MANAGEMENT PRACTICES AND CHANGE IMPLEMENTATION IN PUBLIC HEALTH FACILITIES IN THARAKA NITHI COUNTY, KENYA

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DECEMBER, 2018
DECLARATION

This research project is my original work and has not been presented for a degree in any other university. No part of it may be reproduced or transmitted in any manner without permission in writing from the researcher or Kenyatta University.

Signature___________________________________Date___________________________

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This research project has been submitted for examination with my approval as the appointed university supervisor. I confirm that the work reported in this research project was carried out by the candidate under my supervision.

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DEDICATION

This research project is dedicated to my spouse, Simon Kamau and my children Glory Kendi, Emmanuel Muthomi and Blessing Nkatha. I would like to thank them for their prayers, patience, understanding and encouragement during the period of preparing this research project.
ACKNOWLEDGEMENT

I acknowledge the Almighty God for His blessings and good health during the period of preparing this research project. Further, I acknowledge my supervisor, Mr. Henry Kegoro for his academic insights and positive criticism of this research project. I also wish to thank my friends and classmates for their positive encouragement while preparing this research project.
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OPERATIONAL DEFINITION OF TERMS

Communication Style is a technique which organizations use to communicate policies to employees. Communication styles may include upward approach, downward approach, formal approach and informal approach.

Change Implementation is a state in which an organization (public health facilities) translate or execute newly formulated policies into action. It is a transition where an organization moves from the old state to a new state by embracing new policies, models or practices intended to enhance service delivery. The selected metrics of change implementation includes efficiency, effectiveness, customer satisfaction, accountability.

Employee Training is a systematic process of equipping employees with the necessary skills, knowledge and capabilities in order to perform their duties in a more efficient and effective manner. The selected metrics of employee training involves skills, knowledge, abilities and participation.

Leadership style is the activity of leading a group of people or an organization or the ability to do this. Leadership styles adopted in this study includes democratic style, laissez-faire style and authoritative style.

Management Practices are initiatives that can facilitate effective change implementation in an organization such as communication styles, leadership styles and employee training.
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<td>CHMT</td>
<td>County Health Management Team</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GoK</td>
<td>Government of Kenya</td>
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<tr>
<td>KHPF</td>
<td>Kenya Health Policy Framework</td>
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<td>KHSSP</td>
<td>Kenya Health Sector Strategic and Investment Plan</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NGO</td>
<td>Non-Governmental organization</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>WHO</td>
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ABSTRACT

Organizations are always trying to adapt, survive, perform and influence in a turbulent business environment which is characterized by unpredictable changes. In any case, success is not always accomplished without effective management practices. Inappropriate change implementation has not only contributed deteriorating organizational performance but unmeasurable dysfunctional conflicts and unhealthy competition within employees of the organization. Even though limited studies have been conducted internationally and locally, it is observed that limited studies have been conducted in the public health sector in Kenya thus pertinence of this study to establish the effect of management practices and change implementation in public health facilities in Tharaka Nithi County. The purpose of this study was to establish organizational practices on change implementation in public health facilities in Tharaka Nithi County. The specific objectives that guided this study were to establish the influence of leadership style, communication style and employee training on change implementation in public health facilities in Tharaka Nithi County. This study was anchored on Lewin’s Change Management Model, Ricky Griffins theory and Human Capital theory. Descriptive research design and stratified sampling technique was used. The target population of the study was 1800 respondents while the sample size was 379 which was determined by using Nassiuma’s formula. Questionnaires with open and closed ended questions were used to collect primary data. Statistical Package of Social Sciences (SPSS version 24) was used to analyze primary data descriptively. To test the statistical relationship between variables, correlation and multiple regression methods were conducted at 95% confidence level. The analyzed data was presented in form of tables and figures. The findings of the study revealed that there exists a positive significant relationship between leadership, employee training and communication on change implementation in public health facilities in Tharaka Nithi County. The study concludes that despite the fact that leadership, employee training and communication influenced change implementation, to some extent most of the public health facilities were challenged to implement new changes due to inappropriate leadership, inadequate employee training on poor communication among key stakeholders. This study recommends that for effective change implementation in public health facilities in Kenya, the government should ensure that appropriate policies are developed to ensure that medical officers including doctors, clinical officers and nurses are equipped with management skills before and after graduating from their respective medical institutions. To develop capacity and promote operational efficiency and effectiveness in public health facilities in Kenya, all medical staff should be equipped with management skills and knowledge by attending on the job trainings. Management of public health facilities should ensure that individuals who are appointed to implement projects initiated by the County in partnership with the National government have leadership qualities that will make them influence other stakeholders in order to achieve results. In addition, leaders of public health facilities should ensure that effective structures are put in place which can facilitate bottom up and top down communication among workers thus effective change implementation.
CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In the world of competition, changing consumer needs, influence of technology and globalization, change implementation in an organization is not only considered a success but also a challenging task if not effectively managed (Sethuraman & Suresh, 2014). Large and small organization are driven by effective implementation of change if appropriate organizational practices are embraced (Nanjundeswaras & Swamy, 2014). Even though change implementation is associated with multiple factors in an organization, change has been viewed as an idea that is consistent and runs through all organizations regardless of size, industry and age. Without effective strategies in an organization, change implementation in private and public organizations is viewed to be a challenging task (Kariel, 2016).

A survey by United Nations Industrial Development Organization (2010) in the United States observed that public health facilities in developing countries were experiencing challenges of change implementation due to lack of appropriate mechanisms. Further, another survey by World Health Organization (2015) in India noted that change implementation in any organization is dependent on multiple internal factors such as leadership, employee training, communication, organization culture and management styles. Aarons, Ehrhart, Farahnak and Hurlburt (2015) in India observed that organizational desire to implement change is
accelerated by firm rivalry, globalization, client changing demands and emergence of new technologies.

Further, Karuhanga, (2015) in Uganda observed that strategy implementation was thought to be influenced by strategic competencies of leaderships. Similarly, Alshaher (2013) in Somalia observed that most of the private and public organizations were incapable of implementing new changes due to structural inertia and failure to articulate strategic planning. Odero Reeves and Kipyego (2015) posits that public health sector in Kenya has experienced a transformational change due to devolution of healthcare services to County Governments.

Mathooko and Ogutu (2014) assert that change in organizations is dragging due to lack of strategic approach and dedicated leaders. Institutionalization of change in any competitive organization is purely dependent on leadership spirit to create a climate that enhances two-way communication. Similarly, Ofori and Atiogbe (2012) ascertain that market dynamics have made it difficult for higher institutions of learning to implement new policies in order to compete in the global education sector. The development of modern economies has presented impeding business opportunities for many private and public organizations. Many organizations worldwide are recognizing the importance of accepting the aspect of change and also realizing that if they fail to implement change they will become extinct or irrelevant (Alshaher, 2013).

Change has continued to remain a challenging task to modern organizations. Majority of change initiatives in organizations have failed leading to low success rate in change
Choosing the correct point is not a simple assignment, and there is no single right response for all organization (Bakar, Tufail, Yusof & Virgiyanti, 2011).

Cuganesan, Dunford and Palmer (2012) contend that the leader's spirit, insight, wisdom, compassion, values, and learning skills are all important facets in the capabilities to lead others to embrace change. The leader who prompts change within a firm is often subject to approximate thought. Without strong leadership, effective organizational change may be unrealistic course to pursue. Managing change in an effective manner requires change leaders that can lead a team which has the courage to drive change properly in an existing system (Achitsa, 2014).

Despite the fact that organizational practices adopted by organizations influences change implementation, it is observed that there is no clear understanding on the link between leadership styles, communication styles and employee training on change implementation in public health facilities in Kenya thus pertinence of this study to uncover the knowledge gaps in this. Based on controversial findings from limited studies conducted by Bijuna, Mohan and Sequeira (2016); Omboi and Mucai (2011); Ombui, Mwende and Kariuki (2014); Okibo and Agili (2015), this study will aim to focus on organizational practices on change implementation in public health facilities in Kenya.
1.1.1 Management Practices

Management practices are described as initiatives that employees of an organization can adopt in order to implement change more effectively (Aldehayyat & Khattab, 2013). Management practices selected in this study and thought to influence change implementation in public facilities in Kenya includes leadership styles, communication styles and employee training (Abok, 2013). Aldehayyat, (2011) posits that leadership styles are techniques employed by leaders or managers in an organization in order to influence employee behaviours towards organizational goals. The ability of managers to have unique qualities to influence employees will result to improved organizational productivity in the changing business environment (Aldehayyat & Khattab, 2013). Using a combination of management styles like democratic, bureaucratic, free style, management by objectives and management by walking around will facilitate change implementation in an organization (Maina, 2012).

Communication style is thought to be a process by which information is communicated from one level to another in a formal system (Jehad, Aldehayyat & Naseem, 2012). Communication systems in organizations are considered to be different depending on the flexibility of the structure. Organizational with centralized structures are more likely to experience resistance to change compared to organizations with decentralized structures that facilitate coordination of activities from one unit to another thus team spirit (Obonyo & Arasa, 2012).

Odongo and Owuor (2015) postulates that employee training is considered as the process of improving the existing knowledge, exposure and general performance abilities in an
individual. Training is an organized increase of the know-how skills and sensations needed for staff members to execute efficiently in the offered process, as well as, to operate in underling situation. Flavián and Guinalfu (2015) argue that satisfied employees are likely to adapt to changes more easily compared to dissatisfied workers.

1.1.2 Change Implementation

Change is regarded as a continuous process that is concerned with renewing of institutions’ direction, structure and capabilities to achieve the ever changing needs of both external and internal consumers (Okibo & Agili, 2015). Change can be viewed as feature that organizations cannot avoided because of its continued presence in the organizational life (Odongo & Owuor, 2015). Overseeing change incorporates understanding the drivers of the change and developing methodologies to control both internal and external effects on the organization while assessing human elements especially attitudes and practices of individuals involved and organizational psychology (Obonyo & Arasa, 2012).

Change management approaches have demonstrates that due to the uniqueness of organizations there is no one general theory that clarifies organizational change and that overseeing change is always context dependent (Kinyanjui & Juma, 2014). Abdalkrim (2013) asserts that organizational change is difficult in the light of the fact that change needs to do with people issues. Organizational change is seen to be difficult as a result of the aspect of the delicate issues also known as people issues. People are constantly known to oppose change and consequently making change more difficult as they are the implementers of the change (Mostovicz et al., 2009).
Aldehayyat (2011) argues that change comes at a cost and henceforth, it is almost certainly to receive some resistance. An organization may have obviously thoroughly considered the inception or change formulations stage, however, if the change is not well executed it may not actualize. The implementation stage is characterized by doing things differently (Adesina & Ayo, 2010). Abok (2013) contends that change implementation can turn out badly particularly if those that are charged with implementation do not consider the proposed change to be the most effective or most appropriate action.

1.1.2 Public Health Sector in Kenya

Everywhere throughout the world, there is pressure on the governments to offer more productive, effective and practical health services to its citizenry (World Health Organization Report, 2014). Change initiatives have cleared through governments bringing news about endeavors to reevaluate, transform, or change government health organizations (KIPPRA, 2015). In the developing world, change management has also been believed to radiate in all spheres of the public sector. The health sector reform initiatives have been run under healthcare change programs. Africa particularly has had a turbulent change condition that has shaped the change management process in the health sector over the last 50 years (Ministry of Health Report, 2015).

The Kenyan government endorsed the Kenya Health Policy Framework (KHPF) as a framework for developing and administering health facilities (KIPPRA, 2015). The framework outlines the long-term key goals and the plans for Kenya’s health sector. In Kenya, there have been progressions of major health sector changes over the last three decades in perspective of the standards of decentralization, community participation, and
inter-sectoral coordination. In 2010, a new constitution was promulgated through a nationwide public referendum and it accommodates devolution of some of the administrative capacities from the national level to semi-independent counties countrywide (Ministry of Health, 2015).

These are regulated by elected county pioneers. Counties have the authority to prioritize and allocate resources got from the national level, collect local level taxes and undertake other types of local resource mobilization to reinforce service provision. This initiative has altogether changed government operations across the devolved sectors, including healthcare in the public sector (KIPPRA, 2015). The new constitution additionally created a maximum number of ministries for the country and in this way; the coordination of health services has been reverted back to the Ministry of Health.

The government has additionally pledged to cancel the current user fee policy making services free in health centers and dispensaries and to present free maternity care throughout the health system, despite the fact that if, when and how this will happen stays hazy (Government of Kenya Report, 2012). These health sector governance changes have essential ramifications to the outline, implementation and impact of service delivery to the Kenyan citizenry (MOH, 2015).

These changes have additionally come with overwhelming difficulties. A survey of implementation experience to date ought to help in the future planning of the reforms envisioned in the health sector, including identification of key variables influencing strategic implementation in the public health sector. The present constitutional dispensation
introduced the most anticipated hope for Kenyans of ‘bringing services closer to the people’ (KIPPRA, 2015)

1.1.3 State of Health Sector in Tharaka Nithi

Many of the health problems in Africa are evident in Kenya. According to the WHO Global Health report (2015), Kenya has a population of about 43 million people, with more than 42% of its populace being children under fifteen years of age. The report additionally expresses that the under-five mortality rate still stands at 73 per 1000 live births. Life expectancy for males and females is 58 and 61 years, respectively. Kenya also only spent 4.5% of its GDP in 2011 on health (WHO, 2015).

The organization of the health care system is divided into central, provincial, district, and rural levels. After the political crisis in 2007, the Ministry of Health was divided into two branches: the Ministry of Medical Services and Ministry of Public Health (KIPPRA, 2015). Tharaka Nithi County, like most other Counties in Kenya, since the devolution of health sector has been grappling with numerous health challenges. Such challenges range from health infrastructure, emergency response and rescue, health supplies and health workforce among other key challenges (MOH, 2015).

The county is faced with challenges on the referral systems, decentralization of staffing roles, and the implementation of the devolution process. It is worth noting that healthcare is an essential service, which must be implemented cautiously when the counties have the capacities to run it, including ability to manage and pay their own healthcare providers. Under the devolved health system in Tharaka Nithi County, there is the County Health
Management Team (CHMT), Sub County Health Management teams, health facilities and the various community health units (KIPPRA 2015).

Ministry of Health Report (2015) point out that it is important to recognize that implementation of County health programme is critical to the attainment of the highest possible health standards in a manner responsive to the population needs. There is need for allocating sufficient financial resources for the implementation of County health programme interventions. Lessons learnt so far indicate that the national government still have strong say into what budgets are allocated to what County, including what parameters underpin the size of the budget. With limited financial resource base coupled with huge financial demand from other sectors, the risk of Counties allocating insufficient finances that is not able to fund healthcare within the County is imminent (KIPPRA, 2015).

The remaining option is to seek funding from other sources to bridge the gap to support healthcare (MOH, 2015). Recruitment and hiring of staff for devolved functions are the counties’ responsibilities. It remains unclear on what the Ministry of Health will be able to do to support the efficient management of the healthcare workforce and ensure that the poorer Counties retain their best staff. Key areas of concern include availability of appropriate and equitably distributed health workers, attraction and retention of required health workers, improving of institutional and health worker performance, and training capacity building.

According to GoK (2015), key human resources issues and their impact on the health system include; low and possibly declining levels of medical human resources, geographic
imbalances where urban areas have higher concentrations of trained healthcare personnel than rural areas, imbalance of skills’ mix and poor skills and high degree of absenteeism. Effective decentralization must recognize the vital role of stakeholders in resource mobilization and the process of planning and implementation of health programmes.

County health programme put in place mechanisms of bringing all stakeholders together in defining health priorities and resource requirements for effective service delivery and to establish common planning, implementation, disbursement, reporting and accounting systems, based on existing government arrangements (MoH, 2015). The central level likewise incorporates the two national hospitals, Kenyatta National Hospital and Moi Teaching and Referral Hospital that are used for teaching and dissemination of care. At the provincial level, a Provincial Medical Officer is assigned to each of the eight provincial hospitals that correspond to the number of provinces in the country.

The district hospitals then serve as a closer referral and medical centers and typically have a District Medical Officer staffed there. The rural division includes health centers, government dispensaries, and clinics (MoH, 2014). The state of the health sector in Tharaka Nithi County has been marred with various challenges since the onset of devolution. These include various strikes by the medical staff, complaining of delayed salaries, delayed promotions, and poor working conditions. These grievances are mostly aired to the county health ministers (Onyango, 2014). However, the problem with the health sector is largely attributed to the fact that it’s a devolved function and there seem to be challenging during its transition from the national government to the County government (KIPPRA, 2015).
1.2 Statement of the Problem

According to KPMG (2013), public sector in Kenya and more specifically public health facilities in Kenya are experiencing key challenges such as service delivery inconsistencies, employee strikes, inadequate number of medical officers to attend patient needs, inadequate medical facilities to provide specialized treatment to patients. Further, Ministry of Health (2015) established that with the devolved health system, majority of the public health facilities are dragging behind implementation new changes.

Similarly, a comparative survey conducted by World Health Organization across East African Countries on the status of public health, it was observed that majority 79% of the services provided by public health facilities in Kenya were unsatisfactory due to issues of change implementation. Even though limited studies have been conducted in the health sector to examine the link between organizational practices on change implementation, it is observed that there is no clear understanding on the link between leadership styles, communication styles on change implementation in public health facilities in Tharaka Nithi County.

A study by Okibo and Agili (2015) sought to examine factors influencing implementation of change in selected public universities in Kenya. In contrast, this study will seek to investigate the organizational practices on change implementation in public health facilities in Tharaka Nithi County, Kenya. Moreover, Ombui, Mwende and Kariuki (2014) studied factors

From the findings of the empirical studies conducted by Okibo and Agili (2015); Ombui et al. (2014); Maina (2012); KIPPRA (2015); KPMG (2013) and MOH (2015), it is concluded that the studies examined variables of the current study partially or in isolation thus posing conceptual gaps to be addressed. Further, some studies were confined to different countries and sectors thus posing contextual gaps to be addressed by this study. Additionally, constraints of operationalizing and contextualizing theories pose theoretical gaps to be addressed and variability of research designs, sampling designs and data analysis methods resulted to inconsistencies in research findings thus methodological gaps to be addressed by the current study. Based on this research gaps, it is on this premise this study sought to establish the role of organizational practices on change implementation in public health facilities in Tharaka Nithi County.

1.3 Objectives

1.3.1 General Objective

The general objective of this study was to establish the management practices and change implementation in public health facilities in Kenya.
1.3.2 Specific Objectives

The specific objectives of this study were;

i). To establish the effect of leadership style on change implementation in public health facilities in Tharaka Nithi County.

ii). To establish effect of communication style on change implementation in public health facilities in Tharaka Nithi County.

iii). To determine the effect of employee training on change implementation in public health facilities in Tharaka Nithi County.

1.4 Research Questions

The study sought to answer the following research questions:

i). How does leadership style affect change implementation in public health facilities in Tharaka Nithi County?

ii). How does communication style affect change implementation in public health facilities in Tharaka Nithi County?

iii). How does employee training affect change implementation in public health facilities in Tharaka Nithi County?

1.5 Significance of the Study

The findings and recommendations this study may enlighten and supplement efforts of the management of public health facilities in improving service delivery. The residents of Tharaka Nithi County and Kenya at large may benefit from the findings of this study based
on the fact that with effective implementation of change in public health facilities, there may be improved healthcare services. The county government may also benefit from this study by gaining information on the issues affecting strategic change management thereby solving disputes between the county governments and their staff.

The study may assist the senior, management and subordinate staff to benefit from improved working conditions and motivation from the County governments. The findings may help the general public to be aware of the nature and manner of service delivery in public health facilities. The information may help policy makers such as the ministry of health in Kenya and other health agencies such as World Health Organization in formulating policies that would stimulate change implementation in public health facilities in Kenya. The information may help scholars and researchers in identifying research gaps thus enrich their literature and existing theories in the field of strategic change management.

1.6 Scope of the Study

The study was carried out in Tharaka Nithi County to establish the management practices on change implementation in public health facilities. The specific objectives of the study were to determine the effect of leadership, communication styles and employee training and change implementation. Tharaka Nithi County was chosen as the appropriate areas of study because of proximity and the frequent strikes and unsatisfactory healthcare services provided in public health facilities. This study was carried out for a period of three months (June-August, 2018 and a final report was compiled to help in making strategic decisions to solve the problem.
1.7 Limitations of the Study

Despite limited studies conducted to focus on the organizational practices on change implementation, the study sought to review related studies that examined variables of this study in a combined way on change implementation in public health facilities in Tharaka Nithi County, Kenya. Non-cooperation from particular sections of participants that was witnessed was overcome by assuring respondents of confidentiality of information given and their privacy. Further, the objective of the study was articulated in advance before data collection. Inability of participants to fill some sections of the questionnaires was overcome by clarifying some issues before giving the intended information and this enhanced accuracy of the information collected.

1.8 Organization of the Study

The study is divided into three chapters. Chapter one highlights the background of the study, statement of the problem, the purpose of the study which explains what the study intended to accomplish, research objectives and research questions, the significance and limitation of the study. Chapter two discusses the theoretical review of the study, empirical review, summary of knowledge gaps and conceptual framework.

Chapter three presents the research design, target population, sampling procedure, sample size, data collection methods, validity and reliability of the research instruments and finally data analysis and presentation method. Chapter four of the study covers the research findings, interpretations and discussions with reference to findings of previous empirical studies conducted locally and internationally. Finally, chapter five presents summary of research findings, conclusions, recommendations and suggestion for further research.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents an overview of the theories which informs the study, empirical review section that discusses related studies conducted globally, regionally and locally. Further, the chapter illustrates summary of knowledge gaps and conceptual framework that depicts on the interrelationship between variables of the study.

2.2. Theoretical Review

This study was anchored on the theory of planned change and supported by Lewin’s change management model, Ricky Griffin’s theory and human capital theory as discussed.

2.2.1 Theory of Planned Change

According to Lewin (1951), the pace of global, economic and technological advancement makes change an inescapable component of organizational life. Organizations can utilize planned change to tackle issues, to learn from experience, to reframe shared discernments, to adjust to external environmental dynamics, to enhance performance, and to have an impact on future changes (Ombui et al., 2014). All approaches to organizational advancement depend on some theory about planned change. The theory portrays the different stages through which planned change might be effected in organizations and clarifies the way toward applying organizational strategies to help organization individuals manage change (Omboi & Mucai, 2011). The theory is extensively applied in strategic change management.
literature based on the assumption that change is likely to take place in an organization if effective planning is embraced by top leaders (Onyango, 2012).

The theory argues that planned change consists of three phases which includes unfreezing, changing and re-freezing. It emphasizes that understanding the change process improves the probability of accomplishment in a change initiative (Otiso, 2008). Lewin identified the equilibrium between restraining and driving forces. For him, a change happens at a point where driving forces push back controlling forces to a minimum or achieve ‘semi-stationary equilibrium (Rajasekar, 2014). The theory proposes that the organization’s present state ought to be disrupted to accomplish a new equilibrium (unfreezing stage). Unfreezing requires the transfer of a considerable amount of resources to overcome a powerful system of forces, which maneuvered the organization into the present state (Sethuraman & Suresh, 2014).

It expects to reduce opposing forces or increase the driving forces. The change agents then embark on moving the organization towards the required state. It includes the actual implementation of a new social framework. At last, the change managers re-freeze the new state (Wessel & Christensen, 2012). Force field analysis is a straightforward model to comprehend and use. In any case, it represents a unidirectional model of change that is a distortion of reality (Ofori & Atiogbe, 2012). Change is a dynamic and complex process, which cannot be rendered immobile. It does not comply with the contemporary requirements of continuous change and perpetual transition culture.
Change from national government to devolved County governments required planned structural adjustments that would fit in those units (Mbaka & Mugambi, 2014). Unfortunately, there were hiccups in the transition from national to County governments that necessitated this study. This theory was applicable this study on the assumption that public health facilities are likely to implement changes if they embrace communication styles.

2.2.2 Kurt Lewin’s Change Management Model

This model was established by Kurt Lewin in 1950s. The theory proposed that the majority of people tend to prefer and operate within certain zones of safety (Mopeni et al., 2014). The three stages proposed by Kurt Lewin for effective implementation of reforms in any organization were unfreezing, transition and refreezing. First, managers must unfreeze or disrupt any comfort zone that may tend to support the status quo. Managers should discourage old practices among workers and replace them with new practices for effective implementation of reforms (Mostovicz et al., 2009)

Second, managers should ensure that appropriate policies and initiatives are implemented for the organization to realize transition from old state to the new state. Leaders should manager the change process and identify obstacles that hinder the reform process and suggest appropriate measure to be taken. Third, managers should refreeze or reinforce new behaviours after implementation of reforms (Mbaka & Mugambi, 2014). Managers should encourage new reforms by training workers, delegating, promoting, rewarding and recognizing employee efforts towards implementation of reforms. According to Kurt Lewin all employees should comprehend what is expected of them correctly during any reform process and keeps a strong focal point in the area of communication, accountability and
transparency. The fundamental aspects employees should keep in mind when going through any form of an organizational reform process is that they should be flexible to accept new practices and be part of the reform process (Obonyo & Arasa, 2012).

To achieve any strategic objectives, reforms are necessary for private and public entities in the competitive business sectors (Ofori & Atiogbe, 2012). Effective communication between the top level managers and lower level employees promote implementation of reforms in any organization (Okibo & Agili, 2015). Interaction in the planning process for reforms is essential as well as it gives an opportunity to minimize change resistance in the system. For systemic and individual acceptance of reforms, employees are the key determinants of any successful change (Ombui, Mwende & Kariuki, 2014). This theory was applicable in this study based on the assumption that public health facilities are likely to implement changes if they management embraces communication styles.

2.2.3 Ricky Griffins Theory

According to Griffin (2007), organizational change implementation is determined by internal factors that include; leadership, styles of management, employee skills, structure of the organization, information control systems, technology in use and culture among other factors. According to the model, strategic leadership is the fundamental perspective of successful change implementation among organizations operating in the turbulent business environment (Kinyanjui & Juma, 2014). Ricky Griffin’s model suggest that the main factors that influence organizational performance is organization Leadership styles which provides strategic vision or direction, communication effectively, enhance motivation of staffs and setting up team culture and value in an organization (Kariel, 2016).
Leaders offer direction and influences organization performance. An organization structure is another factor proposed by the model (Karuhanga, 2015). Organic structure that are decentralized enhance change implementation while mechanical structures that are centralized hinder effective change implementation of competitive firms. Decentralized structures enhance communication, transparency and accountability among leaders and employees in any organization (Kariel, 2016).

Division of labor, decentralization decisions within the organization create an environment that promotes employee participation, motivation and minimal resistance in the organization. Organization objectives are achieved by dedicated team of employees who are influenced by leadership qualities (Amaoko, 2012). The third factor is Technology. Proper use of technology, job designing can influence organization performance. Information control system, proper control system which includes financial budgeting, information system, proper rules and procedures will influence organization change implementation (Aarons et al., 2015).

Human Resource, recruitment of qualified personnel promotion, job enrichment will enhance organization performance. This model is relevant to this study because clearly indicates the relationship between variables of the study (Alshaher, 2013). The factors that influence change implementation according to the model includes leadership, structures, technology, information control system and human resource. This model was applicable in this study based on the concept that leadership styles in public health facilities can influence change implementation if effectively embraced by leaders.
2.2.4 Human Capital Theory

The theory was founded by Becker’s (1993). The theory argues that there are different kinds of capitals that include schooling, a computer training course and expenditures on medical care (Aarons et al., 2015). Becker noted that the most valuable of all capital is that of investment in human being. The theory point out that firm-specific human capital includes expertise obtained through education and training in management information systems, accounting procedures, or other expertise specific to a particular firm. The central tenets of the theory emphasize that competitive organizations have to consider investing in employee training and skills in order to implement new changes effectively (Aarons et al., 2015).

Resistance witnessed in organizations can be as a result of employee inability to perform or system inertia to facilitate communication and coordination of activities (Abdalkrim, 2013). Human capital arises out of any activity able to raise individual worker productivity. For workers, investment in human capital involves both direct costs, and costs in foregone earnings (Abok, 2013). Workers making the investment decisions compare the attractiveness of alternative future income and consumption streams, some of which offer enhanced future income, in exchange for higher present training costs and deferred consumption (Adesina & Ayo, 2010).

Returns on societal investment in human capital may in principle be calculated in an analogous way. Human capital can be an invisible asset reflect in creativity and innovation of the organization (Achitsa, 2014). Human capital can be a source of sustainable competitive edge if well managed in any organization (Esther, 2008). For organizations to achieve their short term and long term objectives, employee skills, knowledge and experience are
inseparable components. Efficiency and effectiveness in service delivery will only be achieved if organizations are capable of motivating employees using financial and non-financial rewards (Efendioglu & Karabulut, 2010).

To a larger extent, delegating responsibilities, promoting and training not only influence employee performance but general organizational productivity. Employee behaviour in an organization is purely dependent on their knowledge to understand the fundamental policies of the organization (Amaoko, 2012). This theory was applicable in this study based on the premise that employee training is one of the management practices that is thought to influence change implementation in public health facilities in Kenya if effectively managed.

2.3 Empirical Review

2.3.1 Leadership Style and Change Implementation

Obonyo and Arasa (2012) argue that good leadership is likely to influence the behavior of employees thus resulting to minimal employee resistance to change, promote team work, enhance communication and promote participative decision making from employees of the organization. Leadership skills is an umbrella term for specific abilities that enable you to coach, direct, motivate, evaluate and positively influence the work of others. Rather than avoiding challenges, leaders recognize them as natural occurrences on the path toward lofty goals. Perseverance in leaders helps keep employees poised in the midst of turmoil. The ability to develop and maintain positive relationships is paramount for a leader. The study was limited to strategic planning among manufacturing firms in Kenya.
Abok (2013) on the factors that influence the effective implementation of strategic plans in non-governmental organizations established that management styles affect the implementation of strategic plans in NGOs. The researcher found out that there was redundancy in as far as the implementation of policies is concerned although a significant percentage agreed that strategic plans were available, but they were not being implemented effectively.

Employees also quoted conflict of interests and attitude as one of the reasons that derail strategy implementation. However, the limitations of the study were that instruments of data adopted were not appropriate. Observation method was characterized by subjective statements that were inaccurate when making recommendations. However, the study was confined to implementation of strategic plans among Public Benefit Organizations in Kenya.

Ombui, Mwende and Kariuki (2014) on factors affecting effective implementation of strategic change at co-operative bank of Kenya established that success of any change initiative lies in the understanding of that change by employees. Change in any form, irrespective of how minor, will usually face opposition of some kind. Clearly when the decision to change is made, the change initiators will need to have a vision as to why it is required. Unless these visions are shared with the employees concerned, total acceptance is unlikely. To overcome this, change initiators can merge the change processes that include the ‘wants’ of employees as well as that of the organization. However, it was noted that the results of the study were limited to Cooperative banks of Kenya but not the public health sector of the current study.
Obonyo and Arasa (2012) suggest strategic leadership entails the leader’s ability to anticipate, envision, and maintain flexibility and to empower others to create strategic change as necessary. Leaders can apply a number of management styles to influence the behavior of employees. Democratic, autocratic, free style, management by objectives and management by walking around are some of the styles managers can use to achieve organizational goals.

Jehad, Aldehayyat and Naseem (2012) contend that many organizations, including the public health sector, are encountering and overseeing change which might be either planned or emergent. For effective change implementation, Amaoko (2012) acknowledge that leaders should have personality traits such as self-confidence, ambition, drive and tenacity, realism, psychological openness, the appetite for learning, creativity, fairness and dedication.

Abok (2013) opines that organizational learning is function that is dependent on the organizational ability to embrace effective leadership styles. With increased competition in the business environment, organizational leaders should not only focus on managing people to work but also manage the change process effectively by creating maximum awareness and the need for change. Poor implementation of change in any entity is not only attributed to poor leadership but also lack of appropriate mechanisms and structures to facilitate the change process (Adesina & Ayo, 2010).

2.3.2 Communication Styles and Change Implementation

Aldehayyat and Khattab (2013) argue that communication barriers are reported more frequently than any other type of barriers in any change implementation process. Organizational structure, learning, personnel, management and cultural barriers are some of
the challenges of effective change implementation process. Odongo and Owuor (2015) assert that organizational communication plays an important role in training, knowledge dissemination and learning during the process of strategy implementation. Communication is pervasive in every aspect of strategy implementation, as it relates in a complex way to organizing processes, organizational context and implementation objectives which, in turn, have an effect on the process of implementation.

Efendioglu and Karabulut (2010) posit that communication and shared understanding play an important role in the change implementation process. In particular, when vertical communication is frequent, strategic consensus is enhanced and an organizations performance improves. They explore vertical communication linkages as a means by which strategic consensus and performance can be enhanced. The corporate communication function is the department or unit whose purpose is facilitate strategy implementation through communication. This department can also serve as the antenna of an organization, receiving reactions from key constituencies to the strategy of the firm.

Kinyanjui and Juma (2014) suggest that communication is mentioned more frequently than any other single item that promote successful strategy implementation. The content of such communications includes clearly explaining what new responsibilities, tasks, and duties need to be performed by the affected employees. It also includes the why behind changed job activities, and more fundamentally the reasons why the new strategic decision was made firstly. Organizations where employees have easy access to management through open and supportive communication climates tend to outperform those with more restrictive communication environments.
Aldehayyat (2011) opines that formal communication is a communication system which is to achieve the organizational objective while the informal communication is the system to achieve individual objectives in an informal group. The formal communication is focused on doing the tasks or jobs which one has to take. Formal communication has a formal and well-defined structure. On the other hand, informal communication takes the informal talks and gathering among the employees (Abdalkrim, 2013). Similarly, Amaoko (2012) advocate that change implementation in any organization is dependent on the culture of communication between top and lower level of management.

Organizations with rigid structures are likely to be inefficient and ineffective compared to organizations with organic structures that facilitate communication and exchange of information within the system (Aldehayyat & Al Khattab, 2013). Organizations that have open door culture are more likely to productive than those organizations with closed systems of communication. Due to changing business environment, organizations are viewed to be environmental dependent. Without effective environmental analysis, organizations may find it quite challenging to implement new strategies formulated. Subsequently, if organizations fail to embrace best practices such as innovation and creativity, they cease to exist in totality (Amaoko, 2012).

2.3.3 Employee Training and Change Implementation

Šukle and Stojan (2012) suggest that maximizing the effectiveness of training and development, organizations must constantly assess their employees’ current training and development needs and identify training and development needs to prepare employees for their next position. This requires that organizations recognize that different employees will
have different needs and that these needs will change over time as these workers continue in their careers. Top management plays an ever increasing role to ensure that a knowledge-friendly culture is built in the organization. However, the study was confined to firms in Israel but not public health sector in Kenya.

Mbaka and Mugambi (2014) carried out a study on the factors that influence strategy implementation in the Kenyan water sector. The researchers found out that the employees in the public sector lack the capabilities, skills, and enthusiasm to drive the process of implementation. There is also an information gap between the strategy formulators and the staff. Hence, the employees barely understand what is expected of them. Further, the study established that resources rendered to the water sector are not adequate to facilitate full implementation of strategies. There has also been a notable technological gap in the water sector in Kenya, which makes implementation quite challenging. The limitations the study were ranged from relying on secondary data only that was biased, outdated and irrelevant. Theories adopted in their study were inappropriate with regard to the problem that was under investigation. Recommendations of the study were not based on findings. Ethical considerations were ignored.

Omboi and Mucai (2011) on the factors affecting the implementation of strategic management plans in government tertiary institutions identified that managerial behavior, resource allocation practices, reward management and institutional management policies as main influences of implementation of strategic management plans. The study focused in government tertiary institutions and it looked on implementation of strategic management plans as a dependent variable and not implementation of strategic plans in service centers in
Kenya. Armenakis (2013) contends that workers willingness for change is highly dependent on knowing and acknowledging the reasons and benefits of the change. Well-informed employees give credibility even to the reactions of a company faced with serious adverse publicity. Many predictors like change agent role, proper process, need for change, and the capability of organization, participation, culture, belief, environment, and commitment have been found to be related to employee readiness for change implementation.

In attitudinal resistance to change, an employee response depends on psychological rejection of change on the basis of need, whereas behavioral resistance probably relates to individual behaviors that reflect unwillingness to support the change or unwillingness to stay with the organization through this troubled time (KIPPRA, 2013). People do not necessarily resist change but instead resist the loss of status, pay, or comfort that may be associated with it. The response manifesting itself as by anger or fear constitutes resistance to change (Kinyanjui & Juma, 2014). Mbaka and Mugambi (2014) postulate that understanding employee behaviour and attitudes plays a very crucial role in order to develop relevant interventions to guide the change process. Organizational culture is not only able to guide behaviour and change attitudes within the work environment but also contributes to organizational performance.

Obonyo and Arasa (2012) argue that employee can develop different thoughts, beliefs, and attitudes regarding the organizational change. Training and development programs may be focused on individual performance or team performance linked to the core business. This requires that organizations recognize that different employees will have different needs that change over time as these workers continue in their careers (Odongo & Owuor, 2015).
Onyango (2012) established that majority of the public organizations are more likely to experience high level of resistance to change compared to private organizations due to centralized structures. However, despite extensive studies conducted on change implementation, it is observed that there is no clear understanding on the link between organizational practices on change implementation in public health facilities in Kenya thus pertinence of this study to fill the research gaps.

Table 2.1: Summary of Literature Review and Knowledge Gaps

<table>
<thead>
<tr>
<th>Author</th>
<th>Focus of the Study</th>
<th>Research Methodology and Findings</th>
<th>Knowledge Gaps</th>
<th>Focus on the Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Okibo &amp; Agili (2015)</td>
<td>Factors influencing implementation of change in selected public universities in Kenya</td>
<td>The study adopted descriptive research design and simple random sampling to select respondents of the study. Regression analysis method was used to analyze data. It was established that organization culture, structure and employee knowledge influenced change implementation</td>
<td>Independent variables of the study were culture, vision and skills</td>
<td>The study variables were leadership style, communication style on change implementation in public health facilities in Tharaka Nithi County.</td>
</tr>
<tr>
<td>Aarons et al. (2015)</td>
<td>Leadership and change implementation in Organizations</td>
<td>The study adopted a case study research design and purposive sampling technique to select 233 respondents of the study. Data was analyzed descriptively and findings revealed that there effect change was facilitated by teamwork, shared vision and leadership accountability.</td>
<td>This study was focused on university setting that is different from the health sector. The study adopted a case study research design,</td>
<td>The study focused on organizational practices on change implementation in public health facilities in Tharaka Nithi County. The study adopted descriptive</td>
</tr>
<tr>
<td>Authors</td>
<td>Title</td>
<td>Research Design and Sampling Technique</td>
<td>Findings</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Achitsa (2013)</td>
<td>Effects of leadership and management of strategic change at Equity Bank Limited Kenya.</td>
<td>Research design and stratified sampling technique</td>
<td>The study adopted positivist paradigm and stratified sampling technique to select 256 respondents. Data was analyzed using multiple regression. The study revealed a significant positive relationship between leadership and strategic change implementation.</td>
<td></td>
</tr>
<tr>
<td>Maina (2013)</td>
<td>Challenges of change management, as well as determine change management practices adopted by NBK.</td>
<td>Research design and simple random sampling</td>
<td>The study focused on a sole variable of the study and failed to examine the effect of communication style and employee training on change implementation in the public health sector. The study was adopted a case study as a research design and simple random sampling to collect data.</td>
<td></td>
</tr>
<tr>
<td>Mathooko &amp; Ogutu (2014)</td>
<td>Coping Strategies Adopted by Public Universities in Kenya in Response to Environmental Changes.</td>
<td>Correlational research design and factor analysis</td>
<td>The study adopted correlational research design. Data was analyzed using factor analysis method. The study found out that organization culture influences change implementation in public universities in a significant manner. Factor analysis was used to select respondents of public health facilities in Tharaka Nithi County.</td>
<td></td>
</tr>
<tr>
<td>Aldehayyat, (2011).</td>
<td>Organizational characteristics and the practice of strategic planning in Jordanian hotels.</td>
<td>Descriptive research design was adopted and quota sampling technique to select 75 respondents. Multiple regression was adopted. The study revealed that there exist a significant positive relationship between strategies and organization performance.</td>
<td>The dependent variables was strategic planning. Respondents were too small to make conclusions about the problem.</td>
<td>The dependent variable was change implementation in public health facilities in Tharaka Nithi County.</td>
</tr>
</tbody>
</table>

**Source:** (Literature Review, 2018)

### 2.4 Conceptual framework

Figure 2.1 illustrates the interrelationship between independent variables on the dependent variable. As depicted in Figure 2.1, the study established that leadership style, communication style and employee training had a positive significant influence on change implementation in public health facilities in Tharaka Nithi County, Kenya. Change implementation indicators of this study involved improved services, reduced change resistance and employee retention.

Leadership styles that influenced change implementation involves democratic style, laissez-faire style and authoritative style. The study identified that communication style such as
upward and downward communication approach and formal and informal approach of communication had an influence on change implementation. Further, the study revealed that employee trainings indicators such as workshops, mentorship programs, delegation of duties and employee evaluation had a positive significant influence on change implementation among public health facilities in Tharaka Nithi County.

![Conceptual Framework](https://via.placeholder.com/150)

**Figure 2.1 Conceptual Framework (Researcher, 2018)**
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology that includes: Research design, study population, sampling procedure and sample size, research instruments data collection and analysis and presentation.

3.2 Research Design

Black (2010) regards the research design as an arrangement of conditions for collection and analysis of data in a manner that aimed to combine relevance to the research purpose with economy in procedures. The study adopted cross-section research design to establish the influence of organizational practices on change implementation in public health facilities in Tharaka Nithi County, Kenya. The cross-sectional research design was appropriate because it explored and described the relationship between variables in their natural setting without manipulating them. Further, it provided the opportunity to discover new knowledge in a given area of study thus control of the problem under investigation.

Moreover cross-section research design facilitated analysis and presentation of data quantitatively. Crowther and Lancaster (2012) acknowledge that descriptive cross-sectional research design is considered appropriate when the intent is gaining broader understanding of the context of the research and processes being enacted. Moreover, it focuses on answering to the questions of why, where, what and how. Additionally, the design was appropriate since
it relied on existing theories and findings of empirical studies to make deductive conclusions and recommendations concerning the problem that was under investigation.

3.3 Target Population

The target population refers to the universe from which the sample is selected (Black, 2010)). On the other hand, Collis and Hussey (2014) argue that a population is a well-defined or set of people, services, elements, and events, group of things or households that are being investigated. The target population of this study consisted of 1,800 respondents of 62 public health facilities in Tharaka Nithi County, Kenya as shown in appendix (5). The unit of analysis was public health facilities in Tharaka Nithi County while Unit of observation were employees and patients of public health facilities in Tharaka Nithi County.

Table 3.1 Population Frame

<table>
<thead>
<tr>
<th>Employee Category</th>
<th>Number of employees</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>38</td>
<td>2%</td>
</tr>
<tr>
<td>Nurses</td>
<td>320</td>
<td>18%</td>
</tr>
<tr>
<td>Clinical Officers</td>
<td>490</td>
<td>27%</td>
</tr>
<tr>
<td>Subordinate staff</td>
<td>952</td>
<td>53%</td>
</tr>
<tr>
<td>Total</td>
<td>1,800</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: (Ministry of Health, 2018)

3.4 Sampling Procedure and Sample size

Black (2010) defines a sample as part of large population, which is a representative of the larger population. Sampling is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representatives of characteristics
found in the entire group. A sample is a subset of the study population (Fisher, 2010). In other words, a sample is extracted from the target population. In the context of this study, sampling was necessary based on the fact that the target population was large and not feasible to include all the respondents in the study.

The respondents of the study were categorized into four groups or stratum which included doctors, nurses, clinical officers and subordinate staff. Stratified sampling procedure was applied in each stratum to select subjects giving them equal opportunity of being sampled and a final sample size of 379 respondents were drawn from 62 public health facilities in Tharaka Nithi County using Nassiuma’s (2008) formula to derive the sample size.

$$\eta = \frac{N C^2}{C^2 + (N - 1)e^2}$$

Where,
$$\eta = \text{Sample size}$$
$$N = \text{Target population}$$
$$C = \text{Coefficient of variation at 50\%}$$
$$e = \text{Degree of precision at 0.05}$$

Substituting these values in the equation, estimated sample size (n) will be:
$$\eta = \frac{1800(0.5)^2}{0.5^2 + (1800 - 1)0.05^2}$$

$$\eta = 379.2$$

$$\eta = 379 \text{ Respondents}$$
The sampled respondents will be drawn from the target population using simple random sampling method. As such this sampling method will ensure fair and equitable distribution of respondents.

3.5 Data Collection

The study relied on primary data which was collected through structured questionnaires with open and closed-ended questions. Questionnaires were the main instruments of data collection based on the fact that they provided an opportunity to collect data systematically and analyze it for strategic decision making. Fisher (2010) avers that questionnaires are appropriate because they provide opportunities of anonymity which encourages frankness from the respondents especially in sensitive issues like governance and/or management.

Moreover, Guest (2012) concurs that questionnaires are preferred because they facilitate high response rate as they are distributed to respondents to complete and collected by research assistants. They also offer the possibility of anonymity because subject’ names are not required on the completed questionnaires and they have less opportunity for bias as they are presented in a consistent manner. The questionnaires were distributed through using drop and pick later method. There were follow-ups to ensure that questionnaires were collected on time. Items of the questionnaire were measured using a likert type point scale where 5 represented Strongly Agree (SA), 4 represented Agree (A), 3 represented Moderately Agree (MA), 2 represented Disagree (D) and 1 represented Strongly Disagree (SD).
3.6 Validity and Reliability of the Instrument

3.6.1 Validity Testing

Validity entails the appropriateness, meaningfulness and usefulness of inferences a researcher makes based on the data collected (Black, 2010). Face and content validity of the instrument was determined by the researcher through seeking opinions of experts in the field of study especially the researcher’s supervisor and industry experts working in public organizations. The construct validity approach concerns the degree to which the test measures the construct it will be designed to measure. Criterion-related validity is concerned with detecting the presence or absence of one or more criteria considered to represent traits or constructs of interest (Collis & Hussey, 2014). An appropriate inference was one that was relevant to the purpose of the study while a meaningful inference was one which said something about the meaning of the information obtained through the use of the instruments.

3.6.2 Reliability Testing

Novikov and Novikov (2013) define reliability involves a measure of the degree to which a research instrument yields consistent research or data after repeated trials. The researcher used Cronbach's alpha coefficient to test the reliability of the questionnaire. Cronbach’s alpha was used to estimate internal consistency reliability by determining the manner in which different items of the instrument related to each other and to the entire instrument. Cronbach’s alpha values which attained the cut-off more than 0.7 were adequate to confirm the reliability of the instrument as recommended by Black (2010).
3.7 Data Analysis and Presentation

Black (2010) ascertains that analysis means categorizing, ordering, manipulating and summarizing of data to obtain answers to research questions. Statistical Package for Social Sciences, (SPSS version 24) software was used to analyze data quantitatively. The data collected was edited, coded, classified on the basis of similarity and then tabulated. Descriptive, correlation and multiple regression methods were used to analyze data and explain the findings.

Multiple regression was conducted at 95% confidence interval and 5% significance level. Using a measuring scale of 1-5, items of the instruments was analyzed and descriptive statistics such as mean scores, standard deviation, frequency distributions and percentages were used to summarize and relate variables which were obtained from the study. The specific multiple regression model adopted was of the form. $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \alpha$, where, $\beta_0$, $\beta_1$, $\beta_2$ and $\beta_3$ are the regression co-efficient, $Y$ denoted change implementation in public health facilities in Tharaka Nithi. $X_1$ denoted Leadership Styles, $X_2$ denoted Communication Style and $X_3$ denoted Employee Training and $\varepsilon$ denoted factors not included in the model.

3.8 Ethical Considerations

The researcher obtained an introductory letter from the postgraduate school of Kenyatta University and a research permit from National Commission for Science, Technology and Innovation before administering the questionnaires to respondents. Informed consent was sought from respondents before data collection. The respondent were assured that non-disclosure of their identity for any information given.
Concerning confidentiality, the respondent were assured that the information provided was only to be used for the research purpose only. The respondent were given freedom to choose to participate or not to participate in the study. Respondents were assured that information collected will be analysed and reported objectively to facilitate policy formulation.
CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents findings of the study according to the research objectives. The objectives of the study were to establish the effect of leadership styles, communication styles and employee training on change implementation in public health facilities in Tharaka Nithi County. Quantitative data was analyzed using descriptively statistics and inferential statistics such as correlation and multiple regression were conducted to determine the statistical relationship between variable.

4.2 Response Rates

Out of the total population of 1800 respondents, 379 questionnaires were administered to the representative sample of the population who comprised of doctors, nurses, clinical officers and subordinate staff. However, after questionnaire administration, only 251 questionnaires were returned duly filled. 101 questionnaire were unreturned and 27 of them were incomplete. This contributed to 66% response rate. This response rate was considered appropriate as it conforms to Guest (2012) who asserts that any response rate above 50% is adequate for analysis and reporting. The high response rate was as a result of timely follow-ups and clarity of the research objectives to respondents of the study.
4.3 Demographic Characteristics

4.3.1 Gender of Respondent

The study sought to determine the gender of respondents who participated in the study and the following were the findings as shown in Table 4.1.

Table 4.1: Gender of Respondent

<table>
<thead>
<tr>
<th>Category (Key Informants)</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Male</td>
<td>17</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>21</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Sub Total</td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td>Nurses and Clinical officers</td>
<td>Male</td>
<td>52</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>79</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Sub Total</td>
<td>131</td>
<td>100</td>
</tr>
<tr>
<td>Subordinate Staff</td>
<td>Male</td>
<td>58</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>33</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>Sub Total</td>
<td>91</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>251</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Research Data (2018)

As shown in Table 4.1, the results indicated that majority were male respondents where male doctors constituted of 45%, nurses 22%, clinical officers 30% and subordinate staff 58%. Further, female doctors comprised of 21%, nurses 50% clinical officers 29% and subordinate staff 33%. The results indicated that majority of the employees in the public health facilities were male as compared to their female counterparts.
4.3.2 Age of Respondents

The study sought to determine the age of respondents and the following were the findings as shown in Table 4.2:

**Table 4.2: Age of Respondents**

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 25 years</td>
<td>20</td>
<td>08%</td>
</tr>
<tr>
<td>26-35 years</td>
<td>109</td>
<td>43%</td>
</tr>
<tr>
<td>36-45 years</td>
<td>68</td>
<td>27%</td>
</tr>
<tr>
<td>Above 46 years</td>
<td>54</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>251</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Research Data (2018)

As shown in Table 4.2, majority (43%) of the respondents were aged between above 26-35, 27% of them were aged between 36-46 years, 22% of them were aged above 46 years and 08% of them were aged below 25 years. The results implies that majority of the respondents of the public health facilities in Tharaka Nithi were young nurses and clinical officers who were recruitment by their respective Counties to provide services in public health facilities due to devolved healthcare services to the County governments.

4.3.3 Respondents Level of Education

The study sought to establish respondent level of education and the following were the findings as shown in Table 4.3:
Table 4.3: Respondents Level of Education

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors</td>
<td>21</td>
<td>08%</td>
</tr>
<tr>
<td>Diploma</td>
<td>167</td>
<td>67%</td>
</tr>
<tr>
<td>Certificate</td>
<td>63</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>143</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Research Data (2018)

As depicted in Table 4.3, the results indicated that majority (67%) of the respondents were diploma holders who worked as nurses and clinical officers, 25% were certificate nurses and 08% were degree holders who had advanced their studies after joining the service. The findings implies that most the respondents were diploma nurses and clinical officers who worked in various public health facilities.

4.3.4 Duration of Work

The study sought to determine the duration respondents had worked and the following were the findings as shown in Table 4.4:

Table 4.4: Duration of Work

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 Years</td>
<td>91</td>
<td>36%</td>
</tr>
<tr>
<td>7-11 Years</td>
<td>98</td>
<td>39%</td>
</tr>
<tr>
<td>12 Years and above</td>
<td>62</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>251</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Research Data (2018)
As illustrated in Table 4.4, majority (31%) of the respondents had worked for a period between 7-11 years, 36% of them had worked for a period between 2-6 years and 25% of them had worked for a period more than 12 years. This findings implies that majority of the respondents of this study had worked for longer period of time and had adequate experience about organizational practices and change implementation in public health facilities in Kenya.

4.4 Leadership Styles

The study sought to determine the effect of leadership styles on change implementation in public health facilities in Tharaka Nithi County and the following were the findings as shown in Table 4.5

Table 4.5: Leadership Styles

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaders provides an opportunity for employees to make independent decisions</td>
<td>2.26</td>
<td>.884</td>
</tr>
<tr>
<td>Leaders use dialog when implementing new policies</td>
<td>2.21</td>
<td>.664</td>
</tr>
<tr>
<td>Leaders use coercion to influence employee to perform</td>
<td>1.23</td>
<td>.587</td>
</tr>
<tr>
<td>Employees have a flexible schedule of working</td>
<td>4.11</td>
<td>.673</td>
</tr>
<tr>
<td>Employees work in an environment that encourages teamwork</td>
<td>4.04</td>
<td>.596</td>
</tr>
<tr>
<td>Employee are given freedom to make decisions</td>
<td>2.59</td>
<td>.498</td>
</tr>
<tr>
<td>Employees are delegated responsibilities</td>
<td>4.98</td>
<td>.781</td>
</tr>
<tr>
<td>Employees are empowered to perform</td>
<td>2.03</td>
<td>.467</td>
</tr>
<tr>
<td><strong>Average Mean Score</strong></td>
<td><strong>3.30</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Research Data (2018)
As illustrated in Table 4.5, the study found out that the mean score for 5 of 8 statements was less than 4.00 which meant that majority of the respondents disagreed or were neutral with the statement while the rest either agreed. The findings implies that despite there was flexible working schedules, teamwork and delegation of responsibilities, to a larger extent their leaders did not given room for independent decision making, promote dialog, give freedom in decision making or empower workers to perform. It emerged leaders of public health facilities did not have leadership qualities that can make them influence other workers to perform towards organizational goals.

This findings are consistent with that of Jehad et al. (2012), Karuhanga (2015), Maina (2012), Kinyanjui and Juma (2014) whom established that leadership was directly correlated to effective change implementation in organizations. The studies pointed out that firms that were able to embrace democratic leadership styles and motivate workers were more likely to perform effectively in terms of change implementation as compared to firms that adopted autocratic styles of management.

4.5 Communication Styles

The study sought to determine the effect of communication styles on change implementation in public health facilities in Tharaka Nithi County and the following were the findings as shown in Table 4.6
Table 4.6: Communication Styles

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a culture of consultation in my facility</td>
<td>4.78</td>
<td>.884</td>
</tr>
<tr>
<td>Decisions formulated take the shortest time possible to be implemented.</td>
<td>1.61</td>
<td>.664</td>
</tr>
<tr>
<td>Leaders have created a climate of participatory leadership</td>
<td>1.58</td>
<td>.587</td>
</tr>
<tr>
<td>There is a accountability of leaders in my facility</td>
<td>1.47</td>
<td>.673</td>
</tr>
<tr>
<td>Lower level employee are given an opportunity to make decisions</td>
<td>2.33</td>
<td>.596</td>
</tr>
<tr>
<td>There is interpersonal relations among employees in my facility</td>
<td>2.10</td>
<td>.498</td>
</tr>
<tr>
<td>Change management is communicated effectively within the health facility</td>
<td>2.10</td>
<td>.491</td>
</tr>
<tr>
<td>Leaders of my facility provides feedback on employee evaluation</td>
<td>1.03</td>
<td>.411</td>
</tr>
<tr>
<td>Employee are sensitized on new changes</td>
<td>2.98</td>
<td>.345</td>
</tr>
<tr>
<td>My facility has open door culture of communication</td>
<td>2.08</td>
<td>.241</td>
</tr>
</tbody>
</table>

**Average Mean Score**  

2.20

Source: Research Data (2018)

As depicted in Table 4.6, the study identified that the mean score for 8 of 9 statements was less than 2.00 which meant that majority of the respondents disagreed or were neutral with the statement while a few agreed. The findings implies that despite the fact that communication was attributed to change implementation, management of public health facilities was not embracing it effectively. Lack of employee participation in decision making, longer duration in implementing decisions, inappropriate communication on change implementation and lack of feedback on change implementation were some of the factors that hindered effective implementation of change in public health facilities. This findings corresponds with that of Mbaka and Mugambi (2014), Mopeni et al. (2014), Nanjundeswaras
and Swamy (2014) who established that employee resistance to change was attributed to poor communication within the system. Organizations with structures that promote top down and bottom up communication are likely to perform effectively in terms of change implementation.

4.6 Employee Training

The study sought to determine the effect of employee training on change implementation in public health facilities in Tharaka Nithi County and the following were the findings as shown in Table 4.7

Table 4.7: Employee Training

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>My facility evaluates workers periodically</td>
<td>3.11</td>
<td>.644</td>
</tr>
<tr>
<td>My facility provides timely feedback on evaluations to teaching and employee</td>
<td>2.08</td>
<td>.537</td>
</tr>
<tr>
<td>My facility mentors and inducts workers effectively on new assignments</td>
<td>4.11</td>
<td>.301</td>
</tr>
<tr>
<td>My facility promotes the culture of delegating responsibilities</td>
<td>4.13</td>
<td>.345</td>
</tr>
<tr>
<td>Consultation is prioritized by every employee of my facility before making final decisions</td>
<td>4.19</td>
<td>.347</td>
</tr>
<tr>
<td>My facility facilitates and sponsors medical staff to further their studies</td>
<td>2.03</td>
<td>.473</td>
</tr>
<tr>
<td>My facility strongly believes in research and training</td>
<td>2.83</td>
<td>.311</td>
</tr>
<tr>
<td>My facility motivates employees effectively</td>
<td>2.53</td>
<td>.316</td>
</tr>
<tr>
<td>My facility engages workers on specific duties based on specific competencies</td>
<td>1.14</td>
<td>.306</td>
</tr>
</tbody>
</table>

Average Mean Score 2.90

Source: Research Data (2018)
As shown in Table 4.7, the study indicates that the mean score for 5 of 9 statements was less than 2.00 which meant that majority of the respondents disagreed or were neutral with the statement while a few agreed. The findings implies that even though employee training influenced change implementation, to a larger extent management of public health facilities did not promote employee knowledge and skills in order to improve their performance. Challenges such as providing timely feedback on employee evaluation, sponsorship of workers to advance their studies, motivation workers and believing in research and training were attributed to failure of realizing new goals in public health facilities.

This findings are in line with that of Nduko (2008), Obonyo and Arasa (2012), Odero et al. (2015), Ofori and Atiogbe (2012) who noted that employee training is one of the fundamental factors which influences change implementation in any competitive organization. The studies pointed out that even though there were differences from the findings of empirical studies by Sethuraman and Suresh (2014), Wessel and Christensen (2012) on the relationship between employee training and change implementation, to a larger extent change implementation in facilitated by transforming employee mind-sets through formal education.

4.7 Measurement of Performance

The study sought to determine the parameters used by public health facilities to measure change implementation in public health facilities and the following were the findings as shown in Table 4.8
Table 4.8: Measurement of Performance

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee motivation reflects effective change implementation in my facility</td>
<td>4.41</td>
<td>.833</td>
</tr>
<tr>
<td>Conducive working environment reflects effective change implementation in my facility</td>
<td>4.41</td>
<td>.644</td>
</tr>
<tr>
<td>Compliance to ministry of health policy requirements reflects effective change implementation in my facility</td>
<td>4.80</td>
<td>.647</td>
</tr>
<tr>
<td>Reduced costs of operation reflects effective implementation of change in my facility</td>
<td>4.10</td>
<td>.421</td>
</tr>
<tr>
<td>Customer satisfaction reflects effective change implementation in my facility</td>
<td>4.10</td>
<td>.474</td>
</tr>
<tr>
<td>Customer referrals reflects effective change implementation in my facility</td>
<td>4.13</td>
<td>.224</td>
</tr>
<tr>
<td>Good governance in my university reflects effective change implementation in my facility</td>
<td>4.18</td>
<td>.423</td>
</tr>
<tr>
<td>Accountability of employees reflects effective change implementation in my facility</td>
<td>4.34</td>
<td>.264</td>
</tr>
</tbody>
</table>

**Average Mean Score** 4.87

Source: Research Data (2018)

As illustrated in Table 4.8, the results indicates that the mean score for 8 statements was more than 4.00 which meant that most of the respondents agreed with the statement while the rest either disagreed or were neutral. The findings implies that despite challenges experienced by organizations during change implementation, to a larger extent organizational practices which includes leadership styles, communication styles and employee training can influence change implementation in public facilities in terms of employee morale,
compliance to ministry of health regulations, reduced costs, transparency and accountability, customer satisfaction, referral and good governance.

This findings are supported by the research work of Rajasekar (2014), Onyango (2012), Okibo and Agili (2015) whom observed that change implementation in any organization is measured using parameters such as employee commitment, organizational efficiency and effectiveness in service delivery and adoptability of the organization to new regulation and use of technology in service delivery.

4.8 Inferential Statistics
Before subjecting data to regression analysis, statistical assumptions such as normality, linearity, homogeneity and multicollinearity tests were conducted to determine conformity of data to statistical assumptions for further data analysis.

4.9 Diagnostic Tests

4.9.1 Normality Test
Shapiro-Wilk test was used to test normality. According to Guest (2010), data is seen to be normally distributed when statistical figures ranges from zero to one and significance values are less than 5%.

Table 4.9: Normality Test

<table>
<thead>
<tr>
<th>Variables</th>
<th>Statistics</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Style</td>
<td>0.872</td>
<td>143</td>
<td>0.003</td>
</tr>
<tr>
<td>Communication Style</td>
<td>0.811</td>
<td>143</td>
<td>0.002</td>
</tr>
<tr>
<td>Employee Training</td>
<td>0.746</td>
<td>143</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Source: Research Data (2018)
As shown in Table 4.9, the consolidated variables of organizational practices variable had figures ranging from -0.1 to +1.0 and most of them were skewed towards +1.0. The calculated probability values of the three independent variables were (0.872, 0.811 and 0.746) indicating that they met the threshold of more than 0.05 level of significance as recommended by Crowther and Lancaster (2012).

### 4.9.2 Linearity Test

To determine linearity of data, Pearson’s product moment of correlation coefficient was used to establish the association between change implementation and leadership styles, communication styles and employee training as shown in Table 4.10.

<table>
<thead>
<tr>
<th>Table 4.10: Linearity Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Independent Variables</strong></td>
</tr>
<tr>
<td>Leadership Styles</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Communication Styles</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Employee Training</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**p< 0.05**

Source: Research Data (2018)

Table 4.10, reveals that there exists a positive and significant linear relationship between change implementation and leadership style (r=0.546, p<0.05), communication style (r=0.437, p<0.05) and employee training (r=0.436, p<0.05) at 5% level of significance. The
findings reveals that there was a co-movement of variables in the same direction thus facilitating causal relationship as recommended by Collis and Hussey (2014).

**4.9.3 Homogeneity Test**

To test homoscedasticity of homogeneity of Variances, Levene’s Test was used which confirmed that the dependent variable exhibited equal variance across the three predictor variables with the calculated probability values greater than 0.05 as recommended by Novikov and Novikov (2013).

**Table 4.11: Homogeneity Test**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Lavene Statistics</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Style</td>
<td>6.456</td>
<td>1</td>
<td>0.719</td>
</tr>
<tr>
<td>Communication Style</td>
<td>6.432</td>
<td>1</td>
<td>0.549</td>
</tr>
<tr>
<td>Employee Training</td>
<td>6.334</td>
<td>1</td>
<td>0.554</td>
</tr>
<tr>
<td>Change Implementation</td>
<td>5.047</td>
<td>1</td>
<td>0.057</td>
</tr>
</tbody>
</table>

Source: Research Data (2018)

As shown in Table 4.11, the results indicate that the calculated probability of the five variables of the study were greater than 0.05 ranging between 0.057 to 0.719. Since significance values of the five variables were greater than 0.05, variance homogeneity was confirmed as proposed by Fisher (2010).

**4.9.4 Multicollinearity Test**

To establish whether there existed multicollinearity problem in the model, regression analysis as shown in Table 4.12.
Table 4.12: Multicollinearity Test

<table>
<thead>
<tr>
<th>Model</th>
<th>Collinearity Statistics</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tolerance</td>
<td>Mean VIF</td>
<td></td>
</tr>
<tr>
<td>Leadership Style</td>
<td>0.846</td>
<td>1.568</td>
<td></td>
</tr>
<tr>
<td>Communication Style</td>
<td>0.882</td>
<td>1.467</td>
<td></td>
</tr>
<tr>
<td>Employee Training</td>
<td>0.712</td>
<td>1.245</td>
<td></td>
</tr>
</tbody>
</table>

Source: Research Data (2018)

Table 4.12 reveals that all the VIFs of the five variables of the study were less than 10 and Tolerance greater than 0.1 respectively confirming multicollinearity as recommended by Collis and Hussey (2014). Since there was no multicollinearity problem, all the predictor variables were maintained in the model for further analysis.

4.10 Correlation Analysis

Pearson’s product correlation analysis was used to assess the relationship between the predictor variables (leadership style, communication style and employee training) on the dependent variable (change implementation in public health facilities in Tharaka Nithi County as shown in Table 4.13:

Table 4.13: Correlations Analysis

<table>
<thead>
<tr>
<th>Variables</th>
<th>Leadership Style</th>
<th>Communication Style</th>
<th>Employee Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Style</td>
<td>.710 .002</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Communication Style</td>
<td>.693 .011</td>
<td>.799 .010</td>
<td>1</td>
</tr>
<tr>
<td>Employee Training</td>
<td>.434 .002</td>
<td>.539 .000</td>
<td>.656 .001</td>
</tr>
</tbody>
</table>

Source: Research Data (2018)
As shown in Table 4.13, the data presented before on leadership style, communication style and employee training were computed into single variables per factor by obtaining the averages of each factor. Pearson’s correlations analysis was then conducted at 95% confidence interval and 5% Significance level 2-tailed. Table 4.13 above indicates the correlation matrix between the factors (leadership style, communication style and employee training) and change implementation in public health facilities in Tharaka Nithi County.

Table 4.13 indicated that there existed a correlation between leadership style, communication style and employee training and change implementation at a magnitude of: 0.710, 0.799 and 0.656 respectively at 95% confidence level and 5% significance level.

### 4.11 Regression Analysis

To confirm whether there existed a statistical relationship between predictor variables (leadership style communication style and employee training) on the dependent variable change implementation in public health facilities in Tharaka Nithi County, multiple regression analysis was undertaken as shown in Table 4.14.

**Table 4.14: Summary of Regression Coefficients**

<table>
<thead>
<tr>
<th>Mode</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>1.240</td>
<td>1.2235</td>
<td>1.515</td>
<td>0.013</td>
</tr>
<tr>
<td>Leadership Style</td>
<td>0.887</td>
<td>0.1032</td>
<td>0.152</td>
<td>4.223</td>
</tr>
<tr>
<td>Communication Style</td>
<td>0.752</td>
<td>0.3425</td>
<td>0.154</td>
<td>3.424</td>
</tr>
<tr>
<td>Employee Training</td>
<td>0.539</td>
<td>0.1937</td>
<td>0.163</td>
<td>3.147</td>
</tr>
</tbody>
</table>

Source: Research Data (2018)

As shown in Table 4.14, the study concludes that all the three independent variables
(leadership style, communication style and employee training) have a positive significant effects on the dependent variable (change implementation). Holding other factors constant (1.240), a unit increase of each variables leads to an increased in change implementation by factors of 0.887, 0.752 and 0.539.

As the rule of the thumb when; $t \geq 2$ and $p \leq 0.05$, the values are said to be statistically significant (Fisher, 2010). From the findings in Table 4.13, the $t$ and $p$-values for leadership style, communication style and employee training were: ($B=4.223$, $P=0.0122$), ($B=3.424$, $P=0.0112$) and ($B=3.147$, $P=0.000$) respectively, meaning that the values were highly statistically significant. This findings are in line with those of Mostovicz, Kakabadse and Kakabadse (2009) who noted that change implementation was influenced by employee skills, leadership capability, resource allocation and organizational communication mechanisms.

### 4.12 Model Summary

**Table 4.15: Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.923</td>
<td>0.852</td>
<td>0.789</td>
<td>0.6273</td>
</tr>
</tbody>
</table>

**Anova**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression Residual</td>
<td>0.003</td>
<td>7</td>
<td>0.001</td>
<td>3.867</td>
<td>0.015</td>
</tr>
<tr>
<td></td>
<td>0.068</td>
<td>143</td>
<td>0.021</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.071</td>
<td>143</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Research Data (2018)
As shown in Table 4.15, the multiple correlation coefficient (R) of 0.923 (92.3%) means that there was a strong linear relationship between the independent variables (leadership style, communication style and employee training) and the dependent variable (change implementation in public health facilities in Tharaka Nithi County). The independent factors that were studied explained only 85.2% of organizational practices on change implementation in public health facilities in Tharaka Nithi County. This therefore meant that other factors not studied in this research contributed to 14.8% change implementation in public health facilities in Tharaka Nithi County. Therefore, further research should be conducted to investigate the other factors (14.8%) that influence change implementation in public health facilities in Tharaka Nithi County. From Table 4.15, the processed data, the F (2.287) statistics was 3.867 with p-values = 0.015 less or equal to 0.05 indicating the model was significant for further statistical analysis.

Adjusted R Square of 0.789 implies that leadership style, communication style and employee training contributed 78.9% of the variation in change implementation in public health facilities in Tharaka Nithi County. The standard error of the estimate is the measure of dispersion (or variability) in the predicted scores in a regression. It represents the average distance that the observed values fall from the regression line (Guest, 2010). The standard error of estimate of 0.6273 reflects a small value which means that the observations are closer to the fitted line and hence the estimates were within the adopted 0.95 level of confidence.
CHAPTER FIVE

FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Introduction
This chapter presents summaries of the study findings as per the study objectives. Further, conclusions based on the findings are discussed. Recommendations of the study are made on the basis of the findings established and in relation to arguments of theories that underpinned the study and finally suggestion for further studies is provided.

5.2 Summary of Findings

5.2.1 Leadership Style
The study established that there exists a positive significant relationship between leadership styles and change implementation in public health facilities. However, it was pointed out that leadership styles in public health facilities were not able to facilitate motivation of employee, promote dialogue or freedom to make independent decisions. It emerged that leaders were using bureaucratic kind of leadership that denied workers a chance to fill that they were part of the organization.

5.2.2 Communication Style
The study identified that there exists a positive significant relationship between communication styles and change implementation even though some challenges were experienced such as delayed decisions, lack of participatory decisions, lack of feedback on change implementation and resistance from employee when introducing the new changes. It
emerged that any change introduced in public facilities was not introduced at the right time and leaders did not create a climate that would facilitate the intended changes.

5.2.3 Employee Training
The study found out that there exists a positive relationship between employee training and change implementation despite the fact that some employees of public health facilities were not equipped with appropriate skills and knowledge of implementing the new changes. The study pointed out that providing feedback on employee performance was rarely done, motivation workers, employee education sponsorship and investment in research and training were key challenges in public health facilities.

5.3 Conclusion
The study established that leadership styles in public health facilities were bureaucratic in nature and employees were rarely given an opportunity to contribute in making decisions. The study observed that majority of the leaders in public health facilities did not possess appropriate management skills and knowledge to implement change in the facilities despite being given the mandate to implement new policies formulated by the County government.

The study found out that communication styles used in public health facilities were attributed to failure of implementing change effectively. It was noted that structure were rigid to facilitate bottom up communication. The study also pointed out that employee resistance to new changes was attributed to poor communication mechanisms used and inappropriate timing.
The study revealed that employee training in public health facilities was hampered by inability of the management of public health facilities to support employee to advance their careers, inability of the management to conduct employee evaluation and determine appropriate skills and knowledge required from effective performance. Further, it was established that public health facilities did not embrace research and training activities as a way of promoting employee capacity and development in the local and global context.

5.4 Recommendation

The study identified that leaders of public health facilities did not possess knowledge and skills of implementing change. Therefore, this study recommends that the government of Kenya should develop policies that ensure all medical professional such as doctors’ clinical officers and nurses are training on management skills before and after graduating from medical institutions. Regular on and off the job workshops should be encouraged thus enhanced performance of public health facilities in Kenya. Further, leaders of public health facilities should ensure that they create an environment that promotes individual decisions among workers.

The study noted that structure rigidity characterized by top-down communication was one of the factors that contributed to poor change implementation. However, this study recommends that top leaders in public health facilities should initiate on new structures that can facilitate top down and bottom up communication thus minimal resistance among workers. Timely information on how to implement change and providing feedback to workers would not only influence change implementation but also improved service delivery.
The study identified that employee of public health facilities were not sponsored to advance their studies. This study recommends that top leadership in partnership with County government management should initiative a framework that will promote career growth among employees such as doctors, clinical officers and nurses. Further, management of public health facilities and County governments should ensure that employees are given conducive working environment, motivated using financial and non-financial rewards thus effective change implementation.

5.5 Suggestions for Further Research

Based on the fact that limited studies have been conducted in Kenya examined variables of this study in isolation and different contexts, this study suggests that future scholars and academicians should seek to examine other variables that may influence change implementation in other public organizations apart from public health facilities. Further, future studies should seek to test the moderating effect of government initiatives on change implementation in public health facilities Kenya. Scholars should seek to conduct comparative studies in developing countries to assess whether similar variables can influence change implementation from one context to another holding other factors constant. Similar studies should be replicated in other sectors such as education and agriculture among others.
REFERENCES


KPMG (2013). The Devolution of Health Services in Kenya


Ministry of Health, Health Sector Strategic and Investment Plan July 2014- June 2018

64
Ministry of Health, Health Tourism Strategy 2013-2030


*International Journal of Business and Social Science*, Vol. 5 No.9


APPENDICES

Appendix 1: Questionnaire for Employees of Public Health Facilities in Tharaka Nithi County, Kenya

The purpose of this questionnaire is to assist in carrying out a research on organizational practices on change implementation in public health facilities in Tharaka Nithi County. Please provide answers to all the following questions and be as accurate and honest as possible. The information that you will give is confidential and will only be used for the purpose of this study. I request you to feel free and cooperate in this exercise.

Instructions to the Respondent

a) Please answer all questions in this questionnaire.

b) Do not write your name anywhere on this questionnaire.

c) Make the answers as confidential as possible after the exercise.

d) Tick your appropriate choice where appropriate in the blank spaces as shown in the Tables

SECTION A: DEMOGRAPHIC DATA

Please tick [√] the appropriate box as provided.

1) Gender of the Respondent

Male [ ] Female [ ]

2) Age of the Respondent

20-25 years ( ) 26 to 30 years ( ) 31 to 35 years ( )

36 to 40 years ( ) 41 to 45 years ( ) 46 to 50 years ( )

Above 50 years ( )

3) What is your Highest Level of Education?

Postgraduate [ ] Degree [ ] Diploma [ ] Certificate [ ]

4) Indicate your period of service in your organization?

Below 10yrs [ ] 10 to >20yrs [ ] 20 – 30 yrs [ ] Over 30 years [ ]
SECTION B: LEADERSHIP STYLE AND CHANGE IMPLEMENTATION

1. Indicate your level of agreement or disagreement with the following statements relating to the effect of leadership styles on change implementation in your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3 = Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD))

<table>
<thead>
<tr>
<th>S/N</th>
<th>Statements</th>
<th>1 SD</th>
<th>2 D</th>
<th>3 MD</th>
<th>4 A</th>
<th>5 SA</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Employee are given freedom to make decisions</td>
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<tr>
<td>2.</td>
<td>Employees are delegated responsibilities</td>
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<tr>
<td>3.</td>
<td>Employees are empowered to perform</td>
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<tr>
<td>4.</td>
<td>Leaders provide an opportunity for employees to make independent decisions</td>
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<tr>
<td>5.</td>
<td>Leaders use dialog when implementing new policies</td>
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<tr>
<td>6.</td>
<td>Leaders use coercion to influence employee to perform</td>
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<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Employees have a flexible schedule of working</td>
<td></td>
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<tr>
<td>8.</td>
<td>Employees work in an environment that encourages teamwork</td>
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</tbody>
</table>

SECTION C: COMMUNICATION STYLE ON CHANGE IMPLEMENTATION

2. Indicate your level of agreement or disagreement with the following statements relating to the effect of communication style on change implementation in your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3 = Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD)).

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<thead>
<tr>
<th>S/N</th>
<th>Statements</th>
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<th>3 MD</th>
<th>4 A</th>
<th>5 SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is interpersonal relations among employees in my facility</td>
<td></td>
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</tr>
</tbody>
</table>
2. Change management is communicated effectively within the health facility
3. Leaders of my facility provides feedback on employee evaluation
4. Employee are sensitized on new changes
5. My facility has open door culture of communication
6. There is a culture of consultation in my facility
7. Decisions formulated take the shortest time possible to be implemented.
8. Leaders have created a climate of participatory leadership
9. There is a accountability of leaders in my facility
10. Lower level employee are given an opportunity to make decisions

SECTION D: EMPLOYEE TRAINING AND CHANGE IMPLEMENTATION

3. Indicate your level of agreement or disagreement with the following statements relating to the effect of employee training on change implementation in your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3 = Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD))

<table>
<thead>
<tr>
<th>S/N</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>My facility facilitates and sponsors medical staff to further their studies</td>
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<td></td>
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<tr>
<td>2</td>
<td>My facility strongly believes in research and training</td>
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<tr>
<td>3</td>
<td>My facility motivates employees effectively</td>
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</tr>
<tr>
<td>4</td>
<td>My facility engages workers on specific duties based on specific competencies</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>My facility evaluates workers periodically</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>My facility provides timely feedback on evaluations to teaching and non-teaching staff</td>
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<tr>
<td>7</td>
<td>My facility mentors and inducts workers effectively on new assignments</td>
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</tr>
</tbody>
</table>
8. My facility promotes the culture of delegating responsibilities

9. Consultation is prioritized by every employee of my university before making final decisions

PART E: MEASUREMENT OF CHANGE IMPLEMENTATION

4. Indicate your level of agreement or disagreement with the following statements relating measurement parameters of change implementation of your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3 = Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD).

<table>
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<tr>
<th>S/N</th>
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<th>3 MD</th>
<th>4 A</th>
<th>5 SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Reduced costs of operation reflects effective implementation of change in my facility</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Customer satisfaction reflects effective change implementation in my facility</td>
<td></td>
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<tr>
<td>3.</td>
<td>Student referrals reflects effective change implementation in my facility</td>
<td></td>
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<tr>
<td>4.</td>
<td>Good governance in my university reflects effective change implementation in my facility</td>
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<tr>
<td>5.</td>
<td>Accountability of employees reflects effective change implementation in my facility</td>
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<tr>
<td>6.</td>
<td>Employee motivation reflects effective change implementation in my facility</td>
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<tr>
<td>7.</td>
<td>Conducive working environment reflects effective change implementation in my facility</td>
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<tr>
<td>8.</td>
<td>Compliance to ministry of health policy requirements reflects effective change implementation in my facility</td>
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</tr>
</tbody>
</table>
Appendix 2: Questionnaire for Patients of Public Health Facilities in Tharaka Nithi County, Kenya

The purpose of this questionnaire is to assist in carrying out a research on *Management practices and change implementation in public health facilities in Tharaka Nithi County*. Please provide answers to all the following questions and be as accurate and honest as possible. The information that you will give is confidential and will only be used for the purpose of this study. I request you to feel free and cooperate in this exercise.

**Instructions to the Respondent**

a) Please answer all questions in this questionnaire.

b) Do not write your name anywhere on this questionnaire.

c) Make the answers as confidential as possible after the exercise.

d) Tick your appropriate choice and write down the brief statements in the open-ended questions

**SECTION A: DEMOGRAPHIC DATA**

1. **Indicate your Gender.**
   a) Male [ ]
   b) Female [ ]

2. **Indicate your Age.**
   a) 18 – 25 years [ ]
   b) 26 – 30 years [ ]
   c) 31 – 40 years [ ]
   d) Over 40 years [ ]

3. **Indicate your Level of education.**
   a) Primary education [ ]
   b) Secondary education [ ]
   c) College [ ]
   d) University [ ]
   e) Never Attended [ ]

4. **Indicate your years of service in the facility.**
   a) Less than 1 year [ ]
   b) 6-10 years [ ]
c) 1-5 years  [ ]  
d) Over 10 years  [ ]  

SECTION B: LEADERSHIP STYLE AND CHANGE IMPLEMENTATION

5. Indicate your level of agreement or disagreement with the following statements relating to the effect of leadership styles on change implementation in your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3 = Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD)).

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<tbody>
<tr>
<td>1</td>
<td>Employee of my facility are dedicated to offer quality service delivery</td>
<td></td>
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<tr>
<td>2</td>
<td>Employees of my facility are given the necessary support needed to deliver services</td>
<td></td>
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<tr>
<td>3</td>
<td>Employees of my facility work with minimal supervision</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Employees of my facility interact with patients effectively</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Patients are given the opportunity to share their views with top leadership</td>
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<tr>
<td>6</td>
<td>Leaders of my facility have a way of obtaining information from members of the public</td>
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</table>

SECTION C: EMPLOYEE TRAINING AND CHANGE IMPLEMENTATION

7. Indicate your level of agreement or disagreement with the following statements relating to the effect of employee training on change implementation in your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3 = Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD)).
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<td></td>
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<td>SD</td>
<td>D</td>
<td>MD</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>1.</td>
<td>Employees of my facility offer prompt services to customers</td>
<td></td>
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<tr>
<td>2.</td>
<td>Employees of my facility are computer literate</td>
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<tr>
<td>3.</td>
<td>Employees of my facility are knowledgeable and experienced on the way they perform services</td>
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<tr>
<td>4.</td>
<td>My facility engages workers on specific duties based on specific competencies</td>
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<tr>
<td>5.</td>
<td>Employees communicate with patients effectively</td>
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<tr>
<td>6.</td>
<td>Patients are given personalized attention</td>
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<tr>
<td>7.</td>
<td>Employee display high level of ethical professionalism</td>
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</table>

**SECTION D: COMMUNICATION STYLE ON CHANGE IMPLEMENTATION**

8. Indicate your level of agreement or disagreement with the following statements relating to the effect of communication style on change implementation in your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3= Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD)).

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<tr>
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<td>SD</td>
<td>D</td>
<td>MD</td>
<td>A</td>
<td>SA</td>
</tr>
<tr>
<td>1.</td>
<td>There is interpersonal relations among employees and patients in my facility</td>
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<tr>
<td>2.</td>
<td>Patients are given accurate information when making enquiries</td>
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<tr>
<td>3.</td>
<td>Feedback given by patients on service delivery is used to</td>
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</tbody>
</table>
improve services

4. Patients are treated with respect
5. Patient information is confidential
6. Patients are given clear prescriptions on how to use drugs
7. Patient queries are given maximum attention by employees

**PART E: MEASUREMENT OF CHANGE IMPLEMENTATION**

8. Indicate your level of agreement or disagreement with the following statements relating to measurement parameters of change implementation of your facility (scale 5= Strongly Agree (SA), 4= Agree (A), 3 = Moderately Agree (MA), 2= Disagree (D), 1 = Strongly Disagree (SD).

<table>
<thead>
<tr>
<th>S/N</th>
<th>Statements</th>
<th>1 SD</th>
<th>2 D</th>
<th>3 MD</th>
<th>4 A</th>
<th>5 SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Improved service delivery reflects change implementation in my facility</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Customer satisfaction reflects change implementation in my facility</td>
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<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Good governance reflects change implementation in my facility.</td>
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</tr>
<tr>
<td>4.</td>
<td>Accountability of employees reflects effective change implementation in my facility</td>
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<tr>
<td>5.</td>
<td>Employee motivation reflects effective change implementation in my facility</td>
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<tr>
<td>6.</td>
<td>Conducive working environment of employees reflects effective change implementation in my facility</td>
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<tr>
<td>7.</td>
<td>Use of computers reflects effective change implementation in my facility</td>
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</tr>
</tbody>
</table>

**THANK YOU FOR YOUR PARTICIPATION**

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Appendix 3: Kenyatta University Graduate School Letter

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

Our Ref: D33/OL/EMB/24587/2014

DATE: 31st August, 2018

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR CALLEN GATUNE FRANCIS – REG. NO.
D35/OL/EMB/24587/2014.

I write to introduce Callen Gatune Francis who is a Postgraduate Student of this University. The
student is registered for M.B.A degree programme in the Department of Business
Administration.

Callen intends to conduct research for a M.B.A Project Proposal entitled, “Organizational
Practices on Change Implementation in Public Health Facilities in Tharaka Nithi County,
Kenya”.

Any assistance given will be highly appreciated.

Yours faithfully,

[Signature]

PROF. PAUL OKEMO
FOR: DEAN, GRADUATE SCHOOL
Appendix 4: National Commission for Science, Technology and Innovation Letter

Callen Gatune Francis
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Organisational practices on change implementation in public health facility” I am pleased to inform you that you have been authorized to undertake research in Tharaka Nithi County for the period ending 28th September, 2019.

You are advised to report to the County Commissioner and the County Director of Education, Tharaka Nithi County before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a copy of the final research report to the Commission within one year of completion. The soft copy of the same should be submitted through the Online Research Information System.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Tharaka Nithi County.

The County Director of Education
Tharaka Nithi County.
THIS IS TO CERTIFY THAT,
MS. CALLEN GATUNE FRANCIS
of KENYATTA UNIVERSITY, 0-60401
Chogoria, has been permitted to conduct
research in Tharaka-Nithi County
on the topic: ORGANISATIONAL
PRACTICES ON CHANGE
IMPLEMENTATION IN PUBLIC HEALTH
FACILITY

for the period ending:
28th September, 2019

Signature

Director General
National Commission for Science,
Technology & Innovation

THE SCIENCE, TECHNOLOGY AND
INNOVATION ACT, 2013

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   specified period.

2. The License and any rights thereunder are non-transferable.

3. The Licensee shall inform the County Governor before
   commencement of the research.

4. Excavation, filming and collection of specimens are subject to
   further necessary clearance from relevant Government Agencies.

5. The License does not give authority to transfer research materials.

6. NACOSTI may monitor and evaluate the licensed research project.

7. The Licensee shall submit one hard copy and upload a soft copy
   of their final report within one year of completion of the research.

8. NACOSTI reserves the right to modify the conditions of the
   License including cancellation without prior notice.

RESEARCH LICENSE

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CONDITIONS: see back page
Appendix 5: List of Health Facilities in Tharaka Nithi County

1. Baragu Health Centre – Magutuni
2. Chiakariga Health Centre – Marimanti
3. Chuka District Hospital – Chuka
4. Chuka University Dispensary – Chuka
5. Gaciongo Dispensary – Marimanti
6. Gaketha Dispensary – Magutuni
7. Gakurungu Dispensary – Tunyai
8. Gatunga Model Health Centre – Marimanti
9. Gianchuku Dispensary – Igambang’ombe
10. Gitogoto Dispensary – Magumoni
11. Gitombani Dispensary – Chogoria
12. Igamatundu Dispensary – Chuka
13. Ikumbo Dispensary – Ganga
14. Ikuu Dispensary – Chuka
15. Iriuko Ria Ng’ombe – Igambang’ombe
16. Kaare Dispensary – Magutuni
17. Kabururu Dispensary - Igambang’ombe
18. Kajuki Health Centre - Igambang’ombe
19. Kalewa Dispensary – Maara
20. Kamacabi Dispensary – Tharaka
22. Kamaindi Dispensary – Chuka
23. Kamanyaki Dispensary – Tharaka
24. Kamarandi Dispensary – Tharaka
25. Kambandi Dispensary – Chuka
26. Kamwathu Dispensary – Tharaka
27. Kamwimbi Dispensary – Chuka
28. Kangutu Dispensary – Chuka
29. Kanyuru Dispensary – Tharaka
30. Karandini Dispensary – Chuka
31. Karimba Dispensary – Chogoria
32. Karuigaru Dispensary – Tharaka
33. Kathanacini Dispensary – Tharaka
34. Kaunes Medical Centers – Chuka
35. Kiairugu Dispensary – Ganga
36. Kiamuchii Dispensary – Chuka
37. Kibuga Health Centre – Chuka
38. Kibunga Sub-District Hospital – Tharaka
39. Kieni Model Health Centre – Chogoria
40. Kiereni Dispensary – Chuka
41. Kiini Health Centre – Maara
42. Kirumi Dispensary – Maara
43. Magutuni District Hospital – Magutuni
44. Majira Dispensary – Chogoria
45. Makenge Dispensary – Kiera
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<th>No.</th>
<th>Health Facility</th>
<th>Location</th>
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<td>Uturini Community Dispensary</td>
<td>Tharaka</td>
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**Source:** Ministry of Health (2018), Kenya