ASSESSMENT OF FACTORS AFFECTING EFFECTIVE CHANGE MANAGEMENT IN PUBLIC HOSPITALS IN KENYA

A CASE OF NAKURU LEVEL FIVE HOSPITAL

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Abstract
Many organizations, including the public health sector, are experiencing and managing change either planned or emergent. It is noted that in spite of the attention that the change management has received, organizations continue to have problems in managing organizational change and the search for the general laws of change still pervades the discipline. The study sought to establish the factors affecting effective change management in public hospitals in Kenya. It in particular examined the effect of organizational culture on effective change management. The study was guided by Kotter’s theory of change management. The study adopted a cross-sectional survey design. The target population constituted the 736 employees working with the Nakuru Level Five Hospital. A sample of 64 respondents was drawn using stratified random sampling. A structured questionnaire was used to collect data. A pilot study was conducted to determine validity and reliability of the questionnaire. The raw data were edited and coded then were analyzed for the descriptive and inferential statistics using SPSS. The relationship between organizational culture and effective change management was found to be positive, moderately strong and statistically significant. It was concluded that organizational culture is very important in ensuring effective change management in public hospitals. It is recommended that Nakuru Level Five Hospital, through its leaders should inculcate a culture and environment that is open to change in order to effectively implement and manage change.

Keywords: Change Management, Kotter’s Theory of Change Management, Organizational Culture, Public Hospitals, Kenya
INTRODUCTION

Change is a phenomenon that individuals and organizations face on a daily basis (Battilana et al., 2010). Change for organizations both large and small, whether in the private, public or voluntary sectors has been inevitable for the past decades or so. Such trends of organizational change are increasing in frequency, pace, complexity and turbulence under current situation, and there appears to be no sign of abatement. Today change is constant and organizational leaders who anticipate change and react rapidly and responsibly are successful. However, the organizational leaders who anticipate and invent the future are even more successful because those who invent the game are the leaders in their industry (Mildred et al., 2008). The concrete purposes of change management for different organizations are probably not the same, but the ethos of change management is the same, that is, making the organizations more effective, efficient, and responsive to the turbulent environment changes.

World over, there is pressure on the government of the day to offer more efficient, effective and satisfactory health services to its citizenry. Reform initiatives have swept through governments in the United States and overseas, again and again bringing news about efforts to reinvent, transform, or reform government health agencies (Barzelay 2001). In the developing world, change management has also been seen to emanate in all spheres of the public sector. The health sector change initiatives have been run under health reform programs. Africa in particular has had a turbulent change environment that has shaped the change management process in the health sector over the half a century or so.

In Kenya, there have been a series of major health sector reforms over the last three decades based on the principles of decentralization, community participation and intersectoral collaboration (Waweru et al., 2013). Important changes in the last five years were the creation in 2008 of two Ministries of Health (MoH); that is, Ministry of Public Health Services (MOPHS) and Ministry of Medical Services (MOMS) as part of the National Accord and Reconciliation Act following the post-election violence of 2007/2008. This vertical split of the MoH significantly complicated the coordination, management and functions of different levels of the health systems. The MOMS was in charge of national, provincial and district hospitals and MOPHS in charge of the community, dispensary and health centre levels. In 2010, a new constitution was promulgated through a nationwide public referendum. It is being implemented following the election of a new government in March 2013. The new constitution includes the devolution of some of the government functions from national level to semi-autonomous counties countrywide.

These are managed by elected county leaders. Counties have the authority to set priorities and allocate resources received from the national level, levy local level taxes and
undertake other forms of local resource mobilization to strengthen service provision. This initiative has significantly changed government operations across the devolved sectors, including health in the public sector. The new constitution also created a maximum number of ministries for the country and therefore the coordination of health services has reverted back to one Ministry of Health (Republic of Kenya, 2010). The incoming government has also pledged to abolish the current 10/20 user fee policy making services free in health centers and dispensaries, and to introduce free maternity care throughout the health system, although if, when and how this will happen remains unclear.

These health sector governance changes have important implications to the design, implementation and impact of service delivery to the Kenyan citizenry. These changes have also come with daunting challenges. A review of implementation experience to date should assist in future planning of the changes envisioned in the health sector, including identification of key factors affecting effective change management in the public health sector. Nakuru General Hospital is a level V Public Hospital in Kenya. It is charged with provision of Health Services in Nakuru County and its environs. In addition, it gets referrals of the critical patients from the nearby County Hospitals as well as the Sub-County Hospitals. It has a bed capacity of 588 beds. The Hospital has various departments that are run by the respective departmental heads. There has been a profile of changes that have occurred at this General Hospital for the last decade or so. The major changes occurred five years ago when the Kenyan Government promulgated a new constitution (Republic of Kenya, 2010).

The new constitutional dispensation ushered in the most awaited hope for Kenyans of ‘bringing services closer to the people’. One of the services that were devolved to the counties was the healthcare service. These were to be managed by the local elected leaders in conjunction with the hospital management team. Whereas this was an idea whose time had come; the changes that would follow would leave some of the key stakeholders grieving. It is, therefore, called for, to examine the various factors that affect effective change management in Kenya’s public hospitals.

Problem Statement
Many organizations, including the public health sector, are experiencing and managing change; be it planned or emergent. It is noted that in spite of the attention that the change management has received, organizations continue to have problems in managing organizational change and the search for the general laws of change still pervades the discipline. There is evidence that the universal model of change management is inadequate to describe the diversity of approaches actually used by organizations (Chapman, 2005).
The case in Kenya has not been different either. There have been efforts since independence to make the health system more efficient, effective and cost friendly to the Kenyan citizens. This has culminated to various change initiatives at the national level, the sector level and even at the health organization level.

Different orders of change have been employed to achieve tangible changes in the health sector in Kenya. Nakuru Level Five Hospital has also been part of these changes that have been envisaged to turn around provision of health services to the public. There have been various changes that have been undertaken to ensure service relevance and acceptability, continuity of care, integration, holistic and comprehensive approach to services. Several initiatives have been undertaken to realize the envisaged changes for a better and healthy Kenya.

Currently, most efforts are aimed at improving access to services. However, there have been disjointed approaches to ensuring client experience when accessing these services. Some of the changes that have been put in place are: improving service relevance and acceptability by use of regular service charters by all service delivery points, conducting regular client satisfaction surveys to continually ensure client’s expectations are informing intervention provision, improving continuity of care through strengthening of referral services, improving patient experiences in utilization of services, ensuring a comprehensive approach to services is applied and used, developing quality M&E indicators, which are incorporated into a facilitative supervision system (Kenya Health Policy, 2012). However, the initiatives have sometimes been nipped in the bud before their fruition could be realized. This study therefore proposes to assess the various factors that have affected the effective change management initiatives in the public health sector in Kenya.

**General Objective**
To establish the factors affecting effective change management in public hospitals in Kenya

**Specific Objectives**
To assess the effect of organizational culture on effective change management in Nakuru Level Five Hospital

**Research Hypothesis**

H₀: Organizational culture does not significantly affect change management in Nakuru General Hospital
THEORETICAL REVIEW

This section reviews theories pertinent to change management. These theories include Kotter’s theory of change management and Rodger’s innovation diffusion model.

Kotter’s Theory of Change Management

There are many different change management models, but one that has been used successfully in health care is John Kotter’s eight stage process for transformational change (Campbell, 2008). The model comprises of eight stages that can be regrouped into three phases. The first phase is creating a climate for change which includes establishing a sense of urgency, creating a guiding coalition and developing a vision strategy. The second phase is engaging and enabling the organization and includes: communicating the vision, empowering action and creating short term wins. The third phase is implementing and sustaining the change and includes consolidating gains and producing more change and anchoring new approaches to the culture.

The initial step is creating a sense of urgency. Creating urgency involves helping people see and feel first hand why a change needs to occur (Campbell, 2008). This is a critical step because without a sense of urgency people will cling onto the status quo and therefore resist change vehemently. The second stage is creating a guiding coalition. The team members guiding change need to have the knowledge, credibility, influence and skills required to mobilize change (Kotter, 1996). The third stage is developing a vision and strategy. In this stage the change agents need to formulate a clear-cut vision and strategy that is shared by the stakeholders. The result should be a compelling statement that clearly articulates what you are trying to achieve in five minutes or less. The vision needs to include a collective sense of what a desirable future looks like, in clear and measurable terms that all stakeholders can stand behind (Clark, 2010).

Communication of the vision is the first stage in this category. The vision needs to be communicated frequently and convincingly to all the stakeholders. Kotter (1996) argues that deeds speak louder than words, and hence communication should be done in these two dimensions to eradicate cynisms that could lead to a failed change initiative. Members of the organization need to be hearing the same message from all the stake-holders in order to gain buy-in and guide them from the awareness of change to a state where they feel empowered to advocate for change (Campbell, 2008). This involves engaging in continuous dialogue with the stakeholders to build commitment and trust. The last two stages in this phase are enabling action and creating short-term wins. At this stage all members need to work together to remove obstacles and empower all members to participate. Changing the culture of a work place takes
time, and as time goes on urgency drops and complacency arises (Kotter, 1996). Creating short term wins can help keep the momentum going. Wins should be celebrated in a highly visible way that is connected to the vision and then that momentum should be used to set new achievable goals (Clarke, 2010). After each win it is important to assess what went right and what needs improvement.

The seventh and eighth stages are consolidating gains to produce more change and anchoring new approaches in the organizational culture. The warning in these stages is not to declare victory prematurely. Declaring that the change has been successfully implemented means that people lose all urgency and if the changes have not been firmly anchored into the culture, people will slip back into the old way of doing things (Kotter, 1996). In this phase there needs to be a continued focus on the desired vision and the strategic steps required to achieve it until the change becomes a permanent part of the organization’s culture and is reflected in the shared norms and values (Clark, 2010). Kotter’s theory of change management will inform this study in that it sheds light on the various facets of change management that an organization expects to adopt to achieve effective change management. If these stages are breached then the possibility of failed change management is liable to arise.

**EMPIRICAL REVIEW**
This section delves into the review of the studies that have been carried out regarding organizational culture and effective change management.

**Organizational Culture**
Organizational culture is generally seen as a set of key values, assumptions, understandings, and norms that are shared by members of an organization and taught to new members as correct (Hofstede, 2005). In his study, Martin (2002) argued that, culture is a way of learning everyday life in an organization. The scholar emphasized that, the organization culture is a very important factor in managing change effectively. Yadollah and Sharifah (2012) in their empirical study in the Iranian oil companies indicated that the management of quality does not take place outside cultural influences, rather, it needs to be understood within the context of the prevailing shared values, beliefs and assumptions that are taken for granted. The foregoing is in relation to strategic change management.

It has been established that organization culture is directly linked to employee attitudes and behavior and is important in order to ensure the success of organization change. Understanding employee behavior and attitudes plays a very crucial role in order to develop relevant interventions to guide the change process. A study carried out by Narine and Persaud
(2003), showed that making large-scale change permanent in the long-term is very difficult. They, however, concluded that long-term change can only be achieved by making sure that the desired behaviors are consistent with the organization culture. Thus, if this is not achieved, there could be resistance to change if the change being initiated is contrary to the current organizational norms and beliefs.

Horota et al (2007) conducted an empirical study on Japanese firms regarding corporate culture. Their study findings led to the affirmation that, the strength of the corporate culture significantly affects corporate policies such as employment policy, financial structure and management structure. They also noted that culture affects corporate performance. The empirical result further indicated that, Japanese firms were criticized for their resistance to change both in the press and the mass-media. In a study carried out in Singapore, Hunag (2010) asserted that leaders and leadership teams constitute the key elements that shape the organizational culture.

An empirical investigation of the impact of organizational culture on human resource management (HRM) was conducted in Nigeria (Nyamer, 2013). In his study, he asserted that, organizational culture is not only able to guide behaviour and change attitudes within the work environment, but it also contributes remarkably by influencing behaviour and attitudes towards satisfactory performance. When citing Schein (2004), Nyamer observed that organizations do not achieve cultural change by accident; rather, they achieve it with defined strategy for high involvement and a measurable action plan. High involvement strategy is more often than not associated with initiatives that are already taking place in the organization such as total quality management (TQM) and/or total service quality (TSQ). According to Nyamer’s study results, it was revealed that, organizational culture has a positive and significant effect on HRM, and that organizational culture influences HRM management practices in an organization.

Muya and Wesonga (2012) studied the impact of organizational culture on performance of educational institutions in Kenya. They observed that, there is a close relationship between organizational culture and firm’s performance. The scholars further noted that, positive changes in employee satisfaction and customer satisfaction lead to positive changes in organizational performance. Ongera’s (2013) study on determinants of change management implementation in parastatals in Kenya, found that maintaining organizational culture is very essential in change management implementation.

**Effective Change Management**

Change management has been defined as the process of continually renewing an organizations direction and capabilities to serve the ever changing needs of the internal and external
environment (Moran & Brightman, 2001). The general aim of an organizational change is an adaptation to the internal and external environment (Leanna & Barry, 2000), or an improvement in performance. Change is an ever present feature of an organization (Burnes, 2004), both at the operational and the strategic level. Due to the importance of change management in the organizations, its management is becoming a highly required managerial skill (Senior, 2002).

Since the need for change is often unexpected, the response is usually ad hoc, reactive, discontinuous and often triggered by a situation of organization crisis (Burnes, 2004). Although the effective management of change is an essential requirement by any given organization (Luecke, 2003), Bougan and Hope (2004) report a failure rate of 70% of all change initiatives undertaken by the organizations.

There are various orders of change that need to be considered when undertaking effective change management in any given organization. In general, within the literature, the orders of change in an organization are considered in different perspectives (Higgs and Rowland, 2005) that tend to explore combinations of the scale of change and its relative impact on the core organizational paradigms (Burnes, 2004). Change in the public sector can also be presented as an interchange between radical (reform) waves and intermittent incrementalism (Wollmann, 2000). Carnall (2007) noted that a commonly encountered taxonomy for examining the types of change is the distinction between the incremental and radical change.

Wollmann (2000) carried out a research that described an emergent bottom-up modernization process in Germany local governmental reform that was driven from inside the organization without any intervention by higher government authorities. He found a lack of intervention or interference by the higher levels of government to be a condition for successful change management. Reichnard (2003) also studied local government reforms in Germany, Netherlands and Switzerland, concluding that there were similarities in their implementation. They were all bottom-up innovations involving informal and voluntary reform cooperation. He found out that there major driving force was the administrations characterized by passive Politicians, municipal think-tanks, the late involvement of academics and the strong influence of consultants. Askim et al (2009) carried out his research on government reforms in Norway. He divided the process of change management into two phases: the decision making phase and the implementation phase.

Salami’s (2010) on a study regarding the tool for affecting change management implementation in manufacturing industries in Nigeria, change management was found to be a vital element in the dynamic change environment. World Bank (2000) admitted that, there is limited empirical literature regarding change management in the public sector. It was, however,
noted that, human resource is a vital component of change management since the competence of the employees determine the quality of work in an implementation process.

Muya and Wesonga (2012) in a study revolving around organizational culture and performance in educational institutions in Kenya, argued that traits exhibited by firms that have weak cultures include politicized organizational environment, hostility to change, among others. In the same study, the scholars cited Deal (2005) and observed that, organizational culture is the epicenter of change. Ongera (2013) assessed the determinants of change management implementation in Kenya’s parastatals. The study noted that, in Kenya, corporate bodies have always been preoccupied with change as managers try to establish ways of capitalizing on opportunities created by economic and technological developments. Ndemo (2008) in his study noted that, all organizations are faced with change, whereas some are perceived to operate in more dynamic environments than others. Kinuu et al (2012) studied the factors influencing change management at Tamoil Kenya Limited. The study results indicated that, organizational change at the firm was characterized by a lack of clarity on the future state of the organization and an overemphasis on changes to structure.

**Conceptual Framework**

The reviewed empirical studies are conceptualizes into a framework of variables as illustrated in Figure 1. There are two sets of study variables namely independent and dependent variables. Organizational culture is the dependent variable while effective change management is the dependent variable. The framework illustrates the hypothesized relationship between the aforementioned variables.

![Conceptual Framework](image)

**Figure 1: Conceptual Framework**

**Organizational Culture**
- Way of learning
- Attitude
- Behaviour
- Leadership
- Cultural change

**Effective Change Management**
- Organizational culture
- Resistance to change
- Communication

**METHODODOLOGY**

**Research Design**

Each research method has its strengths and weakness and certain concepts are more appropriately studied through some methods than others (Cooper & Schindler, 2000). The study adopted a cross-sectional survey research design. The choice of this design was based on the
argument by Saunders et al (2005) that most studies undertaken for academic studies are time constrained and therefore a cross-sectional study was deemed feasible for this purpose.

**Target Population**
The target population is simply the population that the study findings are generalized to. In other words, it is the population to which the study is restricted. The target population constituted the 736 employees working with the Nakuru Level Five Hospital.

**Sample Size and Sampling Technique**
A sample is a subset of the study population. In other words, a sample is extracted from the target population. In the context of this study, sampling was necessitated by the fact that, the population was relatively large and it would have been constraining in terms of financial and time resources to include all members of the target population in the study. The study employed Nassiuma (2008) formula to derive the sample size.

\[
\begin{align*}
    n &= \frac{NC^2}{C^2 + (N-1)e^2} \\
    \text{Where,} \\
    n &= \text{Sample size;} \\
    N &= \text{Target population size;} \\
    C &= \text{Coefficient of variation at (21% ≤ C ≤ 30%)} \\
    e &= \text{Degree of precision at (2% ≤ e ≤ 5%)}
\end{align*}
\]

Substituting these values in the equation, estimated sample size (n) was:

\[
\begin{align*}
    n &= \frac{736 (0.25)^2}{0.25^2 + (736-1)0.03^2} \\
    n &= 64 \text{ respondents}
\end{align*}
\]

The sampled respondents were drawn from the target population using stratified random sampling method. This was due to the fact that, there are different strata of employees attached to the various departments in the hospital.

**Data Collection Instrument**
Quantitative data concerning the key variables of the study were collected using a structured questionnaire. The questionnaire was preferred because as asserted by Saunders et al (2005) the use of questionnaires provides a platform for each sampled respondent to be asked to
respond to the same set of questions. In doing this, it provides an efficient way of collecting responses prior to requisite quantitative analysis.

**Pilot Testing**

Pilot testing is essential in that it offers an opportunity of detecting any probable weaknesses in the research instrument. A pilot study was conducted among 74 employees working with Naivasha General Hospital who were selected randomly. The aforementioned respondents did not participate in the final study in order to avoid compromising the findings. The data collected in the pilot study were analyzed with the object of determining both reliability and validity of the research questionnaire used in the final study.

**Validity of the Research Instrument**

Validity is posited to be the extent to which the interpretations of the results of a test are warranted. The foregoing is argued to depend on the specific use the test is intended to serve (Kimberlin & Winterstein, 2008). The study determined the content validity by liaising with the University supervisor.

**Reliability of the Research Instrument**

Reliability is asserted to be a measure of how consistently an instrument can collect similar data when administered to different populations and/or at different times. Reliability estimates are used to evaluate the stability of measures administered at different times to the same individuals or using the same standard. Reliability coefficients range from 0.00 to 1.00 with higher coefficients indicating higher levels of reliability. The study used the Cronbach alpha to assess reliability of the research instrument. The reliability threshold was 0.7. Table 3.1 illustrates the results of the reliability test.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Test Items</th>
<th>Alpha Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Culture</td>
<td>6</td>
<td>0.810</td>
</tr>
<tr>
<td>Effective Change Management</td>
<td>3</td>
<td>0.793</td>
</tr>
</tbody>
</table>

As indicated in Table 1 the four study variables (organizational culture and effective change management) returned alpha values greater than 0.7. This implied that the research instrument capturing the four variables was found to be reliable to collect data from the sampled respondents.
Data Collection Procedure
The study was limited to primary data which were essentially collected using a structured questionnaire. Relevant consents were sought prior to collecting data from the sampled respondents. The questionnaire was issued to the respondents through their respective heads of department. The filled questionnaires were collected after three working days since their date of issuance.

Data Processing and Analysis
The collected data were processed and analyzed using the Statistical Package for Social Sciences (SPSS) version 21 software. The raw data were edited and coded before being analyzed by SPSS for the descriptive and inferential statistics. The findings of the study were presented in tables of frequencies, percentage, descriptive statistics and inferential statistics. The following regression model was employed.

\[ Y = \beta_0 + \beta_1X_1 + \epsilon \]

Where:
\( Y \) represents effective change management,
\( \beta_0 \) represents the constant
\( \beta_1 \) represents regression coefficient
\( X_1 \) represents organizational culture,

FINDINGS AND DISCUSSIONS
Response Rate
The study issued a total of 64 questionnaires. Out of the total questionnaires issued 57 were successfully filled and duly returned. The response rate was therefore 89.06%. This response rate was found to be acceptable (Nulty, 2008).

Descriptive Findings and Discussions
The study examined the views of the sampled respondents regarding factors affecting effective change management in Nakuru Level Five Hospital and public health sector at large. In particular, the study analyzed the respondents’ opinions relative to organizational culture, communication, resistance to change, and effective change management.

Organizational Culture
The study examined the opinions of the respondents concerning organizational culture. Their responses are illustrated in Table 2.
Table 2: Descriptive Statistics for Organizational Culture

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>n</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Culture is a way of learning everyday life in an organization</td>
<td>57</td>
<td>3</td>
<td>5</td>
<td>4.47</td>
<td>.601</td>
</tr>
<tr>
<td>ii.</td>
<td>The organizational culture is very important factor in managing</td>
<td>57</td>
<td>3</td>
<td>5</td>
<td>4.53</td>
<td>.601</td>
</tr>
<tr>
<td></td>
<td>change effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td>Organizational culture is directly linked to employee attitudes and behavior</td>
<td>57</td>
<td>1</td>
<td>5</td>
<td>3.79</td>
<td>1.013</td>
</tr>
<tr>
<td>iv.</td>
<td>Organizational culture affects our hospital performance</td>
<td>57</td>
<td>2</td>
<td>5</td>
<td>4.37</td>
<td>.747</td>
</tr>
<tr>
<td>v.</td>
<td>Organizational culture in our institution is shaped by leaders and leadership teams</td>
<td>57</td>
<td>3</td>
<td>5</td>
<td>4.37</td>
<td>.587</td>
</tr>
<tr>
<td>vi.</td>
<td>Our hospital achieves cultural change through defined strategy</td>
<td>57</td>
<td>2</td>
<td>5</td>
<td>4.00</td>
<td>.866</td>
</tr>
</tbody>
</table>

Respondents strongly admitted (mean = 4.53; stddev = 0.601) that organizational culture is a very important factor in managing effectively managing change. Further, respondents generally agreed (mean ≈ 4.00; std dev < 1.000) that culture is a way of learning everyday life in an organization and affected hospital performance. It was also admitted (mean = 4.00; stddev = 0.866) that organizational culture in the institution was shaped by leaders and leadership teams and cultural change in the hospital was achieved through defined strategy. Respondents agreed and also held extreme opinions regarding organizational culture being directly linked to employee attitude and behaviour (mean = 3.79; std dev = 1.013).

**Effective Change Management**

This section illustrates the views of the respondents in respect to whether organizational culture, communication and resistance to change influenced change management. Table 3 indicates the results.

Table 3: Descriptive Statistics for Effective Change Management

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>n</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Communication positively influences change management</td>
<td>57</td>
<td>3</td>
<td>5</td>
<td>4.47</td>
<td>.601</td>
</tr>
<tr>
<td>ii.</td>
<td>Organizational culture positively influences change management</td>
<td>57</td>
<td>4</td>
<td>5</td>
<td>4.63</td>
<td>.487</td>
</tr>
<tr>
<td>iii.</td>
<td>Resistance to change negatively influences change management</td>
<td>57</td>
<td>2</td>
<td>5</td>
<td>4.05</td>
<td>.895</td>
</tr>
</tbody>
</table>

It was strongly admitted (mean = 4.63; stddev = 0.487) that communication influenced change management. Further, respondents agreed (mean ≈ 4.00; stddev = 1.00) that resistance to change and organizational culture influenced change management. According to the findings,
organizational culture was the most important factor that influenced and could possibly influence effective change management in Nakuru Level Five Hospital.

**Inferential Findings and Discussions**

The study examined how each of the factors under study (organizational culture, communication, and resistance to change) influenced effective change management in Nakuru Level Five Hospital.

**Relationship between Organizational Culture and Effective Change Management**

The Pearson correlation analysis was used to establish the nature of relationship between organizational culture and effective change management. The results are outlined in Table 4.

<table>
<thead>
<tr>
<th>Organizational Culture</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.682**</td>
<td>.000</td>
<td>57</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

The findings indicated that the relationship between organizational culture and effective change management was positive, strong and statistically significant ($r = 0.682; p < 0.01$) between. This means that organizational culture positively and largely affected effective management of change in Nakuru Level Five Hospital. The results further indicated that as organizational culture got more embedded in the hospital’s system, the more effective change could be managed and the reverse is true. This implied that organizational culture in the hospital inculcated a sense of accepting change and change management through modeling behavior and attitude of the workforce towards effective change management. It can also be deduced that organizational culture created an environment where change could be effected and managed successfully.

The findings of this study concurred with earlier findings by Martin (2002) which had revealed that the organization culture is a very important factor in managing change effectively. The findings further supported earlier observations by Ongera (2013) that maintaining organizational culture is very essential in change management implementation.
Effect of organizational culture on Effective Change Management

The effect of organizational culture on effective management of change was also investigated. The results of regression analysis are illustrated in Tables 5.

Table 5: Regression Analysis

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>B</td>
<td>Std.Error</td>
</tr>
<tr>
<td>1 (Constant)</td>
<td>.941</td>
<td>.997</td>
</tr>
<tr>
<td>Organizational culture</td>
<td>.711</td>
<td>.156</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Effective Change Management

The results can be explained using the following regression model:

\[ Y = \beta_0 + \beta_1 X_1 + \epsilon \]

which is interpreted as:

\[ Y = 0.941 + 0.711 X_1 \]

where:

- \( Y \) and \( X_1 \) represent effective change management and organizational culture respectively.

The findings illustrate that a unit increase in effective change management was subject to 0.711 unit of organizational culture while holding 0.941 as a constant. The results further indicated that organizational culture was the most critical element that influenced effective change management at Nakuru Level Five Hospital. Therefore, the null hypothesis was rejected (\( t = 4.551; p < 0.05 \)). The findings indicated that it is imperative for Nakuru Level Five Hospital to be concerned about its organizational culture as it is very fundamental in ensuring effective change management.

SUMMARY

It was strongly agreed that organizational culture is a very important factor in managing effectively managing change. It was further agreed that culture is a way of learning everyday life in an organization. In addition, organizational culture was directly linked to employee attitude and behavior and affected hospital performance. Respondents admitted that organizational culture in the institution was shaped by leaders and leadership teams and cultural change in the hospital was achieved through defined strategy. The relationship between organizational culture and effective change management was positive, moderately strong and statistically significant (\( r = 0.682; p < 0.01 \)).

Respondents strongly admitted that communication influenced change management. They also agreed that resistance to change and organizational culture influenced change management. The above findings underscore the essence of the hospital looking into the
aspects of organization culture and communication since they have an influence in effective management of change. Resistance to change aspect also demands equal attention in order for it not to have detrimental effects on effective management of change. The study observed that a whopping 47% of effective change management in Nakuru Level Five Hospital could be attributed to organizational culture, communication and resistance to change. However, organizational culture of the hospital was found to be the most crucial factor in influencing effective change management.

CONCLUSIONS AND RECOMMENDATIONS

Organizational culture shows how things are done within an organization, that is the collective goal and standards of expected behavior in achieving such goals and includes the values, understanding and norms shared by members of the organization. It was noted that organizational culture positively influenced effective change management in Nakuru Level Five Hospital by inculcating learning behavior and influencing the attitudes and behavior of the employees towards change management. The study findings were supported by earlier studies.

The study suggested recommendations that were drawn from the study findings and are important for Hospitals in Kenya. It is recommended that Nakuru Level Five Hospital, through its leaders should inculcate a culture and environment that is open to change in order to effectively implement and manage change. A culture that is embraced by members of the hospital is important in instituting changes that are of benefit to them in the discharge of their duties.

Public hospitals are supposed to be alive to the implications of devolution since the public health and medical services have already been devolved to counties governments in Kenya. There has been persistent resistance by the medical staff in many public health facilities in different counties in Kenya in the recent past. This has been manifested in numerous go-slows and strikes by medical practitioners. Besides having their grievances addressing by the relevant authorities, the medical practitioners are supposed to change their culture and embrace devolution. Failure to acknowledge the changes that have been brought in by the Constitution of Kenya promulgated in 2010 is likely to render these practitioners a frustrated workforce.

LIMITATIONS OF THE STUDY

The study faced limitations particularly from respondents. Some of the respondents were skeptical to participate in the study by divulging information regarding their hospital. They premised their argument on the possibility of negative reprisals from their bosses in the event their identity was disclosed. The researcher assured them that their identity was not to be
disclosed to third parties. They were further assured that a letter of consent had been obtained from the relevant authorities of the hospital.

**SUGGESTIONS FOR FURTHER STUDIES**

It is suggested that other institutional factors such as the role of organizational management should be investigated and their effect on change management in public hospitals established in Kenya. Owing to the outcries of patients on the quality of health services and strikes of paramedics in Kenya, scholars are recommended to investigate the role of devolution on quality of health services. It is also suggested that researchers ought to examine the role of institutional factors on change management in private hospitals in Kenya.

**REFERENCES**


