

## Standard Operating Routines and Operational Performance of Healthcare Entrepreneurship in Kenya

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### Abstract

Franchising is increasingly being adopted in Kenya across sectors including fast food, retail, health and consultancy, yet limited research has been given to them including healthcare franchising despite their potential to improve service access and quality. This study examined the influence of Standard Operating Routines (SORs) in franchise management, on the operational performance of healthcare entrepreneurship in Kenya. The study was anchored on the Agency and Relational View Theories, while adopting sequential mixed methods design aimed at providing rich and comprehensive information on the subject. The target population comprised of 11,150 health entrepreneurs with stratified random sampling applied to select a sample size of 386. Quantitative data was collected through structured questions, while qualitative data was collected through interview guide. Data collected was analyzed through descriptive and inferential analysis and content analysis using SPSS and NVIVO. Results revealed a strong positive relationship between standard operating routines and operational performance ( $r = 0.801$ ,  $p < 0.01$ ) with regression analysis indicating that SORs explained 64.2% of the variance in performance ( $R^2 = 0.642$ ), with significant contributions from standard turnaround times, quality management procedures, material procurement processes, and patient care protocols. These constructs of standard operating procedures enhanced efficiency, minimized operational errors, standardized service delivery, and strengthened patient satisfaction. This was supported by qualitative results wherein respondents reported that SORs promoted service uniformity, mitigated risks, and ensured compliance with regulatory obligations, thereby safeguarding brand integrity. It is concluded that well-structured SORs are critical for enhancing the efficiency, scalability, and sustainability of healthcare franchising in Kenya. It is thus recommended that franchisors continue integrating context-specific routines aligned with local regulatory frameworks and cultural expectations to optimize the performance of the franchisees. The findings provide practical insights for healthcare entrepreneurs, franchisors, and policymakers seeking to expand franchising as a model for improving healthcare delivery in emerging economies.

**Keywords:** Franchising, Standard Operating Routines, Operational Performance, Healthcare Entrepreneurs

## **Introduction**

Franchising is considered as a business arrangement that allows entrepreneurs to adopt a proven business model developed by a franchisor, thereby reducing the risks of establishing new ventures (Dyer & Singh, 2021; Stanworth et al., 2019). It provides franchisees with established operational frameworks, brand recognition, and support systems, enabling them to focus on business development and customer service rather than building operations from scratch (Ojobor, 2019; Orgonáš & Reháč, 2021). They are recognized as a significant entrepreneurial pathway, contributing substantially to national economies, including up to 17% of the U.S. GDP (Dant et al., 2021). These benefits make franchising a popular growth and survival strategy across industries, with franchise businesses often demonstrating higher survival rates compared to independent start-ups (Schweiger et al., 2020; Zimuto & Maritz, 2019). Historically, franchising has played a pivotal role in global business expansion, beginning with the Singer sewing machine company in 1851 and later spreading through industries such as beverages, oil refining, automotive, and restaurant chains like KFC, Dunkin' Donuts, and McDonald's (Hackett, 2018; Salar & Salar, 2022).

Globally, franchising has been witnessed in the healthcare sector, with its structured and standardized systems considered valuable. Under the arrangement, franchisors provide operating manuals, marketing strategies, training programs, and ongoing support that help healthcare entrepreneurs overcome regulatory complexities and operational challenges (Thomas, 2019; Stoyanova & Stoyanov, 2024). By leveraging these systems, the franchisees are able to concentrate on core business including patient care, service delivery, and maintaining quality standards while benefiting from economies of scale and knowledge-sharing networks (Callaci, 2021; Gorovaia, Pajić & Windsperger, 2023). A critical component of franchise management in healthcare is the implementation of Standard Operating Routines (SOPs). These routines consist of written procedures that outline the steps required to perform specific operations or activities within a franchise (Ibrahim et al., 2021).

By ensuring that franchisees adhere to the similar protocols, systems, and processes, standard operating routines enhance consistency and quality assurance across all outlets. They are in turn evaluated using key performance indicators such as standard turnaround times, ensuring timely delivery of healthcare services; standard quality management, maintaining consistent patient care and operational practices; and standard material procurement, guaranteeing reliable access to essential medical supplies and equipment (Gillis et al., 2020). Collectively, these indicators establish a structured framework that improves efficiency, consistency, and overall performance, contributing directly to the sustainability and competitiveness of healthcare enterprises. Franchising has expanded rapidly across sectors in Kenya, ranging from fast food and retail to banking and consultancy services (Malinda, 2019; World Bank, 2020).

The Kenya Franchise Association (KFA) and the International Finance Corporation (IFC) have supported this growth, formalizing the landscape and informing entrepreneurs about franchise opportunities. International brands such as Kentucky Fried (KFC) Chicken, Pizza Inn, and Subway have demonstrated the viability of franchising, with outlets increasing at an average annual growth rate of 5% (Musyoka, 2018; Gikonyo et al., 2021). While these successes highlight the potential of franchising as a business model, most evidence is concentrated in hospitality and retail, with limited attention to healthcare. Studies on healthcare franchising in Kenya have primarily addressed social franchising in family planning and basic healthcare (Chakraborty et al., 2018; Ndonga, 2021). They highlight challenges such as inconsistent service quality, resource constraints, and regulatory pressures. Arguably, limited empirical

evidence exists on how franchise management capabilities, such as knowledge sharing, standard operating procedures, trust routines, and alliance management, affect the operational performance of healthcare entrepreneurs. This reflects a conceptual gap, notwithstanding the fact that internal routines that underpin effective franchising remain underexplored. Further, while franchising has been shown to improve healthcare accessibility through networks such as Equity Afia, Tunza, and CFW Clinics (Mutua, 2020; Wafula et al., 2020), the role of Kenya's regulatory framework remains underexamined.

It may be argued that existing policies are more oriented toward consumer goods and services, overlooking healthcare-specific needs such as medical standards, licensing, and compliance (Lanchimba et al., 2021). This creates a contextual gap, as regulatory dynamics may significantly influence franchise outcomes. To this end, the study was conceptualized to address the gaps by examining the influence of standard operating procedures on the operational performance of healthcare entrepreneurs in Kenya. By integrating the Relational View Theory, it further extends theoretical understanding of how relational capabilities, such as trust and alliance management, enhance efficiency, service quality, and competitiveness in healthcare franchising. The study sought to test the hypothesis that; H<sub>0</sub>: Standard operating routine has no significant influence on the operational performance of healthcare entrepreneurship in Kenya.

## **Literature Review**

### ***Theoretical Framework***

This study was anchored on Agency Theory and Relational View Theory, which together explain the relationship between franchise management capabilities and operational performance in healthcare franchising. On the one hand, Agency Theory examines principal-agent relationships, highlighting how franchisors (principals) delegate authority to franchisees (agents) (Jensen & Meckling, 1976). In healthcare, it explains the importance of monitoring systems, standard operating routines, and incentive alignment to reduce agency costs and ensure quality compliance (Alon, et al 2018). Although useful, it has been critiqued for oversimplifying franchising by focusing narrowly on contracts and incentives while neglecting relational and contextual factors such as trust, cultural fit, and regulation (Stanworth & Kaufmann, 1996; Inma, 2021). On the other hand, Relational View Theory extends this perspective by emphasizing the value of inter-organizational networks and alliances (Dyer & Singh, 1998). It posits that firms can achieve "relational rents" through knowledge sharing, complementary resources, and trust-based collaboration (Yli-Renko et al., 2019; Albino et al., 2020).

In Kenyan healthcare franchising, relational assets such as training, joint marketing, and brand reputation allow entrepreneurs to enhance efficiency, service quality, and competitiveness. The theory however, has limitations, including risks of dependency, opportunism, and regulatory constraints. By integrating these perspectives, the study situates healthcare franchising as both a contractual relationship (Agency Theory) and a collaborative partnership (Relational View Theory). This dual lens helps explain how standard operating routines shape operational performance in Kenya's healthcare sector.

### ***Empirical Review***

In franchise systems, Standard Operating Routines (SORs) provide structured guidelines that ensure uniformity in daily operations, thereby improving customer experience and safeguarding brand integrity. In the retail sector, for instance, SORs govern service delivery, merchandising, staff interactions, and payments, enabling franchisors to guarantee consistency across outlets (Callaci, 2021; Bui et al., 2023). This consistency becomes even more critical in healthcare, where standardized processes underpin quality assurance, patient safety, and regulatory compliance.

Empirical research affirms the role of SORs in enhancing franchise performance. Schweiger et al. (2020) demonstrated that structured routines, embedded within franchise network management, improve both franchisee and franchisor outcomes through mechanisms such as bonding and appraising. Similarly, Gillis et al. (2020) showed that standardized routines help reduce opportunism and free-riding, particularly in plural form franchise systems, where franchisors directly manage outlets alongside franchisees. In both cases, SORs serve as performance enablers by aligning operational practices with strategic objectives.

Beyond control, SORs also facilitate relational capabilities. Eser (2021) and Hendrikse et al. (2021) highlighted that trust and knowledge sharing are strengthened through standardized routines, which in turn enhance coordination, satisfaction, and franchise survival. These findings resonate with healthcare franchising, where quality management depends not only on written protocols but also on collaborative knowledge transfer between franchisors and healthcare entrepreneurs.

From a configurational perspective, Perdreau et al. (2023) showed that routines integrate with ownership strategies and adaptive capacities to drive system-level success. Their findings emphasized that codified procedures minimize errors, improve resource allocation, and enhance productivity, attributes critical in healthcare delivery where resource scarcity is common. Luu et al. (2023), examining pharmaceutical franchises in Bolivia, further confirmed that SORs improve franchisee success by complementing dynamic capabilities and franchisor support. They also noted that cultural sensitivity moderates the effectiveness of SORs, an important consideration for Kenya's diverse healthcare markets.

In African contexts, SORs have also been shown to enable healthcare scalability and compliance. Perrigot et al. (2023), in Cape Verde, found that well-implemented SORs allow healthcare franchises to expand across multiple sites without compromising service quality. Similarly, Hsieh et al. (2020), studying Rwandan franchises, observed that SORs play a vital role in risk mitigation and regulatory compliance, embedding safety protocols and trust into franchise operations.

Taken together, these studies converge on the conclusion that SORs are essential for franchise performance because they promote consistency, efficiency, scalability, and risk management. However, despite global evidence, limited empirical work exists on how SORs shape the performance of healthcare franchises in Kenya, where entrepreneurs must navigate regulatory gaps, cultural diversity, and resource constraints. This gap underscores the need to examine how SORs, through mechanisms such as turnaround times, quality management, and procurement practices, affect the operational performance of healthcare entrepreneurs in the Kenyan context.

A key dimension of SORs is Standard Quality Management (SQM), which integrates knowledge management into operational routines to ensure efficiency and compliance. Artamonova et al. (2020), in the Russian context, found that systematic approaches to knowledge management strengthen quality control, particularly when aligned with regulatory frameworks. Mishra (2019), studying Norwegian healthcare and pharmaceutical institutions, showed that embedding knowledge management within quality systems not only improves performance but also builds sustainable organizational capacity.

## **Methodology**

This study adopted positivism on the premise that monitoring isolated events can lead to the development of useful data. As noted by Creswell (2019), positivism tries to add new information, construct concepts, and collect evidence to support generalizations. In terms of research design, the study employed a convergent parallel mixed-methods design, grounded in a positivist research philosophy, to investigate the influence of standard operating routine on the performance of healthcare entrepreneurship in Kenya. Quantitative data were collected via a structured questionnaire from a stratified random sample of 386 healthcare professionals registered with the Kenya Medical Practitioners and Dentists Council (KMPDC), with the data analyzed using descriptive and inferential statistics (regression and ANOVA) in SPSS version 26. Concurrently, qualitative data were gathered through key informant interviews with 38 board members and directors, selected via purposive sampling, and analyzed thematically to provide contextual depth. The research instruments were validated through pilot testing, and reliability was confirmed with a Cronbach's alpha above 0.7. Ethical approval was secured from the relevant national and institutional ethical review committee, and all ethical principles of research were strictly adhered to throughout the study.

## **Findings**

The findings are reported in the following sections in the order of demographics of the respondents followed by descriptive statistics, regression and finally analysis of variance.

### ***Demographic Characteristics***

The demographic profile of respondents indicates a relatively balanced gender distribution, with 52.6% male and 47.4% female. In terms of age, the respondents are well distributed across age brackets, with the largest group aged 21–30 years (26.7%), followed closely by 41–50 years (25.3%) and 31–40 years (24.9%), while 23.2% were above 50 years. Educational attainment shows that the majority of respondents possessed higher qualifications, with 24.2% holding Master's degrees and 22.8% Bachelor's degrees, while 18.9% had certificates, 15.1% diplomas, and 18.6% PhDs. Regarding job position, the largest category was staff (29.8%), followed by owners (26.0%), managers (23.5%), and partners (20.7%).

**Table 1**  
**Demographic Characteristics**

Variable	Indicator	Frequency	Percentage
Gender	Male	150	52.6%
	Female	135	47.4%
Age	21 – 30 Years	76	26.7%
	31 – 40 Years	71	24.9%
	41 – 50 Years	72	25.3%
	Above 50 Years	66	23.2%
Education	Certificate	54	18.9%
	Diploma	43	15.1%
	Degree	65	22.8%
	Masters'	69	24.2%
	PhD	53	18.6%
Job Position	Partner	59	20.7%
	Owner	74	26.0%
	Manager	67	23.5%
	Staff	85	29.8%

### *Descriptive Analysis*

#### *Standard Operating Routines*

The standard operating routine was assessed through four constructs namely standard turnaround times, standard quality management, standard material procurement, and standard patient care programs. These constructs were assessed using a 5-point Likert scale, where 1 represented Strongly Disagree, 2 Disagree, 3 Moderately Agree, 4 Agree, and 5 Strongly Agree. The data analysis involved calculating the mean score of responses, which was then interpreted as follows: 1.0–1.4 (Strongly Disagree), 1.5–2.4 (Disagree), 2.5–3.4 (Moderately Agree), 3.5–4.4 (Agree), and 4.5–5.0 (Strongly Agree). The findings are reported in terms of the constructs starting with the standard turnaround time followed by quality management standards

#### *Standard Turnaround Time*

The results in Table 2, indicate that respondents moderately agree that the franchisor's quality management guidelines contribute to maintaining high service standards and improving patient satisfaction, as shown by the composite mean of 3.60 (SD=1.11).

**Table 2**  
**Standard Turnaround Times**

Standard Turnaround Times	Mean	Std. Deviation
Required to follow specific turnaround times that improve service efficiency.	3.66	1.07
Adhering to set turnaround times has positively impacted our service delivery.	3.57	1.10
The turnaround time standards set by the franchisor align with customer expectations.	3.57	1.16
Composite Mean	3.60	1.11

*Standard Quality Management*

The results indicate that respondents moderately agree that following the franchisor's quality management guidelines supports high service standards and improves patient satisfaction. The composite mean of 3.60 and standard deviation of 1.11 indicate an overall positive perception of the franchisor's quality management, though with some degree of variability in individual experiences (Table 3).

**Table 3**  
**Standard Quality Management and Performance**

Standard Quality Management	Mean	Std. Deviation
Business is conducted in accordance with the franchisor's quality management guidelines.	3.48	1.11
High service standards are successfully maintained via the quality management procedures.	3.66	1.10
Patient satisfaction benefits from the franchisor's quality requirements	3.65	1.12
Composite Mean	3.60	1.11

*Standard Material Procurement*

The results in Table 4 suggest that respondents moderately agree that standardized procurement procedures contribute to operational consistency and material quality, as reflected in the composite mean of 3.60 (SD=1.08).

**Table 4**

*Standard Material Procurement and Operational Performance*

Standard Material Procurement	Mean	Std. Deviation
Follow standardized procurement procedures for materials as outlined by the franchisor.	3.60	1.06
The franchisor's procurement standards ensure we receive high-quality materials.	3.61	1.11
Standardizing material procurement has improved consistency in our operations	3.58	1.09
Composite	3.60	1.08

*Standard Patient Care Programs*

The results in Table 5 indicate that respondents moderately agree that standardized patient care programs contribute to improved healthcare service delivery, as shown by the composite mean of 3.55 (SD=1.12).

**Table 5**

*Standard Patient Care Programs and Operational Performance*

Standard Patient Care Programs	Mean	Std. Deviation
Follow the standardized patient care plans set forth by the franchisor.	3.62	1.08
The quality of care we offer is enhanced by the standardized patient care programs.	3.50	1.13
The care plans offered by the franchisor aid in efficiently controlling patient expectations.	3.53	1.15
Composite	3.55	1.12

*Operational Performance of Healthcare Entrepreneurs*

The results in Table 6 indicate a moderate to strong agreement among respondents regarding various aspects of their healthcare business performance. The composite mean of 3.56 suggests that, on average, respondents agree that their businesses are experiencing positive growth, efficiency, and patient satisfaction. Key areas such as revenue growth (M = 3.52, SD = 1.10), profitability improvement (M = 3.52, SD = 1.12), and customer retention (M = 3.52, SD = 1.12) reflect steady financial performance. Operational efficiency is also acknowledged, with resource optimization (M = 3.68, SD = 1.06) and cost management (M = 3.45, SD = 1.14) showing agreement, though with some variation in responses.

**Table 6**

*Operational Performance of Healthcare Entrepreneurs*

Operational Performance of Healthcare Entrepreneurs	Mean	Std. Deviation
The healthcare business has experienced consistent revenue growth over the past year.	3.52	1.10
The profitability of my healthcare business has improved significantly over the last year.	3.52	1.12
Effective optimization of resources in terms of staff, equipment, and supplies) to ensure operational efficiency.	3.68	1.06

Successfully implemented cost-management strategies to improve operational efficiency.	3.45	1.14
The quality of care and services provided by the business consistently meets or exceeds patient expectations.	3.59	1.11
Patients are served promptly and efficiently in my healthcare business.	3.55	1.11
The business has successfully adopted innovative technologies to improve healthcare delivery.	3.60	1.16
Proactive in adapting to new market trends and regulatory requirements in the healthcare sector.	3.60	1.10
The business has a high rate of returning patients, reflecting customer satisfaction.	3.52	1.12
The business receives a significant number of new patients through referrals from satisfied customers.	3.55	1.15
Composite Mean	3.56	1.12

*Regression on Standard Operating Routines and Operational Performance*

The results as summarized in Table 7 indicates that Standard Operating Routines in terms of quality management, turnaround time, patient Care Programs, among others, explain 64.2% of the variance in Operational Performance ( $R^2 = 0.642$ ), other factors outside of standard operating routines account for the remaining 35.8% of the variance, suggesting the need for additional predictors to improve the model's explanatory power.

**Table 7**

*Regression Results for Standard Operating Routines and Operational Performance*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.801a	0.642	0.641	0.23539

a Predictors: (Constant), Standard Operating Routines

Analysis of Variance was conducted to assess the overall significance of Standard Operating Routine on Operational Performance. The F-statistic (507.696) is large, and the p-value (Sig. = 0.000) and is significant at 99% confidence level, indicating that Standard Operating Routine in terms of standard care procedures, standard operating procures, among others, significantly explains variations in Operational Performance as summarized in Table 8. This thus confirms that Standard Operating Routine has a significant influence on Operational Performance, though other factors also contribute to the overall variation as revealed by the R-square value.

**Table 8**

*ANOVA Results for Standard Operating Routines and Operational Performance*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28.131	1	28.131	507.696	.000b
	Residual	15.681	283	0.055		
	Total	43.811	284			

a Dependent Variable: Operational Performance

b Predictors: (Constant), Standard Operating Routines

The regression was conducted to examine the effect of standard operating routines on operational performance. The constant value ( $B = 1.357, p = 0.000$ ) suggests that even without the influence of standard operating routines, operational performance maintains a baseline level. The unstandardized coefficient for Standard Operating Routines ( $B = 0.621, p = 0.000$ ) shows that for every one-unit increase in standard operating routines, operational performance is likely to increase by 0.621 units, holding other factors constant. The standardized coefficient (Beta = 0.801) confirms a strong positive influence an indication that standard operating procedures positively and significantly influences operational performance. The t-test was used to test the study hypothesis, that was stated as:  $H_0$ : Standard Operating Routine has no significant influence on the operational performance of healthcare entrepreneurship in Kenya. The high t-value (13.584) and significant p-value (0.000) provide evidence to reject the null hypothesis and conclude that Standard Operating Routine has a statistically significant influence on Operational Performance.

**Table 9**  
*Coefficients on Standard Operating Routine and Operational Performance*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.357	0.1		13.584	.000
Standard Operating Routine	0.621	0.028	0.801	22.532	.000

a Dependent Variable: Operational Performance

Qualitative results show that standard operating routines affected operational performance of healthcare entrepreneurs in Kenya wherein respondents opined that that SOPs aid in establishing uniform standards for patient care, reduction in errors and improving outcomes. According to the respondents, SOPs, such as standardized patient intake forms and infection control checklists and also ensure every patient receives uniform care. They further observed that maternal health SOP mandates a 5-step prenatal assessment, which has improved compliance with national guidelines and that standardized chronic disease checklists ensure that patient receives monitoring and dietary counseling. Additionally, that SOPs also contribute to early detection and risk management, with one respondent observing that mandatory prenatal ultrasound SOPs ensured early detection of high-risk pregnancies.

In terms of dental care, respondents opined that that standardized tooth extraction protocols reduced post-op infections. Participants also pointed out the role of SOPs in maintaining accuracy in diagnostics and assessments, as a one mentioned that standardized eye-testing charts ensure consistent vision assessments, while another one noted that standardized assessment forms track recovery progress for stroke patients. Additionally, SOPs enhance patient safety and operational efficiency, with participant stating that wound care SOPs standardized dressing changes, reducing infection rates and that dispensing SOPs with barcode checks reduced labeling errors to near-zero. Finally, participants also highlighted how standardized specimen labeling eliminated misdiagnoses from mix-ups. Overall, respondents were of the opinion that SOPs contribute to service uniformity, reduce clinical errors, and improve patient outcomes, ultimately enhancing operational performance in healthcare businesses.

Discussions further provided examples of how implementing SOPs has improved efficiency and reduced errors in operations. Many participants highlighted how SOPs streamlined processes and enhanced operational performance. A participant explained that implementing a lab test SOP with clear labeling and documentation steps reduced misdiagnoses, while also noting that “a billing SOP that automates invoice generation cut payment processing time by half, minimizing administrative bottlenecks. It was noted that an SOP for teleconsultations cut appointment no-shows during rainy seasons, demonstrating how structured routines help maintain patient engagement. Efficiency in clinical care was also improved, according to respondents wherein they observed that post-surgical recovery checklists shortened hospital stays, and that triage protocols cut emergency room wait times.

According to the respondents, SOPs have also enhanced patient safety, with for instance equipment sanitization eliminating cross-infection risks. Operational effectiveness extended to inventory and equipment management, as participant pointed out that inventory rotation SOPs eliminated expired stock losses, while, another one remarked that “an SOP for machine maintenance doubled equipment lifespan. Additionally, SOPs improved customer service, according to the respondents through reduction in customer complaints. Others noted emphasized the role of automation in patient engagement, explaining that automated appointment reminders improved patient attendance. Overall the qualitative results show that implementation of SOPs has standardized processes, minimized inefficiencies, and enhanced both service delivery and patient outcomes for healthcare entrepreneurs in Kenya.

## **Discussion of Results**

The findings reveal a strong agreement among respondents that compliance with turnaround time standards enhances service efficiency and responsiveness. This aligns with Bui et al. (2023), who argued that franchisors provide franchisees with structured operational roadmaps that guide daily processes, enabling precision and consistency in service delivery. Similarly, Perdreau et al. (2023) confirmed that well-designed SORs streamline activities, minimize errors, and optimize resource utilization, outcomes that are especially critical in healthcare enterprises where efficiency directly affects patient care. Respondents acknowledged that turnaround time standards reflect customer expectations, reinforcing findings by Perrigot et al. (2023) that SOPs enable healthcare franchises to scale successfully while preserving service quality and consistency. By codifying best practices, franchisors ensure that multiple outlets replicate proven models without compromising brand integrity, thereby supporting both growth and patient satisfaction.

On quality management, respondents moderately agreed that they operate in line with franchisor guidelines. Consistent with Hsieh et al. (2020), this study confirms that SORs embed compliance and risk mitigation strategies into daily operations, enabling healthcare entrepreneurs to manage regulatory obligations, safeguard patient safety, and maintain trust. Luu et al. (2023) similarly demonstrated that quality-oriented SORs, when combined with franchisor resources and franchisee dynamic capabilities, significantly improve franchise performance. Importantly, the study found that cultural sensitivity moderates these effects, an insight relevant to Kenya’s diverse healthcare market. Respondents also emphasized that franchisor-defined procurement procedures ensure access to high-quality materials, enhancing both operational consistency and patient outcomes. This resonates with Artamonova et al. (2020), who highlighted the role of systematic knowledge management in supporting quality control, and Mishra (2019), who found that integrating human resource development with quality management strengthens healthcare performance. Standardized procurement reduces

variability in supplies, which is crucial for medical service delivery where consistency and reliability are paramount.

In terms of patient care plans, the study found that SOPs enhance uniformity, reduce errors, and improve treatment outcomes. Interviews with respondents revealed that care provide clinicians with structured guidelines that foster reliability in service delivery and help manage patient expectations effectively. This finding supports Bui et al. (2023), who stress that SOPs ensure precision in operations, and Perdreau et al. (2023), who argue that standardized procedures improve operational productivity by reducing ambiguity. Quantitative analysis confirmed the robustness of these relationships. The results also showed a strong positive correlation ( $r = 0.801$ ,  $p < 0.01$ ) between SORs and operational performance, indicating that structured routines significantly enhance efficiency and service quality. The regression results demonstrated that SORs explain 64.2% of the variance in operational performance ( $R^2 = 0.642$ ), with a standardized coefficient (Beta = 0.801) and unstandardized coefficient (B = 0.621) indicating that every unit increase in SORs translates into a 0.621-unit increase in operational performance. The high F-statistic (507.696) and significant p-value (0.000) confirm the predictive strength of the model. These results align with previous studies as emphasized by Artamonova et al. (2020) emphasized the role of systematic routines in ensuring quality management, while Mishra (2019) showed that embedding SOPs in healthcare institutions improves efficiency by integrating knowledge and human resource management. Collectively, these findings demonstrate that SOPs not only standardize healthcare operations but also create a foundation for sustainable performance by embedding efficiency, compliance, and patient-centered care into franchise practices.

## **Conclusion**

This study concludes that structured processes contribute to consistency, service quality, and patient satisfaction. Standardized procedures in quality management, procurement, patient care, and diagnostics ensure uniformity, reduce clinical errors, and improve healthcare outcomes. Additionally, insights from healthcare entrepreneurs reinforce the benefits of SOPs including reduction in misdiagnoses, enhancing workflow efficiency, and minimizing administrative bottlenecks. By streamlining operations and ensuring compliance with best practices, SOPs not only optimize service delivery but also strengthen patient safety and business sustainability. The variability in respondents' perceptions suggests that while SOPs offer clear advantages, their implementation and effectiveness may be influenced by organizational commitment and contextual factors within the healthcare landscape.

## **Recommendations**

Franchisors should provide comprehensive training programs to ensure consistent adherence to SOPs across all operational areas, including patient care, procurement, and quality management. Additionally, leveraging technology such as automated invoicing, telehealth systems, and digital inventory management can further streamline processes and reduce inefficiencies. Regular audits and feedback mechanisms should be established to assess SOP compliance and identify areas for improvement. Furthermore, policymakers should support healthcare entrepreneurs by providing regulatory guidance and incentives for adopting standardized procedures. By fostering a culture of continuous improvement and ensuring SOPs are effectively integrated into daily operations, healthcare businesses can achieve greater efficiency, improved patient outcomes, and long-term sustainability.

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