

# Influence of Inclusiveness Management on Hospital Performance in Level 5 Hospitals in Kiambu County, Kenya

Muchena Lucy<sup>1</sup>, Njue Nixon<sup>2</sup>

<sup>1</sup>Department of Management, School of Business and Economics, Mount Kenya University, Kenya

<sup>2</sup>Lecturer, Mount Kenya University, Kenya

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## ABSTRACT

Effective leadership practices promote organizational commitment, enhance job satisfaction among employees, and boost individual productivity, leading to improved organizational performance. Conversely, poor leadership has been linked to strikes and lack of commitment among health workers, resulting in loss of lives and sub-optimal health and customer services. This study aimed to evaluate the influence of leadership practices on the performance of level 5 hospitals in Kiambu County, Kenya, specifically focusing on Thika, Kiambu, and Gatundu hospitals. This study utilized a descriptive cross-sectional survey design, employing quantitative methods by administering questionnaires. The study employed stratified sampling to a sample 254 respondents drawn from a target population of 750 healthcare professionals, including medical officers, nurses, clinical officers, pharmacists, HRIOs, and administrative officers. Data was analyzed using both descriptive and inferential statistics to assess the relationship between inclusiveness management practices and hospital performance. The study surveyed 254 hospital staff, revealing a predominantly female workforce (72.1%) with a balanced age distribution, where the largest groups were aged 25-29 and over 50 years (both 19.8%). Nurses formed the majority (67.4%), and most staff held diplomas (43.0%). Key findings highlighted that Diversity Inclusiveness Management was the most significant predictor of hospital performance, with a strong positive correlation ( $r = .760$ ,  $p < .001$ ) and a substantial effect in the regression analysis ( $B = 0.577$ ,  $p < .001$ ). In conclusion, while hospital performance was generally satisfactory, improvements are needed in timely service delivery and diversity training. Core policy recommendations include increasing diversity training frequency to ensure sustainable healthcare excellence.

**Keywords:** Inclusiveness Management, Hospital Performance, Management, Leadership, Diversity, Equity, Inclusion, Kenya, Healthcare

## INTRODUCTION

In the increasingly diverse environments of healthcare systems, inclusiveness management has emerged as a critical factor in improving organizational performance. Inclusiveness management refers to the deliberate integration of diversity, equity, and inclusion (DEI) principles into leadership practices to create an environment where all individuals are valued, respected, and empowered. Research demonstrates that healthcare organizations promoting inclusiveness are better able to improve employee engagement, enhance patient outcomes, and drive overall performance (Shore et al., 2018; Nkomo, 2018). Inclusiveness is vital in fostering diverse perspectives, leading to innovation in problem-solving and collaboration across multidisciplinary teams (Brown, 2020; McKinsey & Company, 2021).

Globally, healthcare systems are embracing inclusiveness to address challenges related to staff turnover, patient dissatisfaction, and healthcare disparities (Thomas & Ely, 2020). For instance, Jehu-Appiah et al. (2014) found that hospitals in Ghana practicing inclusiveness management reported better patient outcomes

and higher staff satisfaction. McKinsey & Company (2021) reported that hospitals with diverse leadership teams in the U.S. were more likely to demonstrate superior patient outcomes and financial performance, underscoring the strategic value of inclusiveness management. Furthermore, inclusiveness has been linked to enhanced patient care, reduced staff burnout, and greater staff retention (Anand & Winters, 2008; Hansen et al., 2013).

Despite global advancements, healthcare systems in developing countries like Kenya continue to face challenges in adopting inclusiveness management practices (Korir et al., 2021). Kenya's healthcare system operates under a devolved model, with Level 5 hospitals serving as referral centers that cater to large, diverse populations. Inclusiveness management becomes particularly crucial in these hospitals to ensure that healthcare workers from different backgrounds collaborate effectively to provide equitable healthcare services (Asamoah, 2017). In Level 5 hospitals, which often face resource constraints and complex healthcare issues, inclusiveness helps in addressing both workforce and patient needs, leading to improved performance (Mwenda et al., 2020; Barasa et al., 2020).

Inclusiveness management in healthcare involves ensuring that employees from different backgrounds, including gender, ethnicity, and socioeconomic status, are represented and empowered to contribute meaningfully to organizational goals (Shore et al., 2018). A diverse workforce has been shown to increase innovation and improve the quality of decision-making, particularly in the healthcare sector, where patient needs are complex and diverse (Dillard et al., 2014; Nkomo, 2018). Studies indicate that inclusive policies and equitable leadership practices directly influence employee engagement, fostering an environment where workers feel valued and are thus more motivated to provide better patient care (Barrett et al., 2021; Moreira et al., 2019).

Kenya's healthcare system, though making progress, continues to struggle with inclusiveness challenges such as gender imbalances in leadership, the underrepresentation of minority groups, and a lack of equitable career advancement opportunities (Korir et al., 2021). These challenges contribute to inefficiencies in service delivery and higher rates of staff turnover (Mwenda et al., 2020). In particular, Level 5 hospitals face the urgent need to improve inclusiveness management practices to address these issues and enhance hospital performance (Wang et al., 2018). By investigating how inclusiveness management affects healthcare outcomes in Kiambu County's Level 5 hospitals, this study seeks to provide insights that can inform policy reforms and improvements in hospital management.

## PROBLEM STATEMENT

Inclusiveness management, which involves integrating diversity, equity, and inclusion (DEI) practices into organizational culture, has emerged as a critical factor in enhancing performance in various sectors, including healthcare (Shore et al., 2018; McKinsey & Company, 2021). Research has shown that inclusiveness fosters a work environment that improves staff engagement, reduces turnover, and enhances service delivery, all of which are essential for improving hospital performance (Nkomo, 2018; Brown, 2020). However, despite these global trends, healthcare systems in developing countries such as Kenya continue to face challenges in fully adopting inclusiveness management practices (Korir et al., 2021).

In Kenya's Level 5 hospitals, which serve large and diverse populations and often operate under significant resource constraints, inclusiveness management is especially important. These hospitals struggle with issues such as gender imbalances in leadership, underrepresentation of minority groups, and inequitable opportunities for career advancement (Mwenda et al., 2020; Barasa et al., 2020). These challenges contribute to inefficiencies in service delivery, lower staff morale, and suboptimal patient outcomes (Jehu-Appiah et al., 2014). Despite the potential benefits of inclusiveness, the implementation of DEI strategies remains limited in Kenya's healthcare sector, particularly in public hospitals (Nkomo, 2018).

While there is extensive research from high-income countries demonstrating the positive impact of inclusiveness management on hospital performance (McKinsey & Company, 2021; Shore et al., 2018), there

is a dearth of empirical studies from low- and middle-income countries, including Kenya, examining how inclusiveness affects specific metrics like patient satisfaction and staff retention (Korir et al., 2021). This gap in the literature has hindered the development of targeted interventions to address the specific inclusiveness challenges faced by Kenya's Level 5 hospitals. Therefore, this study aims to evaluate the influence of inclusiveness management on the performance of Level 5 hospitals in Kiambu County, providing critical insights that can inform policy reforms and improve hospital management practices.

## **STUDY OBJECTIVE**

To evaluate the influence of inclusiveness management on the performance of Level 5 hospitals in Kiambu County, Kenya, by examining how diversity, equity, and inclusion (DEI) practices impact healthcare delivery, staff engagement, and patient outcomes.

## **LITERATURE REVIEW**

### **Theoretical Perspectives on Inclusiveness Management**

Inclusiveness management is rooted in several leadership theories, including Leader-Member Exchange (LMX) Theory and Transformational Leadership Theory. LMX theory suggests that leaders who maintain high-quality relationships with their employees foster a positive work environment that leads to improved organizational outcomes (Graen & Uhl-Bien, 1995). In the healthcare context, high-quality LMX relationships result in better team cohesion, which is critical for effective patient care (Harris, Wheeler, & Kacmar, 2009). Studies have demonstrated that leaders who prioritize inclusiveness create strong bonds with their teams, encouraging better communication and collaboration (Nkomo, 2018; Dulebohn et al., 2012).

Transformational leadership, by contrast, focuses on inspiring and motivating employees to transcend their individual interests in pursuit of organizational goals (Bass & Avolio, 2000). Transformational leaders foster inclusiveness by promoting diversity and equity, which are essential for cultivating a sense of belonging and engagement among employees. This leadership style has been shown to significantly enhance patient care outcomes, reduce staff turnover, and improve overall hospital performance (Cummings et al., 2018). Transformational leadership is especially relevant in healthcare settings, where constant changes in medical practices and patient needs require leaders who can drive innovation and adaptability (Boies et al., 2015; Wong & Laschinger, 2016).

### **Inclusiveness Management and Hospital Performance**

Research supports the significant role inclusiveness management plays in enhancing hospital performance. According to Shore et al. (2018), inclusiveness in healthcare environments leads to better organizational performance by creating a culture of respect, equity, and shared responsibility. Studies have shown that hospitals that prioritize diversity and inclusiveness report higher levels of staff satisfaction and patient care quality (McKinsey & Company, 2021; Jehu-Appiah et al., 2014). These findings are consistent with research conducted in the United States and Europe, where hospitals with inclusive management practices exhibited lower staff turnover rates and better financial performance (Anand & Winters, 2008; Stock & McDermott, 2015).

In Africa, studies focusing on inclusiveness management are still limited, but available research points to its critical importance in healthcare systems. A study by Jehu-Appiah et al. (2014) found that Ghanaian hospitals practicing inclusiveness management reported significant improvements in service delivery, patient satisfaction, and staff morale. Similarly, a South African study showed that inclusive leadership resulted in fewer patient complaints and higher staff retention rates (Nkomo, 2018; Hansen et al., 2013). These studies highlight the need for African healthcare institutions to adopt inclusiveness management as a strategy for improving healthcare outcomes.

Despite these global successes, implementing inclusiveness management in Kenya remains a challenge. Studies show that many public hospitals in Kenya continue to struggle with gender disparities in leadership, limited opportunities for minority group representation, and inequitable access to professional development (Mwenda et al., 2020; Korir et al., 2021). These challenges have significant implications for hospital performance, contributing to inefficiencies, low staff morale, and suboptimal patient outcomes (Asamoah, 2017). Barile et al. (2022) observed that hospitals lacking inclusiveness policies often face difficulties in maintaining high standards of patient care, particularly in resource-constrained environments.

Kenya's healthcare system faces an urgent need to enhance inclusiveness management in its hospitals, particularly at the Level 5 hospital level, where the diversity of patient populations and staff is most pronounced. By promoting equity and inclusion, hospitals can create a work environment that encourages innovation, enhances collaboration, and leads to better patient care (Brown, 2020). This study aims to fill the existing research gap by examining how inclusiveness management impacts hospital performance in Kiambu County's Level 5 hospitals.

## Research Gaps

While research highlights the importance of inclusiveness management in healthcare, significant gaps remain, particularly in developing countries like Kenya. Most studies focus on high-income countries, leaving a lack of research on how inclusiveness management can be effectively implemented in resource-limited healthcare systems. Additionally, there is limited research on how inclusiveness affects specific hospital performance metrics, such as patient satisfaction and staff retention, in Kenyan hospitals (Nkomo, 2018). This study addresses these gaps by providing empirical evidence on the role of inclusiveness management in enhancing hospital performance in Kiambu County.

## MATERIALS AND METHODS

### Study design

This study adopted a descriptive cross-sectional design to assess the influence of inclusiveness management on hospital performance. The research was conducted in three Level 5 hospitals in Kiambu County: Thika, Kiambu, and Gatundu hospitals. These hospitals serve as referral centers and are critical in providing healthcare services to large populations, making them ideal for studying inclusiveness management.

### Study Population

The study targeted 750 healthcare professionals across the three hospitals, including medical officers, nurses, clinical officers, pharmacists, health records information officers (HRIOs), and administrative officers. A sample size of 254 respondents was determined using Fisher et al.'s (1998) formula, ensuring a representative population. Respondents were selected through stratified random sampling to capture perspectives from different healthcare cadres.

Table 1. Study Population

Cadre	Target Population (n)
Medical Officers	116
Nurses	486
Clinical Officers	76
Pharmacists	44
HRIOs	15
Administrative officers	13
<b>Total(N)</b>	<b>750</b>

## Sampling Procedure

Using the facility human resource database or register, the first sampling frame was developed by listing all names and assigning numbers to all eligible facility departments. The study population was then divided into health facilities and healthcare delivery departments such as administrative, doctors, nurses, HRIOs, and others. Following that, a probability proportionate to size was used to select study participants at random from a random number table. The respondents were distributed among the hospitals as follows:

Table 2. Proportionate Sampling of respondents

Cadre	Target Population (n)	Proportionate Sample ( $n/N \times \text{Desired sample size}$ )
Medical Officers	116	39
Nurses	486	165
Clinical Officers	76	26
Pharmacists	44	15
HRIOs	15	5
Administrative officers	13	4
Total(N)	750	254

## Data Collection Tools

Data was collected using a structured questionnaire focusing on inclusiveness management practices and their impact on hospital performance. The questionnaire was divided into sections covering demographic information, perceptions of inclusiveness management, and hospital performance. The validity and reliability of the instrument were ensured through a pilot study conducted in a similar hospital setting, yielding a Cronbach's alpha of 0.942, indicating high reliability.

## Data Analysis

Data was analyzed using both descriptive and inferential statistics. Descriptive analysis included frequencies and percentages to describe respondents' perceptions, while correlation and regression analyses were used to determine the relationship between inclusiveness management and hospital performance.

## Ethical Considerations

The researcher obtained ethical approval from Mount Kenya University and NACOSTI. Subsequently, written consent was secured from the Kiambu County government, Department of Health and Emergency Services. Participation was voluntary and informed consent forms incorporated in the study survey were used. Anonymity of study tools and findings was maintained using participant codes.

## RESULTS

### Demographic Characteristics

The study achieved a 100% response rate, with all 254 questionnaires completed and returned. The sample had a gender distribution of 72.1% female (n=183) and 27.9% male (n=71), reflecting the gender composition commonly seen in the healthcare sector, where women typically dominate nursing and caregiving roles. The age distribution of the respondents was evenly spread across different age brackets, with the largest groups being those aged 25-29 years (19.8%, n=50) and those aged 50 years and above (19.8%, n=50). A minority of respondents (1.2%, n=3) were aged between 20-24 years, indicating that most healthcare workers had more experience and were older.



In terms of professional roles, nurses made up the majority (67.4%, n=171), followed by medical officers (10.5%, n=27), clinical officers (8.1%, n=21), and pharmacists (7%, n=18). Administrative officers and HRIOs each accounted for 3.5% (n=9) of the respondents, reflecting the presence of crucial support roles within the hospital workforce.

Regarding educational qualifications, 43% of the respondents held a diploma, making this the most common qualification, particularly in nursing. Around 26.7% held a degree, and 19.8% had a higher diploma, while 9.3% of respondents had a postgraduate degree (Master's or PhD), indicating that there was a mix of advanced expertise among staff. Only 1.2% (n=3) of the respondents held certificates, demonstrating a focus on higher educational credentials within the workforce.

Table 3. Demographic characteristics of respondents

Demographic Characteristic(s)	Category	N	%
Gender	Male	71	27.9%
	Female	183	72.1%
Age	20-24	3	1.2%
	25-29	50	19.8%
	30-34	41	16.3%
	35-39	38	15.1%
	40-44	47	18.6%
	45-49	24	9.3%
	50 and above	50	19.8%
Cadre	Medical Officer	27	10.5%
	Clinical Officer	21	8.1%
	Nurse	171	67.4%
	HRIO	9	3.5%
	Pharmacist	18	7.0%
	Administrative Staff	9	3.5%
Highest Level of Education	Postgraduate (PhD, Masters)	24	9.3%
	Degree	68	26.7%
	Higher Diploma	50	19.8%
	Diploma	109	43.0%
	Certificate	3	1.2%

## Perceptions of Inclusiveness Management

The study utilized a 5-point Likert scale to evaluate diversity and inclusiveness practices within hospitals, aggregating and weighting individual scores to present a comprehensive view. The hospital's diversity and inclusion policy received mixed feedback. Approximately 40.7% of respondents either agreed or strongly agreed that a well-defined policy exists, resulting in a mean score of 3.17. However, a notable 29.1% disagreed or strongly disagreed, indicating a need for improvement in areas such as policy communication and implementation. The regularity of diversity and inclusion training programs was perceived as lacking by many respondents, with 36.0% remaining neutral and a combined 43.0% disagreeing or strongly disagreeing. The mean score for this metric was 2.65, highlighting the need for more frequent and engaging training sessions. The recruitment of staff from all tribes without discrimination was viewed positively, with 62.8% of respondents agreeing or strongly agreeing, yielding a mean score of 3.63. This indicates a general satisfaction with the hospital's efforts in promoting diverse recruitment practices. Responses regarding fair recruitment opportunities for women and persons with disabilities were more varied, with a mean score of 3.15. While

27.9% agreed that such practices are in place, 23.2% disagreed or strongly disagreed, suggesting a need for targeted programs to support these groups more effectively. The respect for diverse opinions among hospital staff received a mean score of 3.12. Although 38.4% of respondents agreed or strongly agreed, the same percentage expressed neutrality or strong disagreement, indicating a need to foster a more inclusive environment where all opinions are valued and heard. Table 4 shows the distribution of responses regarding inclusive management practices.

Table 4. Respondents' Perceptions on diversity and inclusivity practices

Diversity and Inclusivity Practices	SD-1 (%)	D-2 (%)	N-3 (%)	A-4 (%)	SA-5 (%)	Mean
Our hospital has a well-defined diversity and inclusion policy in place	5.8	23.3	30.2	29.1	11.6	3.17
Diversity and inclusion training programs are regularly conducted for employees	18.6	24.4	36.0	15.1	5.8	2.65
Hospital staff are recruited from all tribes without discrimination	7.0	7.0	23.3	40.7	22.1	3.63
The hospital gives equal/fair opportunity for recruitment of less disadvantaged groups (e.g., women, PWDs)	8.1	15.1	39.5	27.9	9.3	3.15
Views/opinions of all staff are respected in this hospital	14.0	11.6	36.0	24.4	14.0	3.12
Mean of Means						3.0488

## Correlation and Regression Analysis

A Pearson correlation analysis revealed a strong positive relationship between inclusiveness management and hospital performance ( $r = .760$ ,  $p < .001$ ). Hospitals that actively promoted inclusiveness practices reported better staff engagement and higher patient satisfaction scores. Multiple regression analysis further demonstrated that inclusiveness management had a significant impact on hospital performance ( $B = 0.577$ ,  $p < .001$ ), suggesting that inclusiveness management is a key determinant of organizational success in healthcare.

Table 5. Regression Coefficients for Inclusiveness Management and Hospital Performance

Variable	B	SE	Beta	t	Sig.
Inclusiveness Management	0.577	0.056	0.760	10.33	0.001

## DISCUSSION

The analysis of diversity and inclusivity practices revealed moderate perceptions, with a mean score of 3.05. Non-discriminatory recruitment practices were viewed positively, with a mean score of 3.63, indicating general satisfaction with the hospital's efforts in promoting diverse recruitment practices. However, training programs for diversity and inclusion scored lower, with a mean score of 2.65, highlighting the need for more frequent and engaging training sessions.

The findings for Diversity Inclusiveness Management indicated that it was a strong and significant predictor of Hospital Performance. The regression analysis showed that for each unit increase in diversity inclusiveness management, hospital performance increased by 0.577 units, with this effect being highly significant ( $p < .001$ ). This result was further supported by the correlation analysis, which revealed a strong positive correlation ( $r = .760$ ,  $p < .01$ ) between Diversity Inclusiveness Management and Hospital Performance. These findings highlight that fostering diversity and inclusiveness in management practices strongly enhances hospital performance, making it the most impactful factor in this study.

The results of this study align with existing literature that highlights the positive impact of inclusiveness management on hospital performance. Inclusiveness management fosters an environment where employees feel valued and respected, which directly improves their engagement and productivity (Shore et al., 2018; Nkomo, 2018). In this study, respondents who reported that their hospitals practiced inclusiveness management were more likely to report higher levels of job satisfaction and patient care quality. This is consistent with findings by Jehu-Appiah et al. (2014), who noted that inclusiveness in Ghanaian hospitals led to better staff retention and improved patient outcomes. These findings are also consistent with the study by Kyaw et al. (2019), which emphasized the importance of regular training programs in enhancing diversity and inclusion within healthcare settings. The positive correlation between diversity and inclusion practices and hospital performance ( $r_s = .742, p < .001$ ) further underscores the importance of fostering an inclusive work environment. Enhancing training programs and ensuring comprehensive policy implementation can significantly improve hospital performance through better staff engagement and satisfaction.

In Kenya's context, inclusiveness management is still evolving. While this study found that Level 5 hospitals in Kiambu County have made strides toward implementing inclusive policies, challenges remain, particularly in enforcing these policies and ensuring that they are embedded in the organizational culture (Nkomo, 2018; Korir et al., 2021). The study's findings suggest that inclusiveness management is not only important for improving staff engagement but also for enhancing the overall performance of healthcare organizations. By promoting diversity and equity, hospitals can ensure that all employees, regardless of background, are empowered to contribute to the organization's success, ultimately leading to better patient outcomes (Brown, 2020; Asamoah, 2017).

## CONCLUSION

The findings indicate that inclusiveness management plays a significant role in enhancing hospital performance. Hospitals that prioritize inclusive practices, such as diversity in leadership, equitable access to professional development, and fostering a culture of collaboration and respect, tend to experience higher efficiency, improved patient care, and employee satisfaction. The study highlights that inclusiveness enhances communication, reduces staff turnover, and promotes innovation, all of which positively impact overall hospital performance.

## RECOMMENDATIONS

Based on the study findings, it is recommended that hospitals implement inclusive leadership training to equip leaders with the skills to foster diverse and collaborative teams, which can enhance staff morale and patient outcomes. Additionally, hospitals should establish and enforce policies that ensure equitable opportunities for professional development and career growth for all employees, regardless of their background. These steps will promote a more motivated, innovative workforce, leading to improved hospital performance.

## REFERENCES

1. Anand, R., & Winters, M. F. (2008). A retrospective view of corporate diversity training from 1964 to the present. *Academy of Management Learning & Education*, 7(3), 356-372.
2. Asamoah, D. (2017). Inclusiveness and performance: An empirical investigation in healthcare. *African Journal of Business and Economic Research*, 13(1), 53-66.
3. Barrett, P., Coyle, P., & O'Neill, P. (2021). Diversity in healthcare: Implications for patient outcomes. *Journal of Healthcare Leadership*, 14(2), 20-35.
4. Bass, B. M., & Avolio, B. J. (2000). *Improving organizational effectiveness through transformational leadership*. Sage Publications.
5. Boies, K., Fiset, J., & Gill, H. (2015). Leadership and communication: A closer look at the processes of influence. *Leadership & Organization Development Journal*, 36(2), 91-101.
6. Brown, M. (2020). The role of inclusiveness in healthcare leadership: A study of diversity in practice. *Journal of Health Administration*, 13(4), 129-141.



7. Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., & Stafford, E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, 47(3), 363-385.
8. Dillard, J., Joseph, C., & Wilkinson, J. (2014). Inclusiveness in healthcare: Understanding its impact on patient care and staff engagement. *Health Management Review*, 22(1), 45-61.
9. Dulebohn, J. H., Bommer, W. H., Liden, R. C., Brouer, R. L., & Ferris, G. R. (2012). A meta-analysis of antecedents and consequences of leader-member exchange: Integrating the past with an eye toward the future. *Journal of Management*, 38(6), 1715-1759.
10. Graen, G. B., & Uhl-Bien, M. (1995). Relationship-based approach to leadership: Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level multi-domain perspective. *Leadership Quarterly*, 6(2), 219-247.
11. Hansen, K. M., Leth, P. M., & Lund, J. (2013). The role of diversity in healthcare outcomes: A comprehensive study. *Journal of Diversity in Health and Social Care*, 10(3), 57-66.
12. Jehu-Appiah, C., Aryeetey, G., Spaan, E., Agyepong, I., & Baltussen, R. (2014). Equity aspects of health care in Ghana. *Health Economics Review*, 4(1), 10-23. <https://doi.org/10.1186/2191-1991-4-10>
13. Korir, E., Kipruto, B., & Ngugi, S. (2021). Assessing the effect of leadership styles on healthcare performance: A case of Level 5 hospitals in Kenya. *Journal of Healthcare Leadership*, 13(2), 45-57. <https://doi.org/10.2147/JHL.S126345>
14. McKinsey & Company. (2021). Diversity Wins: How Inclusion Matters. Retrieved from <https://www.mckinsey.com>
15. Mwenda, S., Kariuki, M., & Liani, G. (2020). Equity and inclusiveness in Kenya's healthcare workforce: Examining the trends. *Journal of East African Health Research*, 8(4), 78-96.
16. Nkomo, S. M. (2018). Inclusion and diversity in African healthcare settings: A case study of Kenya's public hospitals. *Journal of African Business*, 19(3), 220-230. <https://doi.org/10.1080/15228916.2018.1484628>
17. Shore, L. M., Randel, A. E., Chung, B. G., Dean, M. A., Ehrhart, K. H., & Singh, G. (2018). Inclusion and diversity in work groups: A review and model for future research. *Journal of Management*, 44(5), 1747-1773. <https://doi.org/10.1177/0149206318773858>