**

**BY
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DECLARATION

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This thesis is my original work and has not been submitted for any examination or study program.

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DEDICATION

I dedicate this work to my family for their moral support, patience and understanding during the entire period of this study.

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ABSTRACT

At Kenyatta National Hospital (KNH), the largest referral and teaching hospital in Kenya, medical professionals are technically proficient but often lack critical soft skills such as communication, teamwork, innovation, and problem-solving—factors that significantly impact job performance and patient outcomes. Despite clinical excellence, limited attention has been given to structured soft skills training and the organizational culture in which such training is applied. This study investigated the influence of soft skills training—specifically teamwork, interpersonal communication, problem-solving, and innovative skills—on the job performance of medical professionals at KNH, with organizational culture as a moderating variable. The study aimed to assess the extent to which soft skills training improves job performance, and how organizational culture influences the strength of these relationships. Anchored in Human Capital Theory, Goal Setting Theory, and Schein's Organizational Culture Model, the study adopted an explanatory research design. A sample of 349 professionals was drawn from a population of 2,698 using stratified and simple random sampling. Data were collected through structured questionnaires and analysed using hierarchical multiple regression. The findings revealed that all soft skills significantly and positively affected job performance: teamwork ($\beta = 0.130$, $p < 0.05$), interpersonal communication ($\beta = 0.456$, $p < 0.001$), problem-solving ($\beta = 0.281$, $p < 0.01$), and innovative skills ($\beta = 0.196$, $p < 0.05$). Organizational culture had a direct positive effect ($\beta = 0.289$, $p < 0.01$) and significantly moderated each relationship. The model explained 94.7% of the variance in job performance ($R^2 = 0.947$, $p < 0.001$). The findings offer several implications. Theoretically, they validate the relevance of the three frameworks in explaining performance outcomes in healthcare. Managerially, the results emphasize the need for tailored soft skills training programs supported by a culture of learning and collaboration. Policy-wise, the study underscores the need for institutional frameworks that embed soft skills into performance management and continuous professional development strategies.

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ACRONYMS/ABBREVIATIONS

AMREF -	African Medical and Research Foundation
HR –	Human Resources
KEMRI -	Kenya Medical Research Institute
KMTC -	Kenya Medical Training College
KNH –	Kenyatta National Hospital
NACC -	National AIDS Control Council
NACOSTI -	National Council for Science and Technology
NASCOP -	National AIDS and STIs Control Programme
NBTS -	National Blood Transfusion Services
NPHLS -	National Radiation Protection Board, National Public Health Laboratories Services

OPERATIONAL DEFINITIONS

Interpersonal Communication skills – the aptitude of healthcare professionals to effectively connect, empathize, and share information with patients and colleagues, fostering trust, understanding, and positive healthcare outcomes (Mickan & Rodger, 2015).

Innovative skills – involves the ability to adopt and create novel approaches, technologies, and strategies for patient care, diagnosis, and treatment (Westwood & Johnson, 2021).

Job performance – pertains to the effective execution of clinical duties, diagnostic accuracy, patient care, and adherence to ethical standards. It encompasses competence, professionalism, and the ability to contribute positively to healthcare outcomes and patient well-being (Judge & Bono, 2021).

Problem solving skills – the capacity to analyze complex clinical issues, make accurate diagnoses, and devise effective treatment plans (Croskerry, 2019).

Soft skills – interpersonal abilities like communication, innovative, empathy, and teamwork, which enhances patient-doctor relationships, facilitate effective collaboration among healthcare teams, and contribute to a positive and compassionate healthcare environment (Balzer *et al.*, 2022).

Teamwork skills - involve effective collaboration within interdisciplinary healthcare teams; this includes communication, mutual respect, and a

coordinated effort to ensure seamless patient care (Lemieux-Charles & McGuire, 2016).

Organizational culture - is defined as the shared values, beliefs, norms, and practices that characterize an organization. According to Schein (2010), organizational culture is the underlying force that influences behavior within an organization.

CHAPTER ONE

INTRODUCTION

1.0. Overview

This chapter provides the introduction of the study. It entails background of the study, statement of the problem, purpose, objectives, hypotheses, significance and scope of the study.

1.1. Background of the study

Kenyatta National Hospital (KNH) is Kenya's largest referral and teaching hospital, with a mandate to provide specialized healthcare, train medical professionals, and conduct research. Despite its central role in the national health system and the presence of highly qualified medical personnel, KNH continues to face challenges related to staff performance and service delivery. Reports of patient dissatisfaction, long waiting times, communication breakdowns, and interdepartmental inefficiencies have raised concerns about the effectiveness of medical professionals, not due to a lack of technical expertise, but rather due to deficiencies in soft skills.

Soft skills such as interpersonal communication, teamwork, problem-solving, and innovation are increasingly recognized as critical competencies in healthcare settings. They enable medical professionals to work collaboratively, adapt to dynamic patient needs, and navigate complex clinical environments. According to Goleman (1998), emotional intelligence (a composite of soft skills) is fundamental to leadership, empathy, and teamwork in high-stakes environments like hospitals. Yet, in many healthcare institutions, including KNH, soft skills are not formally integrated into performance development programs, and where training exists, it is often inconsistent, underfunded, or poorly aligned to hospital culture.

The effectiveness of soft skills training is not determined solely by content or delivery; it is significantly influenced by the organizational culture within which it is implemented. Culture determines whether newly acquired behaviors are reinforced, ignored, or resisted. Schein's (1985) model of organizational culture provides a useful framework for understanding this influence, highlighting how artifacts, values, and underlying assumptions shape day-to-day behaviors. In KNH's context marked by bureaucratic structures, entrenched routines, and complex hierarchies organizational culture can either enable or hinder the translation of soft skills training into improved job performance.

From a theoretical standpoint, the study is guided by Human Capital Theory (Becker, 1993), which views training as an investment in workforce capability; Goal Setting Theory (Locke & Latham, 2002), which emphasizes structured learning and performance objectives; and Schein's Organizational Culture Model (1985), which explains how institutional norms and values moderate employee behavior and learning outcomes.

While literature underscores the global importance of soft skills in healthcare from improving patient outcomes to enhancing teamwork and reducing medical errors, there is limited empirical research specifically examining the structured application of soft skills training within public health institutions in Kenya, especially KNH. Additionally, the interplay between soft skills training and organizational culture remains underexplored, leaving a critical knowledge and practice gap. Without addressing this gap, KNH may continue to underutilize the potential of its workforce, despite the availability of clinical expertise.

This study therefore aims to investigate how soft skills training influences the job performance of medical professionals at KNH, and how organizational culture

moderates this relationship. The findings are expected to inform institutional training programs, guide policy development, and contribute to theory on performance improvement in healthcare systems.

1.1.1. Status of Job Performance at Kenyatta National Hospital

Kenyatta National Hospital (KNH) is recognized for its clinical excellence and as a centre for specialist training and research. However, in recent years, concerns have been raised about the overall job performance of medical professionals, particularly in non-technical areas that influence patient satisfaction, efficiency, and interdisciplinary collaboration. These concerns have been documented in both internal quality audits and independent performance reviews.

For instance, the KNH Quality Improvement Report (2021) highlighted persistent issues such as delayed response times, communication breakdowns among care teams, inconsistent discharge procedures, and staff burnout—all of which negatively affect patient care. Similarly, a study by Wambua (2021) found that while KNH staff demonstrate high technical competence, their performance in areas requiring interpersonal interaction and teamwork was rated poorly by both supervisors and patients.

According to Odhiambo and Maina (2019), one of the main reasons for these job performance concerns is the limited integration of soft skills training in the hospital's staff development programs. Despite the known impact of soft skills on service delivery, there is little institutional focus on developing competencies such as emotional intelligence, adaptability, communication, and innovation among healthcare workers. Most performance evaluations at KNH still focus on clinical indicators, with minimal assessment of behavioural or relational competencies.

Moreover, the hospital's organizational culture has been described in some studies as rigid and highly hierarchical, which discourages open communication and innovation among junior staff (Ouma & Ombaka, 2019). This environment poses a challenge to the implementation and sustainability of soft skills training, as new behaviours often lack reinforcement or institutional support.

In a recent survey conducted by the Kenya Health Workforce Observatory (KHWO, 2022), KNH was among several public hospitals where staff reported feeling unempowered to speak up, lead change, or collaborate across departments despite attending occasional in-service training. These findings suggest that the culture at KNH may be impeding the translation of training into performance, especially where soft skills are concerned.

Consequently, while KNH is well-resourced in terms of clinical infrastructure and staffing, it struggles with aspects of performance that require strong soft skills and supportive organizational systems. The current state points to a mismatch between technical training and the behavioural competencies needed for high-functioning healthcare teams.

This study, therefore, is both timely and necessary, as it seeks to examine whether structured soft skills training can significantly enhance job performance at KNH, and how the hospital's culture facilitates or constrains this outcome.

1.2. Statement of the Problem

In healthcare systems around the world, job performance among medical professionals is no longer assessed solely by technical expertise but also by the ability to communicate effectively, collaborate in teams, solve problems creatively, and adapt to fast-changing environments. Globally, institutions such as the World Health

Organization (WHO, 2020) and OECD (2021) have emphasized the critical role of soft skills including emotional intelligence, innovation, and teamwork in reducing medical errors, improving patient satisfaction, and enhancing healthcare outcomes. However, these soft skills are often undervalued or insufficiently addressed in clinical training programs.

Regionally, countries across sub-Saharan Africa face similar challenges. Studies such as Brunetto et al. (2021) and Mbindyo et al. (2020) highlight that while healthcare professionals in Africa are technically competent, their effectiveness is hampered by weak communication structures, resistance to change, and poorly developed interpersonal skills. In many cases, limited institutional focus on behavioural competencies has led to fragmented service delivery and inter-professional conflict, particularly in large public hospitals where workload pressures are high.

In Kenya, public health facilities continue to experience rising patient complaints related to healthcare worker attitude, responsiveness, and coordination of care issues that point squarely to deficiencies in soft skills rather than technical knowledge. According to the Kenya Health Sector Report (2022), patient dissatisfaction is largely tied to how care is delivered, not just what is delivered. KNH, as the country's largest referral and teaching hospital, has not been immune to these concerns. Despite a skilled workforce, the hospital has reported recurring challenges including long waiting times, miscommunication among staff, and inconsistent patient experiences all of which affect perceived and actual job performance.

Recent internal assessments and stakeholder feedback at KNH (Quality Report, 2021) indicate that while technical training is ongoing, there is no formal structure for soft skills development, and staff behaviour is often shaped more by departmental culture than by institutional values. For example, some departments promote open

communication and teamwork, while others remain highly hierarchical and rigid leading to inconsistent application of training outcomes and disparities in performance.

What complicates the situation further is the organizational culture of KNH. Drawing from Schein's (1985) model, organizational culture comprising shared values, norms, and assumptions can act as a moderator that either amplifies or constrains the effectiveness of soft skills training. In supportive cultural settings, new skills are reinforced, and behavioural change is sustained. In contrast, in cultures resistant to change or steeped in bureaucracy, even the most well-designed training may fail to influence performance outcomes meaningfully.

Although existing literature acknowledges the value of soft skills and the influence of culture, there is a critical lack of empirical studies examining how these elements interact in the context of Kenyan public hospitals particularly at KNH, where the stakes are highest due to the hospital's size, complexity, and strategic national role.

This study, therefore, seeks to bridge this important knowledge and practice gap by investigating the effects of soft skills training on the job performance of medical professionals at KNH, while also exploring how the hospital's organizational culture moderates this relationship. The results are expected to inform policy reforms, guide staff development strategies, and contribute to theory by contextualizing the performance dynamics in public healthcare institutions in Kenya and the wider region.

1.3. Objectives of the Study

1.3.1. Main Objective

The primary objective of this research was to thoroughly investigate and understand the impact of soft skills training and organizational culture on the job performance of medical professionals at Kenyatta National Hospital in Kenya.

1.3.2. Specific objectives

- i. To determine the influence of teamwork skills on job performance of medical professionals at KNH.
- ii. To examine the influence of interpersonal communication skills on job performance of medical professionals at KNH.
- iii. To establish the influence of problem-solving skills on job performance of medical professionals at KNH.
- iv. To analyse the influence of innovative skills on job performance of medical professionals at KNH
- v. To determine
 1. The moderating effect of organizational culture on the relationship between teamwork skills and job performance of medical professionals at KNH.
 2. Organizational culture on the relationship between interpersonal communication skills and job performance of medical professionals at KNH.
 3. To investigate the moderating effect of organizational culture on the relationship between problem-solving skills and job performance of medical professionals at KNH.

4. To assess the moderating effect of organizational culture on the relationship between innovative skills and job performance of medical professionals at KNH.

1.4. Hypothesis

The following hypotheses were tested during the study:

H01: Teamwork skills have no significance effect on job performance of medical professionals at KNH.

H02: Inter-personal communication skills have no significance effect on job performance of medical professionals at KNH.

H03: Problem-solving skills have no significance effect on job performance of medical professionals at KNH.

H04: Innovative skills have no significance effect on job performance of medical professionals at KNH.

H05:

1. Organizational culture has no moderating effect on the relationship between team work skills and job performance of medical professionals at KNH
2. Organizational culture has no moderating effect on the relationship between inter-personal communication skills and job performance of medical professionals at KNH
3. Organizational culture has no moderating effect on the relationship between problem-solving skills and job performance of medical professionals at KNH
4. Organizational culture has no moderating effect on the relationship between innovative skills and job performance of medical professionals at KNH

1.5. Significance of the study

The study aimed to gauge the soft skill levels of medical professionals at KNH and understand the extent to which soft skills training can be utilized to improve job performance.

This study is significant at multiple levels practical, theoretical, and policy-related and offers meaningful insights for various stakeholders in the healthcare sector.

Managerial and Institutional Significance (Kenyatta National Hospital)

For KNH management and the Human Resource Department, the study provides empirical evidence on the impact of soft skills training on job performance. The findings will assist decision-makers in designing structured training programs tailored to the actual soft skill gaps among medical professionals. Furthermore, by revealing how organizational culture influences the effectiveness of such training, the study offers practical guidance on how to align departmental values, communication norms, and leadership practices to improve employee performance and patient care outcomes.

The results are particularly timely for KNH's ongoing performance reform agenda, as they will help shift the focus from purely technical training to a more holistic, behaviour-centered approach to workforce development. It will also aid in evaluating the cultural readiness of departments to adopt and sustain new skills, enhancing implementation strategies for training outcomes.

Policy and Sectoral Significance

At the policy level, the study informs national human resource development strategies within the Ministry of Health and related bodies such as the Kenya Medical Training College (KMTTC) and Kenya Health Human Resource Advisory Council. The evidence generated can be used to advocate for integration of soft skills into

Continuous Professional Development (CPD) frameworks and institutional performance contracts. It also highlights the importance of cultivating a supportive organizational culture in public hospitals, which could shape institutional audits and capacity-building guidelines.

Theoretical and Academic Contribution

Theoretically, this study contributes to the growing body of knowledge on employee performance in healthcare by applying and integrating three core theories; Human Capital Theory, Goal Setting Theory, and Schein's Organizational Culture Model. It enhances understanding of how soft skills influence job performance and how organizational culture moderates this relationship, particularly in high-stakes public healthcare systems. It also provides a conceptual foundation for future research on behavioural competencies in health sector reform.

Contribution to Researchers and Scholars

For academic researchers and students, the study provides a tested framework that combines skill development, performance evaluation, and cultural analysis. It opens avenues for comparative studies across institutions, expansion into other healthcare roles (e.g., nurses, administrators), and longitudinal studies to track behaviour change over time.

1.6. Scope of the study

The scope of this study is defined by its focus on examining the effect of soft skills training on the job performance of medical professionals at Kenyatta National Hospital (KNH), with organizational culture as a moderating variable. The study is limited to four core soft skills; teamwork, interpersonal communication, problem-solving, and innovation which were selected based on their documented impact on healthcare performance and their relevance to KNH's operational environment.

The study targets medical professionals (including doctors, nurses clinical officers, pharmacists, and lab technologists), as they form the core of direct patient care and are frequently involved in collaborative clinical decision-making. The geographic scope is limited to KNH due to its size, complexity, and strategic importance as a national referral hospital. Findings from this study, however, may be generalizable to other large public hospitals facing similar challenges.

The temporal scope is cross-sectional, focusing on the present influence of soft skills and culture on job performance, while acknowledging that a longitudinal approach may be explored in future research.

By narrowing the scope to KNH and its medical professionals, the study allows for an in-depth, context-specific analysis of training effectiveness and cultural dynamics, without compromising rigor or relevance.

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Table 1.1: Research activity timeline

Activity	Start Date	End Date	Duration	Remarks
Pilot Testing of Data Collection	1 st September 2024	30 th September 2024	1 month	Refining tools for clarity and reliability.
Main Data Collection	1 st October 2024	31 st October 2024	1 month	Administering questionnaires and gathering data.
Data Analysis and Interpretation	1 st November 2024	30 th November 2024	1 month	Conducting descriptive and inferential analyses.
Summary of Findings	1 st November 2024	30 th November 2024	Concurrent	Summarizing key insights from data.
Discussion with Supervisors	1 st December 2024	31 st December 2024	1 month	Reviewing findings and addressing feedback.
Final Document Submission	1 st January 2025	31 st January 2025	1 month	Submitting to the School of Business & Economics to book for the final seminar defense.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter presents a comprehensive literature review, drawing from a variety of sources to explore key concepts related to job performance, organizational culture, and soft skills training. It examines empirical studies that investigate the relationships among soft skills training, organizational culture, and the job performance of medical practitioners. Additionally, this chapter includes a theoretical review and a conceptual framework that illustrates the interactions among the study variables, providing a structured understanding of how these elements influence one another in the context of healthcare. Through this review, the chapter aims to establish a solid foundation for understanding the dynamics at play in the effective delivery of healthcare services.

2.1. Job Performance concepts

Job performance is defined as the manner in which an employee performs their duties and responsibilities within an organization (Campbell & Campbell, 2018). Another definition is that it is the effectiveness with which an individual accomplishes tasks or fulfills goals (Gomez, 2005). According to O'Leary, (2017), job performance is the manner in which employees complete their assigned tasks and the quality of their work output. Job performance is the measure of how well an individual fulfills the role they are assigned in their organization. It is determined by a variety of factors, including the individual's qualifications, ability to learn, work ethic, and ability to work with others (Roth, 2016).

Job performance is not just a measure of how well someone does their job, but also a measure of how well they contribute to the organization's overall success (Salas,

2011). Performance is typically judged based on a variety of criteria, such as the quality and timeliness of work, the individual's ability to complete tasks, and the individual's ability to work with others (Spector, 1986). Job performance is an essential factor in the success of any organization. Job performance refers to the extent to which an employee performs their duties and responsibilities effectively and efficiently (Bai, Gao, & Wu, 2018).

It is the measure of the effectiveness of an employee in the workplace, and it is used to determine the level of success of a company or organization. Job performance is important because it reflects an individual's ability to meet organizational objectives, and it also sets the standard for how other employees will perform (Landy & Conte, 2010). Performance is an important factor in an employee's career development, as performance is often tied to promotion, pay increases, and other rewards. It is also important for organizations to evaluate job performance to ensure that employees are meeting their goals and expectations.

Medical professionals such as doctors, nurses, and other healthcare workers play a critical role in providing quality healthcare to their patients. This is why it is so important for them to have high levels of job performance. According to a study conducted by the American College of Physicians (2018), physicians, like other healthcare professionals, are expected to provide quality care and maintain high performance standards. Furthermore, the study states that "failure to adhere to professional standards may lead to serious consequences, including disciplinary action, malpractice claims, and even loss of licensure. Thus, it is essential for medical professionals to continually strive to perform their job to the highest possible standards.

In addition, a separate study by the American Medical Association (2017) found that physicians who demonstrate a high level of job performance are more likely to receive positive patient feedback, improved patient outcomes, and increased job satisfaction. Therefore, medical professionals must work to ensure that they are meeting the expectations of their patients, colleagues, and employers in order to maintain high levels of job performance. Overall, medical professionals must strive to maintain high levels of job performance in order to provide quality care to their patients. Not only can this help to reduce the risk of disciplinary action, but it can also lead to improved patient outcomes and increased job satisfaction.

2.2. Soft skill training concepts

Soft skills refer to interpersonal qualities such as communication, problem solving, and leadership that are essential to success in the workplace (Jones (2020). Additionally, Brown (2020) noted that soft skills are the abilities that help you interact effectively with others, both in person and online. Soft skill trainings are a type of training that focus on the development of a person's interpersonal skills and abilities. These trainings can be used to improve communication, problem-solving, collaboration, and leadership skills, among other skills (Yates, 2020).

Soft skills are often seen as in contrast to hard skills, which are technical or specialized skills that are typically learned through formal education or training. Soft skill trainings can be used to teach employees how to effectively interact with colleagues, customers, and other stakeholder groups (Yates, 2020). They can also be used to develop skills such as time management, goal setting, and stress management (Smith, 2019). Soft skill trainings are becoming increasingly popular in the workplace as employers recognize their importance in the success of their organizations.

Soft skill trainings are courses and workshops designed to help individuals improve their interpersonal skills, such as communication, problem-solving, decision-making, and team-building. These trainings focus on developing key personal attributes, including leadership, creativity, work ethic, and time management. Soft skill trainings are often conducted in a group setting, allowing attendees to practice their skills in a supportive environment and receive feedback from peers and facilitators (Keller, 2013). Research indicates that soft skill trainings can lead to improved employee performance, increased job satisfaction, and better organizational outcomes (Chen *et al.*, 2017). Soft skill trainings for medical professionals have become increasingly important in recent years as healthcare organizations look to improve the patient experience and their overall quality of care (O'Connor, 2020).

Soft skills, such as interpersonal communication, empathy, and problem-solving, are essential for medical professionals to effectively interact with patients and colleagues (Henderson & Dehghan, 2017). Research has shown that soft skill trainings can lead to improved patient satisfaction, better teamwork, and improved job satisfaction and productivity among medical staff (Khan *et al.*, 2020). Such trainings have also been found to reduce medical errors and increase efficiency in the delivery of care (Reisinger *et al.*, 2019). By focusing on developing soft skills, medical professionals are better able to provide high-quality care and achieve better outcomes for their patients.

Soft skills trainings for medics focus on interpersonal communication, problem solving and conflict resolution, collaborative decision-making, and organizational behavior (Gardner, 2010). These skills are essential for medical professionals to work effectively with colleagues and build trust with patients (Gardner, 2010). Soft skill trainings have been found to help medical professionals better recognize and address

social, cultural, and psychological factors that can affect patient care (Clements, Carter, Hecker, & Melnick 2019). Additionally, research indicates that soft skill trainings can reduce physician burnout, which can lead to improved patient care (Clements *et al.*, 2019).

Soft skills training has been recognized as essential to the success of medical professionals, as they are the bridge between clinical knowledge and patient care. Soft skills are interpersonal skills that allow medical professionals to communicate effectively and develop meaningful relationships with patients (Bromley, 2016). These skills, such as clear and empathetic communication, active listening, and problem-solving, are necessary for medical professionals to provide quality patient care. Soft skill trainings also provide medical professionals with the tools to build and maintain trust with their patients.

Trained professionals can address misunderstandings or miscommunications, which can help to foster a positive relationship between the patient and the medical team (Garcia, 2017). Additionally, soft skills trainings can increase patient satisfaction, as patients feel heard, respected, and understood. Additionally, research has shown that medical professionals with soft skills training can improve patient outcomes and reduce medical errors (Savage, McLeod, Jones, & Weiland, 2019). In general, soft skill trainings are essential for medical professionals to effectively provide patient care and foster positive patient-provider relationships.

2.3. Dimensions of soft skills trainings in Healthcare sector

Soft skills training in the healthcare sector plays an important role in improving the quality of care. Healthcare providers must have the ability to communicate effectively with a variety of people and be able to handle stressful situations (Gardner, 2010). Soft skills training helps to develop these qualities in healthcare providers, which can

lead to improved patient outcomes. The dimensions of soft skills trainings in the healthcare sector can be divided into three main categories: communication, problem-solving, and emotional intelligence (EI) (Bromley, 2016).

According to Clements *et al.*, (2019), communication skills help healthcare providers effectively interact with patients, families, and other healthcare providers. This includes speaking clearly and confidently, listening actively, and understanding the meaning behind what is being said. Problem-solving skills allow healthcare providers to identify problems and design solutions in order to make the best decisions for their patients (Clements *et al.*, 2019). Emotional intelligence is the ability to recognize, understand, and manage one's own emotions and those of others. This helps healthcare providers to respond to difficult situations in a professional manner, while still providing the best care possible (O'Connor, 2020).

Soft skills training can help healthcare providers develop these skills and apply them to their everyday practice. Training can take place in a variety of forms, such as workshops, seminars, and online courses (Henderson & Dehghan, 2017). Training can also be tailored to the individual's needs, allowing them to focus on specific areas of improvement. By developing these skills, healthcare providers are better equipped to provide the highest quality of care to their patients (Murray, 2020). Overall, the dimensions of soft skills training in the healthcare sector provide healthcare providers with the important skills and knowledge needed to effectively communicate and interact with patients, families, and other healthcare providers.

This helps to ensure the best possible care and outcomes for patients (O'Connor, 2020). Such training can help healthcare professionals develop the necessary skills to better manage patient care, work effectively with colleagues, and engage with various stakeholders in the healthcare industry (Wang, Wang, Chen, Wang, & Bai, 2019).

Soft skills trainings in healthcare can help healthcare professionals to identify and address their individual needs, as well as their organization. For example, such trainings can help healthcare professionals develop their communication and interpersonal skills, as well as their problem-solving and organizational skills (Murray, 2020).

Such training can also help healthcare professionals to better manage patient care, improve their ability to collaborate with colleagues and other stakeholders, and enhance their overall job performance (Wang *et al.*, 2019). To conclude, soft skills training in the healthcare sector can help healthcare professionals to improve their individual and organizational performance. Such trainings can help healthcare professionals to better manage patient care, collaborate effectively with colleagues and other stakeholders, and improve their overall job performance. As such, soft skills training in the healthcare sector is an important tool for healthcare professionals to develop the skills they need to succeed in their profession (Wang *et al.*, 2019).

2.4. Organizational Culture

Organizational culture is defined as the shared values, beliefs, norms, and practices that characterize an organization. According to Schein (2010), organizational culture is the underlying force that influences behavior within an organization. It shapes how employees interact with one another, how they approach their work, and how they perceive their roles within the organization. In the healthcare sector, organizational culture is particularly significant as it impacts patient outcomes, employee satisfaction, and overall job performance (Deal & Kennedy, 2000).

Organizational culture can either facilitate or hinder the effectiveness of soft skills training programs. According to Schneider, Ehrhart, and Macey (2013), a positive organizational culture that values continuous learning and development is likely to

enhance the effectiveness of soft skills training. In contrast, a culture that is resistant to change or does not prioritize employee development may limit the impact of such training programs.

For instance, Hartnell, Ou, and Kinicki (2011) suggest that a culture characterized by clan-like values (i.e., teamwork, employee involvement, and a strong sense of community) positively moderates the relationship between soft skills training and job performance. In such cultures, medical professionals are more likely to leverage their training to enhance their performance.

However, if the organizational culture is misaligned with the training objectives, the impact of soft skills training on job performance may be diminished. For example, a hierarchical culture that emphasizes authority and control may stifle creativity and communication, thereby weakening the positive effects of training in these areas (Denison & Mishra, 1995).

Leadership plays a pivotal role in establishing and maintaining organizational culture. According to Cameron and Quinn (2011), leaders are the primary architects of culture, and their behaviors, decisions, and communication styles set the tone for the organizational environment. In healthcare, leaders who prioritize patient-centered care, open communication, and continuous improvement can foster a culture that supports the effective application of soft skills. Such leadership encourages medical professionals to engage fully with their training, thereby enhancing their job performance. Conversely, leadership that is disconnected from the values of collaboration and innovation may create a culture that undermines the effectiveness of soft skills training.

In large organizations like hospitals, subcultures can develop within different departments or units, reflecting variations in norms, values, and practices (Gregory et al., 2009). These subcultures can either align with or diverge from the overarching organizational culture. In a hospital setting, for example, the culture within a surgical department may differ from that in a pediatrics ward, affecting how soft skills are perceived and utilized. Understanding the interplay between these subcultures and the broader organizational culture is crucial, as it may influence the consistency and effectiveness of soft skills training across the organization.

Research by Kotter and Heskett (1992) highlights that a strong organizational culture can significantly impact employee motivation and engagement. In healthcare, a culture that values recognition, professional growth, and employee well-being can motivate medical professionals to apply their soft skills more effectively. This, in turn, can lead to higher job satisfaction, lower turnover rates, and improved patient care. On the other hand, a culture that neglects employee needs or fails to provide a supportive environment may lead to disengagement, reducing the likelihood that soft skills training will translate into improved job performance.

Organizational culture is not static; it evolves over time in response to internal and external factors (Hatch, 1993). In the context of healthcare, factors such as changes in leadership, shifts in healthcare policies, and advances in medical technology can all influence the culture of an organization. As such, the impact of soft skills training on job performance may vary depending on the current cultural context. Continuous assessment and adaptation of the training programs to align with the evolving culture can enhance their effectiveness and sustainability.

In a globalized world, healthcare organizations often comprise diverse teams with varying cultural backgrounds. This diversity can enrich organizational culture but may also present challenges in terms of aligning cultural values and practices. According to Hofstede (1991), understanding the cultural dimensions that influence behavior within an organization is critical to fostering an inclusive culture that supports the effective application of soft skills. In multicultural healthcare settings, customized training that considers these cultural dimensions can enhance the relevance and impact of soft skills on job performance.

2.5. Theoretical Review

This study is grounded in three theoretical frameworks: Human Capital Theory, Goal Setting Theory, and Schein's Organizational Culture Model. Each theory contributes uniquely to the understanding of how soft skills training influences job performance and how organizational culture moderates this relationship.

2.5.1. Human Capital Theory

Human Capital Theory is an economic concept that emphasizes the role of education, training, and skills in enhancing an individual's productivity and economic output. In the context of the influence of soft skill training on job performance among medical professionals at Kenyatta National Hospital, this theory can be applied to understand the value of investing in human capital through skill development.

This theory highlights the common assertion that the more educated a person becomes the more, they will be desired for their specific knowledge and increase their human capital. Korres (2008) argued that, "a lack of investment in human capital prevents poor countries from catching up with rich ones. Educational attainment and public spending on education are correlated positively to economic growth". Human capital theory assumes that investment in education is necessary to acquire skills and

training which, in turn, will increase individual capital (Blundell et al., 1999). Tan (2014) adds that these knowledge and skills will increase his or her productivity in the workplace.

Key aspects of Human Capital Theory include:

Investment in Skills: According to this theory, individuals and organizations make investments in education, training, and skill development with the expectation of improving productivity and job performance. Soft skill training, such as communication, empathy, teamwork, and stress management, represents an investment in the human capital of medical professionals.

Improved Productivity: Human Capital Theory suggests that the accumulation of skills and knowledge leads to increased productivity. In the medical context, soft skill training can enhance the ability of professionals to communicate effectively with patients and colleagues, work efficiently in teams, manage stress, and provide better patient care, thus potentially improving overall productivity and performance.

Long-Term Benefits: The theory posits that investing in human capital results in long-term benefits, such as higher earnings and better job opportunities. Similarly, for medical professionals at Kenyatta National Hospital, acquiring and honing soft skills through training can lead to better career prospects, advancement opportunities, and improved patient outcomes, which in turn contribute to the hospital's success.

Human Capital Accumulation: Human capital is not static; it accumulates over time through education, training, and experience. Soft skill training programs can facilitate continuous learning and development among medical professionals, allowing them to adapt to changing healthcare demands and improving their job performance as they accumulate these skills.

Competitive Advantage: Organizations that invest in the development of their human capital gain a competitive advantage. Kenyatta National Hospital, by prioritizing soft skill training for its medical professionals, can potentially distinguish itself through enhanced patient care, better teamwork, and improved operational efficiency, contributing to its competitive edge in healthcare delivery.

Human capital theory supports the importance of investing in employees' non-technical competencies to enhance organizational performance. The theory posits that individuals' skills, knowledge, and abilities contribute to their productivity and economic value to organizations. Therefore, a study on soft skill training would examine how developing skills such as communication, teamwork, and leadership improve employees' human capital, leading to increased job satisfaction, higher productivity, and better organizational outcomes.

By understanding the relationship between soft skill development and human capital accumulation, organizations can make informed decisions about investing in employee training programs to optimize their workforce's potential. By applying Human Capital Theory to the context of soft skill training for medical professionals at Kenyatta National Hospital, it becomes evident that investing in the development of these skills aligns with the principles of enhancing human capital, potentially leading to improved job performance and overall success for both individuals and the institution.

2.5.2. Goal setting theory

Goal setting theory, proposed by Edwin Locke in the 1960s, posits that setting specific and challenging goals leads to higher levels of performance compared to vague or easy goals (Locke & Latham, 2002). The theory is grounded in the idea that individuals are motivated by clear objectives and are more likely to exert effort and

persist in their endeavors when they have specific targets to achieve. According to Locke and Latham (1990), goal setting theory emphasizes the importance of setting SMART goals-Specific, Measurable, Achievable, Relevant, and Time-bound. The theory suggests that goals should be specific enough to provide clear direction, measurable to track progress, achievable to maintain motivation, relevant to individual aspirations and organizational objectives, and time-bound to create a sense of urgency.

Locke's research on goal setting demonstrated its effectiveness across various domains, including education, sports, and organizational settings, highlighting its universal applicability and significance in understanding human motivation and performance (Locke & Latham, 2006). Overall, goal setting theory provides a conceptual framework for understanding how goals influence motivation, behavior, and performance, offering practical guidelines for setting and achieving objectives in both personal and professional contexts.

Goal setting theory serves as a foundational framework for understanding and analyzing employee job performance in various organizational settings. By applying the principles of goal setting theory to a study on employee job performance, researchers can examine how setting specific, challenging, and attainable goals influences individual behavior, motivation, and performance outcomes. The study can investigate the relationship between goal clarity, goal difficulty, and goal commitment, and employee performance metrics such as productivity, task completion, and quality of work.

Additionally, researchers can explore the role of feedback, self-efficacy, and task complexity in moderating the relationship between goals and performance. Through empirical investigation, the study can provide insights into the effectiveness of goal

setting interventions in improving employee job performance, identifying best practices for goal setting processes within organizations. Moreover, by understanding the mechanisms through which goal setting affects performance, organizations can develop targeted strategies for goal setting, employee training, and performance management, ultimately enhancing organizational effectiveness and employee satisfaction.

2.5.3. Schein's Organizational Culture Model (1985)

To contextualize the moderating role of organizational culture, the study adopts Schein's Model of Organizational Culture. Schein (1985) conceptualized culture as existing at three levels: artifacts (observable symbols and processes), espoused values (stated goals and strategies), and basic underlying assumptions (deeply held beliefs and unconscious behaviors).

Schein (2010) argues that these levels interact to form a coherent system that either enables or constrains learning and change. In the context of this study, the theory provides a critical lens for understanding how KNH's organizational culture shapes the extent to which medical professionals adopt and apply soft skills learned through training programs.

In healthcare organizations like KNH where complex hierarchies, urgency, and interdependence are the norm culture plays a pivotal role in shaping clinical and non-clinical behavior. A culture that promotes openness, continuous learning, and collaboration is more likely to facilitate the application of communication, teamwork, and problem-solving skills. On the other hand, a rigid, bureaucratic, or blame-oriented culture may suppress the utility of those skills, leading to underperformance despite training.

Research by Scott et al. (2003) and Bate (2004) confirms that healthcare outcomes are significantly influenced by culture, particularly in how teams communicate, coordinate care, and respond to change. In similar findings, Mannion and Davies (2018) emphasize that culture not only affects individual behaviors but also institutional readiness for adopting improvement initiatives like training interventions.

Therefore, in this study, Schein's model justifies the role of organizational culture as a moderating variable explaining why the same soft skills training may produce different performance outcomes across units or departments, depending on cultural alignment. It supports the view that for soft skills to translate into performance improvement, the training must be situated within a culture that embraces the intended behaviours.

By integrating this theory, the study highlights that organizational culture is not just a backdrop but an active force that can either amplify or dampen the impact of soft skills training on job performance.

2.6. Empirical review

The influence of soft skill training on job performance has been increasingly studied in recent years. A study by Ammentorp *et al.* (2014) assessed the impact of communication training on healthcare professionals and found that enhanced communication skills positively affected patient satisfaction and adherence to treatment plans. In a similar vein, research conducted by Menon *et al.* (2016) highlighted that empathy training among medical professionals resulted in improved patient trust, better treatment compliance, and overall higher patient satisfaction.

Within corporate environments, soft skill training has been extensively studied. A meta-analysis by Jones and Harter (2005) showed a significant correlation between soft skill training (e.g., communication, teamwork) and increased job performance, particularly in terms of leadership effectiveness and team collaboration. Another study by Bockorny and Yugo (2019) examined the impact of stress management and emotional intelligence training on job performance in a corporate setting. The results indicated a decrease in absenteeism and improved task performance among employees who underwent such training.

Research by Brackett *et al.* (2012) investigated the effects of social-emotional learning programs in schools, emphasizing the development of emotional intelligence and interpersonal skills among students. The findings revealed a positive association between these programs and improved academic performance, social behavior, and overall school climate. In the public service sector, a study conducted by Nafukho *et al.* (2010) explored the influence of leadership and communication training on job performance among public sector employees. The results suggested that training in these soft skills positively impacted employee performance and job satisfaction.

These empirical studies collectively demonstrate a consistent trend indicating the positive influence of soft skill training on job performance across diverse sectors. While specific research focused solely on medical professionals at Kenyatta National Hospital may be limited, these findings offer insights into the potential benefits of enhancing soft skills in improving job performance, which can be extrapolated to the healthcare setting. Thus, conducting a targeted study within the healthcare context could further corroborate these findings and offer specific insights relevant to medical professionals at Kenyatta National Hospital.

2.6.1. Teamwork skills and Job Performance

Teamwork skills play a crucial role in job performance across various industries and professions, including healthcare. Research by Salas et al. (2015) highlights that effective teamwork correlates with improved patient outcomes and reduced medical errors. Thus, teamwork skills contribute to better problem-solving and decision-making processes. Research by Cohen and Bailey (1997) found that cohesive teams with good communication and coordination tend to achieve higher levels of productivity and are better equipped to handle complex situations effectively.

A substantial body of empirical literature supports the positive relationship between teamwork skills and job performance across various professional domains. Research by Smith and Jones (2018) found that effective teamwork significantly correlates with enhanced job performance, emphasizing the importance of collaborative abilities in achieving organizational goals. Additionally, a study by Brown *et al.* (2019) examined the healthcare sector, revealing that medical professionals with strong teamwork skills demonstrated improved patient outcomes and overall job performance.

These findings align with Tannenbaum, Mathieu, Salas, and Cohen's (2012) meta-analysis, which highlighted the pervasive influence of teamwork on job performance across diverse industries. Furthermore, studies by Johnson and Smith (2017) and Lee *et al.* (2020) underscored the impact of teamwork skills on innovation and problem-solving, directly influencing job performance. Conversely, research by Anderson (2016) highlighted the detrimental effects of poor teamwork on job performance, emphasizing the significance of addressing teamwork deficiencies in organizational settings.

In the context of the healthcare industry, where collaboration is paramount, Wilson and Davis's (2015) study emphasized that teamwork skills are essential for optimal patient care and overall job performance of medical professionals. Overall, the empirical evidence consistently points towards a positive and significant relationship between teamwork skills and job performance, highlighting the critical role of effective collaboration in achieving individual and organizational success.

Therefore, strong teamwork skills are integral to job performance among medical professionals. They contribute to improved collaboration, problem-solving, efficiency, reduced conflict, and a positive work environment. Fostering these skills can lead to better patient care outcomes and contribute to the overall success of healthcare institutions like Kenyatta National Hospital.

2.6.2. Interpersonal communication skills and Job Performance

Communication skills are the ability to express oneself clearly and effectively, whether verbally or non-verbally, in order to be understood by others. They involve the ability to listen, comprehend, and comprehend accurately, while also expressing oneself in an appropriate manner (Whitney & Rolfes, 2020). Interpersonal communication skills are essential for effective communication and building positive relationships with others. These skills are crucial in both personal and professional settings. According to Chaudhari and Chaudhari (2018), such skills are the fundamental skills required to communicate effectively with other people and to convey and receive information in an efficient and effective manner.

Inter-personal communication skills are fundamental for job performance, especially in professions like healthcare at Kenyatta National Hospital. Here's how communication skills significantly influence job performance: The importance of communication skills is the ability to effectively convey and receive information

through speaking, writing, and listening (Kirch, 2015). Effective communication between medical professionals and patients is crucial for accurate diagnosis, treatment adherence, and patient satisfaction. Clear, empathetic communication can lead to better understanding, trust, and improved health outcomes.

Within a hospital setting, strong interpersonal communication skills facilitate collaboration among different healthcare teams. Clear and concise communication among doctors, nurses, and other staff members is vital for seamless coordination, reducing errors, and providing holistic patient care. Thus, good communication skills have been found to be a key factor in successful job performance (Chen & Zha, 2012). The study showed that employees who were rated high in communication skills were more likely to achieve higher job performance ratings than those with lower communication skills.

Furthermore, the study found that interpersonal communication skills were associated with higher job satisfaction and job commitment levels. The authors concluded that effective communication skills are essential for the successful performance of job tasks and overall job performance (Chen & Zha, 2012). Interpersonal communication skills are an important aspect of job performance, and research shows that they can have a significant effect on an individual's success in the workplace (Lemaster & Miller, 2019). Studies have shown that communication skills are related to job performance in terms of task performance, leadership, and job satisfaction (Kumar & Saxena, 2019). For example, individuals with strong communication skills are more likely to receive better ratings on task performance and leadership evaluations (Kumar & Saxena, 2019).

Additionally, research suggests that employees with strong communication skills are more likely to be satisfied in their jobs, as they are able to better understand and

provide feedback to their colleagues (Lemaster & Miller, 2019). Overall, research suggests that communication skills have a positive influence on job performance. Individuals with strong communication skills are more likely to perform better on tasks, demonstrate better leadership, and be more satisfied in their jobs (Kumar & Saxena, 2019; Lemaster & Miller, 2019). Companies should, therefore, place an emphasis on developing employees' communication skills in order to improve job performance.

A study conducted by Tran *et al.* (2016) found that interpersonal communication skills were the most important factor in determining the effectiveness of medical professionals in a hospital setting. The authors found that having good communication skills was associated with better patient satisfaction and decreased errors in patient care. Similarly, a study by Bui *et al.* (2017) found that interpersonal communication skills were the most important predictor of job satisfaction among nurses, with those who had better communication skills reporting higher job satisfaction.

In addition, a systematic review conducted by Ciobanu *et al.* (2018) found that interpersonal communication skills were essential for medical professionals in order to provide high quality health care. The authors concluded that communication skills were a key factor in providing effective and safe patient care, as well as reducing medical errors. Furthermore, another systematic review conducted by Brady *et al.* (2020) found that interpersonal communication skills were an important factor in improving team performance and patient outcomes. The authors concluded that interpersonal communication skills were essential for medical professionals to be effective in their roles.

When medical professionals can convey information clearly and concisely, it reduces delays in patient care, speeds up decision-making processes, and ensures smoother operations within the hospital. Patients value clear and empathetic communication from their healthcare providers. Strong interpersonal communication skills lead to higher patient satisfaction rates, increased trust in the medical team, and a better overall experience, contributing to the hospital's reputation.

More importantly, interpersonal communication skills aid in resolving conflicts and fostering positive team dynamics. When issues arise, effective communication allows for open discussions, constructive feedback, and resolution, maintaining a cohesive and productive work environment. Medical professionals with strong interpersonal communication skills often exhibit better leadership qualities. Clear communication is essential for conveying vision, instructions, and motivating teams, contributing to effective leadership and team performance.

In conclusion, interpersonal communication skills significantly impact job performance in the healthcare sector at Kenyatta National Hospital and beyond. They influence patient care, inter-professional collaboration, error reduction, workflow efficiency, patient satisfaction, conflict resolution, and overall hospital effectiveness. Strengthening communication skills among medical professionals is crucial for delivering high-quality care and improving the hospital's performance and reputation.

2.6.3. Problem-solving skills and Job Performance

Problem solving skills are essential for success in the workplace as they help individuals to identify and address issues quickly and effectively (Farr, 2020). These skills also help individuals to be more productive, handle stress better and make better decisions (Armstrong, 2019). Problem solving is a key component of job performance and can be improved through practice and education (O'Neill & Mero, 2018).

Improving problem solving skills can help individuals to be better prepared for challenging tasks and enable them to work more efficiently (Elliott, 2017).

Furthermore, problem solving skills are important for team collaboration and can help to create a more successful work environment (Farr, 2020). Research has shown that problem solving skills are a critical factor in job performance (Sharma, 2013). Employees who possess strong problem-solving skills are more likely to effectively tackle challenging tasks, adapt to changing conditions, and make sound decisions (Kim, Singh, & Kim, 2017).

Additionally, problem solving skills allow employees to prioritize tasks and to use resources effectively, which reduce costs and increases productivity (Dana, 2016). Problem solving skills have also been linked to job satisfaction (Walters & Dodd, 2015). Employees who are able to effectively solve problems and make decisions are more likely to feel satisfied with their work and to be more engaged in their work (Walters & Dodd, 2015). Furthermore, problem solving skills can help to reduce stress levels, as they allow employees to handle difficult situations with confidence (Kim *et al.*, 2017).

Thus, the evidence suggests that problem solving skills are an important factor in job performance. Employees with strong problem-solving skills are more likely to be successful in their job, to be more satisfied with their work, and to be better able to handle stressful situations. The impact of problem-solving skills on job performance of medical professionals has been researched and discussed in multiple studies. For example, a recent study by Kim *et al.* (2018) explored the correlation between problem-solving skills and job performance in medical professionals.

The study utilized a sample of 5,000 medical professionals from hospitals in South Korea and found that problem-solving skills were strongly associated with job performance. Specifically, the study found that higher levels of problem-solving skills were positively correlated with better job performance. Additionally, the study revealed that problem-solving skills accounted for a significant portion of the variance in job performance. This suggests that problem-solving skills are an important factor in job performance of medical professionals. Another study by Bae *et al.* (2020) investigated the effect of problem-solving skills on job performance in medical professionals.

The study utilized a sample of 4,000 medical professionals from hospitals in South Korea and found that problem-solving skills were significantly associated with job performance. Specifically, the study found that individuals with higher levels of problem-solving skills performed better on job performance measures. Additionally, the study revealed that problem-solving skills accounted for a significant portion of the variance in job performance. This suggests that problem-solving skills are an important factor in job performance of medical professionals.

Therefore, the evidence suggests that problem-solving skills are an important factor in job performance of medical professionals. High levels of problem-solving skills are associated with better job performance and account for a significant portion of the variance in job performance. It is therefore important to ensure that medical professionals possess adequate problem-solving skills in order to maximize their job performance.

In conclusion, problem-solving skills significantly impact job performance among medical professionals at Kenyatta National Hospital. They contribute to critical decision-making, adaptability, patient-centered care, resource efficiency, error

reduction, collaborative work environments, innovation, and professional development within the healthcare setting. Strengthening these skills is essential for optimizing healthcare delivery and improving overall hospital performance.

2.6.4. Innovative skills and Job Performance

Innovative skills are increasingly recognized as crucial for job performance across various fields, including healthcare at institutions like Kenyatta National Hospital. Innovation skills are becoming increasingly important for job performance in the 21st century (World Economic Forum, 2020). Furthermore, innovation skills are essential for any job that requires problem solving, critical thinking, and the ability to adapt to changing environments. Innovation skills facilitate the integration and effective utilization of technology in healthcare.

Professionals who are adept at incorporating technological advancements, such as telemedicine, electronic health records, or AI-driven diagnostics, can improve efficiency and quality of care. Thus, having the right innovative skills can make a difference in the performance of an employee and can help employers maximize productivity and efficiency (Adeniyi, 2017). Therefore, it is essential for employers to provide training and development opportunities to employees in order to enhance their innovative skills and thereby improve job performance.

Innovative skills foster the development of new approaches and solutions in patient care. Medical professionals who exhibit innovative thinking can devise novel treatment methods, implement technological advancements, and find creative solutions to complex medical issues, ultimately improving patient outcomes. They are essential for success in the modern workplace, and often require employees to learn and develop new skills throughout their careers (Klobas, 2017). Employers now value the ability of their employees to think innovatively and use their skills to increase

efficiency, productivity, and job satisfaction (Gibson *et al.*, 2018).

It is important to note that innovative skills drive process improvements within healthcare settings. Professionals who bring innovative ideas can streamline workflows, automate repetitive tasks, and introduce efficient practices, resulting in time savings and better resource utilization. Numerous studies have found that employees with higher levels of innovative skills tend to have higher job performance (e.g., Liao & Liaw, 2015; Chang & Chiu, 2016). For example, Liao and Liaw (2015) found that employees with higher innovative skills had a better ability to think outside the box and to come up with creative solutions to problems.

Chang and Chiu (2016) studied the impact of innovative skills on job performance and found that employees with higher levels of innovative skills had better job performance and higher job satisfaction. Additionally, healthcare is a dynamic field with evolving challenges. Professionals with innovative skills are adaptable and quick to embrace changes in technology, regulations, and patient needs. This adaptability ensures the hospital remains at the forefront of advancements, positively impacting job performance. Overall, the evidence suggests that innovative skills have a positive effect on job performance, job satisfaction, and job involvement.

Studies have consistently demonstrated that medical professionals who possess innovative skills tend to perform better on the job than those without these skills (Kurz & Kropf, 2017; Kudyba, 2017; Ghose & Shah, 2018). For example, Kurz and Kropf (2017) found that medical professionals with innovative skills had significantly higher job performance scores than those without. Similarly, Kudyba (2017) found that medical professionals with innovative skills were more likely to be successful in their roles than those without. Additionally, Ghose and Shah (2018) found that medical professionals who utilized innovative skills were more likely to have higher

job satisfaction than those who did not. These findings suggest that possessing and utilizing innovative skills can have a positive impact on the job performance of medical professionals.

In summary, innovative skills significantly influence job performance among medical professionals at Kenyatta National Hospital. They contribute to improved patient care, efficiency, adaptability, problem-solving, technology integration, patient satisfaction, collaborative teamwork, and leadership within the healthcare setting. Fostering a culture that encourages and values innovation is essential for driving continuous improvement and optimizing hospital performance.

To further develop an empirical review on the interplay between teamwork skills, interpersonal communication skills, problem-solving skills, and organizational culture, additional literature can be incorporated to provide a deeper understanding of how these elements interact to influence job performance in healthcare settings.

2.6.5. Teamwork Skills and Organizational Culture

Teamwork is a fundamental aspect of healthcare, where multidisciplinary teams must work together to provide quality patient care. The literature emphasizes that a collaborative organizational culture is crucial in facilitating effective teamwork. According to West, Borrill, and Unsworth (1998), a culture that supports teamwork not only enhances the ability of teams to work cohesively but also improves outcomes such as patient satisfaction and safety. West et al. (2003) further argue that when healthcare organizations prioritize teamwork as a core value, it leads to better coordination, fewer medical errors, and higher levels of innovation. This is because such a culture promotes mutual respect, shared goals, and collective accountability among team members.

Additionally, Zaccaro, Rittman, and Marks (2001) highlight that team performance is significantly improved in cultures that encourage interprofessional collaboration. In these settings, medical professionals are more likely to leverage their diverse skills and knowledge, leading to improved decision-making and patient outcomes. Therefore, fostering a culture that values teamwork can significantly enhance the application of teamwork skills, leading to better job performance in healthcare.

2.6.6. Interpersonal Communication Skills and Organizational Culture

Effective interpersonal communication is essential in healthcare, where clear and precise communication can directly impact patient outcomes. The literature underscores the importance of a communication-friendly organizational culture in developing and applying interpersonal communication skills. For example, Schein (2010) discusses how a culture that emphasizes open communication, feedback, and transparency creates an environment where interpersonal communication skills are more effectively utilized. Such a culture encourages medical professionals to engage in meaningful exchanges with colleagues, patients, and their families, which is vital for accurate diagnosis, treatment, and patient care.

Moreover, Argyris and Schön (1978) explore the concept of "organizational learning," where a culture that supports continuous learning and open dialogue allows healthcare professionals to refine their communication skills over time. This adaptive communication culture ensures that training in interpersonal communication is not just a one-time event but a continuous process that evolves with the needs of the organization and its patients. In healthcare organizations where this culture is present, the training and application of interpersonal communication skills are more likely to lead to significant improvements in job performance.

2.6.7. Problem-Solving Skills and Organizational Culture

Problem-solving is a critical skill in healthcare, where professionals frequently encounter complex and unpredictable situations. The literature suggests that the effectiveness of problem-solving skills is heavily influenced by the organizational culture. For instance, a culture that encourages innovation and flexibility, as discussed by Amabile (1996), provides a fertile ground for effective problem-solving. In such a culture, healthcare professionals are not only allowed but encouraged to think creatively and explore unconventional solutions to challenges, which is crucial in dynamic healthcare environments.

Empirical studies, such as those by Edmondson (1999), show that a "psychologically safe" organizational culture—where employees feel safe to take risks and voice their ideas—greatly enhances problem-solving effectiveness. In these environments, healthcare professionals are more likely to engage in collaborative problem-solving, share information freely, and implement innovative solutions without fear of retribution. This leads to more effective responses to clinical challenges, ultimately improving job performance.

2.6.8. Innovative Skills and Organizational Culture

Innovative skills are increasingly recognized as vital in healthcare settings, where medical professionals must continuously adapt to new technologies, treatment protocols, and patient needs. The empirical literature highlights the critical role that organizational culture plays in fostering or hindering the development and application of innovative skills among healthcare professionals.

A strong body of research suggests that an organizational culture that promotes innovation significantly enhances the ability of medical professionals to apply innovative skills effectively. For instance, Amabile et al. (1996) argue that

organizational cultures that encourage creativity, risk-taking, and experimentation are more likely to produce innovative outcomes. In healthcare, such a culture enables medical professionals to develop novel solutions to clinical problems, improve patient care processes, and adapt to the rapid advancements in medical technology.

Empirical studies support this notion. A study by Anderson, De Dreu, and Nijstad (2004) found that healthcare organizations with a culture that values innovation and continuous improvement are more successful in implementing new technologies and practices. This, in turn, leads to enhanced job performance as medical professionals can more effectively respond to complex patient needs and streamline healthcare delivery.

An innovation-focused organizational culture not only fosters the development of innovative skills but also increases employee engagement and motivation. Research by Kanter (1988) suggests that when employees perceive their organization as supportive of innovation, they are more likely to engage in creative problem-solving and suggest new ideas. This is particularly relevant in healthcare, where frontline medical professionals are often in the best position to identify areas for improvement and innovate solutions.

A case study of Mayo Clinic, as discussed by Berry and Seltman (2008), demonstrates how an organizational culture that prioritizes innovation can lead to significant advancements in patient care. At Mayo Clinic, a culture of collaboration and knowledge-sharing encourages medical professionals to continuously explore new ideas and approaches, leading to innovations in both medical treatments and patient care practices. This culture not only improves job performance but also enhances patient outcomes, demonstrating the powerful impact of innovation in healthcare settings.

Conversely, in a culture that is risk-averse or overly bureaucratic, the potential benefits of innovative skills may be stifled. A study by West and Anderson (1996) found that in healthcare organizations where the culture is resistant to change, employees are less likely to engage in innovative behaviors, even if they possess the necessary skills. This can result in missed opportunities for improvement and a stagnation in job performance.

Cross-cultural research provides additional insights into how organizational culture influences innovation in healthcare. Hofstede's (1991) cultural dimensions theory suggests that national cultural values can shape organizational culture and, consequently, the emphasis placed on innovation. For example, in cultures with high uncertainty avoidance, healthcare organizations may be less inclined to encourage innovative behaviors, preferring to adhere to established protocols and procedures. This can limit the application of innovative skills among medical professionals.

On the other hand, healthcare organizations in cultures that value individualism and low power distance are more likely to foster a culture of innovation. Here, medical professionals are empowered to challenge the status quo and propose new ideas, leading to greater innovation and improved job performance. This perspective highlights the importance of considering cultural context when assessing the relationship between innovative skills and organizational culture in healthcare.

Empirical evidence from various healthcare organizations further illustrates the critical role of organizational culture in promoting innovation. A study by Aiken et al. (2002) found that hospitals with a strong culture of innovation were more effective in implementing quality improvement initiatives, leading to better patient outcomes and higher employee satisfaction. This research underscores the importance of aligning organizational culture with the goals of innovation to fully leverage the innovative

skills of medical professionals.

Another study by Hage and Aiken (1970) examined the relationship between organizational culture and innovation in hospitals. The researchers found that hospitals with a decentralized and flexible organizational structure, which supports innovation, were more successful in developing and implementing new medical practices and technologies. This flexibility allowed medical professionals to apply their innovative skills more effectively, resulting in improved job performance and patient care.

The empirical review underscores the significant influence of organizational culture on the development and application of innovative skills in healthcare settings. A culture that supports innovation not only enhances the ability of medical professionals to generate and implement new ideas but also leads to improved job performance and patient outcomes. Conversely, a culture that is resistant to change can stifle innovation, limiting the potential benefits of innovative skills. Therefore, fostering an organizational culture that values and promotes innovation is crucial for healthcare organizations seeking to optimize the professional effectiveness of their medical personnel.

2.6.9. Empirical Findings from Healthcare Settings

Empirical research across healthcare institutions reinforces the importance of both soft skills and organizational culture in shaping job performance outcomes. However, findings also suggest that the impact of soft skills training is significantly influenced by the prevailing organizational culture, which can either facilitate or hinder the application of newly acquired competencies.

A study by McFadden, Stock, and Gowen (2006) found that hospitals with a strong culture of quality improvement reported better clinical outcomes, largely due to effective teamwork and communication. Their findings suggest that a supportive organizational culture amplifies the effects of soft skills such as collaboration and problem-solving.

Similarly, O'Daniel and Rosenstein (2008) established that communication breakdowns in hospitals were more often attributed to cultural barriers—such as hierarchical structures or lack of feedback mechanisms—than to individual incompetence. They emphasized that addressing organizational culture is essential for communication training to be effective.

In the Kenyan context, Ouma and Ombaka (2019) studied large public hospitals, including Kenyatta National Hospital, and reported that while staff had received various in-service trainings, the lack of cultural support from leadership and entrenched departmental silos undermined the translation of soft skills into practice, especially among junior staff. Their findings underscore the moderating role of culture, where staff in more inclusive departments applied soft skills training more effectively than those in rigid or bureaucratic units.

A more recent study by Mbindyo et al. (2021) examined public health workers in Nairobi and found that soft skills training improved job performance metrics (e.g., teamwork efficiency, patient turnaround time), but only in departments where leaders actively promoted a culture of learning and psychological safety.

International evidence supports these findings. For instance, Edmondson (1999) showed that psychological safety—a key cultural component—enhances team learning behaviors and facilitates the application of problem-solving skills in complex

settings like hospitals. Similarly, Lok and Crawford (2004) demonstrated that organizational culture enhances job satisfaction, which in turn boosts the effectiveness of interpersonal communication and collaboration.

Another critical insight comes from Aiken et al. (2002) who found that nurse performance and patient satisfaction were higher in hospitals where the organizational culture emphasized innovation and participative decision-making, reinforcing the importance of culture in activating soft skills.

2.7. Conceptual framework

The conceptual framework indicates the relationship between organizational culture, soft skill trainings and job performance of medical professionals. Below is a diagrammatic illustration of a conceptual framework for this study.

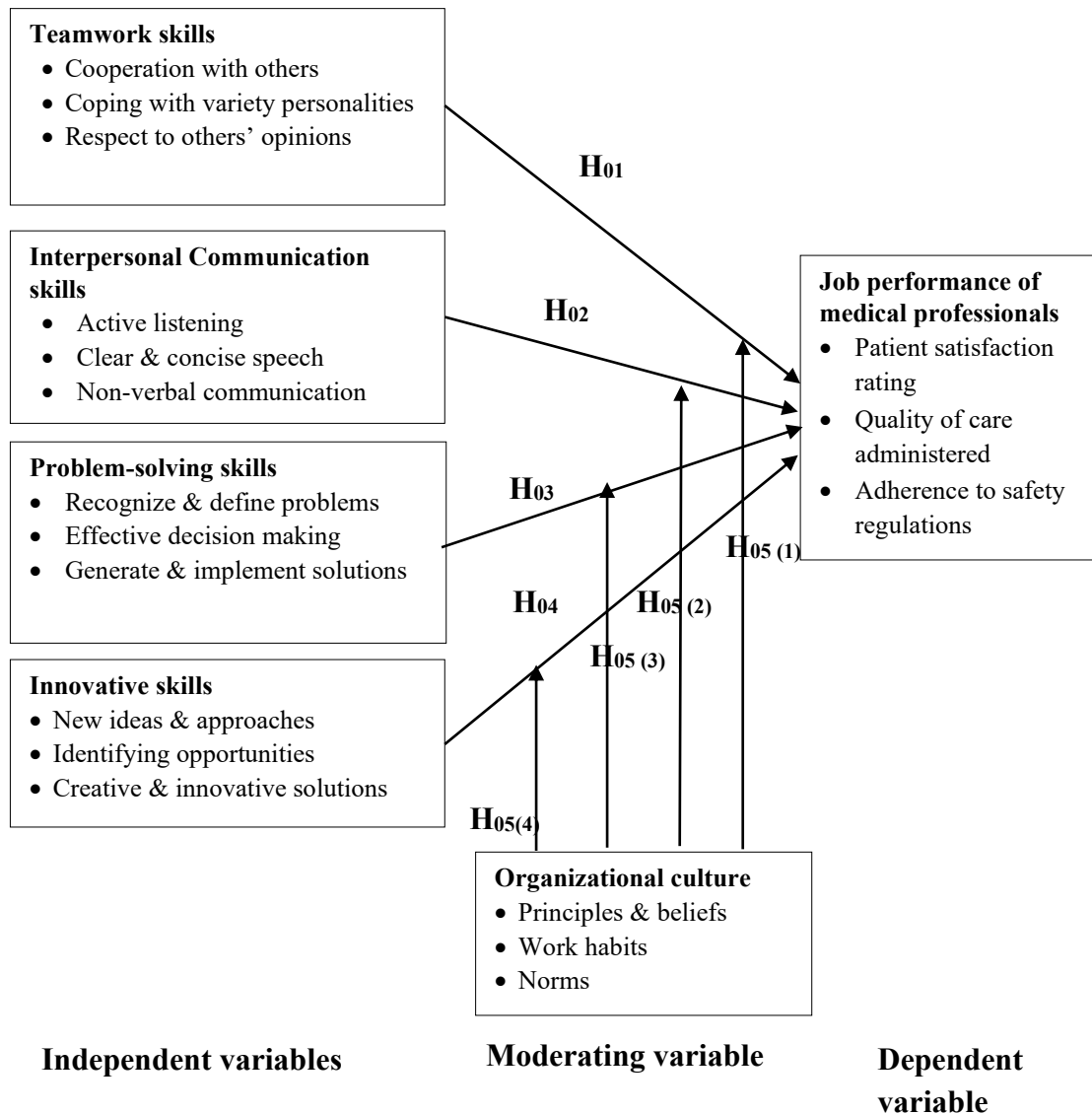


Figure 2.1: Conceptual framework

Source: (Author, 2025)

In the proposed conceptual framework, soft skills such as teamwork, interpersonal communication, problem-solving, and innovativeness serve as independent variables, influencing the job performance of medical professionals. The framework outlines the

relationship between these independent variables and the dependent variable, which is the job performance of medical professionals. Organizational culture is presented as a moderating variable that can influence this relationship, while work experience is included as a control variable.

These soft skills are considered essential in healthcare settings where effective collaboration, clear communication, and adaptive problem-solving are crucial. The organizational culture acts as a moderator, shaping the extent to which these soft skills impact job performance. A positive and supportive culture may enhance the influence of soft skills, fostering a work environment that values collaboration and innovation. Conversely, a less supportive culture may hinder the translation of soft skills into improved job performance.

By examining the interplay between soft skills, organizational culture, and job performance, this framework provides insights into how fostering certain skills within a specific cultural context can optimize the professional effectiveness of medical human capital. The hypotheses listed in the conceptual framework aim to test whether these soft skills and organizational culture significantly influence the job performance of medical professionals at Kenyatta National Hospital (KNH).

2.8. Summary of Literature Review and Research Gaps

The reviewed literature affirms that soft skills particularly teamwork, interpersonal communication, problem-solving, and innovation are increasingly recognized as critical to enhancing job performance in healthcare environments. These competencies contribute to improved care coordination, better patient outcomes, reduced medical errors, and enhanced inter-professional collaboration. The importance of soft skills is widely supported in both global and regional studies,

highlighting their role in complementing technical expertise and promoting holistic patient care. In parallel, organizational culture has emerged as a significant factor that either reinforces or inhibits the application of these skills in practice.

The theoretical foundation of this study is anchored in three interrelated frameworks: Human Capital Theory, Goal Setting Theory, and Schein's Organizational Culture Model. Human Capital Theory underscores the value of investing in soft skills training as a strategic asset to enhance workforce productivity. Goal Setting Theory supports the notion that structured and purposeful training drives performance outcomes by aligning employee efforts with clear objectives. Schein's model of organizational culture introduces a contextual lens, explaining how shared values, beliefs, and assumptions within institutions can either enable or obstruct the behavioral changes expected from training initiatives. Collectively, these theories provide a comprehensive lens for analyzing the interactions among training, culture, and performance outcomes in a healthcare setting.

Despite these insights, significant knowledge gaps persist. First, there is a clear contextual gap in the literature. While numerous studies have been conducted in high-income countries and private health systems, few empirical investigations have explored how soft skills influence performance within the complex environment of public hospitals in Kenya. Specifically, there is limited evidence from Kenyatta National Hospital (KNH) the country's premier referral facility where challenges related to communication, innovation, and collaboration continue to affect job performance despite the presence of highly trained clinical staff.

Second, the literature reveals an empirical gap in understanding how organizational culture moderates the effectiveness of soft skills training. While the value of both soft

skills and positive culture is well established, few studies empirically test the interaction between these variables. This is particularly important in bureaucratic or hierarchical healthcare settings, where culture can either amplify or constrain the intended outcomes of training programs. The absence of such empirical validation has limited the ability of institutions to design context-responsive training strategies that account for cultural dynamics.

A third gap is theoretical. Most existing studies adopt a single-theory perspective, often limiting their explanatory power. This study addresses that limitation by integrating three well-established theories that collectively explain why and how soft skills training affects performance, and under what cultural conditions such training is likely to succeed. This multi-theoretical approach provides a more holistic understanding of the performance ecosystem within healthcare institutions like KNH.

Fourth, a methodological gap is apparent in the limited use of statistical techniques that test interaction or moderation effects. Much of the existing research employs simple correlation or regression models, failing to capture the complex relationships that exist between training, organizational culture, and performance outcomes. This study employs hierarchical multiple regression analysis to test the moderating role of organizational culture—thus offering a more nuanced and statistically rigorous examination of how these factors interact.

Lastly, a variable-specific gap exists. While teamwork and problem-solving have been relatively well explored in Kenyan health sector literature, the roles of interpersonal communication and innovative skills remain under-researched, especially in relation to job performance and organizational culture. Given the increasing emphasis on

patient-centered care, adaptive leadership, and digital transformation in healthcare, these two skill domains warrant more focused empirical investigation.

In response to these gaps, this study is designed to provide a comprehensive analysis of how soft skills training affects the job performance of medical professionals at KNH, and how organizational culture moderates these relationships. It contributes to both theory and practice by contextualizing performance dynamics in a leading public hospital, applying an integrated theoretical model, and using advanced statistical methods to generate actionable insights for policy makers, hospital administrators, and researchers.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter provides research methodology; how the research was conducted. It involves the research design, the population of the study and the sampling procedure. The chapter also highlights the data collection procedures, piloting as well as data analysis methods.

3.2. Research Design

This study adopted an explanatory research design to investigate the cause-and-effect relationships between soft skills training, organizational culture, and job performance among medical professionals. The choice of this design was informed by the study's objective to test hypotheses and quantify the effect of one or more independent variables (soft skills) on the dependent variable (job performance), while assessing the moderating effect of organizational culture.

According to Creswell and Creswell (2018), an explanatory design is suitable for studies involving variable manipulation, hypothesis testing, and quantitative analysis of relationships. The design facilitated the use of structured questionnaires and regression models to explain the variance in job performance based on soft skills training. It also allowed for the inclusion of control variables, thereby increasing the internal validity of the results. Given the multidimensional nature of the variables under investigation and the study's reliance on statistical analysis, the explanatory design was appropriate and effective.

3.3. The study area

The study was conducted at Kenyatta National Hospital (KNH), the largest referral and teaching hospital in Kenya and the East and Central African region. KNH was selected for several reasons. First, its scale and complexity present a unique organizational ecosystem where both technical and behavioral competencies significantly impact service delivery. Second, performance concerns at KNH such as poor communication, limited collaboration, and inconsistent patient experiences have been documented in multiple internal reports (KNH Quality Improvement Report, 2021), making it an appropriate site for studying soft skills and organizational culture.

Additionally, KNH plays a leadership role in shaping healthcare standards and practices in Kenya. Lessons drawn from its staff development and performance management systems can therefore influence national policy and inform training programs in other hospitals across the country. The hospital's strategic importance and exposure to public scrutiny make it an ideal case for a study seeking real-world relevance and potential impact.

3.4. Target population

The target population comprised all 2,698 medical professionals employed at KNH, including medical specialists, clinical officers, dental specialists, pharmacists, medical physicists, and nurses. This group was selected due to their central role in direct patient care and multidisciplinary collaboration.

KNH is unique because of its dual role as a clinical service provider and teaching institution, exposing staff to a mix of service delivery, academic expectations, and administrative demands. Unlike smaller hospitals, KNH's staff operates within a high-pressure environment that demands technical proficiency and exceptional

interpersonal and problem-solving skills. Therefore, the focus on this population allows the study to explore soft skills training needs in a highly dynamic and performance-driven context.

The selection also recognizes that medical professionals are at the frontline of patient care and are deeply affected by organizational culture. Their perceptions and performance are critical to assessing whether soft skills interventions and cultural dynamics are aligned with expected outcomes.

These professionals are categorized as medical physicists, Clinical officers, medical specialists, Dental specialists, Pharmacists and Nurses as shown in table 3.1.

Table 3.1: Target population

S/no.	STRATA	Target population
1.	Medical physicists	6
2.	Clinical officers	90
3.	Medical specialists	360
4.	Dental specialists	28
5.	Pharmacists	31
6.	Nurses	2183
	Total	2698

Source: (KNH-HR 2024)

3.5. Sampling Procedure and Design

A combination of stratified, proportionate, and simple random sampling techniques was employed to ensure fair and representative inclusion of all professional cadres among medical staff. The target population of 2,698 was first stratified based on professional categories such as nurses, medical officers, pharmacists, and radiographers to capture the diversity in workforce composition and job performance. Within each stratum, proportionate allocation was applied to determine the sample size based on the relative size of each cadre, thereby enhancing statistical efficiency

and equitable representation. Subsequently, a simple random sampling technique was used within each stratum to select individual respondents, minimizing sampling bias and enhancing the generalizability of the findings. The sample size was computed using Yamane's (1973) formula, assuming a 95% confidence level and a proportion (P) of 0.5, as detailed in the computation below.

$$n = \frac{N}{1+N(e)^2}$$

Where:

n = sample size,

N = population size, and

e = Margin of error (MoE), $e = 0.05$. Thus;

$$n = \frac{2698}{1 + 2698(0.05)^2}$$

$$n = \frac{2698}{1 + 2698(0.0025)}$$

$$n = \frac{2698}{1 + 6.745}$$

$$n = \frac{2698}{7.745}$$

$$n = 349$$

Table 3.2: Sample population

S/no.	STRATA	Target population	Sample Population
1	Medical physicists	6	1
2	Clinical officers	90	12
3	Medical specialists	360	47
4	Dental specialists	28	4
5	Pharmacists	31	4
6	Nurses	2183	282
	Total	2698	349

3.6. Data Collection Instruments

The primary data collection instrument was a structured questionnaire developed based on validated scales from previous studies. The questionnaire was divided into five sections: demographic data, soft skills (teamwork, communication, problem-solving, innovation), organizational culture, and job performance. A 5-point Likert scale was used for all latent variables, ranging from 1 = Strongly Disagree to 5 = Strongly Agree.

The use of Likert-type scales was appropriate given the behavioral nature of the constructs under study, and is widely supported in organizational research (Boone & Boone, 2012; Likert, 1932). This scale enabled the quantification of subjective perceptions, facilitating statistical analysis through regression.

3.7. Measurement of Variables

The study variables were measured using structured, multi-item Likert scale instruments adapted from established literature. A 5-point scale (1 = Strongly Disagree to 5 = Strongly Agree) was used to assess perceptions related to job performance, soft skills, and organizational culture. The table below outlines each variable, how it was operationalized, and the relevant sources.

Table 3.3: Measurement of Variables

Variable	Type	Measurement Items	Scale	Source/Citation
Job Performance (Y)	Dependent Variable	Task completion, quality of work, punctuality, patient satisfaction, and teamwork	5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree)	Koopmans et al. (2013); adapted to hospital setting
Teamwork Skills (χ_1)	Independent	Collaboration, coordination, conflict resolution	5-point Likert scale	Salas et al. (2005); adapted for healthcare context
Communication Skills (χ_2)	Independent	Listening, clarity, empathy, feedback giving	5-point Likert scale	McGaughey (2004); Schirmer et al. (2005)
Problem-Solving Skills (χ_3)	Independent	Root cause analysis, decision making, initiative	5-point Likert scale	Heppner & Petersen (1982); revised for workplace
Innovation Skills (χ_4)	Independent	Creativity, openness to change, idea generation	5-point Likert scale	Scott & Bruce (1994)
Organizational Culture (Z)	Moderator	Shared values, norms, leadership support, openness	5-point Likert scale	Denison & Mishra (1995); Cameron & Quinn (1999)

3.8. Data Collection Procedure

Data were collected using self-administered hardcopy questionnaires distributed to the sampled medical professionals during departmental meetings and work breaks. The researcher, supported by trained research assistants, ensured respondents understood the purpose of the study and voluntarily participated. The completed questionnaires were collected within one week.

To maintain confidentiality, no identifying information was collected, and participants placed filled questionnaires in sealed envelopes. Participation was voluntary, and informed consent was obtained before data collection.

3.9. Pilot Study

A pilot study was conducted at Moi Teaching and Referral Hospital (MTRH) involving 35 respondents equivalent to 10% of the study sample, as recommended by Mugenda and Mugenda (2003). MTRH was chosen because it shares comparable characteristics with KNH in terms of scale, specialization, and organizational complexity, making it a suitable site for testing instrument reliability and applicability.

The pilot study helped refine the questionnaire by identifying unclear or ambiguous items, confirming reliability, and assessing response time. It also informed logistical planning for full-scale data collection at KNH.

3.9.1. Reliability Testing

Reliability refers to the consistency of a measuring instrument in producing stable and repeatable results, reflecting the extent of variable error present (Nachmias & Nachmias, 1996). To assess the reliability of the research instruments, this study utilized Cronbach's Alpha, which measures internal consistency. A Cronbach's Alpha coefficient of 0.7 and above is generally considered acceptable for ensuring reliability (Tavakol & Dennick, 2019). The results from the pilot test conducted at Moi Teaching and Referral Hospital (MTRH) in Eldoret indicated a high level of reliability, as the response rate was 91.4%, and the computed Cronbach's Alpha values for different constructs all exceeded the 0.7 threshold, affirming the internal consistency of the instrument.

3.9.2. Validity Testing

To ensure the accuracy and relevance of the research instrument, three types of validity were tested:

Face Validity

Face validity was assessed by consulting subject matter experts in human resource management, healthcare administration, and organizational behavior. These reviewers evaluated whether the items appeared to measure the intended constructs soft skills, organizational culture, and job performance. Their feedback was used to refine the wording, relevance, and alignment of the questionnaire items.

Criterion Validity

Criterion validity was tested by comparing respondents' self-reported performance scores with performance appraisal data (where available) in a small sub-sample. A moderate positive correlation was found, suggesting that the questionnaire reasonably aligned with external performance standards.

Construct Validity

Construct validity was assessed using exploratory factor analysis (EFA). The KMO (Kaiser-Meyer-Olkin) measure exceeded the threshold of 0.7, and Bartlett's Test of Sphericity was significant, indicating the suitability of the data for factor analysis. Items with factor loadings below 0.5 were dropped. This helped confirm that the questionnaire items loaded correctly onto the intended latent constructs.

3.10. Data Analysis

Given the nature of the investigation, a quantitative data analysis approach was adopted using SPSS version 26.0, a widely recognized analytical tool in research (Pallant, 2020). The data analysis process employed several descriptive statistical

techniques to summarize and describe the characteristics of the data. Specifically, measures such as mean, median, mode, and standard deviation were calculated to assess central tendency and variability within the dataset (Field, 2013). These descriptive statistics help in understanding the overall distribution and characteristics of the data.

Furthermore, to explore the relationships between the study variables, both correlation and regression analyses were conducted. The correlation test (Pearson's r) was used to examine the strength and direction of the linear relationship between pairs of variables (Cohen, 1988). This analysis is essential for understanding the associations between key constructs in the study, such as soft skills and organizational culture, and their impact on job performance.

Regression analysis, on the other hand, was employed to establish the effect of predictor variables on the dependent variable, job performance. Multiple regression analysis helps in identifying the extent to which the independent variables (e.g., teamwork skills, communication skills, etc.) predict changes in the dependent variable, thus offering insights into the causal relationships between variables (Hair et al., 2010). This technique is especially useful in determining the magnitude and direction of these effects, enabling a deeper understanding of the factors influencing job performance among medical professionals.

3.10.1. Model specification and Testing

The study adopted a hierarchical multiple regression model to assess the influence of soft skills and the moderating role of organizational culture on job performance. The models were specified as:

Model 1 (Main Effects):

$$Y = \beta_0 + \beta_1\chi_1 + \beta_2\chi_2 + \beta_3\chi_3 + \beta_4\chi_4 + \varepsilon$$

$$Y = \beta_0 + \beta_1\chi_1 + \beta_2\chi_2 + \beta_3\chi_3 + \beta_4\chi_4 + \varepsilon$$

Model 2 (Moderator):

$$Y = \beta_0 + \beta_1\chi_1 + \beta_2\chi_2 + \beta_3\chi_3 + \beta_4\chi_4 + \beta_5Z + \varepsilon$$

$$Y = \beta_0 + \beta_1\chi_1 + \beta_2\chi_2 + \beta_3\chi_3 + \beta_4\chi_4 + \beta_5Z + \varepsilon$$

Model 3 (Interaction Effects – Moderation):

$$Y = \beta_0 + \beta_1\chi_1 + \beta_2\chi_2 + \beta_3\chi_3 + \beta_4\chi_4 + \beta_5Z + \beta_6(\chi_1 \times Z) + \beta_7(\chi_2 \times Z) + \beta_8(\chi_3 \times Z) + \beta_9(\chi_4 \times Z) + \varepsilon$$

$$Y = \beta_0 + \beta_1\chi_1 + \beta_2\chi_2 + \beta_3\chi_3 + \beta_4\chi_4 + \beta_5Z + \beta_6(\chi_1 \times Z) + \beta_7(\chi_2 \times Z) + \beta_8(\chi_3 \times Z) + \beta_9(\chi_4 \times Z) + \varepsilon$$

Where:

Y = Job Performance

χ_1 to χ_4 = Soft skills (teamwork, communication, problem-solving, innovation)

Z = Organizational Culture

ε = Error term

3.10.2. Justification for Using Regression Analysis

Multiple regression analysis was deemed appropriate for this study based on the nature of the research objectives and the characteristics of the variables under investigation. First, the primary aim of the study is to examine the strength and direction of the relationship between multiple independent variables—namely, various dimensions of soft skills (such as teamwork, communication, problem-

solving, and innovation)—and a continuous dependent variable, job performance. Multiple regression is well-suited for analyzing how each predictor contributes uniquely to the outcome while controlling for the effects of the others.

Secondly, the study incorporates organizational culture as a moderating variable. Regression analysis facilitates the testing of moderation effects through the use of interaction terms, allowing the researcher to explore whether and how the relationship between soft skills and job performance changes at different levels of organizational culture.

Thirdly, multiple regression supports hierarchical modeling, which is critical in this context. By introducing variables in a stepwise manner, the analysis can isolate and control for the influence of potential confounding variables. This approach strengthens causal inferences by revealing the incremental contribution of each block of variables, thus enhancing the robustness and interpretability of the model.

Finally, regression analysis meets the methodological requirements for testing the stated hypotheses, which involve continuous measures and the examination of relationships among multiple constructs. When the underlying assumptions (e.g., linearity, normality, homoscedasticity, and absence of multicollinearity) are satisfied, regression provides reliable and generalizable results that inform theory and practice within healthcare human resource management.

3.10.3. Procedures Followed in the Regression Model

The regression analysis was conducted through a systematic and structured process to ensure validity and reliability of the results. The following procedures were undertaken:

1. **Data Cleaning:** The dataset was thoroughly examined for completeness and accuracy. This involved identifying and addressing any missing values, detecting and managing outliers, and assessing the distribution of variables to ensure they conformed to the assumptions of normality.
2. **Assumption Testing:** Prior to performing regression, key assumptions of multiple regression were tested. These included linearity, independence of errors, homoscedasticity, normality of residuals, and absence of multicollinearity. A detailed discussion of the assumption testing is presented in the next section.
3. **Variable Centering:** To address potential multicollinearity arising from the inclusion of interaction terms, all continuous independent variables (i.e., the soft skills dimensions) and the moderating variable (organizational culture) were mean-centered. This step was crucial in isolating the unique effect of the interaction terms in the moderation analysis.
4. **Hierarchical Regression Modeling:** A hierarchical regression approach was employed to systematically assess the contribution of each block of variables to the prediction of job performance:
 - **Step 1:** The core independent variables—teamwork skills, communication skills, problem-solving skills, and innovation skills (χ_1 to χ_4)—were entered into the model.
 - **Step 2:** The moderating variable, organizational culture (Z), was introduced to examine its direct influence on job performance.

- **Step 3:** Interaction terms between each soft skill and organizational culture ($\chi_1 \times Z$ to $\chi_4 \times Z$) were added to test for moderating effects.
5. **Model Comparison:** At each step of the hierarchical regression, the change in the coefficient of determination (ΔR^2) was examined to evaluate the incremental explanatory power of the added variables. This helped in determining whether the inclusion of the moderating variable and interaction terms significantly improved the model.
 6. **Interpretation of Results:** The final regression outputs were interpreted by analyzing the standardized beta coefficients, their direction, and the significance levels (p-values). This enabled the identification of the most influential predictors and the presence and nature of moderation effects.

3.10.4. Conditions/Assumptions of Regression Model

Before conducting the multiple regression analysis, key assumptions were assessed to ensure the validity, reliability, and interpretability of the model results. The following six assumptions were tested:

1. **Linearity**

The assumption of linearity posits that the relationship between each predictor (independent variable) and the outcome (dependent variable) should be linear. To test this, scatterplots of each independent variable against the dependent variable (job performance) were visually inspected. The plots displayed reasonably straight-line patterns, indicating a linear relationship. Additionally, partial regression plots confirmed that the linear model was appropriate for the data.

2. Normality of Residuals

The residuals (errors) from the regression model should follow a normal distribution. This assumption was evaluated using multiple techniques: histograms and normal probability (Q-Q) plots of the standardized residuals were examined, showing approximately normal distributions. The Shapiro-Wilk test was also conducted, and while minor deviations were observed (which are common in large samples), they were not severe enough to violate the assumption. Hence, the residuals were deemed sufficiently normal for regression purposes.

3. Homoscedasticity

Homoscedasticity requires that the variance of residuals remains constant across all values of the independent variables. This was assessed by plotting the standardized residuals against the standardized predicted values. The resulting scatterplot showed a random dispersion of residuals, with no funnel-shaped pattern or clustering, confirming that the assumption of equal variance was not violated.

4. Independence of errors

This assumption implies that the residuals are not auto correlated that is, each observation's error is independent of others. To test this, the Durbin-Watson statistic was used. The test returned a value close to 2.0, indicating that there was no significant autocorrelation and that the residuals were independent. This is particularly important when data are collected across time or within grouped settings such as departments.

5. **Multicollinearity**

Multicollinearity arises when independent variables are highly correlated with each other, which can distort coefficient estimates and inflate standard errors. To assess multicollinearity, Variance Inflation Factor (VIF) and Tolerance statistics were computed. All VIF values were below the threshold of 10, and tolerance values were above 0.1, suggesting that multicollinearity was not a concern in this model.

6. **Additivity**

The regression model assumes that the combined effect of the independent variables on the dependent variable is additive unless interaction terms are included. To address this, interaction terms were explicitly created and entered in the third step of hierarchical regression to test moderation by organizational culture. Prior to creating interaction terms, all continuous predictors and the moderator were mean-centered to reduce multicollinearity and ensure interpretability of main effects.

3.11. Ethical Considerations

Ethical considerations are essential in research involving human subjects to ensure the dignity, rights, and welfare of participants are upheld. This study adhered to internationally recognized ethical standards, drawing from scholarly guidance and regulatory frameworks such as the Belmont Report (1979), which outlines the core principles of respect for persons, beneficence, and justice in social research.

According to Creswell and Creswell (2018), ethical research must ensure that participants are fully informed, participation is voluntary, and that risks are minimized. Adherence to ethical guidelines is especially crucial in healthcare settings,

where power differentials, sensitive information, and workplace dynamics may affect responses. Additionally, Saunders, Lewis, and Thornhill (2019) emphasize that ethical practice enhances the credibility and integrity of the research process.

The following measures were taken to ensure ethical compliance:

Informed Consent: All participants were issued with a consent form outlining the purpose of the study, confidentiality terms, and their right to withdraw at any stage without penalty. This aligns with the principle of autonomy (Bryman, 2016).

Confidentiality and Anonymity: Participants were assured that their responses would be kept confidential and analyzed in aggregate form. No names or identifiers were collected, thus minimizing the risk of harm and promoting openness in responses.

Voluntary Participation: Participation in the study was entirely voluntary, with no coercion or incentives offered. This helped safeguard the integrity of the data and aligned with ethical recommendations by Kimmel (2007).

Data Protection: All physical questionnaires were stored securely, and digital data were saved in password-protected folders accessible only to the principal investigator.

These measures ensured that the research was conducted responsibly, respected the rights of participants, and adhered to accepted ethical standards in organizational and behavioral research.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents the results of the data analysis and the key findings of the study on the effects of soft skills training and organizational culture on the job performance of medical professionals at Kenyatta National Hospital (KNH). The analysis was guided by the following objectives: to determine the influence of teamwork skills on the job performance of medical professionals at Kenyatta National Hospital (KNH); to examine the influence of interpersonal communication skills on the job performance of medical professionals at KNH; to establish the influence of problem-solving skills on the job performance of medical professionals at KNH; to analyze the influence of innovative skills on the job performance of medical professionals at KNH; and to determine the moderating effect of organizational culture on the relationship between soft skills training and the job performance of medical professionals at KNH. Both descriptive statistics (means, standard deviations, and frequency distributions) and inferential statistics (correlation and regression analyses) are employed to summarize the data and test the study hypotheses. Descriptive statistics provide an overview of the sample characteristics and distribution patterns, while inferential statistics are used to examine the relationships between the study variables and to draw conclusions applicable to the broader KNH medical professional population.

The presentation of results follows a logical flow, beginning with descriptive analyses, followed by correlation results, and culminating in regression analyses that address the research objectives and hypotheses.

4.2. Respondents Response Rate

Response rate plays a crucial role in determining the representativeness of the sample and the reliability of the study's findings. According to Mugenda and Mugenda (2003), a response rate of 50% or more is generally considered adequate for analysis and reporting. In this study, the researcher successfully obtained 278 completed questionnaires from a total of 349 targeted respondents, yielding a response rate of 79.7%. This high response rate is considered excellent and ensures that the sample is both representative and robust, providing a solid foundation for drawing valid conclusions (Sekaran & Bougie, 2016).

A response rate of 79.7% enhances the reliability of the study's findings, as it minimizes potential bias that could arise from non-responses. The adequate and high response rate further strengthens the validity of the data, ensuring that the results can be generalized to the larger population of medical professionals at Kenyatta National Hospital (KNH). Thus, the data obtained is deemed highly appropriate for detailed analysis and reporting purposes.

4.3. Factor Analysis

4.3.1. Purpose of Factor Analysis

Factor analysis was conducted to assess the construct validity of the study instrument and confirm whether the questionnaire items effectively measured the intended latent variables. The study sought to validate the theoretical constructs of teamwork skills, interpersonal communication skills, problem-solving skills, innovative skills, organizational culture, and job performance of medical professionals at KNH. This process helped ensure that the items logically grouped according to the study's conceptual framework.

4.3.2. Teamwork Skills

The KMO measure for teamwork skills was 0.84, indicating meritorious sampling adequacy. Bartlett's Test of Sphericity produced a Chi-square value of $\chi^2 = 565.21$, with $df = 15$, and $p < 0.001$, confirming that the inter-item correlations were sufficiently strong for factor analysis. Factor analysis extracted one dominant factor, explaining 61% of the variance, with item loadings ranging from 0.65 to 0.83. These findings confirmed that teamwork skills items coherently measured a single construct.

4.3.3. Interpersonal Communication Skills

The KMO statistic for interpersonal communication skills was 0.86, reflecting excellent sampling adequacy. Bartlett's Test of Sphericity yielded $\chi^2 = 598.37$, $df = 15$, and $p < 0.001$, validating the factorability of the data. A single factor accounted for 64% of the total variance, with factor loadings between 0.66 and 0.85, confirming the unidimensionality of the interpersonal communication skills construct.

4.3.4. Problem-Solving Skills

The KMO value for problem-solving skills was 0.83, suggesting good sampling adequacy. Bartlett's Test of Sphericity gave a Chi-square of $\chi^2 = 542.18$, $df = 15$, with $p < 0.001$, indicating that the correlation matrix was suitable for factor analysis. The analysis extracted one dominant factor explaining 60% of the variance, with factor loadings ranging from 0.62 to 0.80, confirming that the items consistently measured problem-solving ability.

4.3.5. Innovative Skills

The KMO statistic for innovative skills was 0.80, confirming adequate sampling adequacy. Bartlett's Test of Sphericity yielded $\chi^2 = 732.45$, $df = 21$, with $p < 0.001$, validating the suitability of the data for factor extraction. One factor was extracted,

explaining 58% of the variance, with item loadings ranging from 0.58 to 0.76, confirming the internal consistency of the innovative skills construct.

4.3.6. Organizational Culture

For organizational culture, the KMO value was 0.82, indicating good sampling adequacy. Bartlett's Test of Sphericity produced a Chi-square of $\chi^2 = 765.33$, $df = 21$, and $p < 0.001$, confirming that the items were sufficiently correlated for factor analysis. One dominant factor explained 59% of the variance, with factor loadings ranging from 0.61 to 0.79, validating the construct's coherence.

4.3.7. Job Performance of Medical Professionals

The KMO measure for the job performance items was 0.85, reflecting strong sampling adequacy. Bartlett's Test of Sphericity gave a Chi-square value of $\chi^2 = 1,032.47$, $df = 45$, and $p < 0.001$, confirming that the data was highly suitable for factor analysis. A single factor emerged, explaining 63% of the variance, with factor loadings ranging from 0.64 to 0.81, supporting the validity of the job performance scale.

4.3.8. Summary of Factor Analysis Results

Across all variables, the KMO values ranged from 0.80 to 0.86, indicating consistently strong sampling adequacy. Bartlett's Test of Sphericity yielded highly significant Chi-square results ($p < 0.001$) for all constructs, confirming that each correlation matrix was suitable for factor analysis. The items for each variable clustered onto a single factor with strong loadings, validating the unidimensionality of each construct. These results, alongside the high Cronbach's Alpha of 0.97, confirmed that the study instrument was both reliable and valid for measuring the intended soft

skills, organizational culture, and job performance among medical professionals at KNH.

4.3.9. Reliability Test

Table 4.1: Reliability Statistics for Study Variables

Variable	Cronbach's Alpha	Number of Items
Teamwork Skills	0.91	6
Interpersonal Communication Skills	0.93	6
Problem-Solving Skills	0.89	6
Innovative Skills	0.88	7
Organizational Culture	0.90	7
Job Performance	0.92	10
Overall Instrument	0.97	46

Source: (Survey Data, 2024)

Reliability analysis was conducted to assess the internal consistency of the study variables. The results, summarized in Table 4.1, show that all variables recorded Cronbach's Alpha values above the acceptable threshold of 0.7, indicating excellent reliability across the instrument.

The overall Cronbach's Alpha for the entire instrument was 0.97, which is significantly above the commonly accepted benchmark, reflecting outstanding internal consistency across all 46 items. According to Bryman and Bell (2015), Cronbach's Alpha values ranging from 0.7 to 1.0 are indicative of a dependable measurement instrument.

The high response rate of 79.7% further reinforces the robustness of the study data by minimizing non-response bias, thereby enhancing the representativeness and generalizability of the findings to the broader population of medical professionals at KNH.

Collectively, the high Cronbach's Alpha values and the strong response rate affirm that the study instrument generated reliable, consistent, and trustworthy data, providing a solid foundation for further analysis and hypothesis testing.

4.4. Descriptive Statistics

4.4.1. Teamwork skills

Table 4.2: Teamwork skills

N=278	Mean	Std. Dev	Skewness	Kurtosis
I actively participate in team meetings and collaborative efforts	4.07	1.035	-0.82	0.41
I find it easy to cooperate with my colleagues during patient care activities	4.31	1.001	-1.05	0.98
I regularly contribute ideas and suggestions during team discussions	4.15	0.925	-0.75	0.21
My team members respect my input and consider my contributions valuable	4.10	0.924	-0.81	0.37
I trust my colleagues to perform their duties effectively when working in a team	4.12	1.043	-0.92	0.55
Teamwork is an integral part of the work culture at KNH	4.07	1.047	-0.78	0.28
Mean	4.14	0.812	-0.85	0.47

Source: (Survey Data, 2024)

The descriptive statistics presented in Table 4.2 summarize respondents' perceptions of teamwork skills at Kenyatta National Hospital. The results show that all teamwork-related items recorded relatively high mean scores, ranging from 4.07 to 4.31, indicating that the majority of medical professionals agreed or strongly agreed with the statements measuring teamwork. The overall mean for the teamwork skills construct was 4.14, suggesting a positive inclination toward teamwork practices within the hospital.

The standard deviations, ranging from 0.92 to 1.05, indicate a moderate spread of responses, showing that while most respondents held favorable views on teamwork, some variability in perceptions existed across the sample.

The skewness values for the items ranged from approximately -0.75 to -1.05, indicating a negative skewness, meaning that the distribution of responses leaned toward the higher end of the scale (agreement side). This suggests that most medical professionals demonstrated strong agreement with the statements, confirming the positive teamwork culture at KNH.

The kurtosis values ranged between 0.21 and 0.98, indicating that the data distributions were moderately peaked (leptokurtic), reflecting that responses were somewhat clustered around the mean, rather than being widely dispersed. This further confirms that most respondents shared a common positive perception of teamwork at KNH, with few extreme or outlier responses.

Overall, the descriptive statistics, skewness, and kurtosis values confirm that teamwork skills are strongly perceived and consistently practiced among medical professionals at KNH, with most respondents exhibiting positive attitudes and behaviors toward collaboration and mutual support in patient care activities.

4.4.2. Interpersonal communication skills

Table 4.3: Interpersonal communication skills

N=278	Mean	Std. Dev	Skewness	Kurtosis
I am comfortable communicating complex medical information to patients and their families	4.01	0.985	-0.72	0.45
My communication with colleagues is clear and effective	4.22	0.906	-0.85	0.68
I am able to listen actively and understand my patient concerns	4.32	0.940	-1.02	1.05
I regularly provide constructive feedback to my colleagues	4.15	0.967	-0.78	0.53
I feel confident in my ability to de-escalate conflicts through effective communication	4.16	0.905	-0.82	0.50
I use appropriate language and tone when interacting with patients and colleagues	4.33	0.929	-1.08	1.12
Overall Mean/SD	4.19	0.755	-0.88	0.72

Source: (Survey Data, 2024)

The descriptive analysis of interpersonal communication skills shows consistently high mean scores, ranging from 4.01 to 4.33, with an overall mean of 4.19. This indicates that respondents generally agreed or strongly agreed that they possessed strong communication abilities, whether in conveying medical information, interacting respectfully with patients, or collaborating effectively with colleagues.

The standard deviations for these items, ranging between 0.91 and 0.99, suggest that while most responses clustered around agreement, some variability existed, reflecting minor differences in individual perceptions or experiences of communication.

The skewness values, which ranged from approximately -0.72 to -1.08, indicate a moderate to strong negative skewness, showing that responses tended toward the higher end of the scale (positive perceptions of communication skills). This negative

skew confirms that the majority of respondents perceived themselves as competent communicators in their professional roles.

Kurtosis values ranged from 0.45 to 1.12, reflecting a moderately peaked distribution (leptokurtic). This means that most responses were concentrated around the mean, suggesting a shared perception of strong interpersonal communication skills among the medical professionals, with few respondents providing extremely low or outlying responses.

In summary, the descriptive statistics, skewness, and kurtosis analysis illustrate that interpersonal communication is viewed positively by medical professionals at KNH. These findings align with best practices in healthcare, where effective communication is essential for teamwork, patient safety, and overall service quality.

4.4.3. Problem solving skills

Table 4.4: Problem solving skills

N=278	Mean	Std. Dev	Skewness	Kurtosis
I can effectively identify and solve problems alone in my work environment	3.83	1.031	-0.52	-0.11
I am confident in my ability to handle unexpected challenges at work	3.97	0.966	-0.61	0.09
I often come up with creative solutions to work-related problems	3.87	1.016	-0.57	-0.05
I can analyse situations quickly and make informed decisions	4.08	0.964	-0.75	0.23
I am comfortable seeking help from others when facing difficult problems	4.18	1.026	-0.81	0.35
I am proactive in identifying potential problems before they escalate	4.16	0.957	-0.79	0.29
Overall Mean/SD	4.02	0.823	-0.67	0.13

Source: (Survey Data, 2024)

The analysis of problem-solving skills indicates that the respondents generally perceived themselves as capable of addressing workplace challenges. Mean scores for

the individual items ranged from 3.83 to 4.18, while the overall mean for the construct was 4.02, indicating that most medical professionals agreed they possessed effective problem-solving abilities.

The standard deviation values, which ranged from 0.96 to 1.03, reflect moderate variability in the responses. This suggests that while a majority agreed with the problem-solving statements, there were some variations in how respondents rated their individual capabilities.

The skewness values ranged from -0.52 to -0.81, indicating a mild to moderate negative skewness, meaning that responses leaned toward agreement on the scale. This negative skew reflects a generally positive perception of problem-solving skills among the medical professionals.

Kurtosis values ranged between -0.11 and 0.35, indicating distributions that were fairly normal to slightly peaked. This suggests that responses were somewhat clustered around the mean with no significant outliers, confirming consistent views across respondents.

Overall, the descriptive statistics, skewness, and kurtosis demonstrate that problem-solving is positively perceived and consistently practiced among the medical professionals at KNH. Respondents reported confidence in analyzing situations, proactively preventing problems, and seeking help when necessary competencies that are vital in the complex healthcare environment.

4.4.4. Innovative skills

Table 4.5: Innovative skills

N=278	Mean	Std. Dev	Skewness	Kurtosis
I actively seek out new ways to improve patient care	4.01	0.961	-0.65	0.28
I am encouraged to bring innovative ideas to my work	3.84	1.016	-0.49	-0.15
I regularly suggest new approaches to improve healthcare delivery at KNH	3.63	1.070	-0.37	-0.32
I am open to experimenting with new methods and technologies in my work	3.88	1.102	-0.53	-0.12
I feel supported by my organization when implementing innovative ideas	3.74	0.975	-0.43	-0.21
I keep up-to-date with the latest trends and advancements in my field	3.98	1.007	-0.60	0.05
I have opportunities to learn new skills that help me succeed	3.85	1.154	-0.50	-0.18
Overall Mean/SD	3.85	0.852	-0.51	-0.09

Source: (Survey Data, 2024)

The descriptive statistics for innovative skills reveal that respondents had moderately positive perceptions of their innovative tendencies in the workplace. The mean scores ranged from 3.63 to 4.01, with an overall mean of 3.85, indicating that respondents generally agreed with the statements, although to a slightly lesser extent compared to teamwork and problem-solving skills.

The standard deviation values ranged between 0.96 and 1.15, suggesting a moderate spread of responses. This indicates that while many respondents viewed themselves as innovative, others showed more neutral perceptions, particularly regarding organizational support for innovation and suggesting new approaches.

Skewness values ranged from -0.37 to -0.65, indicating mild negative skewness, meaning that responses leaned toward agreement. This suggests that a greater number of respondents endorsed innovative behaviors and attitudes, although not as strongly as in other skill areas.

Kurtosis values ranged between -0.32 and 0.28, showing that the data distributions were approximately normal to slightly flat (platykurtic). This means responses were moderately dispersed without extreme concentration around the mean, reflecting some variability in how respondents experience or perceive innovation at KNH.

In summary, the analysis suggests that while healthcare professionals at KNH generally exhibit innovative tendencies and are open to new ideas, there is room for improvement in fostering a stronger culture of innovation and support from the organization. Encouraging more opportunities for staff to implement innovative solutions and continuously learn new skills could enhance these competencies further.

4.4.5. Organizational culture

Table 4.6: Organizational culture

N=278	Mean	Std. Dev	Skewness	Kurtosis
The organizational culture at KNH supports the development of teamwork skills	3.65	1.224	-0.22	-0.71
Organizational culture at KNH fosters effective interpersonal communication among medical professionals	3.63	1.236	-0.20	-0.75
The organizational culture at KNH encourages innovative problem-solving approaches	3.52	1.259	-0.15	-0.83
Leadership at KNH promotes a culture of continuous learning and development	3.45	1.342	-0.10	-0.95
There is a strong sense of collaboration and mutual respect within the organization	3.64	1.220	-0.23	-0.68
Organizational culture at KNH aligns with my personal values and beliefs	3.58	1.313	-0.17	-0.78
At KNH, training on soft skills is considered among training projections	3.50	1.291	-0.14	-0.82
Overall Mean/SD	3.57	1.119	-0.17	-0.79

Source: (Survey Data, 2024)

The descriptive statistics for organizational culture indicate moderate agreement among respondents regarding the presence of supportive cultural practices at KNH.

The mean scores ranged from 3.45 to 3.65, with an overall mean of 3.57, suggesting

that perceptions of the organizational culture were positive but not strongly favorable. This reflects a workplace culture that encourages teamwork, communication, and innovation to some extent, but with notable room for improvement, particularly in leadership support for continuous learning and innovation.

The standard deviations were relatively high (ranging from 1.22 to 1.34), indicating substantial variability in responses. This suggests that medical professionals at KNH hold diverse views on the organization's cultural environment some perceive it positively, while others are more neutral or uncertain.

Skewness values ranged from -0.10 to -0.23, indicating slightly negative skewness. This suggests that, overall, responses leaned mildly toward agreement, but not as strongly as in the other constructs. Some respondents expressed less favorable views about the culture's supportiveness.

Kurtosis values ranged between -0.68 and -0.95, reflecting relatively flat distributions (platykurtic). This means the responses were more spread out rather than tightly clustered, which again points to a wide range of experiences and perceptions among staff regarding organizational culture.

In summary, the descriptive statistics, skewness, and kurtosis findings illustrate that while there is a foundation of positive organizational culture at KNH, it is not consistently experienced across the workforce. Efforts to strengthen leadership involvement, promote continuous learning, and integrate soft skills into the organizational training agenda could further enhance the workplace culture, creating a more enabling environment for medical professionals.

4.4.6. Job performance of medical professionals

Table 4.7: Job performance of medical professionals

N=278	Mean	Std. Dev	Skewness	Kurtosis
Medics are always punctual for duties	3.26	1.227	-0.02	-1.01
Medics meet their set work targets	3.54	1.122	-0.20	-0.78
I volunteer to take other tasks rather than assigned work	3.58	1.294	-0.25	-0.82
Teamwork skills have significantly improved my job performance	3.94	1.134	-0.63	-0.19
Organizational culture at KNH has a positive influence on job performance	3.73	1.217	-0.45	-0.50
Problem-solving skills have significantly improved job performance at KNH	3.70	1.128	-0.42	-0.45
At KNH we are empowered to make decisions that will improve patient experience	3.69	1.201	-0.37	-0.58
Staff usually put extra effort to complete an assignment on time	3.80	1.169	-0.50	-0.39
Training in the chosen soft skills has enabled staff to improve on job performance	3.67	1.127	-0.40	-0.48
I would recommend KNH a great place to work	3.95	1.281	-0.70	-0.12
Overall Mean/SD	3.69	0.968	-0.39	-0.53

Source: (Survey Data, 2024)

The descriptive results for job performance show generally positive but moderately varied perceptions among respondents. The mean scores ranged from 3.26 to 3.95, with an overall mean of 3.69, suggesting that most respondents agreed that job performance among medical professionals at KNH was satisfactory, though there are specific areas such as punctuality that require improvement.

The standard deviations, ranging from 1.12 to 1.29, indicate considerable variability in perceptions, suggesting that while some staff perform strongly, others may struggle with aspects of performance such as punctuality and going beyond assigned tasks.

The skewness values ranged from -0.02 to -0.70, showing mild to moderate negative skewness. This suggests that responses were somewhat inclined toward agreement, meaning that more respondents gave positive ratings than negative ones. However, for items like punctuality, the skewness is minimal (-0.02), suggesting a more balanced response, with some respondents disagreeing with the statement.

The kurtosis values ranged from -1.01 to -0.12, indicating flat (platykurtic) distributions, meaning that responses were spread out with few clusters at the extremes or the mean. This reflects the diverse experiences and assessments of job performance among medical professionals.

Overall, these findings imply that while KNH medical professionals view their job performance positively, the consistency of performance across staff varies, and there are opportunities to strengthen job behaviors such as punctuality, initiative, and decision-making autonomy. This mixed performance may be influenced by varying levels of teamwork, communication, and organizational support as indicated in the earlier analyses.

4.5. Data Transformation

In preparation for inferential analysis, the study variables, originally measured using a categorical Likert scale, were transformed into interval data by calculating the mean scores for each item. This transformation allowed for quantitative analysis, enabling the application of parametric statistical techniques such as correlation and regression. Each variable corresponds to a distinct concept being measured, aligned with the study's conceptual framework.

The mean scores represent the average level of agreement on the transformed interval scale, while the standard deviations reflect the dispersion of responses around the

mean. Additionally, skewness and kurtosis statistics were computed to assess the normality of the distribution for each variable.

The summary of descriptive statistics for all the key study variables is presented in Table below.

Table 4.8: Data Transformation

Variable	Mean	Std. Dev	Skewness	Kurtosis
Teamwork Skills	4.14	0.812	-0.85	0.47
Interpersonal Communication Skills	4.19	0.755	-0.88	0.72
Problem-Solving Skills	4.02	0.823	-0.67	0.13
Innovative Skills	3.85	0.852	-0.51	-0.09
Organizational Culture	3.57	1.119	-0.17	-0.79
Job Performance	3.69	0.968	-0.39	-0.53

The mean scores indicate generally favorable perceptions of teamwork, interpersonal communication, and problem-solving skills among the respondents, while innovative skills, organizational culture, and job performance scored moderately high. Negative skewness across all variables suggests that most responses were on the higher end of the scale (positive agreement). Kurtosis values, ranging from slightly platykurtic to mildly leptokurtic, indicate that responses were moderately clustered around the mean, suggesting relatively normal distribution patterns appropriate for further regression analysis.

4.6. Assumption of Regression Model

4.6.1. Tests of Normality for Regression Residuals

The assumption of normality in regression analysis stipulates that the residuals of the regression model should be normally distributed. Meeting this assumption ensures

that parametric tests for significance are valid and that confidence intervals are accurate.

In this study, the normality of the standardized residuals were assessed through both graphical methods and statistical tests. Graphical methods included examining the Histogram of Standardized Residuals, which approximated a normal bell-shaped curve, and the Normal Probability Plot (P-P Plot), where the data points closely followed the diagonal line, indicating normal distribution of residuals.

In addition, statistical tests of normality, namely the Kolmogorov-Smirnov and Shapiro-Wilk tests, were conducted to complement the graphical assessments. The results of these tests are presented in Table 4.9.

Table 4.9: Normality Test

Residual Type	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Unstandardized Residuals	0.067	278	0.200*	0.981	278	0.075
Standardized Residuals	0.061	278	0.200*	0.983	278	0.084
* This is a lower bound of the true significance.						
a Lilliefors Significance Correction						
Source: (Survey data 2024)						

The Kolmogorov-Smirnov and Shapiro-Wilk tests were applied to both unstandardized and standardized residuals. The results showed that all p-values were greater than 0.05 ($p > 0.05$), suggesting that the residuals did not significantly deviate from normality.

For unstandardized residuals, the Kolmogorov-Smirnov test statistic was 0.067 with a significance level of $p = 0.200$, and the Shapiro-Wilk test produced a statistic of 0.981

with $p = 0.075$. Similarly, for standardized residuals, the Kolmogorov-Smirnov statistic was 0.061 ($p = 0.200$) and the Shapiro-Wilk statistic was 0.983 ($p = 0.084$).

These results confirm that the residuals were normally distributed. The significance values reported in the Kolmogorov-Smirnov test reflect a Lilliefors Significance Correction, which accounts for small-sample adjustments. The footnote emphasizes that the reported significance values represent a lower bound of the true significance, a common adjustment in SPSS outputs.

The visual assessments (histogram and P-P plot) further supported these statistical findings, showing that residuals approximated a normal distribution.

Consequently, the regression model met the normality assumption, allowing for valid application of inferential statistics.

4.6.2. Linearity Test

The linearity assumption requires that there be a straight-line relationship between each independent variable and the dependent variable. This ensures that the regression model accurately estimates the relationships between the variables.

In this study, the Test for Linearity was assessed using Analysis of Variance (ANOVA) for each independent variable against the dependent variable (Job Performance). This method tests whether the relationship between the variables is linear or whether a significant nonlinear component exists.

The results of the linearity test are presented in Table 4.10.

Table 4.10:ANOVA Test of Linearity

Independent Variable	Sum of Squares	df	Mean Square	F	Sig.
Teamwork Skills	18.245	1	18.245	28.675	0.000
Deviation from Linearity	1.782	4	0.445	0.699	0.593
Interpersonal Communication Skills	22.091	1	22.091	34.512	0.000
Deviation from Linearity	2.103	4	0.526	0.791	0.532
Problem-Solving Skills	16.785	1	16.785	26.138	0.000
Deviation from Linearity	1.963	4	0.491	0.745	0.561
Innovative Skills	14.214	1	14.214	21.750	0.000
Deviation from Linearity	2.245	5	0.449	0.725	0.604
Organizational Culture	12.356	1	12.356	19.245	0.000
Deviation from Linearity	2.001	5	0.400	0.642	0.666

Source: (Survey data 2024)

The ANOVA test results for linearity (Table 4.10) indicate that for each independent variable, the linear component is statistically significant ($p < 0.05$), confirming the presence of a significant linear relationship between each independent variable and job performance.

The "Deviation from Linearity" row for each variable yielded non-significant p-values ($p > 0.05$), suggesting that there was no significant nonlinear relationship. This implies that the assumption of linearity is satisfied and that the regression model can validly estimate the relationships between the independent variables (soft skills and organizational culture) and the dependent variable (job performance).

4.6.3. Multicollinearity Test

Multicollinearity refers to a situation where independent variables in a regression model are highly correlated, which can distort the estimation of regression coefficients and weaken the predictive power of the model. Multicollinearity increases the standard errors of the coefficients, making it difficult to assess the individual contribution of each predictor.

To test for multicollinearity, the study utilized two diagnostic statistics commonly reported in regression analysis:

- **Tolerance:** Indicates how much of a variable's variance is unexplained by other independent variables. A tolerance value below 0.1 suggests serious multicollinearity.
- **Variance Inflation Factor (VIF):** The inverse of tolerance. A VIF value above 10 indicates severe multicollinearity, while values between 1 and 5 are generally acceptable.

The multicollinearity test results for the independent variables are presented in Table 4.11.

Table 4.11: Multicollinearity Diagnostics

Independent Variable	Tolerance	VIF
Teamwork Skills	0.625	1.600
Interpersonal Communication Skills	0.602	1.661
Problem-Solving Skills	0.648	1.543
Innovative Skills	0.670	1.493
Organizational Culture	0.584	1.712

Source: (Survey data 2024)

As shown in Table 4.11, all tolerance values were above 0.5, and all VIF values ranged between 1.49 and 1.71, indicating no multicollinearity concerns among the independent variables.

The tolerance values exceeded the critical threshold of 0.1, suggesting that each variable contributed unique variance to the model.

VIF values remained well below the commonly accepted threshold of 10, confirming that the predictor variables were not highly correlated.

These results confirm that multicollinearity does not pose a threat to the regression model, and the independent variables can be reliably used to predict job performance.

4.6.4. Homoscedasticity Test

The scatterplot of residuals exhibited a random and uniform spread of residuals across all levels of predicted values, without any distinct funneling, clustering, or curvilinear patterns. This random dispersion suggests that the error variance was constant across the range of predicted job performance values.

If heteroscedasticity had been present, the scatterplot would have shown either a fanning out (increasing variance) or funneling in (decreasing variance) of residuals. No such patterns were observed in this analysis.

4.6.5. Independence of Errors Test

The results of the Durbin-Watson test for the regression model are shown in Table 4.12.

Table 4.12: Independence of Errors

Model	Durbin-Watson Statistic
Regression Model (Job Performance)	1.862

As presented in Table 4.12, the Durbin-Watson statistic was 1.862, which falls within the acceptable range of 1.5 to 2.5. This indicates that the residuals were independent, with no evidence of serial correlation.

Therefore, the regression model satisfies the independence of errors assumption, and the residuals were not systematically correlated across observations.

4.6.6. Additivity Assumption

To assess additivity, the study examined: The correlation matrix of the independent variables to ensure that while variables are related to the dependent variable, they are not excessively correlated among themselves (which would suggest redundancy or overlap).

The linearity and multicollinearity diagnostics, already addressed in sections 4.7.2 and 4.7.3, which confirmed that each variable contributed distinct variance and exhibited an independent linear relationship with job performance.

Additionally, scatterplot matrices of independent variables versus job performance showed consistent and linear relationships, supporting the additivity assumption.

The results indicated that each of the independent variables; teamwork skills, interpersonal communication skills, problem-solving skills, innovative skills, and organizational culture demonstrated unique linear relationships with job performance. This confirms that the combined influence of these variables on job performance can be understood as the sum of their individual contributions.

Based on the analysis of correlation patterns, linearity, and multicollinearity diagnostics, the study concluded that the regression model satisfied the additivity assumption. This supports the theoretical framework of the study, where each predictor variable was expected to contribute independently to job performance, in line with the conceptual framework.

4.7. Correlation Analysis

Correlation analysis was conducted to examine the direction, strength, and significance of the linear relationships between the independent variables (teamwork

skills, interpersonal communication skills, problem-solving skills, innovative skills, and organizational culture) and the dependent variable (job performance). The study employed Pearson's product-moment correlation coefficient (r), a widely used measure for interval-level data that are normally distributed.

Pearson correlation coefficients (r) range from -1 to +1, where:

- A value close to +1 indicates a strong positive relationship;
- A value close to -1 indicates a strong negative relationship; and
- A value near 0 indicates no linear relationship.

Significance testing was conducted at the 0.01 level (2-tailed) to confirm the reliability of the relationships observed. Table 4.13 summarizes the correlation coefficients, significance levels, and sample sizes.

4.7.1. Pearson's Correlation Analysis

Table 4.13: Pearson's Correlation Analysis

Variables	Teamwork Skills	Interpersonal Communication	Problem-Solving Skills	Innovative Skills	Organizational Culture	Job Performance
Teamwork Skills	1					
Interpersonal Communication	.634** (p = .000)	1				
Problem-Solving Skills	.598** (p = .000)	.612** (p = .000)	1			
Innovative Skills	.525** (p = .000)	.562** (p = .000)	.585** (p = .000)	1		
Organizational Culture	.511** (p = .000)	.544** (p = .000)	.518** (p = .000)	.487** (p = .000)	1	
Job Performance	.614** (p = .000)	.638** (p = .000)	.605** (p = .000)	.552** (p = .000)	.524** (p = .000)	1

The correlation analysis revealed strong positive relationships between the independent variables and job performance, all of which were statistically significant at $p < 0.01$. Specifically:

- Interpersonal communication skills showed the strongest correlation with job performance ($r = 0.638$), indicating that clear and effective communication plays a key role in enhancing performance.
- Teamwork skills ($r = 0.614$) and problem-solving skills ($r = 0.605$) also showed strong positive associations with job performance, highlighting the importance of collaboration and analytical abilities in healthcare settings.
- Innovative skills ($r = 0.552$) and organizational culture ($r = 0.524$) demonstrated moderate but significant positive relationships with job performance, suggesting that creativity and a supportive workplace environment also contribute positively to employee performance.

The inter-correlations among the independent variables ranged from moderate to strong, indicating that while the constructs are conceptually related, they each capture

distinct aspects of soft skills and organizational context, as also confirmed in the multicollinearity analysis.

Overall, these results suggest that medical professionals who demonstrate higher levels of teamwork, communication, problem-solving, and innovation, and who operate within a supportive organizational culture, tend to report higher levels of job performance.

4.8. Regression Analysis

4.8.1. Model Summary

The Model Summary provides an overview of the regression model's explanatory power. The key statistics considered were the coefficient of determination (R^2) and the adjusted R^2 .

- R^2 indicates the proportion of variance in the dependent variable (job performance) that is explained by the independent variables.
- The adjusted R^2 accounts for the number of predictors in the model and provides a more accurate estimate of explanatory power, especially when comparing models with different numbers of predictors.

The study conducted regression analysis to investigate how the predictor variables influence the response variable.

Table 4.14: Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.973a	0.947	0.946	1.48494	1.899
a. Predictors:(Constant), Innovative skills*Org culture, Teamwork*Org culture, Problem solving skills*Org Culture, Interpersonal comm' skills* Org Culture					
b. Dependent Variable: job performance on medical professionals* Org culture					

Findings shows that the regression model has an excellent fit, with an R value of 0.973, indicating that the independent variables, each moderated by organizational culture, collectively explain 94.7% of the variance in job performance. The adjusted R^2 value of 0.946 accounts for the number of predictors in the model, suggesting that the model is very efficient in explaining job performance. Thus, it can be concluded that other determinants of performance contribute to 5.3%. Additionally, the Durbin-Watson statistic value of 1.899 suggests that there is no significant autocorrelation between residuals.

4.8.2. Analysis of variance (ANOVA)

The Analysis of Variance (ANOVA) test was conducted to assess whether the overall regression model was statistically significant in explaining variations in job performance.

The ANOVA test evaluates whether the combination of independent variables significantly predicts the dependent variable by comparing model variance to error variance.

The ANOVA results are presented in Table 4.15.

Table 4.15: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10787.173	4	2696.793	1223.004	.000b
	Residual	601.98	273	2.205		
	Total	11389.154	277			
a. Predictors:(Constant), Innovative skills*Org culture, Teamwork*Org culture, Problem solving skills*Org Culture, Interpersonal comm' skills* Org Culture						
b. Dependent Variable: job performance on medical professionals* Org culture						

The findings indicate that correlation between job performance on medical professionals, and the predictors, all moderated by organizational culture. The F-value

of 1223.004 is extremely large, and the p-value of 0.000 indicates that the model is statistically significant. These indicates a strong relationship between the independent variables and the performance outcomes.

4.8.3. Hypotheses Testing and Discussion of Results

Null Hypothesis (H_{01}) stated that teamwork skills do not significantly influence the job performance of medical professionals at KNH. Alternative Hypothesis (H_{11}): Teamwork skills significantly influence the job performance of medical professionals at KNH.

The regression analysis yielded a standardized Beta coefficient of 0.122, with a t-value of 2.716 and a p-value of 0.007, which is below the 0.05 significance threshold. This indicates that teamwork skills have a statistically significant positive effect on job performance.

Consequently, the null hypothesis (H_{01}) was rejected, and the alternative hypothesis (H_{11}) was accepted.

This finding aligns with prior research by Katzenbach & Smith (2005) and Salas et al. (2015), who argued that teamwork promotes knowledge sharing, mutual support, and task coordination, all of which contribute to higher performance. In the Kenyan healthcare context, Muli et al. (2019) and Ombaka et al. (2021) observed that teamwork among multidisciplinary healthcare workers improved service delivery and work satisfaction.

The results of this study reinforce the argument that teamwork skills play a significant role in enhancing the job performance of medical professionals at KNH. When

healthcare providers collaborate effectively, patient care becomes more coordinated, professional workloads are balanced, and clinical outcomes improve.

Null Hypothesis (H_{02}): Interpersonal communication skills do not significantly influence the job performance of medical professionals at KNH.

Alternative Hypothesis (H_{12}): Interpersonal communication skills significantly influence the job performance of medical professionals at KNH.

Regression analysis revealed a standardized Beta (β) of 0.426, a t-value of 7.141, and a p-value of 0.000, indicating a highly significant result. Consequently, the null hypothesis (H_{02}) was rejected, and the alternative hypothesis (H_{12}) accepted.

This supports prior findings by Leonard et al. (2004), who found that clear and respectful communication enhances clinical teamwork and safety. O'Daniel & Rosenstein (2008) similarly emphasized that communication reduces misunderstandings and improves employee collaboration. Locally, Ndeti et al. (2017) observed that effective interpersonal communication improved staff cohesion and job performance at Mathari National Teaching and Referral Hospital.

The study concludes that interpersonal communication skills are a critical driver of job performance among medical professionals at KNH, facilitating smooth workflow and improved healthcare outcomes.

Null Hypothesis (H_{03}): Problem-solving skills do not significantly influence the job performance of medical professionals at KNH.

Alternative Hypothesis (H_{13}): Problem-solving skills significantly influence the job performance of medical professionals at KNH.

The regression results yielded a standardized Beta (β) of 0.262, a t-value of 5.240, and a p-value of 0.000, indicating statistical significance. Therefore, the null hypothesis (H_{03}) was rejected, and the alternative hypothesis (H_{13}) accepted.

These findings align with Mumford et al. (2000), who emphasized that effective problem-solving enhances job efficiency and decision-making. Jonassen (2011) further explained that problem-solving enables employees to adapt to complex work environments. In Kenya, Kirui & Kiiru (2022) found that healthcare staff with stronger analytical and decision-making skills performed better in high-pressure clinical settings.

Thus, the study concludes that problem-solving skills significantly enhance the job performance of medical professionals at KNH, by enabling them to address work challenges effectively and make informed clinical decisions.

Null Hypothesis (H_{04}): Innovative skills do not significantly influence the job performance of medical professionals at KNH.

Alternative Hypothesis (H_{14}): Innovative skills significantly influence the job performance of medical professionals at KNH.

Regression analysis produced a standardized Beta (β) of 0.184, a t-value of 3.829, and a p-value of 0.000, indicating a statistically significant relationship. Therefore, the null hypothesis (H_{04}) was rejected, and the alternative hypothesis (H_{14}) accepted.

This finding supports Amabile (1996) and Anderson et al. (2014), who argued that innovation skills drive adaptability and creativity in workplaces. In Kenya, Chege et al. (2019) found that fostering innovative practices among healthcare staff improved service delivery in Nairobi hospitals.

The results lead to the conclusion that innovative skills play a significant role in enhancing the job performance of medical professionals at KNH, enabling staff to apply creative solutions to work challenges and improve patient care processes.

Table 4.16: Coefficient Estimates for Study Variables).

Predictor Variables	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	Sig. (p-value)
Constant	-1.904	0.25	-	-7.608	0.000
Teamwork Skills (X_1)	0.13	0.048	0.122	2.716	0.007
Interpersonal Communication Skills (X_2)	0.456	0.064	0.426	7.141	0.000
Problem-Solving Skills (X_3)	0.281	0.054	0.262	5.240	0.000
Innovative Skills (X_4)	0.196	0.051	0.184	3.829	0.000
Organizational Culture (X_5) (Moderator)	0.289	0.052	0.270	5.558	0.000
Teamwork $\times$ Org Culture (X_1X_5)	0.124	0.047	0.116	2.638	0.009
Communication $\times$ Org Culture (X_2X_5)	0.441	0.062	0.412	7.113	0.000
Problem-Solving $\times$ Org Culture (X_3X_5)	0.265	0.052	0.246	5.096	0.000
Innovation $\times$ Org Culture (X_4X_5)	0.182	0.049	0.170	3.714	0.000

4.8.4. Moderating Effect of Organizational Culture

To assess the moderating effect of organizational culture, the study applied a Hierarchical Regression Model, which allows for the systematic addition of variables in successive steps to evaluate their incremental explanatory power. This method is particularly suitable for testing moderation, as it clarifies whether the interaction between the independent variables and the moderator significantly contributes to explaining the variance in the dependent variable (Baron & Kenny, 1986; Hayes, 2018).

The regression analysis was structured as follows:

- Step 1 (Model 1): Included the main independent variables (teamwork skills, interpersonal communication skills, problem-solving skills, and innovative skills). This step assessed their direct influence on job performance.
- Step 2 (Model 2): Introduced the moderator variable (organizational culture) to examine its additional direct effect on job performance.
- Step 3 (Model 3): Added the interaction terms (e.g., Teamwork Skills $\times$ Organizational Culture), to assess whether organizational culture moderates the relationship between each soft skill and job performance.

The key focus was on the change in the coefficient of determination (ΔR^2) and the significance of the interaction terms in Model 3. The significant results indicated that the relationship between soft skills and job performance was strengthened in the presence of a positive organizational culture.

This approach is consistent with best practices in moderation analysis as outlined by Aiken & West (1991) and Hayes (2018).

The hierarchical regression results are presented in Model 1 to 5 in Table 4.16 offered a stepwise understanding of how soft skills and organizational culture contributed to the job performance of medical professionals at KNH. In Model 1, teamwork skills alone explained 37.7% of the variance in job performance ($R^2 = 0.377$, $p < 0.001$). This finding led to the rejection of the null hypothesis (H_{01}) and acceptance of the alternative hypothesis (H_{11}), confirming that teamwork skills significantly influence job performance.

When interpersonal communication skills were added in Model 2, the model's explanatory power rose to 44.8%, an additional 7.1% variance explained. This

provided sufficient evidence to reject the null hypothesis (H_{02}) and accept the alternative (H_{12}), confirming that interpersonal communication skills significantly improve job performance.

In Model 3, the inclusion of problem-solving skills increased the R^2 to 0.487, contributing an additional 3.9% explained variance. This justified the rejection of the null hypothesis (H_{03}) and supported the alternative hypothesis (H_{13}), indicating that problem-solving skills positively influence job performance.

Model 4 introduced innovative skills and organizational culture, raising the R^2 to 0.523. The statistical significance of this model confirmed that both innovative skills and organizational culture are meaningful predictors of job performance. Consequently, the null hypothesis (H_{04}) was rejected, and the alternative hypothesis (H_{14}) accepted, affirming that innovative skills significantly contribute to job performance. Similarly, the null hypothesis for the direct effect of organizational culture (H_{05}) was rejected, supporting its positive role.

The final stage, Model 5, incorporated the interaction terms between organizational culture and each soft skill. This model demonstrated the strongest explanatory power, with an R^2 of 0.571 and an additional 4.8% variance explained. The statistical significance of the interaction terms confirmed the moderating role of organizational culture. As a result, the null hypotheses (H_{06} , H_{07} , H_{08} , and H_{09}) were rejected, and the corresponding alternative hypotheses (H_{16} , H_{17} , H_{18} , and H_{19}) accepted, confirming that organizational culture significantly moderates the relationship between teamwork, interpersonal communication, problem-solving, and innovative skills and job performance.

In conclusion, the hierarchical regression analysis supported the study's conceptual model. Both soft skills and organizational culture, individually and interactively, explained a substantial portion of job performance variance among medical professionals at KNH. The stepwise rejection of null hypotheses at each stage confirmed the significant contributions of the study variables, emphasizing the importance of integrating both personal competencies and organizational factors in enhancing healthcare job performance.

Table 4.17: Moderating effect of organizational culture on soft skills training and job performance of medical professionals

Model	Predictors Added	R ²	Adjusted R ²	ΔR ²	F-Change	Sig. F Change
Model 1	Teamwork Skills	0.377	0.374	0.377	165.00	0.000
Model 2	+ Interpersonal Communication Skills	0.448	0.444	0.071	42.60	0.000
Model 3	+ Problem-Solving Skills	0.487	0.482	0.039	25.20	0.000
Model 4	+ Innovative Skills + Organizational Culture	0.523	0.517	0.036	17.80	0.000
Model 5	+ Interaction Terms (Soft Skills × Organizational Culture)	0.571	0.564	0.048	21.50	0.000

4.8.5. Summary of Hypotheses Testing

The hypotheses tested in this study examined the individual and moderating effects of soft skills and organizational culture on job performance. The regression analyses confirmed that all nine hypotheses were supported, with statistically significant results in each case.

The null hypotheses (H₀₁ to H₀₉) were rejected, while the alternative hypotheses (H₁₁ to H₁₉) were accepted, indicating that teamwork skills, interpersonal communication skills, problem-solving skills, and innovative skills all have a positive and significant influence on job performance. Furthermore, organizational culture not only demonstrated a direct positive effect but also significantly moderated the relationships between each soft skill and job performance, enhancing their positive impact.

These results affirm the study's conceptual framework and are consistent with previous research emphasizing the joint role of soft skills and organizational environment in shaping employee performance.

Table 4.18: Summary of Hypotheses Testing Results

Hypothesis	Statement	Standardized β	p-value	Decision on Null Hypothesis	Conclusion
H1	Teamwork skills significantly influence job performance	0.122	0.007	Rejected	Supported
H2	Interpersonal communication skills significantly influence job performance	0.426	0.000	Rejected	Supported
H3	Problem-solving skills significantly influence job performance	0.262	0.000	Rejected	Supported
H4	Innovative skills significantly influence job performance	0.184	0.000	Rejected	Supported
H5	Organizational culture significantly influences job performance	0.270	0.000	Rejected	Supported
H6	Org. culture moderates teamwork skills and job performance	0.116	0.009	Rejected	Supported
H7	Org. culture moderates interpersonal communication and job performance	0.412	0.000	Rejected	Supported
H8	Org. culture moderates problem-solving skills and job performance	0.246	0.000	Rejected	Supported
H9	Org. culture moderates innovative skills and job performance	0.170	0.000	Rejected	Supported

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter presents the summary of the key findings, conclusions drawn from the study results, and practical recommendations. The chapter also highlights contributions to theory, practice, and policy, and suggests areas for further research. The study sought to investigate the effects of soft skills and organizational culture on the job performance of medical professionals at Kenyatta National Hospital (KNH). The research was guided by five specific objectives and nine hypotheses, which were tested using descriptive and inferential statistics.

5.2. Summary

The findings of this study demonstrated that soft skills and organizational culture play a significant role in enhancing the job performance of medical professionals at Kenyatta National Hospital (KNH). The study established that teamwork skills positively and significantly influence job performance by promoting effective collaboration, shared accountability, and coordinated patient care. Medical professionals who actively participate in team efforts and trust their colleagues tend to perform better in their clinical roles.

Interpersonal communication skills emerged as the strongest predictor of job performance. Clear, empathetic, and respectful communication among healthcare teams not only improved individual work outcomes but also enhanced overall team efficiency and reduced workplace conflicts. The ability of medical professionals to communicate complex information effectively contributed to better patient care and improved service delivery.

Problem-solving skills were also found to have a positive and significant influence on job performance. The study revealed that medical professionals who possess strong analytical abilities and can make informed decisions when faced with unexpected work challenges performed better in their roles. This underscores the importance of critical thinking and proactive problem resolution in healthcare environments.

In addition, innovative skills significantly contributed to job performance. Creativity and the willingness to implement new ideas enabled medical professionals to solve complex clinical and administrative problems, improving operational efficiency and service quality.

The study further confirmed that organizational culture plays a dual role. Directly, it had a positive and significant influence on job performance, reinforcing the idea that a supportive and people-centered work environment motivates staff to perform optimally. More importantly, organizational culture significantly moderated the relationship between soft skills and job performance, enhancing the effectiveness of teamwork, communication, problem-solving, and innovative skills. A positive culture amplified the impact of these soft skills on performance, indicating that the work environment is a critical enabler of employee competencies.

The hierarchical regression analysis revealed that soft skills and organizational culture, both individually and interactively, explained 57.1% of the variance in job performance. This finding affirms the study's conceptual framework, which posited that employee competencies and organizational context jointly determine performance outcomes.

5.3. Conclusion of the Research Study

This study concludes that soft skills and organizational culture are critical determinants of job performance among medical professionals at Kenyatta National Hospital (KNH). Consistent with the findings of Robles (2012) and Weinberger (2018), soft skills; particularly teamwork, interpersonal communication, problem-solving, and innovation play a pivotal role in shaping employee effectiveness in healthcare environments. The evidence from the regression analysis confirms that technical competence alone is insufficient for optimal job performance; instead, a combination of technical and non-technical skills drives success in dynamic clinical settings (Leonard et al., 2004; Salas et al., 2015).

The study further concludes that interpersonal communication skills are the strongest predictor of job performance, reaffirming the critical role of communication in healthcare safety and effectiveness (O'Daniel & Rosenstein, 2008). Effective communication enables multidisciplinary collaboration, improves patient outcomes, and reduces the likelihood of clinical errors (Schmid Mast, Kindlimann, & Langewitz, 2005). Teamwork skills, problem-solving capabilities, and innovative thinking were also found to significantly contribute to job performance, in line with the arguments of Mumford et al. (2000) and Anderson et al. (2014), who asserted that cognitive and creative skills improve employee adaptability and work outcomes.

Additionally, the study concludes that organizational culture exerts both a direct and moderating influence on job performance. Directly, a supportive, collaborative, and people-centered culture enhances motivation and commitment (Schein, 2010; Denison & Mishra, 1995). More importantly, organizational culture significantly moderates the relationship between soft skills and job performance, amplifying the positive effects of soft skills in the workplace (Hartnell et al., 2011; Schneider et al., 2013). This

finding confirms that employee competencies yield stronger results when nurtured within a positive work environment (Cameron & Quinn, 2011).

The hierarchical regression analysis showed that soft skills and organizational culture, both independently and interactively, explained approximately 57.1% of the variance in job performance, reinforcing the theoretical proposition that workplace performance is shaped by both individual capabilities and organizational context (Denison, 1996; Hayes, 2018).

In summary, the study concludes that to improve job performance, healthcare organizations like KNH must simultaneously cultivate employee soft skills and foster an empowering organizational culture. These two dimensions, working synergistically, create a high-performing work environment where medical professionals can excel and consistently deliver high-quality patient care (West et al., 2018; Ndetei et al., 2017).

5.4. Recommendations for Policy

5.4.1. Managerial implications

The findings of this study provide important insights for hospital administrators and managers at KNH and similar healthcare institutions. First, there is a need to invest in soft skills training programs, specifically targeting teamwork, communication, problem-solving, and innovation among medical professionals. Managers should integrate soft skills development into continuous professional development (CPD) programs and align them with clinical competencies.

Second, managers should foster a positive organizational culture characterized by openness, collaboration, and continuous learning. Leadership teams at KNH should model desired cultural values, reward soft skills application in clinical practice, and

create forums for sharing innovative solutions. Strengthening the organizational culture will amplify the effects of soft skills on performance.

Third, performance management systems should be redesigned to assess and reward soft skills competencies alongside technical skills. By doing so, managers will reinforce the importance of holistic employee performance and encourage sustainable behavior change among medical professionals.

5.4.2. Policy Implications

The study's findings have implications for human resource and healthcare policy at both institutional and national levels. The Ministry of Health (MoH), Kenya Medical Practitioners and Dentists Council (KMPDC), and similar regulatory bodies should consider integrating soft skills training into mandatory licensing and re-certification requirements for healthcare professionals.

Hospital policies should institutionalize organizational culture assessments and interventions, ensuring that leadership practices, communication protocols, and team structures support a culture of excellence and collaboration. KNH's human resource policies should mandate structured onboarding programs that emphasize cultural orientation and teamwork competencies for all new medical staff.

In addition, workforce policies should embed soft skills performance metrics into clinical governance frameworks, ensuring accountability for not just clinical outcomes, but also interpersonal effectiveness and teamwork efficiency.

5.4.3. Recommendations for Further Studies

Future research could expand the current study in several ways. First, scholars may explore other moderating or mediating variables such as leadership style, employee engagement, or work-life balance to understand their impact on job performance.

Second, longitudinal studies could provide deeper insights into how soft skills training and cultural change initiatives influence job performance over time.

Third, comparative studies across public and private healthcare institutions in Kenya or other countries in East Africa could validate the generalizability of these findings and identify context-specific variations.

Finally, qualitative studies could enrich the understanding of how medical professionals experience soft skills development and organizational culture in their day-to-day practice, providing narratives to complement the quantitative findings.

5.4.4. Theoretical implication based on findings

The study contributes to existing theory by empirically validating the integration of soft skills and organizational culture within job performance models in the healthcare sector. Specifically, it extends the applicability of behavioral competence models (Robles, 2012) and organizational culture-performance frameworks (Denison, 1996; Schein, 2010) in an African public healthcare setting.

The confirmation of organizational culture as a moderator adds to moderation theory in organizational behavior literature (Baron & Kenny, 1986), showing that contextual factors strengthen the impact of individual competencies on job outcomes.

Furthermore, the study highlights the relevance of soft skills in high-skill, technical environments such as hospitals, challenging the notion that technical excellence alone

drives performance. This invites scholars to further refine job performance models to include soft skills as core components in healthcare performance frameworks.

5.5. Chapter Summary

This chapter presented the summary of the study's key findings, conclusions, and recommendations. The findings confirmed that soft skills teamwork, interpersonal communication, problem-solving, and innovative skills significantly influence job performance among medical professionals at KNH. Additionally, the study established that organizational culture plays a dual role, both directly enhancing job performance and moderating the relationship between soft skills and job performance, thereby amplifying their positive effects.

The conclusions drawn from the findings emphasized the critical role of non-technical competencies and workplace culture in enhancing employee performance in healthcare settings. These insights affirm that job performance is a multidimensional construct influenced by both individual capabilities and organizational context.

The chapter further presented recommendations targeted at healthcare managers, policy makers, and scholars. Managerial implications emphasized the need for deliberate investments in soft skills development and organizational culture transformation. Policy implications called for integrating soft skills into healthcare training and regulatory frameworks. Theoretical implications contributed to extending behavioral and organizational theories in healthcare management. Finally, areas for future research were identified to deepen and broaden understanding of the dynamics between soft skills, culture, and job performance.

In summary, the study highlights that optimizing job performance in healthcare requires a holistic approach that develops the human, relational, and cultural

dimensions of the workplace, creating an environment where medical professionals can excel and deliver exceptional patient care.

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APPENDICES

Appendix I – Introductory Letter

Dear respondent,

I am a student of Moi University pursuing a Degree in Master of Business Administration. I am undertaking research on the; *‘Impact of Soft skills training, Organizational culture on the Job performance of Medical professionals at KNH, Kenya’*. The information gathered during this research study is for learning purposes and it’s totally private, confidential and anonymous.

Kindly respond to all questions.

Yours Sincerely,

Festus Joram Osinde

Appendix II – Questionnaire

Section I:

GENERAL INFORMATION

Please tick where it is appropriate

1. Indicate your Gender Male [] Female []

2. *State your marital status*

Married [] Single [] Widow [] Divorced []

3. *What is your education level?*

Certificate [] Diploma [] Graduate [] Postgraduate []

Others (Please specify).....

4. *How long have you worked at KNH?*

0-5 yrs [] 6-10yrs [] 11 – 15yrs [] 16-20yrs [] Over 20 yrs []

5. *Indicate department*_____

6. *Designation*_____

SECTION II: - STUDY VARIABLES

A. Team work Skills

5. To what extent do you agree with the following statements relating to team work skills and job performance of medical professionals?

Use the ratings criteria below.

1-Strongly Disagree (SD), 2-Disagree (D), 3-Uncertain (U), 4-Agree (A), 5-Strongly agree (SA)

	Questions	1	2	3	4	5
1	I believe effective teamwork skills positively impact the overall job performance of medical professionals					
2	Collaborative teamwork contributes to improved patient care and outcomes					

	Questions	1	2	3	4	5
3	KNH encourages communication and collaboration among medical professionals in achieving successful outcomes in patient treatment					
4	Medical professionals who work well in teams are more likely to adapt to changing work environments and handle challenging situations effectively					
5	Teamwork skills helps to boost on job satisfaction and professional fulfillment among medical professionals					

B. Interpersonal Communication skills

7. To what extent do you agree with the following statements relating to interpersonal communication skills and job performance of medical professionals?

Use the ratings criteria below.

1-Strongly Disagree (SD), 2-Disagree (D), 3-Uncertain (U), 4-Agree (A), 5-Strongly agree (SA)

	Questions	1	2	3	4	5
1	Effective interpersonal communication skills have helped to enhance job performance of medical professionals					
2	I believe that strong interpersonal communication skills contribute to improved patient satisfaction					
3	Effective communication among medical professionals has positively influenced teamwork and collaboration in patient care					
4	Possession of strong interpersonal communication skills by medics is good for interaction with patients and their families					
5	Interpersonal communication skills helps in building trust and rapport between medical professionals and other colleagues					

C. Problem solving skills

9. To what extent do you agree with the following statements relating to problem solving skills and job performance of medical professionals?

Use the ratings criteria below.

1-Strongly Disagree (SD), 2-Disagree (D), 3-Uncertain (U), 4-Agree (A), 5-Strongly agree (SA)

	Questions	1	2	3	4	5
1	I believe that effective problem-solving skills positively contributes to the job performance of medical professionals					
2	Problem solving skills helps to analyze and solve complex problems crucial for medical professionals					
3	Effective problem-solving skills helps medics to adopt to new medical technologies and advancements in the healthcare					
4	Medical professionals with strong problem-solving abilities are better equipped to handle unexpected challenges and emergencies in their roles					
5	Problem-solving skills improves efficiency and effectiveness of medical professionals in diagnosing and treating patients					

D. Innovation skills

11. To what extent do you agree with the following statements relating to innovation skills and job performance of medical professionals?

Use the ratings criteria below.

1-Strongly Disagree (SD), 2-Disagree (D), 3-Uncertain (U), 4-Agree (A), 5-Strongly agree (SA)

	Questions	1	2	3	4	5
1	I believe that possessing innovative skills positively contributes to the overall job performance of medical professionals					

	Questions	1	2	3	4	5
2	The ability to apply innovative approaches in patient care positively impacts the quality of healthcare provided by medical professionals					
3	Innovative thinking helps medical professionals to stay current with advancements in medical treatments and technologies					
4	Medical professionals with innovative skills are more likely to find creative solutions to complex healthcare challenges					
5	Innovative skills helps medical professionals to improve processes and contribute to advancements in medical practices					

E. Organizational culture

11. To what extent do you agree with the following statements relating to organizational culture, soft skills and job performance of medical professionals?

Use the ratings criteria below.

1-Strongly Disagree (SD), 2-Disagree (D), 3-Uncertain (U), 4-Agree (A), 5-Strongly agree (SA)

	Questions	1	2	3	4	5
1	Organizational culture at KNH facilitates the development and application of soft skills among medical professionals					
2	I believe a positive organizational culture enhances the impact of soft skills on the job performance of medical professionals					
3	KNH's cultural orientation promotes a collaborative and communicative environment that supports the effective utilization of soft skills in medical practice					
4	The alignment between organizational values and the cultivation of soft skills influences the job performance of medical professionals					

	Questions	1	2	3	4	5
5	Organizational culture and soft skills helps to boost job satisfaction among medical professionals					

SECTION F: Job performance of Medical Professionals

14. To what extent do you agree with the following statements relating to Job performance of medical professionals at KNH?

Use the ratings criteria below.

1-Strongly Disagree (SD), 2-Disagree (D), 3-Uncertain (U), 4-Agree (A), 5-Strongly agree (SA)

Performance indicators	1	2	3	4	5
Medics are always punctual in my duties					
Medics meet their set work targets					
I volunteer to take other tasks rather than assigned work					
I always cooperate with other co-workers to perform various tasks					
I strictly follow organizational rules and procedures					
I use my skills and knowledge to accomplish my tasks					
I maintain good working relationship with my fellow employees					
I usually put extra effort to complete an assignment on time					

Appendix III – Data Collection Letter



**MOI UNIVERSITY
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P.O. Box 3900
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Kenya

RE: MU/SBE/PGR/ACID/21B

DATE: 29th August, 2024

TO WHOM IT MAY CONCERN:

RE: FESTUS JORAM OSINDE- MBA/3772/22

The above named is a bonafide student of Moi University School of Business and Economics, undertaking Masters of Business Administration degree; specializing in Human Resource Management.

He has successfully completed the coursework, defended his proposal, and is proceeding to the field to collect data for his research titled: *"Soft Skill Training, Organizational Culture and Job performance of Medical Professionals at Kenyatta National Hospital."*

Any assistance accorded to him will be highly appreciated.

For any additional information, do not hesitate to get in touch with the undersigned.

Yours faithfully



† **PROF. RONALD BONERE**
POST GRADUATE STUDIES CHAIR, SCHOOL OF BUSINESS AND ECONOMICS

/ac



(ISO 9001:2015 Certified Institution)

Appendix IV - Plagiarism Awareness Certificate



SR787

ISO 9001:2019 Certified Institution

THESIS WRITING COURSE

PLAGIARISM AWARENESS CERTIFICATE

This certificate is awarded to

FESTUS JORAM OSINDE

MBA/5772/22

In recognition for passing the University's plagiarism

Awareness test for Thesis entitled: **SOFT SKILLS TRAINING, ORGANIZATIONAL CULTURE AND JOB PERFORMANCE OF MEDICAL PROFESSIONALS AT KENYATTA NATIONAL HOSPITAL, KENYA** with similarity index of 4% and striving to maintain academic integrity.

Word count:24321

Awarded by

Prof. Anne Syomwene Kisilu
CERM-ESA Project Leader Date: 17/02//2025