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Abstract
Purpose:
This study assessed how organizational culture influences health system responsiveness in diabetic and hypertensive clinics in tier three hospitals in Kenya, focusing on patients' non-clinical expectations such as dignity, prompt attention, communication, and respect.

Methodology: A cross-sectional survey was conducted among 308 respondents attending chronic care clinics in Kimilili, Uasin Gishu, and Gatundu tier three hospitals. Data were collected using a structured questionnaire measuring organizational culture and responsiveness domains. Responses were rated on five-point Likert scales. Responsiveness scores were summed and dichotomized using the demarcation threshold formula into favourable and unfavourable categories. Data were analyzed using SPSS version 27 at a 95% confidence level using descriptive statistics, one-way ANOVA, and Chi-square tests.

Findings: Overall, 61.7% of respondents reported unfavourable responsiveness. Mean scores for organizational culture indicators ranged from 2.98 to 3.19. Organizational culture did not significantly differ across the three hospitals (p=0.590). However, overall organizational culture (p=0.001), respectful language (p=0.001), cultural sensitivity (p=0.029), adherence to processes (p=0.026), convenience of care steps (p=0.028), and respect for client opinions (p=0.004) were significantly associated with responsiveness, while pay arrangements and client interest focus were not.

Unique Contribution to Theory, Practice and Policy: The study demonstrates that relational aspects of organizational culture significantly influence health system responsiveness in chronic care clinics. Strengthening respectful communication, cultural competence, participatory leadership, and structured patient feedback systems can enhance responsiveness and support patient-centered care in Kenyan tier three hospitals.

Keywords: *Health system responsiveness, Socio-demographic characteristics, chronic conditions, Diabetes Mellitus, Hypertension*

1.0 INTRODUCTION

This article evaluates the correlation between organizational culture factors and patient experience of health system responsiveness domains. Responsiveness, a fundamental objective within health systems involves fulfilling legitimate non-health-improving customer expectations (Achstetter et al., 2022). The World Health Organization initially proposed a responsiveness framework that included domains related to respect for persons such as dignity, autonomy, clarity of communication, and confidentiality and client orientation domains, including promptness, quality amenities, choice, and access to social support networks(Adhikari et al., 2024). Later, additional domains were suggested, such as effective care and attention, as well as trust and coordination. The level of responsiveness is influenced by both client and provider characteristic. Other studies have identified factors affecting responsiveness, including the type of hospital the working conditions of healthcare provider and a country's income level(Geldsetzer et al., 2018).This study focuses on outpatient diabetes and hypertension clinics in tier three/primary hospitals in Kenya.

Diabetes mellitus, a condition marked by elevated blood sugar levels, affects approximately 537 million people worldwide, accounting for 10.5% of adults aged 20–79. This number is projected to rise to 783 million by 2045, primarily due to urbanization and increasingly sedentary lifestyles(Kumar et al., 2024). In Kenya, diabetes prevalence varies, partly due to inconsistent data, with estimates ranging from 2.4% to 3.5% of the population (Otieno et al., 2021).A study by Mohamed et al., (2018) reported a prevalence of 2.4% in urban areas, 3.4% among the wealthiest quintile, 1.9% in rural areas, and 1.6% among the poorest quintile. More recent findings indicate that type 2 diabetes affects 4.2% of the general population in Kenya, with prevalence rates of 2.2–2.7% in rural areas and 10.7–12.2% in urban areas(Kiarie et al., 2023).

Hypertension, defined by elevated blood pressure in the blood vessels, affects 22% of adults worldwide, with Africa experiencing the highest prevalence at 27%. Key risk factors include high-fat diets, physical inactivity, alcohol consumption, tobacco use, and stress. Hypertension is closely linked to diabetes, often leading to complications that necessitate integrated care. In Kenya, hypertension prevalence varies across studies, with reported rates of 22%(Mogaka et al., 2022) and 29%(Pengpid & Peltzer, 2020). This study focused on health system responsiveness, important for effective healthcare, a human rights concern, for health outcomes and building trust with clients. The study sought to examine how organizational culture characteristics correlate with the experience of health system responsiveness domains among individuals with diabetes and hypertension in three primary hospitals in Kenya: Kimilili, Uasin Gishu, and Gatundu.

Organizational culture; defined as the shared values, beliefs, norms, and traditions that guide behavior within an organization and often described as “the way things are done around here”- is a critical determinant of organizational performance and healthcare quality. In healthcare settings, it influences how care is designed, implemented, and evaluated, thereby affecting the responsiveness and effectiveness of chronic care delivery (Gonzalez et al., 2026). A constructive culture enhances motivation, satisfaction, and adaptability among staff, while a negative one fosters stress and poor performance. It operates at three interrelated levels: visible manifestations such as structures, roles, and rituals; shared values and beliefs that shape decision-making; and deeper, often unconscious assumptions regarding professional hierarchies, patient relationships, and power dynamics (Mannion & Davies, 2018). When combined with cultural competence among healthcare teams, a positive organizational culture

fosters collaboration, cultural safety, and the provision of equitable, patient-centered care within health systems.

Although healthcare managers and clients acknowledge the important role of culture in improving performance, evidence-based strategies for effectively transforming organizational culture in healthcare settings remain limited (Qin et al., 2023). Enhancing the responsiveness of chronic care in Kenya requires adapting care practices to optimize delivery, coordination, and patient engagement. By improving clinical routines, communication, and follow-up processes, healthcare providers can ensure care is consistent, timely, and effective. Continuous assessment and monitoring of these practices are essential to maintain quality, identify gaps, and support ongoing improvements in patient-centered chronic care.

2.0 MATERIALS AND METHODS

This descriptive cross-sectional study aimed to assess correlation between organizational culture dimensions and responsiveness among patients with diabetes mellitus and hypertension. Data were collected from September to December 2020 from three primary hospitals; that is, Gatundu in Kiambu County (urban), Uasin Gishu in Uasin Gishu County (peri-urban), and Kimilili in Bungoma County (rural) (Macharia et al., 2021).

Sample Size

The sampling frame was 853 patients enrolled in care for diabetes mellitus, hypertension or both. Sample size was determined using the Cochrane formula (Taherdoost, 2017);

$n=z^2pq/d^2$
Where;
n= is sample size
z =is the standard normal deviate at the required confidence level
p= is the proportion in the target population estimated to have characteristics being measured, 50% was chosen for maximum variability.
q=1-p
d=the level of statistical significance set, being 5%, confidence level of 95% as commonly applied in social surveys.
$n=1.96^{2*}0.5*0.5/0.5^2=384.16$
The sample sizes for the finite population
nf=n/ {(1+n)/N} =384/ {1+(384/853)} =266.
This was a baseline survey for a follow up study, hence, to provide for non-retention, 10 % was added, and a further 10% was also added for non-response, as suggested by Fetene et al., (2022) bringing the total sample size to 323.

Table 1

Table showing sample size distributions

Hospital	Population	Calculated New sample size	Adjusted sample size	Duly filled
Kimilili	167	52	81	80
Uasin Gishu	256	80	108	98
Gatundu	430	134	134	130
Total	853	266	323	308

Sampling and sampling procedures

Every adult patient enrolled for care for diabetes, hypertension or both in the selected hospitals comprised the study population. Systematic random sampling technique with a sampling interval of 3 was used to obtain the study sample of 323 respondents.

Data Collection

Data, gathered through a structured questionnaire, encompassed organizational culture factors including perceptions on respectful language, cultural sensitivity, adherence to processes, client flow, pay arrangements, respect for client opinions and client focus. Both organizational culture and Responsiveness domains were rated on a five-point Likert scale.

Validity and Reliability

Validity ensures the accuracy of construct measurement (Coleman, 2022). Data collection tools underwent thorough review, pretesting, and revisions to enhance validity. Randomizing the sample reduced selection bias. Reliability indicates consistency of a measurement tool (Amirrudin et al., 2021). Tools were uniform, and they were reviewed by the research team for completeness. Cronbach's coefficient alpha was used to assess reliability with the minimum score set at 0.7 to reflect acceptable internal consistency.

Ethical approval

Approval was obtained from the Research Ethics Committees of Kenya Methodist University (Approval No: KeMU/SERC/HSM/4/2020) and Moi University (Approval No: 0003643). A research license was obtained from NACOSTI (License No: NACOSTI/P/20/5650). Permissions were obtained from hospital managements teams, while written informed consent was obtained from all participants, who were informed of their right to withdraw from the study at any time.

3.0 RESULTS AND DISCUSSION

A total of 308 questionnaires were duly filled and returned, yielding a response rate of 95.35%, which was satisfactory as guided by Sileyew(2019).Most respondents, (130 (42.2%) were from Gatundu Hospital; female 213(69.2%), aged between 40-59 years; 159(51.6%), had only hypertension; 156(50.7%) and were protestants; 159(51.6).

Descriptive results for responsiveness

A total of 31 questions describing responsiveness indicators with ratings expected to range from 31 to 155 were issued to the respondent. Scale reliability was assessed using Cronbach's alpha coefficient and the score of 0.936 reflected satisfactory internal consistency. Responsiveness scores ranged from 59 to 149, with a mean of 98.8 (63.7%). Using the demarcation threshold formula by Fetene et al. (2022), responsiveness was categorized as favorable or unfavorable. Scores equal to or above the threshold (104) were considered favorable. Only 118 (38.3%) respondents had favorable responsiveness. Among the three primary hospitals, Kimilili had the highest proportion of favourable health system responsiveness experiences (50%), followed by Uasin Gishu (44.9%), while Gatundu had the lowest (26.2%), with the majority of respondents across facilities reporting unfavorable experiences. This indicates that, although overall responsiveness is moderate, Kimilili provides relatively better patient experiences.

Descriptive results for Organizational culture

The organizational culture indicators included perceptions regarding respectful language use, cultural sensitivity, adherence to procedures, convenience of client flow, convenience of pay arrangements, respect for client opinions and client focus. These were rated on five-point Likert scale from 1 reflecting very poor experience to 5 reflecting the best experience. The scores are presented in table 2 below while the descriptive statistics; means and standard deviation are

presented in table 3. The indicators of language, had fairer perceptions with over 40% of the respondents rating it as either good or very good combined whereas all the others had the ratings of good or very good combined between 30 to 40%.

Table 2
Organizational culture indicators

Variable	Subset	Frequency	Percent
Language	Very Poor	13	4.2%
	Poor	77	25.0%
	Fair	85	27.6%
	Good	106	34.4%
	Very Good	27	8.8%
Cultural Sensitivity	Very Poor	12	3.9%
	Poor	84	27.3%
	Fair	98	31.8%
	Good	84	27.3%
	Very Good	30	9.7%
Process Adherence	Very Poor	9	2.9%
	Poor	88	28.6%
	Fair	104	33.8%
	Good	84	27.3%
	Very Good	23	7.5%
Client Flow	Very Poor	9	2.9%
	Poor	89	28.9%
	Fair	101	32.8%
	Good	82	26.6%
	Very Good	27	8.8%
Pay Arrangements	Very Poor	16	5.2%
	Poor	89	28.9%
	Fair	109	35.4%
	Good	67	21.8%
	Very Good	27	8.8%
Client Opinions	Very Poor	17	5.5%
	Poor	95	30.8%
	Fair	92	29.9%
	Good	86	27.9%
	Very Good	18	5.8%
Customer Focus	Very Poor	14	4.5%
	Poor	82	26.6%
	Fair	119	38.6%
	Good	71	23.1%
	Very Good	22	7.1%

Table 3
Organizational culture indicators summary statistics

Indicator	**M**	**SD**
Language	3.19	1.041
Cultural sensitivity	3.12	1.040
Process adherence	3.08	0.985
Client flow	3.09	1.009
Pay arrangements	3.00	1.034
Client opinions	2.98	1.022
Client focus	3.02	0.983

M -mean SD -Standard Deviation

The findings indicate moderate levels of responsiveness across all measured indicators. The mean scores ranged from 2.98 to 3.19, suggesting that while some aspects of service delivery were satisfactory, there remains room for improvement. Language use recorded the highest mean score (M = 3.19, SD = 1.041), implying that communication between staff and clients was generally clear and appropriate. Cultural sensitivity (M = 3.12, SD = 1.040) and process adherence (M = 3.08, SD = 0.985) also scored relatively well, indicating that staff were fairly responsive to clients' cultural backgrounds and followed service procedures reasonably well.

Client flow (M = 3.09, SD = 1.009) reflected moderate efficiency in managing client movement and waiting times, while pay arrangements (M = 3.00, SD = 1.034) showed neutral perceptions regarding the fairness and transparency of payment processes. Client focus (M = 3.02, SD = 0.983) and client opinions (M = 2.98, SD = 1.022) received the lowest scores, highlighting areas that need particular attention, especially in strengthening client-centered care and integrating client feedback into service improvement. The findings suggest a moderately responsive organizational culture that values clear communication, cultural sensitivity, and procedural adherence. However, limited attention to client focus and feedback indicates a tendency toward hierarchical rather than participatory practices. Enhancing client-centeredness and integrating feedback mechanisms could strengthen responsiveness and foster a more inclusive service culture. A one-way ANOVA was done to determine the significance of differences in organizational culture across the three facilities

Table 4:

Variance in organizational culture across the three facilities

		ANOVA
	Means	d.f Between 2 d.f Within 305 F Statistic 0.528 P Value 0.590
Kimilili	22	
Uasin Gishu	21.3	
Gatundu	21.3	

The ANOVA results revealed no statistically significant differences in mean responsiveness scores across the three hospitals-Kimilili (M = 22), Uasin Gishu (M = 21.3), and Gatundu (M = 21.3)-with F (2,305) = 0.528, p = 0.590. This finding suggests relative uniformity in

responsiveness levels across facilities, implying that institutional culture may be consistently moderate across counties. Similar results were reported by (Kinyenje et al., 2023) and (Hong et al., 2025) who found significant interlevel differences and insignificant intralevel differences and limited regional variation in health system responsiveness when organizational values and operational constraints were broadly similar. However, Kamau et al., (2025) contend that contextual factors such as management leadership, staff motivation, and local governance can produce subtle but meaningful differences in client experiences even where policies are standardized. The lack of significant differences in the present study may therefore reflect uniform institutional challenges such as resource constraints or centralized policy influence; rather than the absence of cultural variation.

Association between organizational culture and Responsiveness

Respondents rated their experiences across responsiveness domains and organizational culture indicators using a five-point Likert scale, where higher scores reflected more positive perceptions. In line with the objective of measuring both the level and distribution of health system responsiveness(Khan et al., 2021),the data were reclassified from interval to categorical form to better capture variations in responsiveness experiences rather than merely mean differences. The categorization of responsiveness levels followed the demarcation threshold formula [{(highest rating – lowest rating)/2} + lowest rating], as applied in related studies (Adema et al., 2024; Fetene et al., 2022). Based on this computation, the threshold value for responsiveness was 104. Respondents whose summed scores fell below this threshold were classified as having unfavourable responsiveness experiences, while those above were classified as favourable. The results showed that a majority respondent, 190 (61.7%), reported unfavourable responsiveness experiences, indicating suboptimal performance across key service domains. Organizational culture indicators being categorical in nature were maintained on their original five-point scale, ranging from very poor to very good, and a chi-square (χ^2) test was employed to assess the association between organizational culture dimensions and responsiveness levels. The results of this analysis are presented in Table 4.

Table 5

Inferential analysis between organizational culture on responsiveness

	d.f	**OR**	**χ2**	**P value**
Organizational Culture	1	2.532	15.230	0.001
Respectful language	4		31.29	0.001
Cultural sensitivity	4		10.826	0.029
Adherence to processes	4		11.032	0.026
Convenience of care steps	4		10.914	0.028
Convenience of pay arrangements	4		6.799	**0.147**
Respect for customer opinions	4		15.298	0.004
Focus on customer interests	4		4.574	**0.334**

The chi-square (χ^2) analysis revealed overall organizational culture strongly shapes clients' experiences of health system responsiveness ($\chi^2 = 15.230$, $p = 0.001$). The analysis also revealed significant associations between several organizational culture indicators and responsiveness levels. Respectful language ($\chi^2 = 31.29$, $p = 0.001$), cultural sensitivity ($\chi^2 = 10.826$, $p = 0.029$), adherence to processes ($\chi^2 = 11.032$, $p = 0.026$), convenience of care steps ($\chi^2 = 10.914$, $p = 0.028$), and respect for customer opinions ($\chi^2 = 15.298$, $p = 0.004$) all showed

statistically significant relationships with responsiveness, suggesting that these aspects of organizational culture strongly influence clients' experiences of service delivery. Conversely, convenience of pay arrangements ($p = 0.147$) and focus on customer interests ($p = 0.334$) were not significantly associated with responsiveness, indicating that these factors may play a less direct role in shaping clients' perceptions of responsiveness within the facilities.

This finding aligns with (Triguero et al., 2022)who found that supportive and participatory organizational cultures foster teamwork, empathy, and responsiveness to patient needs. Further it agrees with findings by a study that observed a patient centric culture model of interventions improved patient experiences(Almohaisen et al., 2023) while rigid and hierarchical work cultures tend to suppress innovation and reduce staff engagement, thereby weakening responsiveness(Mazur, 2023).It disagrees with some studies that found no correlation between some dimensions of organizational culture including patient safety culture and patient experiences(Lawton et al., 2015; Okafor et al., 2018).

Respectful language recorded the strongest association with responsiveness ($\chi^2 = 31.29$, $p = 0.001$), illustrating that communication practices reflect underlying organizational values. This aligns with findings of studies that reported that respect and courtesy in communication are key determinants of perceived responsiveness and patient satisfaction while disrespect can badly client perceptions of responsiveness even in the face of effective technical performance(Benavides, 2026).Facilities that emphasize respectful dialogue demonstrate a deeper commitment to client dignity and person-centered care. In contrast, organizations where communication is transactional or authoritarian often foster alienation and mistrust, which diminish overall responsiveness and contribute to bad outcomes(Bragge et al., 2025).To integrate a culture of continuous improvement, effective administration is critical with capable managers, systems design and, value based care and commensurate resources to facilitate better patient experiences(Bhati et al., 2023).

Cultural sensitivity and adherence to processes were also significantly related to responsiveness ($\chi^2 = 10.826$, $p = 0.029$; $\chi^2 = 11.032$, $p = 0.026$, respectively). These findings suggest that responsiveness is enhanced when healthcare workers operate within a culture that values diversity, inclusion, and adherence to established service protocols. This is consistent with Hendsun & Achmadi, (2022)and Fetene et al. (2022), who observed that culturally adaptive and process-driven cultures foster trust and continuity of care while limited cultural competence and inconsistent procedural adherence often erode responsiveness, particularly in resource-constrained health systems. The significance of cultural sensitivity in this study reinforces the argument that responsiveness is as much an ethical and relational construct as it is a technical one. However, the effect is not linear in all contexts as (Guan et al., 2024)noted a mixed picture on institutional and policy factors influence on patient experience, where all factors had mixed effects on patient experience.

Respect for client opinions was also significantly associated with responsiveness ($\chi^2 = 15.298$, $p = 0.004$), emphasizing that participatory organizational cultures promote responsiveness by valuing feedback and integrating client perspectives into service improvement. This aligns with Willie, (2024)and Mannion & Davies, (2018)who argued that organizations with a learning-oriented culture that welcomes client feedback are more responsive and adaptive to change. On the other hand, the non-significant association for focus on customer interests ($\chi^2 = 4.574$, $p = 0.334$) suggests a gap between stated values and operational realities, where many facilities espouse patient-centered principles without embedding them in practice. Leadership should play an important role in bridging this gap by modelling respect, accountability, and inclusion as routine organizational norms.

In summary, the findings demonstrate that while overall responsiveness levels are moderate and relatively uniform across the study facilities, variations in organizational culture significantly affect how clients perceive care. Cultural attributes such as respectful communication, sensitivity to client diversity, procedural consistency, and respect for client opinions are central to improving responsiveness. These findings reaffirm that responsiveness is not only a function of health system structure or resources but also of the institutional culture governing interpersonal and operational dynamics. The implications are twofold. First, healthcare organizations should institutionalize values-based leadership and teamwork practices that reinforce respect, communication, and inclusivity. Second, health policy frameworks should embed cultural transformation strategies such as continuous professional development in cultural competence, feedback integration systems, and recognition programs for respectful practice within broader quality improvement initiatives. Doing so can enhance trust, client satisfaction, and equity in health service delivery, contributing to the broader goal of people-centered universal health coverage.

4.0 CONCLUSIONS

This study concludes organizational culture plays a critical role in shaping patients' experiences of health system responsiveness within outpatient diabetes and hypertension clinics across three Kenyan primary hospitals. Although overall responsiveness was moderate and cultural practices were relatively consistent across sites, relational dimensions; particularly respectful language, cultural sensitivity, and respect for client opinions; emerged as the strongest determinants of client experiences while non-relational factors such as adherence to processes and convenience of care steps had a more limited influence. The high proportion of unfavorable responsiveness experiences (61.7%) underscores persistent gaps in both cultural and operational practices, emphasizing the need for healthcare organizations to strengthen cultural competence, promote participatory leadership, and systematically integrate client feedback to foster trust, accountability, and truly patient-centered care.

5.0 RECOMMENDATIONS

It is recommended that healthcare institutions foster values-based leadership emphasizing empathy and accountability, integrate continuous cultural competence training into staff development, and institutionalize client feedback mechanisms for organizational learning. Policymakers should also embed culture transformation within quality improvement frameworks to ensure that responsiveness is sustained through institutional norms rather than isolated interventions. Such measures will strengthen people-centered, equitable, and responsive health systems aligned with universal health coverage goals.

Study Contribution

This study sheds light on how organizational culture factors affect responsiveness in chronic illness patients at Kenyan primary hospitals. It underscores the need to embed a culture of respect and sensitivity to clients as a deliberate, continuous and systematic policy matter.

Conflict of interest

The authors state that they have no conflict of interest.

Author contribution

All authors contributed to study conceptualization and design. Kibiriti Hillary conducted data collection, analysis, interpretation, manuscript drafting, and revision. Wanja Tenambergen and Mapesa Job supervised the study and reviewed the manuscript. All authors reviewed and approved the final manuscript.

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