

## **Moderating Effect of Training on the Relationship between Performance Evaluation and Creative Governance Success in Level Five Hospitals in Kenya**

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### **Abstract**

Healthcare *systems*, particularly public hospitals in developing countries, continue to experience governance challenges manifested through inefficiencies, weak accountability, and limited capacity to foster creativity and innovation in service delivery. In Kenya's county public hospitals, these challenges persist despite the widespread use of performance evaluation practices, raising questions about the conditions under which such practices translate into effective and creative governance outcomes. As such, this study examined the moderating effect of training on the relationship between performance evaluation practices and creative governance success in county public level five hospitals in Kenya. The study adopted a descriptive correlational and explanatory research design; and employed stratified and purposive sampling to select managerial, administrative, and mid-level employees. A total of 200 respondents participated in the study, and data were collected using structured questionnaires. Hierarchical regression analysis revealed that training has a statistically significant moderating effect on the relationship between performance evaluation practices and creative governance success ( $F(1,132) = 74.125$ ;  $p < .05$ ). The F change statistics,  $F(1,132) = 74.125$  had a significant p-value (0.000) which provided evidence to reject the null hypothesis and conclude that training has a significant moderating effect on the relationship between performance evaluation practices and creative governance success. Hence, the study concludes that training significantly strengthens the effectiveness of performance evaluation practices in promoting creative governance success and thus recommends that county governments and hospital management institutionalize continuous training programs for healthcare administrators and staff. More so, the study recommends enhancement of design, implementation, and use of performance evaluation systems that foster creativity, innovation, and improved healthcare outcomes in Kenya.

**Key words:** Training; Performance Evaluation; Creative Governance Success; Level Five Hospitals; Kenya

## **Introduction**

World Over, Hospitals have been under increased pressure due to high demand, workforce shortages, evolving healthcare need, weak policies, and underfunding (Masefield et al. 2020; Hadian et al. 2024). The recent Covid-19 pandemic has highlighted serious governance issues within the healthcare system including operational inefficiency, lack of accountability, poor resource management and structural and financial barriers that have contributed to delays in providing care (Masefield et al. 2020). Global health organizations like the World Health Organization and Pan American Health Organization have emphasized the need for good governance of healthcare, which can be achieved through transparency and accountability mechanisms (Adhikari et al. 2019). The achievement of these goals have proved challenging given the limited resources, capacity, staffing and infrastructure in healthcare practices (Alainati et al. 2024). Healthcare professionals worldwide have viewed performance management as a key route to administrative and performance decisions in healthcare especially in developing economies. Hospitals rely on a variety of performance evaluation mechanism to assess employee competencies and effectiveness (Masefield et al. 2020). By setting performance expectations and acquiring feedback, hospitals are able to enhance employee motivation, and performance.

Performance reflects the ability of a hospital to meet its objectives and purpose by focusing on the quality of healthcare services and delivery (Too, 2025). Performance evaluation is a critical element in any hospital's human resource practices including promotions, pay raises, terminations and training needs. The evaluations which are regular, formative, and/or summative provides the basis of administrative and feedback decisions (Alainati et al. 2024). Many hospitals deploy a variety of performance evaluation strategies such as negotiating, target setting, and monitoring and evaluation of healthcare delivery to align employee performance with hospital goals and vision. Research has shown a strong correlation between performance management and improved healthcare delivery.

According to Balu et al. (2017), performance evaluation help organizations align their objectives and purpose, and provide space for interactions, which enhances individual and organization performance. A survey of Fortune 500 Organizations revealed that the entities deploy diverse performance appraisal systems, from traditional to modern rating systems, for administrative and development decisions (Gorman et al. 2017). This allows the organizations to assess their employees to determine their growth, competencies and potential. In addition, some studies have reported that performance evaluations as a source of competitive advantage for organizations (Too, 2025). Some scholars have cautioned that performance evaluation may also affect employee enthusiasm, morale, productivity and result in increased turnover (Alainati et al. 2024).

Performance evaluation in many hospitals rely on retrospective data (Madlabana et al. 2020). Many hospitals struggle with fragmented data infrastructure resulting in inconsistent performance evaluation (Vainieri et al. 2020). There is also overreliance on quantitative metrics and continued neglect of qualitative metrics such as patient experience or employee well-being (Masefield et al. 2020). One study reported that traditional KPI metrics deployed in hospitals during the COVID-19 pandemic failed to capture qualitative aspects of nurse performance such as regular disruptions and their well-being (Munnum et al. 2023). These challenges highlight a critical gap in performance evaluation in the healthcare system. Successful performance evaluation in healthcare requires good governance in healthcare (Adhikari et al. 2019). In

today's competitive environment, organization must be innovative, for example, investment in training.

Public hospitals in Kenya continue to grapple with systemic governance challenges, including weak performance evaluation systems, inadequate staff capacity development through training, and limited institutionalization of creative governance practices, which undermine service delivery and organizational performance. Shortfalls in the healthcare delivery services in Kenya has compelled Kenyans to demand for better services through the enactment of the Constitution of Kenya 2010. Article 43 of Constitution of Kenya 2010 makes it a fundamental right for Kenyans to access the highest attainable standards of health care services (GoK, 2010). The GoK has included health sector under the social strategy in its long-term plan, Vision 2030 Strategic Plan, which runs from 2008 to 2030 (GoK, 2007b). In line with Vision 2030 Strategic Plan, the GoK has developed Kenya Health Policy 2014-2030, which is a specific health sector centered long term plan (GoK, 2014a). According to the United Nations Development Programme (2016), Kenya has committed to full implementation of Sustainable Development Goals (SDGs).

Recent empirical evidence underscores the relevance of human resource management and training interventions for enhancing performance and organizational outcomes in healthcare settings. For example, Mohammad, Darwish, Khassawneh, and Wood (2025) found that key HRM practices are significantly associated with hospital performance outcomes in the Jordanian healthcare sector, indicating that individual HR practices can positively influence organizational performance even in challenging institutional contexts. Giovanelli, Rotondo, and Fadda (2024) demonstrated that management training programs in healthcare are essential for developing management competencies that influence practice effectiveness and outcomes, highlighting the importance of structured training for improving managerial performance in health organizations. In the Kenyan context, Njagi and Makhamara (2024) established that performance appraisal strategies, a core component of performance evaluation practices, are positively related to employee performance in the health sector, underscoring the potential of performance appraisal mechanisms to influence broader organizational performance outcomes when combined with effective HRM practices.

Despite such evidence, limited research has examined how performance evaluation practices, when combined with structured training interventions, influence creative governance success in county public hospitals. Many county hospitals continue to underperform in terms of innovation and governance outcomes, which suggests that performance evaluation alone may not suffice without concurrent training that equips staff with the skills to leverage evaluation feedback into creative solutions. Therefore, this study aims to address this empirical gap by investigating the moderating effect of training on the relationship between performance evaluation practices and creative governance success in public level five hospitals in Kenya.

In a nutshell, this study addresses three interconnected research gaps. Practically, performance evaluations in healthcare often fail to yield creative governance, pointing to a missing implementation link. Empirically, while training and evaluation are studied separately, their interactive effect, specifically training's role as a moderator remains underexamined. Contextually, few studies focus on public sector hospitals in developing economies like Kenya, where governance challenges are acute. By investigating training's moderating effect on this relationship in Kenyan Level Five hospitals, this research aims to provide actionable, context-specific insights to advance both theory and practice.

## **Literature review**

Theoretically, this study was guided by two theories that explain how training moderates the relationship between performance evaluation and governance success:

### ***Ability Motivation Opportunity (AMO) Theory***

The first theory is the Ability–Motivation–Opportunity (AMO) Theory, originally proposed by Bailey (1993) and later refined by Appelbaum et al. (2000). The theory posits that employee performance is a function of three interrelated components: employees must possess the ability (skills and knowledge), the motivation (willingness and incentives), and the opportunity (supportive structures and participation mechanisms) to perform effectively. According to the AMO framework, optimal performance is achieved only when all three elements are present and mutually reinforcing.

The AMO theory is particularly relevant to this study because training directly enhances employee ability, while performance evaluation practices influence motivation through feedback, recognition, and rewards. Creative governance success, as examined in this study, depends on the extent to which healthcare workers are adequately skilled, motivated to perform, and provided with opportunities to apply creativity and innovation within hospital governance structures. Training, therefore, serves as a critical enabling mechanism that strengthens the effectiveness of performance evaluation practices, making it theoretically appropriate to model training as a moderating variable within the AMO framework.

Despite its strengths, the AMO theory has been critiqued for its simplistic and linear assumptions, as it does not fully account for contextual and institutional constraints such as resource limitations, organizational culture, and governance structures that may influence performance outcomes, particularly in public sector healthcare settings. Nonetheless, the theory provides a robust and parsimonious foundation for explaining how training can strengthen the relationship between performance evaluation practices and creative governance success, making it suitable for guiding this study.

### ***Expectancy Theory***

The second theory that informed the study was Expectancy Theory, proposed by Victor Vroom (1964). The theory explains employee behavior by arguing that individuals are motivated to exert effort when they believe that their effort will lead to acceptable performance (expectancy), that performance will result in specific outcomes or rewards (instrumentality), and that the rewards are valued (valence). Motivation, therefore, is determined by the perceived strength of the link between effort, performance, and rewards.

Expectancy Theory is relevant to this study because performance evaluation practices shape employees' beliefs about the fairness and accuracy of the link between effort and outcomes, while training enhances employees' confidence in their ability to meet performance expectations. In healthcare settings, when employees are trained and clearly understand performance criteria, they are more likely to perceive performance evaluations as fair and meaningful, which in turn motivates them to engage creatively and innovatively in their roles. Creative governance success, therefore, emerges when performance evaluation systems are perceived as credible and are supported by training that enables employees to achieve expected performance standards.

However, Expectancy Theory has been critiqued for its strong emphasis on rational decision-making, assuming that employees objectively calculate effort–reward relationships, while underestimating the influence of organizational culture, power relations, and structural constraints common in public sector institutions. Despite this limitation, the theory remains useful for explaining how training and performance evaluation jointly influence employee motivation and behavior, thereby providing a logical foundation for examining their effect on creative governance success.

Based on study results training serves as the critical linchpin that activates the synergistic potential between AMO and Expectancy Theory. Therefore, a reciprocal reinforcement model: training not only builds *ability* (AMO) but also directly strengthens *expectancy* beliefs by clarifying performance-reward linkages and enhancing self-efficacy. Concurrently, a well-implemented performance evaluation system (informed by Expectancy Theory) provides the structured *opportunity* and *motivation* for newly acquired abilities to be applied creatively. Thus, our study moves beyond using these theories in parallel to modeling their dynamic interaction, where training transforms performance evaluation from a passive assessment into an active governance mechanism that catalyzes creativity.

This integrated perspective offers a new theoretical proposition: Creative governance success in resource-constrained public institutions is achieved not merely through the presence of ability, motivation, and opportunity, but through the deliberate design of HRM practices (training) that force-multiply the connections between them. Arguably, this constitutes a valuable contextual extension of existing frameworks, providing a more nuanced causal pathway for how HRM interventions translate into systemic innovation in complex institutional settings.

## **Empirical Review**

### ***Performance Evaluation Practices***

Performance evaluation is a core human resource management practice designed to assess employee effectiveness and provide feedback for performance improvement, rewards, and career development (Thakare & Mahajan, 2021). It involves systematic assessment of job behaviors, contributions, and outcomes to enhance individual growth and organizational effectiveness. Feedback from performance evaluation informs decisions on compensation, promotions, training, and professional development, with organizations employing diverse metrics to align individual performance with strategic objectives (Madlabana & Petersen, 2020).

Comparative studies indicate that performance evaluation is strategically leveraged to shape employee behavior and outcomes. In the United States and United Kingdom, it motivates and enhances productivity (Prowse & Prowse, 2019), while in South Korea, it assesses competencies and performance levels (Yoon, 2021). Recent evidence in healthcare underscores its continued relevance: well-structured evaluation systems improve organizational performance when aligned with supportive HRM policies (Mohammad et al., 2025). In sub-Saharan Africa, performance evaluation is pivotal in primary healthcare HR functions, although weak policies constrain its effectiveness (Makwero et al., 2024).

Despite its value, performance evaluation is often contested in healthcare contexts due to perceived unfairness, lack of transparency, and weak policy enforcement. In South Africa and Kenya, gaps in implementation reduce accuracy, foster favoritism, and undermine trust,

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negatively affecting morale and performance (Madlabana & Petersen, 2020; Otieno & Nyakwara, 2024). Empirical evidence indicates that fair, accurate, and policy-supported systems enhance outcomes by linking evaluations to compensation, certification, and professional development, thereby fostering trust and transparency (Bindels et al., 2021; Mohammad et al., 2025). Conversely, lack of procedural justice and institutional trust can lead to resistance, demotivation, and reduced organizational performance (Otieno & Nyakwara, 2024).

Overall, methodological weaknesses persist in performance evaluation tools, including rating errors, subjectivity, and susceptibility to favoritism, compounded by evaluator fatigue and insufficient training (Oshode et al., 2019; Rasheed, 2020). Successful performance evaluation occurs when employees perceive assessments as fair, objective, and aligned with organizational expectations; absence of these conditions can negatively influence attitudes, behaviors, and overall effectiveness (Makwero et al., 2024).

### ***Creative Governance Success***

Past research provides limited evidence on the link between performance evaluation and creativity governance success. The idea of creative governance success reflects the interplay between the creativity of an employee and their domain of creativity (Klein & Speckbacher, 2019; Adeniji, 2020). The assumption is that people in leadership positions make decisions that either foster or inhibit an employee's creativity and innovation. In the context of this study, hospitals administrators have the capacity to apply creative decision-making that lead to successful performance evaluation.

Studies investigating the relationship between performance evaluation and creative governance success have focused on whether performance evaluation supports or hinders creativity. For instance, a systematic review found inconsistencies in empirical findings on the link between performance evaluation and creative governance (Speckbacher, 2021). According to the review, reward linked performance evaluation supports innovative and creative governance. Researchers and industry experts have observed that highly creative organization, for example, leverage on intrinsic and extrinsic motivations to motivate employees (Kaluyu et al. 2022). When performance evaluation confirms their expectations through promotions and bonuses, employees become motivated and engaged in their work leading to improved performance.

Based the review by Speckbacher (2021), performance evaluation can have a negative effect on creativity. Lack of transparency and accuracy in performance evaluation process hinders the creativity and innovativeness of an organization limiting employee performance. In such situations, the extrinsic motivations such as praises and promotions tend to limit employee's intrinsic motivations because they may feel controlled when the evaluation process is not trustworthy, which undermine their perceived self-determination. Klein and Speckbacher (2019) states that some performance evaluation methods may amplify the conflict between artistic merits and commercial success of creativity. Based on the views of Speckbacher (2021), the governance style used by the hospital determines the performance evaluation approach used. This study suggests that when entities adopt creative governance, employees internalize the creative and innovative standards underlying the performance measures. This reduces conflict between employee perceived expectations and levels of performance set.

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The reviewed literature provides evidence that creative governance success is maximized when the performance evaluation is fair and just. In healthcare, hospitals should focus on standards and guidelines that fosters fairness and justice in the performance evaluation process (Bruggen et al. 2019). Drawing from Singapore's governance success, Speckbacher and Wabnegg (2020) found that providing additional incentives such as training effectively fosters employee behaviors that contribute to creativity and innovativeness.

### ***Moderating Effect of Training on the Relationship between Performance Evaluation and Creative Governance Success***

Training is a strategic human resource management (HRM) practice aimed at enhancing employee skills, knowledge, and competencies to align individual performance with organizational objectives (Singh et al., 2023; Speckbacher & Wabnegg, 2020; Mustafa et al., 2024). It facilitates operational efficiency, reinforces employee confidence, and supports continuous improvement, thereby fostering creative governance and innovative performance outcomes (Abugre & Anlesinya, 2020; Ngcobo, 2022).

Empirical studies indicate that training positively affects performance across sectors. Mustafa et al. (2024) found a strong correlation between training and performance appraisals in small and medium enterprises, highlighting HRM practices as strategic investments in workforce development. Similarly, Speckbacher and Wabnegg (2020) observed that training enhances creativity and innovation, provided programs are well-designed and incentivized. In the banking sector, Christopher et al. (2022) reported that integrated training initiatives in Ugandan banks improved staff performance, operational efficiency, and customer satisfaction, while Murithi and Kiiru (2021) found that continuous learning in Kenyan public institutions strengthened staff confidence and performance outcomes.

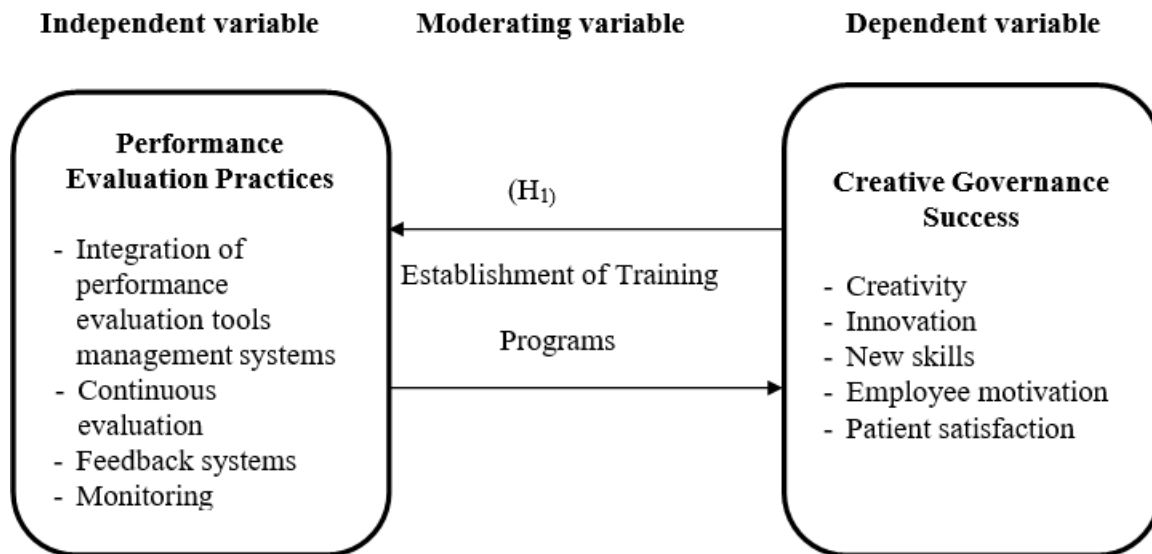
Training effectiveness is enhanced through structured needs assessment, which identifies performance gaps and informs the design of interventions aligned with organizational goals (King'ori & Abuba, 2024; Letangule & Onyango, 2020). The Kirkpatrick framework underscores that training evaluation should assess reactions, learning, behavior, and results, ensuring meaningful contributions to performance outcomes (Ferreira, 2016). Properly designed programs also foster fairness, transparency, and acceptance of performance evaluation processes, further supporting creative engagement in governance activities.

Evidence from healthcare organizations confirms that training strengthens employee competence, engagement, and confidence, enhancing operational efficiency and service quality (Giovanelli et al., 2024; Mohammad et al., 2025). Nonetheless, barriers such as limited infrastructure, technological constraints, heavy workloads, and inadequate planning can reduce the moderating effect of training on the link between performance evaluation and creative governance (Ben Aryee, Amponsah-Tawiah, & Ofori, 2024).

Overall, training emerges as a critical moderator that reinforces the effectiveness of performance evaluations, promotes innovative practices, and enhances organizational outcomes. Its impact depends on strategic alignment, quality design, and integration within broader HRM systems.

### **Conceptual framework**

The reviewed theoretical framework and literature review led to the hypothesized link between performance evaluation and creative governance success, with training as moderative factor as shown in Figure 1.



**Figure 1:** Conceptual Framework

## Methodology

This study employed a descriptive correlational and explanatory research design, utilizing stratified (*to ensure representativeness in the strata*) and purposive sampling (*to ensure the right personnel with the required information*) to select 200 managerial, administrative, and mid-level staff from Kenyan Level Five hospitals, achieving a 78.5% response rate (n=157 returned questionnaires). A structured questionnaire, validated through expert review and a pilot test, demonstrated acceptable internal reliability (Cronbach’s  $\alpha = 0.7$ ). Data were coded numerically, cleaned, and analyzed using moderated regression analysis in SPSS. The final analytical sample for the inferential tests was n=135, resulting from listwise deletion to ensure complete data for all variables in the regression models. Predictors were mean-centered to ensure robust testing of training’s moderating effect on the relationship between performance evaluation and creative governance.

Regression model was constructed to determine whether there is sufficient evidence to reject the null hypothesis,  $H_0$ : *Training does not have a significant moderating effect on the relationship between performance evaluation practices and creative governance success.*

To test the null hypothesis ( $H_0$ : *Training does not have a significant moderating effect on the relationship between performance evaluation practices and creative governance success*), a moderated multiple regression analysis was conducted. The following model was estimated:

$$CGS_i = \beta_0 + \beta_1 PE_i + \beta_2 T_i + \beta_3 (PE_i \times T_i) + \epsilon_i$$

Where:

- CGS = Creative Governance Success (dependent variable)
- PE = Performance Evaluation practices (independent variable)
- T = Training (moderator variable)
- PE × T = Interaction term (product of mean-centered PE and T)
- $\beta_0$  = Intercept
- $\beta_1, \beta_2$  = Main effect coefficients

- $\beta_3$  = Interaction effect coefficient (tests  $H_0$ )
- $\varepsilon$  = Error term for  $i^{\text{th}}$  respondent.

Testing Procedure: A hierarchical regression was performed with two models:

Model 1 (Main Effects): CGS regressed on PE and T.

Model 2 (Interaction Model): CGS regressed on PE, T, and the PE×T interaction term.

The null hypothesis was evaluated by testing whether the interaction coefficient  $\beta_3$  was statistically different from zero (using t-test,  $\alpha = .05$ ) and whether the increase in explained variance ( $\Delta R^2$ ) from Model 1 to Model 2 was statistically significant (using F-test of  $R^2$  change). Rejection of  $H_0$  occurs if  $\beta_3 \neq 0$  and  $\Delta R^2$  is significant, indicating training significantly moderates the PE–CGS relationship.

## Results

### Demographic Results

In the study, 49% of the respondents were male and the rest (51%) were female. Majority of the respondents were in the middle and top management while a few were in the lower cadre. About 84% had diploma and bachelor as the highest level of education, while the rest had high school or masters as the highest level of education. More than 60% had 1-10 years of experience while the rest had more than 10 years of experience.

### Descriptive Results

#### *Performance Evaluation Practices*

The descriptive results presented in Table 1 reveal that slightly more than half of the respondents (52.2%) were neutral about the establishment of performance management systems in their organizations, while 23.6% agreed and 20.4% disagreed, suggesting some uncertainty or lack of clarity about these systems among staff. In contrast, a majority (74.2%) agreed or strongly agreed that their institutions hold regular performance evaluation periods, indicating that the practice is relatively well-established and visible.

Regarding the presence of structured procedures or models to achieve performance evaluation goals, 68.8% (47.8% agree, 21% strongly agree) affirmed their existence, while only 5.7% disagreed, showing a broadly positive perception of procedural frameworks. Similarly, 67.6% of respondents (50% agree, 17.9% strongly agree) reported that data collection and analysis are regularly conducted for performance evaluation, although 23.7% remained neutral, and 8.4% disagreed, pointing to possible gaps in data visibility or participation.

When asked about monitoring after evaluation interventions, responses were more mixed. While 47.1% agreed or strongly agreed that monitoring occurs, a significant portion (35.7%) were neutral and 17.2% disagreed, indicating that follow-up actions post-evaluation may not be consistently observed by all staff. Lastly, the adoption of IT in performance evaluation appears relatively strong, with 65.2% (49.7% agree, 15.5% strongly agree) acknowledging its use, though 24.5% remained neutral and 10.3% disagreed, which may reflect varied levels of IT integration across departments or roles. These results are illustrated in Table 1.

**Table 1: Performance Evaluation Practices**

Performance Evaluation Practices	F	Strongly		Neutral	Agree	Strongly Agree	Total
		Disagree	Disagree				
My organization has established performance management systems,	F		6	32	82	37	157
	%		3.8%	20.4%	52.2%	23.6%	100%
My institution holds regular performance evaluation periods	F	1	9	30	84	31	155
	%	0.6%	5.8%	19.4%	54.2%	20%	100%
The institution has established procedures/models to meet performance evaluation goals	F	1	8	40	75	33	157
	%	0.6%	5.1%	25.5%	47.8%	21%	100%
There is regular Data collection and analysis on performance Evaluation	F		13	37	78	28	156
	%		8.4%	23.7%	50%	17.9%	100%
There is always Monitoring to measure change after evaluation intervention in my hospital	F	2	25	56	52	22	157
	%	1.3%	15.9%	35.7%	33.1%	14%	100%
There is adoption of IT in performance evaluation practices	F	2	14	38	77	24	155
	%	1.3%	9%	24.5%	49.7%	15.5%	100%

**Training Measures**

The descriptive results indicate that most respondents have a positive perception of training practices related to quality improvement and performance evaluation in their hospital. Specifically, 58% of participants (45.9% agree, 12.1% strongly agree) reported being happy with the relevant training programs offered, although 25.4% expressed dissatisfaction and 16.6% remained neutral, suggesting some room for improvement. Regarding the educative value of these programs, 61.2% (45.9% agree, 15.3% strongly agree) stated they learn a lot, showing that a majority find the training informative, while 24.8% disagreed. Similarly, 63.1% (45.9% agree, 17.2% strongly agree) agreed that the training helps them adapt to expected changes, indicating that the programs play an important role in change management. Lastly, 62.4% (42% agree, 20.4% strongly agree) felt that training contributes to the hospital achieving its goals, further reinforcing the strategic importance of these initiatives as depicted in Table 2.

**Table 2: Training Measures**

Training Practices		Strongly			Strongly		Total
		Disagree	Disagree	Neutral	Agree	Agree	
I am happy about relevant training programs on quality improvement and performance evaluation that are offered	<b>F</b>	4	36	26	72	19	157
	<b>%</b>	2.5%	22.9%	16.6%	45.9%	12.1%	100%
The training programs on Quality improvement and performance evaluation are very educative, I learn a lot	<b>F</b>	4	35	22	72	24	157
	<b>%</b>	2.5%	22.3%	14%	45.9%	15.3%	100%
The training programs help me to adapt to expected changes	<b>F</b>	8	33	17	72	27	157
	<b>%</b>	5.1%	21%	10.8%	45.9%	17.2%	100%
The training programs in my judgements help the hospital to achieve its goals	<b>F</b>	10	27	22	66	32	157
	<b>%</b>	6.4%	17.2%	14%	42%	20.4%	100%

*Governance Success Measures*

The findings indicate a generally positive perception of governance success within the hospitals, particularly in relation to innovation, creativity, and service delivery outcomes, though notable internal challenges persist. A majority of respondents (68.6%) observed that innovation has led to the implementation of new products, processes, or ideas, while over 60% acknowledged the existence of forums for discussing innovation and perceived that innovative practices are actively encouraged. Similarly, creativity appears to be moderately embedded in organizational culture, with 69.8% reporting evidence of creativity resulting in new processes or ideas and 55.5% recognizing forums for creative engagement; however, only 32.5% indicated that creative employees are rewarded, and nearly half (49%) disagreed, highlighting a significant gap in recognition and incentive structures.

Progress toward flexible work procedures is evident but uneven, as 57.4% of respondents reported that a lack of flexibility has previously led to loss of business, 48.3% acknowledged management efforts to adopt more flexible procedures, and 61.2% confirmed regular reviews of work processes, although a sizeable proportion of staff remained neutral or disagreed, suggesting inconsistent implementation. In terms of organizational goal attainment, respondents expressed strong confidence in service delivery, with 85.1% affirming the provision of quality services and 76.2% reporting timely service delivery, though perceptions of excellence in hospital care were more moderate (59.6%) and staffing adequacy emerged as a critical concern, with 65.3% indicating insufficient staff levels. Staff motivation outcomes were mixed, as 57% perceived annual improvements in employee performance, yet fewer respondents reported reductions in turnover (39%), high job satisfaction (38.7%), or extraordinary commitment and loyalty (38.7%), underscoring persistent human resource challenges. Overall, the findings suggest that while innovation, creativity, and service delivery are actively promoted, deficiencies in reward systems, staffing capacity, and employee

motivation remain key constraints to achieving sustained creative governance success. Table 3 illustrates these results.

**Table 3: Governance Success Measures**

Innovation Measures		SD	D	N	A	SA	Total
There are indicators that some new products, processes, ideas etc. have been implemented as a result of innovation	F %	4 2.6%	14 9%	31 19.8%	75 48.1%	32 20.5%	156 100%
There are forums/ meetings where innovation is discussed in the organization	F %	5 3.2%	21 13.5%	34 21.9%	59 38.2%	36 23.2%	155 100%
There is evidence that innovation is encouraged in the organization	F %	2 1.3%	25 16.3%	32 20.9%	66 43.1%	28 18.4%	153 100%
<b>Creativity Measures</b>							
There is evidence of new products, processes, ideas etc. as results of creativity	F %	2 1.3%	16 10.3%	29 18.6%	83 53.2%	26 16.6%	156 100%
There are forums/ meetings where creativity is discussed in the organization	F %	4 2.6%	19 12.3%	46 29.6%	55 35.5%	31 20%	155 100%
Those who come up with creative/ imaginative methods, products, processes, ideas are rewarded by the management	F %	28 18.5%	46 30.5%	28 18.5%	34 22.6%	15 9.9%	151 100%
<b>Flexible Work Procedures Measures</b>							
There are instances where the organization has in the past lost business to competitors due to lack of flexible work procedures	F %	15 9.7%	27 17.4%	24 15.5%	57 36.8%	32 20.6%	155 100%
There is evidence that the management has adopted more flexible work procedures	F %	8 5.2%	26 16.8%	46 29.7%	52 33.5%	23 14.8%	155 100%
There are regular reviews of the work procedures in the organization to ensure that the ones in place are efficient	F %	4 2.6%	28 18.1%	28 18.1%	63 40.6%	32 20.6%	155 100%
<b>Attainment of Organizational Goals</b>							
My Hospitals offers quality services to the public	F %	2 1.3%	7 4.5%	14 9.1%	71 46.2%	60 38.9%	154 100%
My Hospital offers timely services to the public	F %	4 2.6%	14 9%	19 12.2%	79 51%	39 25.2%	155 100%
The Level of Hospital care is excellent	F %	5 3.2%	31 19.9%	27 17.3%	57 36.5%	36 23.1%	156 100%
There is sufficient staff to serve patients	F %	44 28.8%	56 36.5%	20 13.1%	19 12.4%	14 9.2%	153 100%
	%	20%	19.4%	21.9%	25.8%	12.9%	100%

**Inferential Analysis**

*Correlation Analysis*

A Pearson correlation test was done to investigate whether there is a significant relationship between performance evaluation practices and creative governance success or not. As shown in Table 4, the findings indicate that there is a positive significant correlation between performance

evaluation and creative governance success at (r= 0.520; p= 0.00).

**Table 4: Correlation between performance evaluation practices and creative governance**

		Creative Governance
Performance Evaluation	Pearson Correlation	.520**
	Sig. (2-tailed)	.000
	N	135

**Regression Analysis**

Linear regression analysis was done to investigate the extent to which performance evaluation influence creative governance. The results in Table 5 showed that performance evaluation accounts for 55.2% of creating governance success ( $R^2 = 0.552$ ). The other extent of creative governance is accounted for by other factors outside this model.

**Table 5: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.692 <sup>a</sup>	.552	.448	.52072

Dependent Variable: Creative Governance

Results in Table 6 shows that the standardize coefficient for performance evaluation, Beta=.564, which indicates that increasing performance evaluation by one unit, increases creative governance success by 0.564 units.

**Table 6: Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 Performance Evaluation	.754	.264	.564	2.657	.000

**Dependent Variable: Creative Governance**

**Moderating Effect of Training on the Relationship Between Performance Evaluation Practices and Creative Governance Success**

The linear regression analysis in Table 7, shows that without moderating effect of training, performance evaluation practices affects 27% of the creative governance success with ( $R^2 = 0.270$ ). When the moderating term, training is introduced in the model the R-Square improves by 0.262 ( $R^2 = .533$ ). The change is statistically significant ( $p < .05$ ). Training has a significant moderating effect on the relationship between performance evaluation practices and creative governance success,  $F(1,132) = 74.125$ ;  $p < .05$ . The F statistics,  $F(1,132) = 74.125$  and significant p-value (0.000) provided enough evidence to reject the null hypothesis and conclude that training has a significant moderating effect on the relationship between performance evaluation practices and creative governance success.

**Table 7: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
Relationship between performance evaluation and creative governance success	.520 <sup>a</sup>	.270	.265	.59360	.270	49.220	1	133	.000
Moderating effect of training on the relationship	.730 <sup>b</sup>	.533	.526	.47682	.262	74.125	1	132	.000

a. Predictors: (Constant), Performance Evaluation Practices

b. Predictors: (Constant), Performance Evaluation Practices, Training\*Performance Evaluation

c. Dependent Variable: Creative Governance

**Discussion**

The main objective of this study was to examine the moderating effect of training on the relationship between performance evaluation practices and creative governance success in county public level five hospitals in Kenya. The measure of performance evaluation in county level five hospitals revealed that a significant percentage of the hospitals have integrated the performance appraisal tool in their HRM practices. The findings suggest that performance evaluation influences creative governance. The tested hypothesis indicate that training has a strong significant moderating effect on the relationship between performance evaluation practices and creative governance success ( $r = 0.262$ ,  $p < 0.05$ ). These results imply that hospitals that integrated performance evaluation systems reinforced by continuous training are likely to influence employees to think creatively and develop innovative ideas that positively affect levels of performance.

While this study provides valuable insights into the moderating role of training, it is important to acknowledge some limitations. The findings are constrained by the cross-sectional research design, which precludes definitive causal inferences, and by the use of purposive sampling within Level Five hospitals, limiting the generalizability of results to other healthcare tiers or contexts. Furthermore, the reliance on self-reported data may introduce common method bias. Despite these constraints, the study offers a robust and empirically supported framework for understanding the critical synergy between performance evaluation and training in fostering creative governance, establishing a solid foundation for both policy and future research

Arguably, the findings are consistent with findings from previous studies indicating that training is an important capacity building practice that influences continuous improvements and helps address gaps between current and expected performance (Singh et al. 2023; Muriithi & Kiiru, 2021). Hospitals that integrate regular staff training in their HRM practices indirectly impacts performance evaluation and confirms the importance of training in enhancing employee work efforts on their performance. According to Abugre and Anlesnya (2020), training is perceived as an activity that impart knowledge, or instructions on healthcare workers for the purposes of improving their skills and unlock higher levels of performance.

Further, the findings showed that quality improvement practices positively influence creative governance success in hospitals. This suggests that when training is introduced performance evaluation and creative governance increases. This implies that training programs on performance evaluation are educative and enable employees adapt to expected changes and the hospitals achieve their goals. These findings correspond findings from previous studies. Speckbacher and Wabnegg (2020) reports similar findings that training is essential for spurring creativity and innovation. However, successful innovation is dependent on the design and incentives that positively influences knowledge intake behavior. Kaluyu et al. (2022) supports this view and argues that people in leadership positions make decisions that either foster or inhibit an employee's creativity and innovation.

Hospitals measure creative governance success through innovative ideas, processes and learning new skills, and achievement of organization goals (Adenji, 2020). The administrators have the capacity to apply creative decision-making that lead to successful performance evaluation. Offering training may influence creativity and innovation in decision-making leading to establishment of fair performance evaluation systems and avoid discrimination or prejudice in the evaluation process. This allows the hospital to reap the benefits of creative governance success leading to improved care delivery (Klein & Speckbacher, 2019; Adenji, 2020). Speckbacher (2021) concurs with these views indicating that reward linked performance evaluation supports innovative and creative governance. Employees become motivated and engaged in their work leading to improved performance, when performance evaluation rating match and confirmation their expectations.

While the findings in this study suggest that performance evaluation reinforced by training has positive effect on creative governance, earlier studies have suggested that the practices can have negative effect on individual innovativeness and critical thinking. Kaluyu et al. (2022) concurs with this view and argues that the lack of transparency and accuracy in performance

evaluation process may reduce the motivation of employees resulting in lack of creativity and innovativeness. The employees may feel controlled when the evaluation process is not trustworthy, which undermines their perceived self-determination (Bruggen et al. 2019).

Designing a performance evaluation system requires balancing accountability of healthcare workers and their professional development (Bindels et al. 2021). Integrating the system in hospitals HR practices allows health workers to participate in the appraisal and receive support from hospital administrators for professional development. Based on findings in this study, creative governance success can be maximized through training hospital administrators or people in leadership to design and use appropriate performance evaluation (Idowu, 2017). Hospitals should focus on standards and guidelines that foster fairness and justice in the performance evaluation process (Bruggen et al. 2019). Speckbacher and Wabnegg (2020) agrees with this notion and states that providing additional incentives such as training effectively fosters employee behaviors that contribute to creativity and innovativeness.

## **Conclusion**

This study adds to existing knowledge and practice by conclusively demonstrating that training acts as a significant and powerful moderator in the relationship between performance evaluation practices and creative governance success in Kenya's Level Five public hospitals. The empirical findings reveal that while performance evaluation alone explains a notable portion (27%) of the variance in creative governance, the introduction of training more than doubles this explanatory power to 53.3%. This substantial increase confirms that structured training is an essential catalyst, transforming performance evaluation from a procedural exercise into a dynamic system capable of driving innovation, creativity, and improved service delivery.

In terms of contribution to knowledge, the findings are robustly supported by the study's theoretical framework. They align with the Ability-Motivation-Opportunity (AMO) theory, where training builds essential employee ability and performance evaluation enhances motivation, creating the conditions for creative performance. Similarly, Expectancy Theory is upheld, as training strengthens employees' belief in their capability to meet performance expectations, thereby making the evaluation process more credible and motivating them to engage in innovative problem-solving and governance. An integrated theory is advanced showing how both theories blend to improve practice.

Therefore, the pathway to achieving creative governance success in these healthcare institutions is not through isolated interventions but through a synergistic, integrated approach. Performance evaluation systems must be deliberately and continuously reinforced with capacity-building training programs. This combination equips leaders to design fairer systems and empowers staff to leverage feedback creatively, ultimately fostering an environment where innovation and improved healthcare outcomes can flourish.

## **Recommendations**

Based on the findings of this study, it is recommended that national and county health policymakers, along with hospital administrators, adopt an integrated strategy that explicitly links performance evaluation systems with structured, continuous training programs. This requires the development of a national policy framework mandating that performance

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appraisal outcomes directly inform individualized staff development plans, with dedicated budgetary allocations to ensure sustainable implementation. Furthermore, hospital management must institutionalize leadership training focused on designing fair, transparent, and innovation-oriented evaluation systems, while simultaneously incorporating specific metrics for creativity and improvement into the appraisal process itself.

To solidify and extend these findings, future research should longitudinally examine the causal pathways through which integrated training and evaluation systems influence specific healthcare outcomes, such as patient satisfaction or clinical efficiency. Further studies could also productively explore the contextual and institutional factors such as organizational culture, resource levels, or leadership styles, that may enhance or constrain the moderating effect of training, particularly across different tiers of the healthcare system or in other public service sectors within developing economies. Finally, the government and development partners should allocate sufficient funding to support ongoing professional development and innovative initiatives within healthcare settings, thereby strengthening creative governance and improving service delivery.

#### **Authorship Statement**

All authors contributed equally to this work. All authors have read and agreed to the published version of the manuscript.

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#### **Declaration of Competing Interests**

All the the authors declare that they have no competing interests

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#### **Ethical Approval**

Ethical approval for this study was obtained from the United States International University–Africa Institutional Ethics Review Committee (IERC Approval Reference No. USIU-A/IRB/82-19). In addition, a research license was granted by the National Commission for Science, Technology and Innovation (NACOSTI Permit No. **NACOSTI/P/19/74095/31924**).

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