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CHANGE MANAGEMENT STRATEGIES AND ORGANIZATIONAL DEVELOPMENT OF PUBLIC HOSPITALS IN KENYA: A CASE OF RIRUTA LEVEL 4 HOSPITAL

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ST PAUL'S UNIVERSITY

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JUNE, 2026

DECLARATION

This Dissertation is my original work and has not been presented in any other university for examination.

Signature  Date: 2nd June, 2026

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Supervisors Declaration

This dissertation report was submitted with our approval as the university student's supervisors.

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DEDICATION

This dissertation is dedicated to my late mother, Thelma Wanjiru, who encouraged me to keep pushing my limits pertaining to my studies and my goals, and to my children Lamar Imani and Thelma Amani, who have cheered me on, to always be my best self, as I yearn to set the right path for them to follow.

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ABSTRACT

The purpose of this study is to investigate the influence of change management strategies on organizational performance of public hospitals in Kenya, a case study of Riruta Level 4 Hospital. Public hospitals in Kenya face numerous challenges, including resource constraints, inefficient service delivery, and increasing demand for quality healthcare. Effective change strategies such as benchmarking, adoption of modern technology, organizational restructuring, and phased implementation of reforms are considered essential for enhancing efficiency, staff performance, and patient satisfaction. The purpose of this study is to investigate the influence of change management strategies on organizational performance of public hospitals in Kenya through a case study of Riruta level 4 hospital. Specifically, the study assessed the influence of benchmarking, evaluated the role of technology adoption, analyzed the effect of organizational restructuring, and examined the impact of phased change implementation on the organizational development of Riruta Level 4 Hospital. The study was underpinned by Lewin's Change Management Model, Kotter's 8-Step Change Model, Rogers' Diffusion of Innovation Theory, and Organizational Development Theory. A descriptive research design was adopted to allow an in-depth examination of the relationship among the variables. The target population comprised 47 medical and non-medical staff. The study adopted a census approach since the target population was small. Quantitative data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 28, employing descriptive statistics to summarize demographic information and perceptions of change management practices. Multiple linear regression analysis was used to examine the relationship between the independent variables (benchmarking, technology adoption, organizational restructuring, and phased change implementation) and the dependent variable (organizational development). Hypotheses were tested at a 0.05 level of significance. The findings revealed that benchmarking practices such as stakeholder involvement, data confidentiality, and monitoring mechanisms positively contributed to organizational development. Technology adoption, including the use of digital systems for patient registration and medical records, also enhanced efficiency, though its effect was relatively low compared to other factors. Organizational restructuring was found to significantly improve development through transparent redeployment, clear communication, and orientation of staff. The regression analysis revealed that all four variables including benchmarking, technology adoption, organizational restructuring, and phased change implementation had a positive and significant influence on organizational development at Riruta Level 4 Hospital, benchmarking ($B = 0.031$, $p = 0.003$) and technology adoption ($B = 0.020$, $p = 0.016$) were significant but showed relatively weaker contributions, indicating that while they improve efficiency, their overall effect is less compared to other variables. Organizational restructuring ($B = 0.376$, $p = 0.002$) had a stronger influence showing that measures such as staff redeployment, proper orientation, and clear communication during transitions meaningfully enhanced hospital performance. The most influential factor was phased change implementation ($B = 0.382$, $p = 0.001$), which showed that breaking down projects into manageable phases, monitoring progress, and involving staff at each stage strongly drives organizational development. The study concluded that while all four factors positively influenced organizational development, organizational restructuring and phased change implementation had the greatest impact. It recommends that public hospitals strengthen benchmarking and technology adoption, while giving priority to structured restructuring and phased approaches to change for sustainable growth and improved healthcare services.

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LIST OF ABBREVIATIONS

ACA	: Affordable Care Act
AI	: Artificial Intelligence
EBI	: Evidence Based Interventions
EHR	: Electronic Health Record
EMR	: Electronic Medical Records
KNH	: Kenyatta National Hospital
NACOSTI	: National Commission for Science, Technology and Innovation
OD	: Organizational Development
RL4H	: Riruta Level 4 Hospital
SUS	: Systems Usability Scale
UHC	: Universal Health Coverage
USA	: United States of America

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Organizational Development (OD) refers to a deliberate, systematic process aimed at improving an organization's capacity to handle internal and external change and enhance its overall performance, effectiveness, and adaptability (Sadique *et al.,* 2025). It encompasses both structural and cultural transformations, involving leadership development, communication enhancement, employee engagement, and improved operational systems. In public healthcare institutions, OD is not only a tool for change but also a necessity for delivering timely, equitable, and efficient medical services in a rapidly evolving environment. Change is a necessary part of organizational development, especially in public hospitals. These institutions must adapt to new healthcare policies, technology, and patient needs to improve service delivery (Blumenthal & Abrams, 2020). Change management involves structured approaches that help hospitals transition from one state to another while minimizing disruptions (Sharma et al., 2026). Effective change management is crucial in addressing challenges such as outdated infrastructure, inefficient processes, and resistance to new healthcare models.

Globally, public hospitals have adopted different change management strategies. In the United States, hospitals have implemented reforms to increase efficiency and improve patient care. Cleveland Clinic adopted a patient-centered approach, invested in staff training, and introduced digital health records to improve efficiency (Meyer et al., 2020). In the United Kingdom, Leeds Teaching Hospitals NHS Trust used Lean Management strategies to reduce patient waiting times and optimize resources. Leadership commitment and staff involvement were key to its success (Jones & Mitchell, 2021). One critical approach to managing change is benchmarking, where hospitals compare their performance against recognized standards to identify gaps and implement best practices. This enables them to improve operational efficiency and service quality, which is crucial for maintaining competitiveness and meeting the rising expectations of both patients and healthcare professionals (McCarthy & Eastman, 2021).

Public hospitals, particularly in developing countries, can use benchmarking to ensure they are at par with global healthcare standards, improving patient satisfaction, reducing wait times, and enhancing service delivery. By implementing benchmarking practices, hospitals can adopt a

culture of accountability in which performance is evaluated against both national and international standards (Müller et al., 2025). In developing countries, benchmarking not only facilitates service quality improvements but also contributes to transparency and institutional trust (Müller et al., 2025).

Technology adoption is another catalyst for OD. The introduction of digital health tools such as electronic health records (EHRs), telemedicine platforms, and mobile data systems can lead to more informed decision-making, improved care coordination, and enhanced data management (Merino-Barbancho & Fico, 2025). However, without proper change management, such innovations can fail due to resistance or lack of capacity. Successful integration of these tools requires training, stakeholder engagement, and alignment with institutional goals (Nair et al., 2024). In India, Apollo Hospitals adopted telemedicine and digital records to improve access and reliability, contributing to stronger institutional development and patient trust (Jain & Agrawal, 2020).

Hospitals in Asia have also introduced change management strategies. Apollo Hospitals in India adopted telemedicine and electronic medical records to improve healthcare access. These changes improved patient trust and hospital reputation (Jain & Agrawal, 2020). In China, hospital decentralization faced resistance due to rigid organizational structures and staff opposition (SHI, 2023). In Brazil, reforms to the Unified Health System (SUS) failed due to weak planning and lack of stakeholder engagement (Paschoalotto et al., 2025). These cases highlight the need for strong leadership and structured change processes.

Organizational restructuring also serves as a key element in adapting to the changing healthcare landscape, as it allows for a more efficient allocation of resources, better coordination among departments, and clearer roles and responsibilities (Zeid et al., 2024). These changes are often introduced in phases, allowing hospitals to assess the impact of each stage and make necessary adjustments, thereby reducing resistance and ensuring a gradual but steady transformation (Avcı, 2025). As the healthcare industry faces increasing pressure to deliver high-quality care with limited resources, public hospitals must employ comprehensive change management strategies, including benchmarking, technology adoption, organizational restructuring, and phased implementation, to enhance their resilience and improve patient care in a rapidly evolving environment. This process of organizational restructuring is often supported by a phased

implementation approach, which ensures that changes are introduced gradually, allowing for continuous assessment and adjustment. Phased implementation techniques enable hospitals to manage resistance, ensure that staff members are prepared for changes, and evaluate the success of each phase before proceeding with further transformations (Kolawole, 2024).

Across Africa, many public hospitals face systemic barriers to OD, including financial constraints, governance issues, and labour union resistance (Rulashe & Jam, 2025). In South Africa, Groote Schuur Hospital's efforts to digitise patient records and streamline care delivery were slowed by opposition from labour unions and administrative inefficiencies (Mashiloane, 2024). In Kenya, the devolution of health services in 2010 aimed to improve healthcare governance and equity. While some hospitals embraced reforms, many, such as Kenyatta National Hospital (KNH), struggled with limited resources, poor coordination, and resistance from staff (Kheir & Moussa, 2025). These challenges show the importance of leadership and staff involvement in managing change. In Kenya, public hospitals have undergone reforms since the devolution of health services in 2010. However, governance issues, financial constraints, and staff opposition remain challenges (Gikuni, 2023).

Furthermore, the ability of public hospitals to successfully manage change also depends on their organizational resilience. This resilience is critical in times of crisis, such as during the COVID-19 pandemic, when hospitals had to quickly adapt to increased patient loads and new healthcare demands. The lessons learned from the pandemic have highlighted the importance of flexibility, adaptability, and a proactive approach to change management in ensuring that hospitals can continue to function effectively in the face of challenges (Duvald et al., 2025). Organizational change management in public hospitals thus requires a comprehensive strategy that incorporates benchmarking, technology adoption, restructuring, and phased implementation techniques to foster both short-term adaptability and long-term sustainability.

The Universal Health Coverage (UHC) initiative introduced digital patient records, expanded medical services, and restructured hospital management. Kenyatta National Hospital (KNH) implemented these strategies to improve efficiency. However, inadequate funding, staff opposition, and bureaucratic delays slowed progress (Amba, 2024). Overcoming these challenges required government support, staff training, and collaboration with the private sector. Riruta Level 4 Hospital is a public healthcare facility in Nairobi. It provides medical services to

the local population but faces challenges such as outdated systems, inefficiencies, and resistance to change. The hospital has attempted to implement digital record keeping, staff training, and administrative restructuring. However, these efforts have encountered obstacles such as limited resources and unclear implementation frameworks. This study defines OD operationally as the measurable improvement in organisational performance, structure, efficiency, and service delivery through the application of strategic change management interventions. The four core strategies examined in this study, including benchmarking, technology adoption, organisational restructuring, and phased implementation, are conceptualised as independent variables influencing OD at Riruta Level 4 Hospital. By investigating how each of these strategies contributes to the development of the hospital's organizational structure, systems, and capacity, this research seeks to establish the extent to which change management facilitates sustainable institutional growth in Kenya's public healthcare sector. This study examines the change management strategies at Riruta Level 4 Hospital on organizational development. The findings will help improve healthcare service delivery and support long-term institutional growth.

1.2 Statement of the Problem

Organizational development (OD) is critical for enhancing institutional efficiency and adaptability in complex sectors such as healthcare. It involves structured interventions to improve organizational performance, staff alignment with institutional goals, service delivery, and long-term resilience (Armstrong & Taylor, 2022; Cummings & Worley, 2021; Nguyen & Wilson, 2023; Kamau & Atieno, 2024). Despite this, Riruta Level 4 Hospital, located in Dagoreti North Constituency, Nairobi County, is grappling with persistent OD challenges that significantly hinder its ability to deliver quality healthcare services and respond to dynamic healthcare demands.

The hospital continues to operate under inefficient and outdated organizational structures marked by rigid hierarchical decision-making and minimal staff consultation. This lack of participatory governance has created communication bottlenecks, delayed decision-making, and limited responsiveness to patients' needs (Mbugua & Atambo, 2023; Müller et al., 2025). Furthermore, organizational restructuring efforts have been ad hoc and poorly implemented, lacking clear frameworks, staff engagement, and outcome monitoring (Avcı, 2025). These failures have contributed to fragmented service delivery, reduced staff morale, and poor accountability across departments.

In terms of performance improvement, the hospital lacks a formal benchmarking system to assess and compare its performance with other facilities, both locally and internationally. Without such mechanisms, the hospital is unable to identify service delivery gaps, adopt best practices, or strategically prioritize improvement areas. Additionally, there is limited investment in capacity building and staff alignment, making it difficult to achieve shared organizational goals or sustain innovation. Another significant gap in OD at Riruta Hospital is the ineffective adoption of technology, including essential systems like electronic health records, patient tracking platforms, and digital administrative tools. These systems remain underutilized due to constrained financial resources, limited staff training, and resistance to digital transformation (Kumar et al., 2025; Zeid et al., 2024). The absence of a structured change management process, such as phased implementation and monitoring frameworks, has further exacerbated resistance and reduced the effectiveness of reform efforts. These organizational weaknesses at Riruta Level 4 Hospital reflect broader systemic challenges within Kenya's public health sector, where many facilities remain underdeveloped and unable to respond effectively to health shocks. The COVID-19 pandemic exposed these vulnerabilities, underscoring the importance of agile structures, technological readiness, and staff engagement in sustaining health service delivery (Müller et al., 2025). If Riruta Level 4 Hospital does not address its organisational development barriers, particularly in leadership, technology, performance benchmarking, and staff engagement, it will continue to experience service inefficiencies that compromise patient care. This study therefore seeks to examine how specific change management strategies, including benchmarking, technology adoption, organizational restructuring, and phased implementation, can be enhanced to the hospital's organizational development and strengthen healthcare service delivery.

1.3 Research Objectives

1.3.1 General Objective

The general objective of the study is to investigate the influence of change management strategies on organizational development in public hospitals through a case study of Riruta level 4 hospital, Kenya.

1.3.2 Specific Objectives

i. To assess the influence of benchmarking on organizational development of Riruta Level 4 Hospital, Kenya.

ii. To evaluate the influence of technology adoption on organizational development of Riruta Level 4 Hospital, Kenya.
iii. To analyze the influence of organizational restructuring on organizational development of Riruta Level 4 Hospital, Kenya.
iv. To evaluate the influence of phased change implementation on organizational development of Riruta Level 4 Hospital, Kenya.

1.4 Research Hypotheses

H_{o1}: Benchmarking has no statistically significant influence on organizational development at Riruta Level 4 Hospital, Kenya.

H_{o2}: Technology adoption has no statistically significant influence on organizational development at Riruta Level 4 Hospital, Kenya

H_{o3}: Organizational Restructuring has no statistically significant influence on organizational development at Riruta Level 4 Hospital, Kenya

H_{o4}: Phased Change Implementation has no statistically significant influence on organizational development at Riruta Level 4 Hospital, Kenya

1.5 Significance of the Study

This study on change management strategies and their impact on organizational development in public hospitals, specifically at Riruta Level 4 Hospital in Nairobi, holds significant importance for several reasons. The findings were useful to hospital administrators by providing evidence-based recommendations to improve decision-making and policy formulation. Policymakers and government agencies can use the insights to develop strategies that support efficient change management in public healthcare institutions. The study would benefit healthcare professionals by highlighting the importance of staff involvement and training in successful organisational transformation.

1.6 Scope and Limitation of the Study

1.6.1 Scope of the Study

This study focuses on Riruta Level 4 Hospital in Nairobi, Kenya. It examines the change management strategies on organizational development Riruta Level 4 Hospital. The study assessed key strategies such as benchmarking, technology adoption, restructuring, and phased implementation. It will involve hospital administrators, healthcare workers, and other relevant

stakeholders to gather insights into the effectiveness of these strategies. The study was conducted over a period of five months, from May to August 2025, encompassing proposal approval, data collection, data analysis, and report writing.

1.6.2 Limitation of the Study

Data collection for this study faced several limitations that could affect the validity and reliability of the data. First, the reliance on self-administered questionnaires may lead to response bias, where participants provided socially desirable answers instead of honest opinions, especially on sensitive issues related to organizational weaknesses. This compromised the validity of the data. Second, non-response or incomplete responses may occur due to the busy schedules of healthcare professionals, reducing the sample size and potentially affecting the reliability of the findings. However, Respondents were assured of confidentiality and anonymity to encourage honest and open feedback. The questionnaires were pre-tested to ensure clarity and improve instrument reliability. Follow-up reminders were sent to increase the response rate and completeness of data.

1.7 Assumption of the Study

This study assumed that the implementation of change management strategies at Riruta Level 4 Hospital significantly influenced its organizational development. The study assumed that hospital staff and administrators provided honest and accurate responses during data collection. It is also assumed that the hospital had adopted some level of change management practices, even if they are not fully structured or implemented. The study assumed that those external factors, such as government policies and funding, influence the hospital's ability to implement change effectively. It is assumed that the findings from this study were relevant and applicable to similar healthcare institutions facing comparable challenges.

1.8 Operational Definitions of Terms

Change Management – The systematic approach to dealing with the transition or transformation of an organization’s processes, structure, or culture. In this study, it refers to strategies used by Riruta Level 4 Hospital to implement and manage changes in its operations (Mouazen et *al*., 2024).

Change Management Strategies – refers to the specific methods, frameworks, and practices applied to facilitate organizational change. These may include staff training, technology

adoption, departmental restructuring, and resistance management within the hospital (Alazzam *et al*., 2024).

Organizational Development – The continuous process of improving an organization's effectiveness, efficiency, and adaptability. In this study, it refers to how Riruta Level 4 Hospital evolves and grows because of successfully managing change initiatives (Pisriwati *et al*., 2024).

Benchmarking strategies – refers to the process by which Riruta Level 4 Hospital identifies, compares, and adopts best practices from other successful public health facilities to improve its own service delivery, efficiency, and overall performance (Malhotra *et al*., 2024).

Technology Adoption – refers to the integration and use of digital tools, systems, and medical technologies by Riruta Level 4 Hospital to enhance health service delivery, streamline operations, and support decision-making (Granić, A., 2024).

Organizational Restructuring – refers to deliberate changes made in the hospital's internal structure, reporting lines, roles, or departments with the aim of improving coordination, communication, staff performance, and service efficiency (Ben *et al.,* 2024).

Phased Implementation of Change – refers to the step-by-step approach used by Riruta Level 4 Hospital to introduce and manage change initiatives gradually over time, allowing staff adjustment, continuous learning, and sustainable results Bedell, 2025)

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature, which comprises a theoretical and empirical review. A conceptual framework derived from the literature review results is also presented in this chapter. An overview and discussion of the present research gaps in the corpus of literature are included at the end.

2.2 Theoretical Review

Public hospital change management is a difficult process needing a methodical strategy to guarantee sustainability and successful application. Three generally accepted models anchor this work: Rogers' Diffusion of Innovation Theory, Lewin's Change Management Model, and Kotter's 8-Step Change Model and Organizational Development Theory. Especially in the healthcare industry, these models offer a methodical perspective on how change is brought in, embraced, and maintained in the healthcare sector.

2.2.1 Organizational Development (OD) Theory

Organisational Development (OD) theory provides the primary theoretical foundation for this study, with the Action Research Model advanced by French and Bell (1999) standing out as the key model guiding the intervention process. The Action Research Model conceptualizes organizational change as a cyclical and participatory process involving systematic diagnosis, collaborative planning, action, and evaluation. It emphasizes evidence-based decision-making, stakeholder involvement, and continuous learning, making it particularly suitable for complex public sector institutions such as public hospitals.

French and Bell (1999) argue that effective organizational change cannot be achieved through isolated or top-down interventions, but rather through an iterative process that actively involves organizational members in identifying problems, implementing solutions, and institutionalizing improvements. In the context of public healthcare institutions, the Action Research Model enables organizations to address deeply rooted challenges such as resistance to change, rigid bureaucratic structures, communication breakdowns, and inefficiencies in service delivery. By integrating diagnosis, feedback, and planned action, the model supports sustainable transformation rather than short-term corrective measures.

Consistent with contemporary OD scholarship, Organisational Development is understood as a long-term, systematic effort to improve organisational effectiveness through planned interventions grounded in behavioural science knowledge (Cummings & Worley, 2021). In healthcare settings, OD interventions contribute to improved service quality, enhanced staff performance, and strengthened institutional capacity by aligning people, processes, and structures with strategic objectives (Armstrong & Taylor, 2022). This study therefore adopts the Action Research Model within the broader OD framework to guide change initiatives at Riruta Level 4 Hospital, ensuring that interventions are participatory, data-driven, and capable of being embedded into the hospital's operational culture.

2.2.2 Kotter's 8-Step Change Model

John Kotter created the 8-Step Change Model in 1996, outlining a methodical strategy for organizational change. As healthcare facilities constantly adjust to new technology, changing regulations, and growing patient needs, change management is essential. In order to improve performance and service delivery, Kotter's 8-Step Change Model offers an organized method for successfully implementing change in hospital settings. Building urgency around change is emphasized in the first phase of Kotter's methodology. In hospital settings, this may be fueled by an increase in patient complaints, ineffective service delivery methods, or legal obligations. Hospitals that educate their staff about urgent healthcare issues report smoother transitions throughout change initiatives (Smith et al., 2020). For instance, hospitals that use electronic health record (EHR) systems effectively convey the dangers of old paper-based records in order to generate a sense of urgency. This is achieved by adoption of technology to spearhead transition. This included digitized services and technology in terms of soft and hardware.

To spearhead change initiatives, a committed leadership team must be assembled. Hospitals that create interdisciplinary leadership teams enhance coordination throughout restructuring procedures, according to empirical research like the one conducted by Jones and Taylor (2019). Leaders from several departments can work together to successfully handle resistance and support staff training initiatives. A well-defined plan and a clear vision are essential for coordinating hospital staff with transformation goals. Organizations with a compelling vision are more likely to see long-term performance improvements, according to Kotter (1996). Higher success rates in integrating new systems and increasing workflow efficiency are observed in

hospitals that employ technology adoption strategies with a well-defined roadmap, according to Green et al. (2021).

Hospital staff buy-in and resistance are decreased when change objectives are communicated effectively. Multiple communication methods, including town hall meetings, training sessions, and digital platforms, have been shown to increase worker involvement in hospitals. According to Lee et al. (2018), open communication in change management programs boosts staff morale and collaboration.

Staff can actively engage in transformation activities when obstacles to change are removed. Hospitals that promote a culture of ongoing education and professional growth enable more seamless transfers, according to Brown and White (2020). Patient satisfaction and staff competency are better in hospitals that spend on training staff on new medical technologies. Early accomplishment increases motivation and keeps the momentum for long-term transformation going. According to Patel et al.'s (2021) research on hospital reorganization, acknowledging staff members' contributions and acknowledging small victories boosted their general commitment to change. Participation in change processes is typically maintained by hospitals that track and report small gains in service efficiency.

Sustaining change requires ongoing assessment and reinforcement of new processes. Carter and Smith (2017) suggest that hospitals implementing continuous improvement frameworks post-change implementation experience better performance outcomes.

Hospitals that update their training programs to align with technological advancements ensure long-term operational efficiency. Embedding changes into hospital culture ensures lasting transformation. Williams and Johnson (2019) indicate that hospitals with strong organizational cultures that support innovation are more adaptable to industry changes. Successful hospitals integrate change-oriented behaviors into staff performance evaluations and professional development plans. Kotter’s 8-Step Change Model has been widely applied in hospital settings to drive performance improvements through structured change management strategies.

2.2.3 Lewin’s Change Management Model

Lewin Kurt (1947) introduced a three-stage model, Unfreeze, Change, and Refreeze, to explain how organisations transition from their current state to a desired future state. The first stage of

Lewin's model involves breaking down existing structures and creating awareness of the need for change. Studies highlight that hospitals often use internal audits, patient feedback, and performance evaluations to identify inefficiencies and create a sense of urgency (Burke, 2018). Fernandez and Rainey (2020) found that hospitals preparing to implement electronic health record (EHR) systems engaged staff in discussions about the risks of paper-based records and the benefits of digital transformation. Hospitals that communicate the rationale for change clearly and involve employees in decision-making experience less resistance and greater acceptance (Anderson et al., 2019). The need to change can be because of the implementation of benchmarking initiatives acquired through data collection and documentation.

The second phase focuses on the transition to new processes, structures, or behaviours. Dawson (2021) indicates that hospitals adopting new technologies or restructuring departments must provide adequate training and support to employees. Hospitals that invest in capacity-building programs and continuous professional development report higher success rates in change initiatives (Oreg *et al*., 2020). Bridges and Mitchell (2019) showed that hospitals implementing telemedicine solutions achieved smoother transitions by providing step-by-step guidance to staff and ensuring technical support was readily available. Lewin's model's last phase focuses on maintaining long-term sustainability and reinforcing new habits. Research shows that hospitals are more successful at sustaining change when they incorporate new policies into frameworks for performance reviews and incentive programs (Hayes, 2022). For example, by including system utilization numbers in their performance reviews, hospitals that implemented automated patient management systems made sure employees followed new protocols. During this stage, organizational culture is important. According to Cameron and Green (2021), hospitals that include continuous improvement ideas into their work culture are better able to adjust to changes in the future and sustain high performance levels. Lewin's Change Management Model offers hospitals a methodical way to implement change that improves operational effectiveness and service delivery. This clearly illustrates phased change implementation as implementations were conducted in three steps and followed timelines to achieve a huge milestone in the health sector.

2.2.4 Rogers' Diffusion of Innovation Theory

Rogers Everett (2003) proposed the Diffusion of Innovation Theory, which explains how new ideas, technologies, or practices spread within an organization. The Diffusion of Innovation (DOI) Theory developed by Rogers offers a paradigm for comprehending the introduction,

adoption, and maintenance of innovations in healthcare environments. According to Rogers (2003), five essential characteristics relative advantage, compatibility, complexity, trialability, and observability determine the likelihood of innovation uptake in hospitals. According to Greenhalgh et al. (2020), hospitals are more likely to embrace innovations that offer a definite advantage over current procedures, are consistent with organisational principles, and are simple to execute. Gagnon et al. (2019) discovered that hospitals using electronic health record (EHR) systems had better workflow efficiency and patient data management, which resulted in increased adoption rates among the institutions. This indicates that adoption of technology plays an important role in organizational development through increased efficiency and satisfaction.

The dissemination of innovations in hospitals is greatly aided by efficient communication channels. Peer talks and training sessions are examples of internal communication that help lessen resistance to change. Hospital administrators are influenced to think about new technology by external communication, including research articles and professional conferences (Rezaee et al., 2022).

According to Rogers (2003), hospital innovations are adopted in an S-curve fashion, moving from early adopters to laggards. Depending on variables including staff willingness, leadership support, and financial resources, hospitals' preparedness to adopt change varies (Creswell & Sheikh, 2018). According to Ross et al. (2022), early telemedicine service adopters were able to respond to the COVID-19 pandemic with effectiveness, while late adopters found it difficult to execute because of resistance and a lack of readiness. The way innovations spread at a hospital is influenced by its social structure, which includes collaboration, leadership, and staff culture. According to West et al. (2020), adoption rates are positively impacted by strong leadership support and participation from opinion leaders. Hospitals using robotic surgery technology had greater success rates when senior management actively supported the program and supplied the required training materials, according to Kaplan et al. (2021).

According to Rogers (2003), hospital employees can be divided into five groups: laggards, early adopters, innovators, early majority, and late majority. It is possible to speed up the diffusion process by locating and interacting with early adopters (Greenhalgh et al., 2020). Transformation initiatives are more successful in hospitals that use innovation champions and change agents in departments (Barnett et al., 2019). Incentives and continuous support for late adopters guarantee

the long-term viability of innovative practices (Fixsen et al., 2021). Rogers' DOI Theory offers important insights into how hospitals can use organized innovation adoption processes to successfully implement and manage change. Hospital performance and service delivery can be improved by emphasizing innovation characteristics, utilizing communication channels, resolving time-related adoption hurdles, cultivating a supportive social structure, and involving various adopter categories.

The three models are complementary to one another since they address distinct facets of implementing change. Organizational Development theory serves as the core theoretical lens in this study because it addresses the hospital's long-term institutional development and capacity-building needs. Kotter presented a comprehensive, action-oriented paradigm, Rogers describes how innovations spread in medical environments, and Lewin offers a wide foundational perspective. Through organizational reform, technology adoption, and staff training, the study aims to investigate how these factors affect the growth of public hospitals. Kotter's model discusses leadership and organized change processes, Lewin's model aids in understanding sustainability and resistance to change, and Rogers' theory clarifies the adoption of new practices and technologies. But since each theory has been used extensively in healthcare environments, it can be used to analyze hospital change management tactics. Together, their perspectives offer a comprehensive picture of how hospitals can enhance operational effectiveness and care delivery.

2.3 Empirical Review

This section reviews empirical studies relevant to the research topic, structured according to the study's objectives.

2.3.1 Benchmarking and Organizational Development

Benchmarking is widely used to improve organizational performance in healthcare systems. Benchmarking has played a key role in hospital development. Globally, studies have shown that benchmarking helps hospitals identify best practices and enhance service delivery. A study by Smith et al. (2023) in the United States found that hospitals using benchmarking experienced a 15% improvement in patient care efficiency. However, the study also noted that some hospitals struggled to implement benchmarking due to staff resistance and limited resources. Also, a study in the United Kingdom by Johnson & Brown (2022) reported that hospitals that engaged in international benchmarking improved their management processes. However, they also faced challenges in adapting foreign practices to local conditions.

A study conducted in Canada by Williams et al. (2023) found that hospitals utilizing benchmarking frameworks saw a 20% reduction in patient wait times and improved resource allocation. However, the study highlighted that those hospitals in rural areas had difficulty accessing comparable data due to differences in healthcare infrastructure. A study by Miller & Roberts (2021) reported that hospitals participating in benchmarking initiatives demonstrated improved operational efficiency and patient outcomes. Nonetheless, they found that some hospitals lacked standardized benchmarking tools, making comparisons difficult.

A study in China by Li et al. (2021) found that hospitals using benchmarking improved patient satisfaction rates by 20%. However, cultural differences and hierarchical hospital structures made it difficult to fully implement benchmarking practices. In the Middle East, a study by Ahmed & Khalid (2022) found that benchmarking improved hospital efficiency, but some hospitals lacked the necessary technology to collect and analyze benchmarking data.

Hospitals that engaged in benchmarking with Western healthcare institutions showed significant improvements in clinical performance in Japan (Tanaka et al., 2023). However, challenges arose due to differences in medical guidelines and healthcare policies. A study by Gupta & Sharma (2022) found that public hospitals adopting benchmarking practices improved patient care standards. However, they also noted that corruption and bureaucracy slowed down implementation efforts.

A study by Nkosi et al. (2023) found that benchmarking led to better resource allocation and improved patient outcomes. However, they also found that limited funding and inadequate healthcare policies hindered the full adoption of benchmarking. Hassan et al. (2024) found that while benchmarking helped hospitals adopt best practices, poor infrastructure and corruption weakened its impact. These findings highlight the need for strong institutional support for benchmarking in African public hospitals.

A study by Tesfaye et al. (2023) examined how benchmarking improved hospital management. Their findings showed that hospitals engaging in benchmarking reported higher efficiency in medical service delivery. However, the study noted that a lack of training in data analysis limited the effectiveness of benchmarking initiatives. Benchmarking was found to enhance healthcare administration in public hospitals, but limited interoperability of health data across facilities reduced its impact (Osei & Mensah, 2022).

In Kenya, public hospitals have increasingly adopted benchmarking as a strategy for improving service delivery. A study by Mwangi et al. (2023) found that hospitals engaged in benchmarking saw improvements in staff performance and patient satisfaction. However, the study also noted that benchmarking was often hindered by inadequate financial resources and lack of trained personnel. Another study by Kamau & Mutua (2022) observed that while benchmarking improved hospital efficiency, its effectiveness was limited by bureaucratic delays in implementing changes. These studies suggest that while benchmarking has potential, its success depends on addressing financial and administrative barriers.

A study by Otieno et al. (2024) investigated the role of benchmarking in county hospitals. They found that hospitals implementing benchmarking strategies recorded significant improvements in patient outcomes and hospital operations. However, inadequate infrastructure and technological disparities between urban and rural hospitals posed significant obstacles. Wanjiru & Kibet (2023) studied benchmarking initiatives in referral hospitals and found that while some hospitals had successfully implemented benchmarking programs, others struggled due to inconsistent funding and poor policy implementation. A study by Njoroge (2024) examined the impact of benchmarking on patient satisfaction at public hospitals in Nairobi. The findings showed that hospitals that engaged in benchmarking experienced higher patient satisfaction levels compared to those that did not. However, the study also identified a lack of collaboration between hospitals as a major obstacle to effective benchmarking.

2.3.2 Technology Adoption and Organization Development

The integration of technology in public hospitals has been pivotal in enhancing operational efficiency across various countries. The adoption of technology in public hospitals has revolutionized healthcare delivery, improving efficiency, reducing costs, and enhancing patient outcomes. One of the most transformative technologies in public hospitals is Electronic Health Records (EHRs), which replace traditional paper-based documentation, improving efficiency in data retrieval, communication, and patient tracking (Jones et al., 2023). Public hospitals have embraced Lean management principles to optimize processes and enhance efficiency. A comparative study between U.S. and Italian hospitals revealed that while both have adopted Lean practices, Italian hospitals reported higher self-assessed performance, highlighting cultural influences on implementation strategies (Villa et al., 2022). Hospitals like Nottingham

University Hospitals have implemented voice-controlled patient systems, allowing patients to adjust lighting, entertainment, and communication tools, thereby enhancing patient autonomy and reducing the workload on nursing staff (Cookson, 2025). Also, Hull University Teaching Hospitals have adopted radio-frequency identification (RFID) technology to track medical equipment, ensuring availability and reducing time spent locating devices (Cookson, 2025).

The Veterans Health Administration (VHA) implemented the Veterans Health Information Systems and Technology Architecture (VistA), an integrated EHR system that significantly reduced medication errors and improved healthcare coordination (Smith & Patel, 2022). Also, the Mayo Clinic adopted Epic EHR, which streamlined workflow efficiency, reduced redundancy, and enhanced clinical decision-making (Brown et al., 2022). The Cambridge University Hospitals NHS Foundation Trust implemented Epic Systems EHR, achieving HIMSS Stage 6 certification, indicating an advanced level of digital transformation (Harrison, 2023). The system improved patient record accessibility and reduced administrative workload (Harrison, 2023).

The healthcare system excels in community-based care, technology integration, and preventative measures. The use of technology includes remote surgeries and paperless hospitals with electronic health records, contributing to improved patient outcomes and operational efficiency in Denmark (Sylvester, 2025). Seha Virtual Hospital, the world's largest virtual hospital, provides remote medical care through video consultations and monitoring devices. This approach addresses challenges related to geographical access and healthcare costs, demonstrating the efficacy of virtual healthcare models in public health systems (Cookson, 2025; Ahmed, 2024).

Emerging economies are leveraging technology to address healthcare challenges. In India, the ReMiND project utilized basic mobile health applications to enhance community health worker performance, leading to significant improvements in maternal and infant health outcomes in rural areas (Deloitte, 2025). Also, Chile's AccuHealth combined remote monitoring and artificial intelligence to improve the quality of life for patients with chronic conditions, showcasing the potential of technology in transforming healthcare delivery (Deloitte, 2025). Also, Oulu University Hospital in Finland launched a 5G network to enhance communication and support advanced technological applications, such as remote surgeries and real-time data analytics, contributing to improved operational efficiency and patient outcomes (Cookson, 2025). The

Cleveland Clinic, a medical center with operations in the U.S. and London, utilizes an AI algorithm to identify patients at risk of sepsis a life-threatening condition resulting from the body's extreme response to infection (Cookson, 2025). Müller et al. (2024) studied the impact of automated sample processing at Zurich University Hospital. The findings showed that laboratory result turnaround time decreased by 40%, allowing faster diagnostics and improving patient management in critical care units.

The all-India Institute of Medical Sciences (AIIMS) adopted teleconsultation platforms during the COVID-19 pandemic, which helped in delivering remote care to over 500,000 patients while reducing congestion in hospital facilities (Gupta et al., 2023). By integrating CPOE with AI, the Lagos University Teaching Hospital was able to optimize medicine administration and reduce prescription errors by 60% (Adeyemi & Ojo, 2023). AI-enhanced order input systems were also used at the Chris Hani Baragwanath Hospital, which simplified laboratory test requests and cut results turnaround times by 45% (Moyo & Nkosi, 2024). The advantages of AI-assisted emergency department triage were examined in a study conducted at Rabat University Hospital by El Idrissi and Hamza (2023). According to the study, computerized triage-improved patient prioritizing, expedited emergency care workflows, and cut ER wait times by 50%.

Mokgweetsi et al. (2024) investigated the effects of robotic process automation (RPA) on hospital billing and claims processing at Princess Marina Hospital. According to the study, the time needed to process claims was cut by 60%, which would guarantee quicker patient reimbursements and save administrative costs. In order to increase early intervention and treatment rates in Ethiopia, Tikur Anbessa Hospital has piloted an AI-assisted medical imaging system to identify tuberculosis, cutting the diagnostic time from 48 hours to just 6 hours (Hailemariam et al., 2023). By implementing SmartCare EHR, the Black Lion Hospital in Addis Ababa increased workflow efficiency, decreased appointment scheduling mistakes, and improved patient data accessibility (Abebe & Teshome, 2023). In partnership with St. Paul's Hospital Millennium Medical College, Ethiopia's Ministry of Health launched telemedicine services, increasing rural residents' access to specialized treatment by 30% (Tekle & Mulugeta, 2023).

The Aga Khan University Hospital in Nairobi has implemented AI-powered triage tools to control the flow of patients through the emergency department. This method improves overall

hospital efficiency by prioritizing important cases and cutting wait times by 35% (Wambui & Karanja, 2023). A telemedicine and mobile health (mHealth) platform called E-Health Kenya was introduced by the Ministry of Health. It links professionals in urban areas with distant facilities. Access to specialist consultations has increased and referral delays have been cut in half thanks to this program (Mutunga et al., 2024). According to Ndung'u and Omondi (2023), Moi Teaching and Referral Hospital (MTRH) has also used smart bed management systems that use RFID tracking to minimize patient overcrowding and maximize hospital space utilization. Wangari et al. (2024) discovered that KNH has implemented AI-assisted prescription systems, which have improved pharmaceutical inventory management and reduced medication errors by 55%.

Public hospital technology adoption is a worldwide phenomenon, with many nations introducing different digital technologies to improve operational effectiveness. Advanced communication networks, CPOE systems, EHRs, and virtual hospitals are just a few examples of the technologies that are revolutionizing healthcare delivery, enhancing patient outcomes, and making the best use of available resources. As hospitals continue to embrace digital transformation, they will be better prepared to handle the challenges and expectations of healthcare in the future.

2.3.3 Organizational Restructuring and Organization Development

Anderson *et al*. (2023) investigated the effect of departmental restructuring on worker productivity at Johns Hopkins Hospital in the United States. The results showed that combining overlapping administrative divisions improved resource allocation efficiency and decreased redundancy by 30%. Restructuring clinical departments also improved interdisciplinary collaboration by 20%, which improved workflow efficiency and patient outcomes. Thompson and Lewis (2023) looked into the effects of restructuring on medical staff at London's St. Thomas' Hospital. According to the study, staff efficiency increased by 15% when hospital departments were reorganized according to service lines rather than conventional hierarchical systems. Additionally, staff members noticed a 25% decrease in redundant labor, freeing them up to concentrate more on patient care rather than administrative tasks.

Larsen and Jensen (2024) investigated the effects of reorganizing support services in public hospitals at Rigshospitalet in Denmark. According to the study, there was a 20% increase in

operational efficiency when non-clinical activities like cleaning and catering were contracted out to specialist businesses. Hospital productivity increased as a result of this reorganization, which freed up healthcare professionals to concentrate entirely on patient care. A study conducted at Hospital General de México in Mexico City by Martínez and Rodríguez (2024) examined how departmental restructuring affected hospital performance. According to the study, there was a 40% increase in patient flow when emergency, outpatient, and inpatient care units were combined into one operational unit. Because of the better allocation of the workload, this reorganization resulted in a 25% reduction in patient wait times and a 30% increase in staff productivity.

A study on the reorganization of administrative departments was carried out at Charlotte Maxeke Johannesburg Academic Hospital by Moyo and Dlamini (2023). The results showed that operational expenses were lowered by 22% when HR, procurement, and IT services were consolidated under a single management system. Additionally, because of the removal of needless red tape that had previously postponed important decision-making, healthcare employees reported a 12% increase in job satisfaction. Silva and Pereira's (2024) study at Hospital das Clínicas in Brazil evaluated how administrative reorganization affected hospital productivity. According to the study, centralizing scheduling and digitizing medical records cut down on paperwork-related inefficiencies by 50%. Overall hospital performance improved as a result of this modification, which gave clinicians 30% more time to consult with patients.

Ramesh et al.'s (2023) study at the All-India Institute of Medical Sciences (AIIMS) examined how departmental restructuring affected public hospitals. According to the study, emergency response times were lowered by 25% by combining the inpatient and emergency departments into a single critical care unit. The improved cooperation between emergency physicians and inpatient specialists also led to an improvement in hospital-wide performance.

Nkosi and Mthembu's (2023) study at Tygerberg Hospital concentrated on internal hospital logistics reorganization. Results indicated that response times for urgent medical supplies improved by 15% and pharmaceutical shortages decreased by 30% as a result of automating supply chain operations and inventory tracking. The productivity of hospital employees rose as a result of less time spent on manual inventory management. At the Parirenyatwa Group of Hospitals, Moyo and Chikanda (2024) carried out a study on nursing team restructuring.

Establishing specialist nursing task forces enhanced patient monitoring and resulted in a 25% decrease in readmission rates, according to the data. Because responsibilities were divided equally, nurses reported higher levels of job satisfaction and fewer cases of burnout.

Ben Said and Khalil (2023) investigated the effects of medical administration reorganization at Charles Nicolle Hospital in Tunisia. According to the study, staff cooperation increased and paperwork was cut by 45% when electronic patient records were integrated into a centralized system. Hospital performance improved as physicians and nurses reported 20% more time available for patient care. Mahmoud et al. (2024) investigated emergency response unit reorganization at Cairo University Hospital. According to the study, patient wait times were lowered by 30% by combining the trauma and emergency departments into a single, efficient system. Additionally, when nurses' and doctors' roles were more clearly defined, inefficiencies brought on by overlapping responsibilities were reduced, increasing hospital staff productivity. Diop and Faye (2024) investigated restructuring efforts at the Aristide Le Dantec Hospital in Dakar, Senegal. The results showed that reorganizing the procurement and finance divisions increased supply chain efficiency and cut operating expenses by 18%. Hospital employees reported a 40% reduction in shortages of medical supplies and medications, which made hospital operations run more smoothly.

Ngassa and Mbarga's (2023) study at Yaoundé Central Hospital investigated the impact of restructuring outpatient services on hospital performance. According to the study, there was a 28% increase in service efficiency when outpatient departments were consolidated into integrated care units. Additionally, better service coordination resulted in a 35% improvement in overall satisfaction, according to patient feedback questionnaires. A study conducted at Mbabane Government Hospital by Dlamini and Simelane (2024) evaluated the effects of financial management restructuring. According to the study, hospital resource planning was enhanced and revenue losses were decreased by 22% through the use of centralized billing and electronic financial tracking systems. Employees noted increased efficiency and accountability in handling insurance claims and patient payments.

Teshome et al. (2024) at Black Lion Hospital studied the restructuring of surgical and outpatient departments. According to their findings, surgery completion rates increased by 35% when surgical units were realigned based on specialty rather than general surgery. Because nurses and

surgeons collaborated more effectively in specialized teams, this reorganization also resulted in a 25% decrease in patient recovery times. Mugisha and Kamya (2023) evaluated the impact of reorganizing human resources management at Mulago National Referral Hospital in Uganda. Results indicated a 15% increase in worker retention and a 25% decrease in hiring delays when HR operations were consolidated into a single department. Because of clear professional growth options and promotion tracks, employees expressed greater job satisfaction.

Omondi and Njoroge (2024) investigated the effect of restructuring on nurse productivity at Kenyatta National Hospital. According to the study, there was a 40% reduction in processing time for patient admissions when nursing teams were reorganised into specialised task groups. Additionally, because healthcare professionals felt more empowered to make decisions within their designated teams, the study showed a 20% boost in employee engagement.

2.3.4 Phased Implementation of Change and Organizational Development

Phased implementation of change is a structured approach where changes are introduced in steps rather than all at once. This method allows organizations to monitor progress, address challenges at each stage, and adapt accordingly. Small et al. (2016) emphasize that change processes in healthcare should follow a phased model consisting of preparation, execution, and sustainability. They argue that when hospitals implement changes in a stepwise manner such as first introducing new policies, then updating procedures, and finally reinforcing staff training it leads to smoother transitions and better organizational outcomes. However, the study also warns that if the initial phase is not well executed, subsequent phases may face greater resistance or fail to achieve the desired results.

Pomare et al. (2019) examined hospital redevelopment and found that phased implementation helped mitigate resistance among healthcare workers. Their research revealed that starting with minor infrastructural changes before introducing new workflows allowed staff to gradually adjust to the transformation. However, the study highlights that if communication is weak in the early phases, misunderstandings can persist throughout the implementation process, leading to inefficiencies.

Edwards and Saltman (2017) further argue that phased change is essential in public hospitals because it prevents system overload. They studied hospitals in Europe and found that gradual policy shifts, such as adjusting staffing policies before modifying patient care protocols, resulted

in better staff cooperation and patient safety. However, the study notes that delaying later phases too long can create uncertainty among employees, reducing overall effectiveness.

Public hospitals in Africa have adopted phased implementation of change with varying levels of success. Musili and Mutinda (2021) examined strategic management practices at Kenyatta National Hospital and found that hospitals introducing changes gradually, such as first restructuring leadership, then improving infrastructure, and later addressing service delivery, tended to experience less resistance. However, they noted that in some cases, the early phases were not given adequate support, which weakened later stages of the process.

Ongaro (2004) also explored change management in Kenya's largest referral hospital. His research found that phased implementation was useful in workforce restructuring, where changes in departmental leadership were introduced first, followed by staff training, and finally service delivery reforms. The study showed that this approach prevented abrupt disruptions in hospital operations. However, the study was conducted before recent healthcare policy shifts, which may require updated insights into modern phased implementation challenges.

Francis and Kegoro (2018) studied health facilities in Tharaka Nithi County, Kenya, and found that phased change, such as first upgrading medical equipment, then recruiting additional staff, and finally revising patient care procedures, allowed hospitals to gradually adapt to new systems. However, they also found that some hospitals did not allocate enough resources for subsequent phases, leading to incomplete implementation and limited impact.

A study by Musili and Mutinda (2021) reinforced these findings, showing that phased implementation in Kenyan hospitals improved communication and service delivery. However, they pointed out that insufficient funding for intermediate phases often resulted in stalled reforms. This suggests that successful phased change requires strong financial and managerial support to sustain progress from one phase to the next.

Ongaro (2004) examined change management at Kenyatta National Hospital and found that phased restructuring of departments, starting with administrative units, followed by medical teams, and then patient services, helped maintain hospital stability while improvements were made. However, he cautioned that if phases were not clearly defined, employees could become confused about the transition process, leading to inefficiencies.

2.4 Conceptual Framework

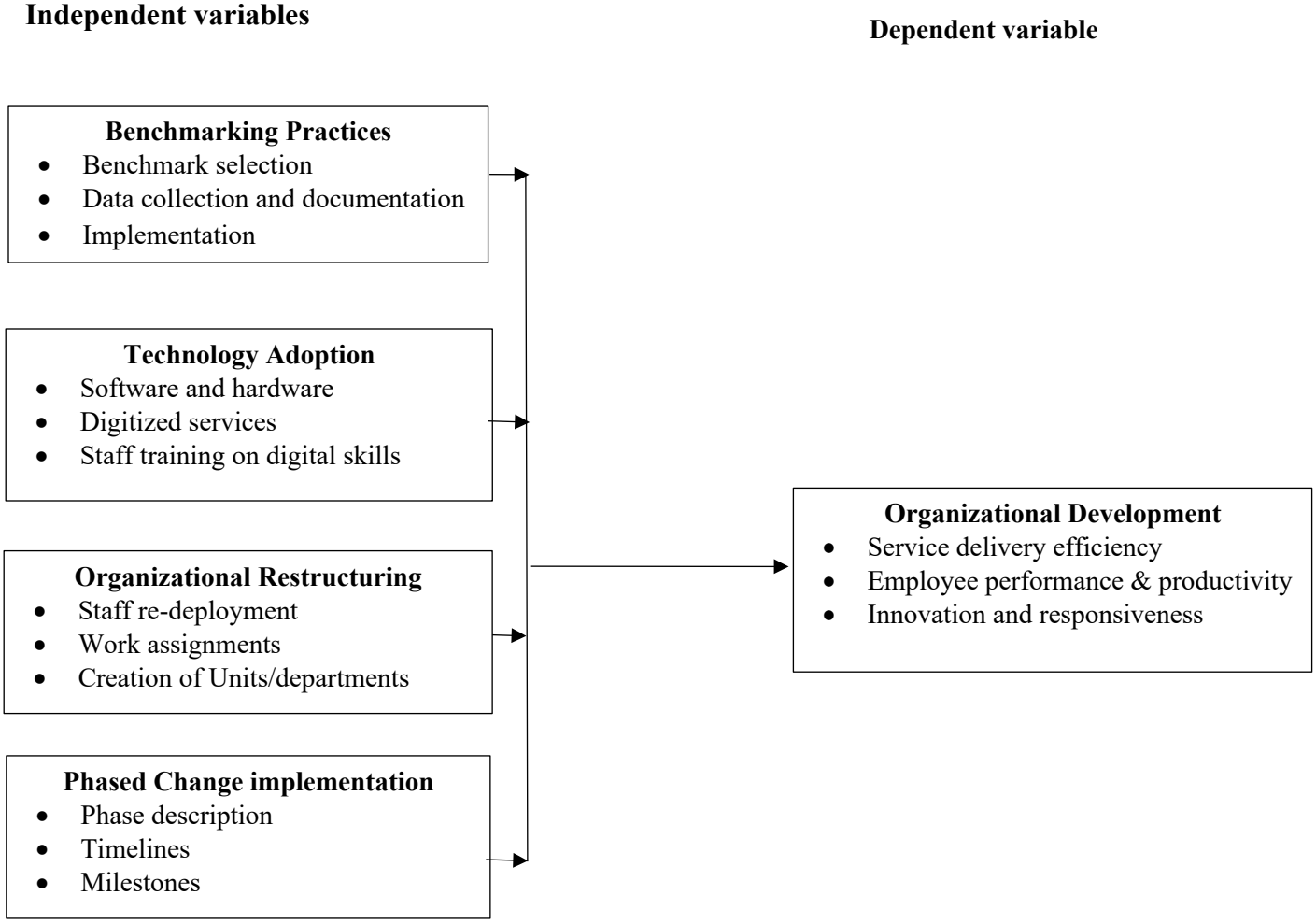


Figure 2. 1: Conceptual framework

This conceptual framework illustrates the relationship between selected organizational change interventions and organizational development outcomes in a public hospital setting. The independent variables include benchmarking practices, technology adoption, organizational restructuring, and phased change implementation, which represent deliberate organizational development interventions, informed by change management and action research principles. Benchmarking focuses on learning from best-performing institutions through systematic data collection and implementation. Technology adoption emphasizes the integration of digital systems, software, hardware, and staff digital skills. Organizational restructuring addresses the realignment of human resources, work assignments, and departmental configurations to improve

operational efficiency. Phased change implementation reflects structured sequencing of change activities through defined phases, timelines, and milestones.

These interventions collectively influence the dependent variable, organizational development, measured in terms of service delivery efficiency, employee performance and productivity, and innovation and responsiveness. The framework demonstrates that coordinated and systematic application of these interventions contributes to improved organizational performance and sustainable development in public hospitals.

2.5 Research Gap from The Literature

The literature review explored theories and empirical studies on change management strategies in hospital performance and service delivery. It examined key areas such as staff training and capacity building, the impact of technology adoption on service delivery, and organizational restructuring to enhance performance. However, existing research gaps highlight the need for this study to address overlooked aspects and provide deeper insights. Most research is from developed countries. There is limited research on how benchmarking works in African public hospitals, especially in Kenya. Studies mention staff resistance, but they do not explain why staff resist or how to deal with resistance when introducing benchmarking. However, very few studies explore how public hospitals can learn from each other through benchmarking partnerships.

Technologies like AI, EHR, and telemedicine are mostly designed in developed countries. There is little research on how these tools are customized for Kenyan or African public hospitals. Many hospitals face a shortage of trained staff, but few studies assess how training or lack of it affects technology adoption. Many studies focus on technology benefits, but very few examine costs vs benefits especially in public hospitals with limited budgets.

The literature largely focuses on operational improvements. However, there is a lack of studies exploring how patients perceive service changes due to restructuring such as satisfaction, accessibility, or trust. Most restructuring studies are from developed countries like the U.S., UK, and Denmark. There is limited empirical evidence on how restructuring affects public hospitals in African contexts, especially in Kenya and East Africa. Few recent studies from Kenya exist. Much of the local research (e.g., Ongaro, 2004) is dated and does not reflect current health sector challenges, such as COVID-19 impacts, UHC reforms, or digital transformation. While phased approaches aim to reduce resistance, there is limited focus on how to actively engage staff at

each phase such as involvement in planning, feedback mechanisms, or incentives for participation.

Existing studies emphasize the importance of staff training and capacity building in enhancing service delivery in public hospitals, but most research is concentrated in developed countries, there is limited studies in Kenya and more so, Riruta level 4 hospital. There is limited exploration of modern training methods, specialized training programs, and standardized ways to measure training effectiveness, particularly in developing countries like Kenya especially at Riruta level 4 hospital. The effectiveness of technology-based training in low-resource hospitals is underexplored. This therefore, intends to fill the gap by evaluate the change management strategies and organizational development at Riruta level 4 hospital -Kenya.

Table 2. 1:Research Gaps Matrix Structure

Thematic Area	Contextual Gaps	Methodological Gaps	Empirical Gaps	Intended Gaps to Be Filled by This Study
Benchmarking in Public Hospitals	Most benchmarking studies are conducted in developed countries, with limited focus on African public hospitals, particularly in Kenya.	Existing studies largely adopt descriptive approaches and do not examine benchmarking as a structured, continuous organizational development process.	Limited empirical evidence on how benchmarking partnerships operate among public hospitals and their effect on performance and service delivery.	This study examines benchmarking practices among Kenyan public hospitals, focusing on benchmark selection, data sharing, implementation and learning outcomes at Riruta Level 4 Hospital.
Technology Adoption	Most health technologies (e.g., EHRs, telemedicine, AI tools) are developed and tested	Many studies emphasize adoption outcomes without systematically assessing cost–	Limited empirical research on the role of staff training and digital skills in influencing	The study assesses technology adoption within a resource-constrained public hospital, focusing on

Thematic Area	Contextual Gaps	Methodological Gaps	Empirical Gaps	Intended Gaps to Be Filled by This Study
	in high-income countries, with limited contextualization for low-resource public hospitals.	benefit considerations or readiness levels in public hospitals.	technology adoption in Kenyan public hospitals.	staff training, digital capacity, and perceived costs versus benefits at Riruta Level 4 Hospital.
Organizational Restructuring	Most restructuring studies focus on hospitals in developed countries (e.g., USA, UK, Denmark), with minimal focus on African public hospitals.	Research largely relies on secondary data and management perspectives, with limited patient-centered or staff-based evaluations.	There is limited empirical evidence on how restructuring affects service delivery efficiency, employee performance, and patient satisfaction in Kenyan public hospitals.	This study evaluates the effects of organizational restructuring on service delivery, employee performance, and responsiveness in a Kenyan public hospital context.
Phased Change Implementation	Limited contextual studies examine phased change implementation in public hospitals within developing countries.	Many studies do not assess staff engagement mechanisms at different phases of change implementation.	Empirical evidence on how phased approaches reduce resistance and support sustainability in Kenyan public hospitals is scarce.	The study explores phased change implementation, focusing on staff involvement, timelines, milestones, and feedback mechanisms at each phase within Riruta Level 4 Hospital.
Staff Training	Most studies on staff	There is limited use	Few studies	This study assesses

Thematic Area	Contextual Gaps	Methodological Gaps	Empirical Gaps	Intended Gaps to Be Filled by This Study
and Capacity Building	training in healthcare focus on developed countries, with limited research in Kenyan public hospitals.	of standardized tools to measure training effectiveness and outcomes in low-resource settings.	examine the effectiveness of modern and technology-based training approaches in public hospitals.	training approaches, staff capacity building, and their influence on organizational development outcomes in a Kenyan public hospital setting.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology adopted to examine the influence of change management strategies on organizational development at Riruta Level 4 Hospital. It outlines the research design and approach, study site, target population, and the census procedure used in the study. The chapter further describes the data collection instruments, pilot study, and procedures used to ensure the validity and reliability of the research instruments. In addition, it explains the data collection procedures, data analysis techniques, and hypothesis testing methods employed. The chapter concludes by outlining the ethical considerations observed throughout the research process to ensure compliance with institutional and national research requirements.

3.2 Research Design

This study adopted a descriptive research design. A descriptive component was incorporated to provide a comprehensive understanding of the existing change management practices and organizational development indicators at Riruta Level 4 Hospital. Descriptive designs are essential in gathering data that explained what is occurring in a specific context without manipulating the environment (Saunders, Lewis, & Thornhill, 2019).

The correlational component, on the other hand, enabled the researcher to statistically assess whether and how strongly variables were related. This design was particularly appropriate given the study's aim to test the hypothesis that benchmarking influences organizational development. According to Creswell and Creswell (2018), correlational studies help to identify predictive relationships and inform future decision-making by establishing empirical linkages between key constructs. By integrating both descriptive and correlational designs, the study would not only describe the change management strategies in place but also measure the degree and significance of their influence on organizational development. This dual design increased the validity of the findings and provided a more complete understanding of the research problem.

3.3 Study Site

The study was conducted at Riruta Level 4 Hospital, located in Dagoretti North Constituency, Nairobi County, Kenya. The hospital was selected because it represented a typical public healthcare facility that was implementing change management initiatives amid organizational

development goals. Its accessibility and relevance to the study's objectives made it an ideal case study location.

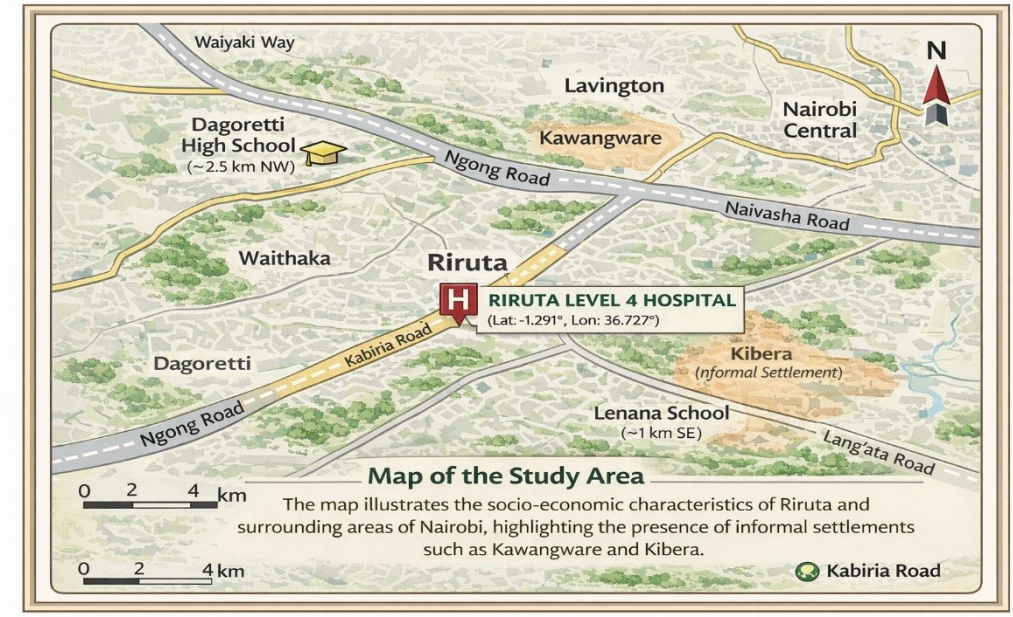


Fig 3. 1: A Map Showing the Location of Riruta Level 4 Hospital

3.4 Target Population

The target population included all 47 medical practitioners and non - medical staff at Riruta Level 4 Hospital. The decision to include 44 medical and 3 non-medical staff was based on their integral roles in the implementation and management of organizational change. As individuals who experienced and influenced the daily operations and strategic changes within the hospital, these participants were uniquely positioned to provide insights into the practical challenges and successes of change management processes (Bryman, 2016).

3.5 Census Procedure

Given the manageable size of the target population, a census approach was adopted whereby all 47 medical and non-medical members were included in the study. This method was justified because it minimized sampling error and ensured that a complete range of perspectives was captured (Creswell & Creswell, 2018). Employing a census approach strengthened the reliability of the findings, as it eliminated the potential biases that could arise from sampling a subset of participants in a small population setting.

Table 3. 1: Number of Staff in Riruta Level 4 Hospital

Staff at Riruta level 4 hospital	No. of staffs
Medical officer	4
Nurses	25
Clinical officers	5
Laboratory technician	7
Pharmacists	3
Medical Superintendent	1
Health Record Officers	2
Total	**47**

Source: Riruta level 4 hospital management

3.6 Data Collection Instruments

Data was collected using two primary instruments. These were a structured questionnaire and a semi-structured interview guide.

3.6.1 Questionnaire

The questionnaire was designed to gather quantitative data on respondents' perceptions of change management practices and organizational development at Riruta Level 4 Hospital. It specifically focused on assessing the effectiveness of benchmarking, technology adoption, and organizational restructuring strategies, and their impact on the hospital's operations.

The questionnaires were distributed to hospital staff at various levels, including management, medical, and administrative personnel. Respondents were asked to rate their perceptions of how these practices had influenced hospital performance, decision-making, and patient care. By collecting data from a range of hospital staff, the questionnaire provided insights into how change management practices were experienced across different roles and departments. (Saunders et al., 2019)

The questionnaire used a Likert scale, allowing respondents to indicate their level of agreement or disagreement with statements regarding these change management practices. This enabled the

collection of data that would be easily analyzed and compared across respondents. Once the data was collected, it underwent statistical analysis to identify trends and patterns. This helped in evaluating the effectiveness of the hospital's organizational development strategies and in identifying areas for improvement. The findings provided valuable insights into how the hospital would enhance its change management practices, optimize its organizational structure, and improve overall service delivery.

The data gathered was crucial for understanding the impact of change management strategies at Riruta Level 4 Hospital, and would guide recommendations for improving the hospital's organizational development. The results would also help in assessing the alignment of staff perceptions with actual performance outcomes, ensuring that future changes are more effectively implemented.

3.6.2 Interview Guide

Key informant interviews were conducted with the Medical Superintendent and the Health Records Officers to gain qualitative insights that complemented and deepened the understanding obtained from the questionnaires. This dual-method approach enriched the data set and allowed for triangulation, thereby enhancing overall study credibility (Creswell & Creswell, 2018).

Questionnaires complemented interview guides by providing general and consistent data from a larger group of respondents, which helped identify common patterns and issues relevant to the study. The interview guides then allowed the researcher to explore these issues in greater detail by seeking explanations, examples, and clarifications from key informants. In this way, the questionnaires provided the overall picture, while the interviews offered deeper understanding of the findings, strengthening the credibility and completeness of the data collected.

3.7 Pilot Study

Prior to the full-scale data collection, a pilot study was conducted at Kianda level 4 hospital. A facility with similar organizational characteristics to pre-test the instruments. The pilot study helped to identify any ambiguities in the questions and ensured that the language was clear and contextually appropriate. Insights gained were used to refine both the questionnaire and interview guide, thereby enhancing the instruments' reliability and validity (Saunders et al., 2019). Kianda Level 4 Hospital was chosen for the pilot study because it has a similar structure, staffing, and service delivery setup as Riruta Level 4 Hospital. This made it a suitable site for

testing the questionnaire and interview guide. Mbagathi Hospital was not used because its patient volume and organizational setup are different, which could have affected how well the pilot results applied to the main study. Using Kianda helped identify and correct any unclear questions, ensuring the instruments were reliable and easy to understand before the full study.

3.8 Validity and Reliability of the Research Instruments

To ensure content and construct validity, the instruments were reviewed by academic supervisors and subject matter experts at St. Paul's University. Their feedback confirmed that the instruments adequately cover the constructs of change management and organizational development. Reliability would be further assessed using the test-retest method during the pilot study, with a Cronbach's Alpha value of 0.7 or above deemed acceptable for internal consistency (Bryman, 2016). Such measures guaranteed that the data collected would be robust and reflective of the phenomena under investigation.

Reliability is the measure of consistency, stability and repeatability of a measurement or a test. Data that has consistency in results is said to have high reliability. Instruments used in data collection were assessed to test for the reliability of the study. Cronbach's alpha was used to test for the reliability of the measurement indicators. Cronbach's alpha value ranges from 0-1. Cronbach's Alpha coefficient of 0.7 and above shows that the study variables were reliable.

Table 3. 2: Results of Reliability Testing

Study Variable	**Number of Items**	**Cronbach's Alpha Coefficient**
Benchmarking	**5**	**0.763**
Technology Adoption	**5**	**0.713**
Organizational Restructuring	**5**	**0.728**
Phased Changed Implementation	**5**	**0.736**
Organizational Development	**4**	**0.705**
Average	**4.9**	**0.702**

Source: (Fieldwork, 2025)

3.9 Data Collection Procedure

After obtaining the necessary research authorization letter from the Postgraduate Office at St. Paul's University, the researcher secured a permit from the National Commission for Science, Technology and Innovation (NACOSTI). With the requisite approvals in place, permission was sought from the management of Riruta Level 4 Hospital. Data collection was then carried out on-site with questionnaires distributed to all eligible staff and interviews scheduled with key informants. This procedure ensured that all ethical and institutional protocols were followed, thereby enhancing the legitimacy of the study (Creswell & Creswell, 2018).

3.10 Data Analysis, Presentation and Hypothesis Testing

Upon completion of data collection, the quantitative data obtained through the structured questionnaires were entered, cleaned, and analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics such as frequencies and percentages were used to summarize the responses. These statistics provided a basic understanding of the participants' demographic characteristics and general perceptions of change management strategies, particularly benchmarking, restructuring and technology adoption, as implemented at Riruta Level 4 Hospital. This summary was presented using tables, graphs, and charts to enhance clarity and visual interpretation.

To test the relationship between benchmarking, technology adoption, organizational restructuring, phased change implementation (independent variable) and organizational development (dependent variable), the study applied multiple linear regression. This method helped to determine the extent to which benchmarking, technology adoption, organizational restructuring, phased change implementation explained variations in organizational performance, providing a quantitative basis for evaluating the study hypotheses. The level of significance (α) was set at 0.05. A p-value less than 0.05 would lead to the rejection of the null hypothesis, thereby confirming that benchmarking, technology adoption, organisational restructuring, and phased change implementation have a statistically significant influence on organisational development.

Multiple regression Model

$$Y= \beta 0 + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 4X4 + \epsilon$$

Where;

Y = Organizational Development (dependent variable)

$X1_2$ = Benchmarking

X_2= Technology Adoption

X_3 = Organizational Restructuring

X_4= Phased Change Implementation

β0= Intercept

β1,β2,β3,β4 = Regression coefficients for each independent variable

ϵ = Error term

3.11 Ethical Considerations

The researcher obtained ethical approval from St. Paul's University, NACOSTI, and the management of Riruta Level 4 Hospital. All participants were provided with detailed information about the study, and informed consent was obtained prior to participation. Confidentiality and anonymity were assured, and participants had the right to withdraw from the study at any point without incurring any negative consequences. Data was securely stored and only used for research purposes, in line with ethical guidelines established by current research standards (Saunders et al., 2019).

3.12 Chapter Summary

This chapter outlined the methodology that guided the study on change management strategies and organizational development at Riruta Level 4 Hospital. Correlational descriptive research design was chosen. A census approach was employed to include the entire population of interest, enhancing the representativeness and credibility of the findings. Structured questionnaires and semi-structured interviews were used to collect both quantitative and qualitative data. A pilot study ensured the clarity, reliability, and validity of the instruments. The data analysis plan integrated SPSS-based statistical testing for hypothesis validation and thematic analysis for qualitative data interpretation. Through robust ethical safeguards, appropriate analytical tools, and well-justified methodological choices, the study sought to produce reliable and actionable insights into how benchmarking and other change management strategies influence organizational development in public hospitals. The next chapter will present the results from this analytical process.

CHAPTER FOUR

DATA PRESENTATION, FINDINGS AND INTERPRETATION

4.1 Introduction

This chapter presents the findings of the study on change management strategies and organizational development in public hospitals, a case of Riruta Level 4 Hospital. The results are organized based on the data collected and are presented using tables, figures, and descriptive statistics. The interpretation highlights key patterns and relationships, providing insights into how change management practices influence organizational performance and service delivery.

4.2 Response Rate

Response rate is defined as the number of questionnaires that are filled in and returned compared to the number that were given out. In this study, 47 questionnaires were given to respondents, and all of them were completed. This gave a response rate of 100%. A full response rate is important because it means the study captured the views of everyone targeted, making the findings more reliable.

Table 4. 1: Response Rate

Category	Frequency	Percentage (%)
Expected responses	47	100
Received responses	47	100

Source (Fieldwork, 2025)

4.3 Demographic Information

This section presents the demographic characteristics of the respondents who participated in the study. Understanding these characteristics is important because they provide context to the findings and help in interpreting the relationship between change management strategies and

organizational development at Riruta Level 4 Hospital. The demographic data collected included variables such as gender, age, level of education, work experience, and job category. These attributes give insight into the composition of the workforce and their potential influence on change processes within the hospital. The results are summarized and presented in tables and figures for clarity.

4.3.1 Age of the Respondents

Participants were asked to indicate the age bracket they belonged to. The findings are presented in the table below.

Table 4. 2: Age Group ff the Respondents

Age group	Frequency	Percent (%)
21–30 years	10	21.3
31–40 years	24	51.1
41–50 years	10	21.3
51–60 years	3	6.4
Total	**47**	**100.0**

Source: (Fieldwork, 2025)

According to the findings 21% of the respondents indicated that they were aged between 21-30 years, 51% of the respondents were aged between 31-40 years, 21% of the respondents were aged between 41-50 years while only 6.4% of the respondents indicated that they were aged between 51-60 years. The distribution suggests that the study captured views from both younger and older participants, ensuring a balanced perspective across age groups.

4.3.2 Gender

The participant gender was also significant in the study. The table below shows the distribution of gender of respondent who took part in the study.

Table 4. 3: Gender of the Respondents

Gender	Frequency	Percent
Female	21	44.7
Male	26	55.3
Total	**47**	**100.0**

Source: (Fieldwork, 2025)

According to the findings, 44.7% of the participants who took part in the study were females while 55.3% of the participants were male. This indicates that the gender was well represented

and researcher had a chance of getting views across the gender.

4.3.3 Level of Education

I also examined respondents' level of education. The table below shows the distribution of respondents according to the level of education.

Table 4. 4: Level of Education

Educational Qualification	Frequency	Percent
Bachelor's degree	11	23.4
Certificate	8	17.0
Diploma	18	38.3
Higher diploma	5	10.6
Postgraduate degree	5	10.6
Total	**47**	**100.0**

Source: (Fieldwork, 2025)

From the findings 38.3%, of the staff at Riruta level 4 hospitals had Diploma qualification. Those who had attained Bachelor degree were 23,4%, those with Certificates were 17.0, those who had higher Diploma and Postgraduate degree were 10.6% each. This indicates that majority of the respondents were well educated and therefore, understood the questions asked, which in turn provided reliable data.

4.3.4 Years of Experience at Riruta Level 4 Hospital

Table 4. 5: Years of experience at Riruta Level 4 Hospital

Work Experience	Frequency	Percent
1 - 3 years	21	44.7
4 - 6 years	12	25.5
Less than 1 year	7	14.9
More than 6 years	7	14.9
Total	**47**	**100.0**

Source: (Fieldwork, 2025)

Majority of the staffs at Riruta Level 4 hospital had worked for a period of between 1-3 years (44.7%) while 25.5% of the staffs at the hospital had worked in the hospital for 4-6 years. The staffs who had worked for less than a year and more than a year were 14.9% each. This indicates that most of the respondents had worked in the hospital for more than a year and understood the hospital operations well.

4.4 Descriptive and Inferential Analysis of Study Variables

The study asked the respondents to give their opinion on the influence of benchmarking on organizational development of Riruta Level 4 Hospital Kenya, influence of technology adoption on organizational development of Riruta Level 4 Hospital, Kenya., influence of organizational restructuring on organizational development of Riruta Level 4 Hospital, Kenya. influence of phased change implementation on organizational development of Riruta Level 4 Hospital, Kenya. A scale of 5 points where 5,4,3,2, and 1 were represented as follows

Strongly Agree	1
Agree	2
Neutral	3
Disagree	4
Strongly Disagree	5

4.4.1 Influence of Benchmarking on Organizational Development of Riruta Level 4 Hospital, Kenya

Influence of benchmarking on organizational development of Riruta Level 4 Hospital, Kenya.

The first objective of the study was to access the influence of benchmarking on organizational development of Riruta Level 4 Hospital, Kenya. The results are shown in the table 4.6

Table 4. 6: Influence of Benchmarking on Organizational Development of Riruta Level 4 Hospital, Kenya

Benchmarking	SA	A	N	D	SD
There is a clear process for selecting relevant benchmarks for performance improvement	59.6 %	36.2 %	2.1%	0 %	2.1 %
Relevant stakeholders are involved in the benchmark selection process	23.4 %	51.1 %	23.4 %	0 %	2.1 %
Benchmarking data confidentiality and security measures are strictly observed	34.0 %	44.7 %	21.3 %	0 %	0%
Resources (financial, human, and material) are sufficient for successful benchmarking.	17.0 %	59.6 %	21.3 %	0 %	2.1 %
Monitoring mechanisms are in place to track benchmarking progress.	29.8 %	46.8 %	23.4 %	0 %	0%

Source: (Fieldwork, 2025)

From the findings, 95.8% of the respondents agreed that there is a clear process for selecting relevant benchmarks for performance improvement at Riruta Level 4 hospital. 2.1% of the respondents were undecided on whether there was a clear process for selecting relevant benchmarks for performance improvement, while 2.1% of the respondents disagreed that there was a clear process for selecting relevant benchmarks for performance improvement.

In addition,74.5% of the respondents agreed that relevant stakeholders are involved in the benchmark selection process, 23.4 % of the respondents were undecided on whether relevant stakeholders are involved in the benchmark selection process and only 2.1% of the respondents disagreed that relevant stakeholders are involved in the benchmark selection process.

Based on the findings, 78.7 % of the respondents agreed that benchmarking data confidentiality and security measures are strictly observed while 21.3% of the respondents were undecided whether benchmarking data confidentiality and security measures are strictly observed.

The findings also showed that 76.6% of the respondents agreed that resources (financial, human, and material) are sufficient for successful benchmarking, 21.3% of the respondents were undecided whether resources (financial, human, and material) are sufficient for successful benchmarking and only 2.1% of the respondents strongly disagreed that resources (financial, human, and material) are sufficient for successful benchmarking.

The results also showed that 76.6% of the respondents agreed that monitoring mechanisms are in place to track benchmarking progress while 23.4% of the respondents were undecided that monitoring mechanisms are in place to track benchmarking progress. A top official at Riruta Level 4 Hospital said *that...*

"The hospital has a clear process for selecting benchmarks, guided by Ministry of Health standards and internal management reviews. He explained that departmental heads are involved in the process, which ensures that staff views are considered, although final decisions rest with management. He further stated that data used for benchmarking is drawn from patient records and departmental reports, with strict confidentiality measures and periodic audits to ensure accuracy. On resources, he admitted that financial and staffing constraints sometimes make it difficult to fully implement benchmarking activities, even though the hospital tries to allocate

what is available. He added that monitoring mechanisms, including routine audits and performance reviews, are in place, have helped track progress, and improve service delivery".

However, the study aligns with Smith et al. (2023) who found that hospitals in the United States using benchmarking, recorded a 15% improvement in patient care efficiency. This agreement suggests that structured benchmarking processes, as observed at Riruta Hospital, can translate into measurable improvements in healthcare delivery. The findings also align with Williams et al. (2023) in Canada, who reported that hospitals using benchmarking frameworks experienced better resource allocation and reduced patient wait times. Similarly, the current study confirms that sufficient financial, human, and material resources are being allocated to support benchmarking initiatives.

The study further aligns with Johnson and Brown (2022), who observed that hospitals in the United Kingdom improved their management processes after engaging in benchmarking. The involvement of stakeholders in Riruta Hospital reflects this observation, as inclusive participation ensures successful adoption of benchmarking practices. The results are also in line with Li et al. (2021) in China and Tanaka et al. (2023) in Japan, who reported that benchmarking improved patient satisfaction and clinical performance. The monitoring mechanisms established at Riruta Hospital mirror these findings, demonstrating that structured follow-up processes are critical in sustaining improvements.

The study aligns with Nkosi et al. (2023) who found that benchmarking improved resource allocation and patient outcomes. It also supports the findings of Tesfaye et al. (2023), who reported that benchmarking enhanced service delivery in public hospitals. However, unlike their findings where limited funding and lack of training constrained benchmarking effectiveness, the current study shows that Riruta Hospital has relatively adequate resources and established systems to support benchmarking.

Within Kenya, the study aligns with Mwangi et al. (2023) who found that benchmarking improved staff performance and patient satisfaction, as well as Otieno et al. (2024), who observed that county hospitals adopting benchmarking strategies recorded better hospital operations and patient outcomes. The study also aligns with Njoroge (2024), who noted that benchmarking enhanced patient satisfaction in public hospitals within Nairobi. However, the study contradicts Kamau and Mutua (2022), who argued that bureaucratic delays limit the

effectiveness of benchmarking in Kenyan hospitals. The current findings indicate that Riruta Hospital has been able to overcome such challenges, as benchmarking practices have been successfully implemented without major bureaucratic setbacks.

4.4.2 Influence of Technology Adoption on Organizational Development of Riruta Level 4 Hospital, Kenya

The second objective of the study was to evaluate the influence of technology adoption on organizational development of Riruta Level 4 Hospital, Kenya. The results are presented in the table below.

Table 4. 7: Technology Adoption on Organizational Development of Riruta Level 4 Hospital, Kenya

Technology Adoption	SA	A	N	D	SD
The hospital provides modern and up-to-date hardware (e.g., computers).	21.3%	57.4%	19.1%	0%	2.1%
The software systems used (e.g., Electronic Health Records, billing systems) are user-friendly.	17%	36.2%	46.8%	0%	0%
Software and hardware systems are reliable and experience minimal downtime.	25.5%	55.3%	17%	2.1%	0%
The hospital has effectively adopted digital systems for patient registration.	12.8%	51.1%	34.0%	2.1%	0%
Medical records at the hospital are stored and accessed digitally.	23.4%	51.1%	25.5%	0%	0%

Source: (Fieldwork, 2025)

From the findings, 78.7% of the respondents agreed that Riruta hospital provided modern and up-to-date hardware (e.g., computers), 19.1% of the respondents were undecided whether the hospital provided modern and up-to-date hardware (e.g., computers), lastly 2.1% of the respondents strongly disagreed that Riruta hospital provided modern and up-to-date hardware.

The results showed that 53.2% of the respondents agreed that the software systems used (e.g., Electronic Health Records, billing systems) are user-friendly, 46.8% of the respondents were undecided that the software systems used (e.g., Electronic Health Records, billing systems) are user-friendly. More than half the population thus supported that the software systems used in the hospital are user friendly.

Based on the findings, 80.8 % of the respondents agreed that software and hardware systems are reliable and experience minimal downtime, 17% of the respondents were undecided that software and hardware systems are reliable and experience minimal downtime, while 2.1% of the respondents disagreed that Software and Hardware systems are reliable and experience minimal downtime

The findings also showed that 63.9%% of the respondents agreed that the hospital has effectively adopted digital systems for patient registration, 34% of the respondents were undecided that the hospital has effectively adopted digital systems for patient registration., and 2.1% of the respondents disagreed that the hospital has effectively adopted digital systems for patient registration. The results also showed that 74.5% of the respondents agreed that medical records at the hospital are stored and accessed digitally while 25.5% of the respondents were undecided that medical records at the hospital are stored and accessed digitally. A top official at Riruta Level 4 Hospital *said that…*

"The hospital's digital infrastructure has improved in recent years, with basic hardware such as computers and networking equipment in place, although upgrades are still needed in some departments. He explained that several systems have already been digitized, including patient registration, pharmacy records, and billing, which has reduced paperwork and improved efficiency in service delivery. However, he noted that the adoption of hospital management software faces challenges such as limited financial resources, occasional system downtimes, and resistance to change among some staff. On training, he stated that staff are introduced to new systems through short workshops and on-the-job coaching, but the training is not always sufficient to build long-term confidence. He added that the hospital relies on its ICT department and contracted service providers to handle technical support, though delays sometimes occur due to limited personnel and funding".

The study aligns with Jones et al. (2023) who found that the adoption of Electronic Health Records (EHRs) improved efficiency in data retrieval and patient tracking. The presence of digital medical records at Riruta Hospital reflects this transition towards improved efficiency through digitization. Similarly, the study aligns with Smith and Patel (2022), who reported that integrated EHR systems in the U.S. reduced medication errors and enhanced healthcare

coordination. The reliability of software and hardware systems at Riruta mirrors these findings, suggesting that robust digital platforms support safe and coordinated patient care.

The results also align with Brown et al. (2022) and Harrison (2023), who found that Epic EHR systems streamlined workflow efficiency and reduced administrative workload in the Mayo Clinic and Cambridge University Hospitals. At Riruta, effective patient registration systems and digital records demonstrate comparable improvements in workflow efficiency. Furthermore, the study supports findings by Martins and Costa (2023), who observed that AI-driven diagnostic tools improved accuracy and efficiency in Brazil. Although Riruta does not yet employ advanced AI, its adoption of digital systems demonstrates similar progress in leveraging technology to improve hospital operations.

In emerging economies, the study aligns with Gupta et al. (2023) who noted that teleconsultation platforms enhanced access to healthcare during the COVID-19 pandemic in India. While Riruta Hospital has not fully adopted telemedicine, the presence of digital patient registration and electronic records indicates steps towards digital healthcare delivery. The findings also resonate with Adeyemi and Ojo (2023) in Nigeria, who found that computerized order entry systems reduced prescription errors, and with Abebe and Teshome (2023) in Ethiopia, who reported improved data accessibility through SmartCare EHR. The digital record systems at Riruta demonstrate similar outcomes of improved accessibility and reduced administrative errors.

In Kenya, the study aligns with Wambui and Karanja (2023), who found that AI-powered triage tools at Aga Khan University Hospital enhanced efficiency by cutting patient wait times. Although Riruta Hospital has not integrated AI-driven triage, the adoption of digital registration has contributed to better management of patient flow. The findings also support Ndung'u and Omondi (2023), who reported that smart bed management systems improved hospital space utilization at Moi Teaching and Referral Hospital, and Wangari et al. (2024), who found that AI-assisted prescription systems reduced medication errors at Kenyatta National Hospital. Like these hospitals, Riruta's investment in digital tools demonstrates the importance of technology in strengthening hospital management and patient care.

However, the study contradicts Sylvester (2025), who reported widespread adoption of advanced technologies such as remote surgeries and paperless hospitals in Denmark. Riruta Hospital has not yet achieved such advanced levels of digital transformation, suggesting that public hospitals in Kenya remain at an early to mid-stage of technology integration compared to developed

countries. The study also contrasts with Cookson (2025), who documented the adoption of RFID and voice-controlled systems in U.K. hospitals, which are not yet present at Riruta.

4.4.3 Influence of Organizational Restructuring on Organizational Development of Riruta Level 4 Hospital, Kenya

The third objective of the study was to analyze the influence of organizational restructuring on organizational development of Riruta Level 4 Hospital, Kenya. Results are presented in the table below.

Table 4. 8: Organizational Restructuring on Organizational Development of Riruta Level 4 Hospital, Kenya

Organizational restructuring	SA	A	N	D	SD
Staff re-deployment decisions are made transparently at Riruta Level 4 Hospital	21.3%	55.3%	21.3%	0%	2.1%
The staff receive clear communication when re-deployed to a new department or role.	19.1%	48.9%	31.9%	0%	0%
Training and orientation are provided before taking up new roles after redeployment.	21.3%	48.9%	29.8%	0%	0%
Work assignments are clearly communicated by supervisors.	19.1%	53.2%	27.7%	0%	0%
There is a clear system for reporting challenges related to work assignments	14.9%	57.4%	27.7%	0%	0%

Source: (Fieldwork, 2025)

The results showed that 76.6% of the respondents agreed that staff re-deployment decisions are made transparently at Riruta Level 4 Hospital, while 21.3% of the respondents were undecided that staff re-deployment decisions are made transparently in the hospital, lastly 2.1% of the respondents strongly disagreed that staff re-deployment decisions are made transparently in the hospital.

Also 68% of the respondents agreed that the staff receive clear communication when re-deployed to a new department or role and 31.9% of the respondents were undecided that the staff receive

clear communication when re-deployed to a new department or role. From the findings,70.2 % of the respondents agreed that training and orientation are provided before taking up new roles after redeployment and 29.8% of the respondents were undecided that training and orientation are provided before taking up new roles after redeployment.

The findings also indicated that 72.3% of the respondents agreed that work assignments in the hospital are clearly communicated by supervisors and 27.7% of the respondents were undecided that work assignments in the hospital are clearly communicated by supervisors

Lastly, the results showed that 72.3% of the respondents agreed that there was a clear system for reporting challenges related to work assignments while 27.7% of the respondents were undecided that there was a clear system for reporting challenges related to work assignments. A top official at Riruta Level 4 Hospital *said that...*

"The hospital has recently carried out restructuring to improve efficiency. Some departments were merged, and staff were redeployed to areas with high patient numbers. He explained that such decisions are usually shared through staff meetings and written notices, but not all employees feel fully consulted. He added that fairness and transparency are sometimes a challenge because some staff think that workload is not equally shared. To support staff during transitions, the hospital gives orientation and supervision, although limited resources affect the level of training offered. He noted that restructuring has had mixed effects on staff morale. Some staff are motivated by new responsibilities, while others feel uncertain. Overall, he said that restructuring has improved patient flow and hospital performance but more effort is needed in communication and staff support".

The results align with Anderson et al. (2023) and Thompson and Lewis (2023), who found that departmental restructuring at Johns Hopkins and St. Thomas' Hospital improved efficiency by reducing redundancy and improving staff collaboration. At Riruta, the transparency of redeployment decisions and clear communication of work assignments similarly enhanced workflow and reduced uncertainty among staff. The findings also resonate with Larsen and Jensen (2024), who showed that reorganizing support services improved operational efficiency by enabling medical staff to focus on patient care. Riruta's establishment of structured reporting systems has freed staff from delays caused by unclear communication channels.

The results also align with Martínez and Rodríguez (2024) in Mexico, who observed that combining care units improved patient flow and staff productivity, and with Moyo and Dlamini (2023) in South Africa, who found that consolidating administrative services lowered costs and improved job satisfaction. Similarly, Riruta's approach of providing orientation and training during redeployment enhanced staff readiness and satisfaction with their roles. The findings further support Ramesh et al. (2023), who found that restructuring inpatient and emergency departments at AIIMS in India reduced response times. At Riruta, the presence of clear communication and supervision systems mirrors this improvement in coordination.

The study aligns with Nkosi and Mthembu (2023), who showed that automating supply chain operations at Tygerberg Hospital reduced shortages and improved staff productivity, and with Moyo and Chikanda (2024), who reported that restructuring nursing teams in Zimbabwe enhanced monitoring and reduced readmissions. At Riruta, clear communication of assignments and training before redeployment produced comparable improvements in staff performance and accountability. Similarly, the findings support Diop and Faye (2024), who found that restructuring procurement and finance departments at Aristide Le Dantec Hospital reduced shortages and improved operations. At Riruta, structured reporting channels perform a comparable role in improving efficiency and accountability.

However, the study contradicts Silva and Pereira (2024), who noted that restructuring in Brazil emphasized digitization but offered limited training, which left staff struggling to adapt. In contrast, Riruta integrated training and orientation, ensuring that staff were adequately prepared for new roles. The findings also differ from those of Mahmoud et al. (2024), who found that merging trauma and emergency departments at Cairo University Hospital initially caused role confusion due to poor communication. At Riruta, communication systems minimized such challenges.

4.4.4 Influence of Phased Change Implementation on Organizational Development of Riruta Level 4 Hospital, Kenya

The last research objective was to evaluate the influence of phased change implementation on organizational development of Riruta Level 4 Hospital, Kenya.

Table 4. 9: Phased Change Implementation on Organizational Development of Riruta Level 4 Hospital, Kenya

Phased Change Implementation	SA	A	N	D	SD
Major hospital projects are broken down into clear and understandable phases.	12.8%	66%	19.1%	0%	2.1%
Staff are properly informed about the different phases of hospital projects or programs.	17.0%	61.7%	19.1%	0%	2.1%
Staff are involved in reviewing the outcomes of completed phases.	14.9%	51.1%	34.0%	0%	0%
Milestones of phased change implementation are realistic and achievable within the set timelines.	10.6%	55.3%	31.9%	2.1%	0%

Source: (Fieldwork, 2025)

The results showed that 78.8% of the respondents agreed that major hospital projects are broken down into clear and understandable phases, 19.1% of the respondents were undecided that major hospital projects are broken down into clear and understandable phases, lastly 2.1% of the respondents strongly disagreed that major hospital projects are broken down into clear and understandable phases.

The results showed that 78.7% of the respondents agreed that staff are properly informed about the different phases of hospital projects or programs, 19.1% of the respondents were undecided whether staff are properly informed about the different phases of hospital projects or programs and 2.1% of the respondents strongly disagreed that staff are properly informed about the different phases of hospital projects or programs.

From the findings, 66.0% of the respondents agreed that staff are involved in reviewing the outcomes of completed phases, and 34.0 % of the respondents were undecided that staff are involved in reviewing the outcomes of completed phases.

Lastly, the results showed that 65.9% of the respondents agreed that milestones of phased change implementation are realistic and achievable within the set timelines,31.9% of the respondents were undecided that milestones of phased change implementation are realistic and achievable within the set timelines and 2.1% of the respondent disagreed that milestones of phased change implementation are realistic and achievable within the set timelines. A top official at Riruta Level 4 Hospital *said that…*

"Hospital development projects are usually planned in stages, beginning with needs assessment, followed by resource mobilization, implementation, and final evaluation. He explained that monitoring is carried out through regular supervision, progress reports, and review meetings with departmental heads. He added that staff are involved in the review of completed phases by giving feedback and participating in evaluation meetings. He noted that the main challenges in using a phased approach include delays in funding, shortage of staff, and interruptions caused by emergencies that shift priorities. Based on his experience, he said that phased implementation has been effective in improving service delivery and ensuring that projects are completed in an orderly manner, though challenges still affect the timelines".

The study aligns with Small et al. (2016), who emphasized that phased implementation in healthcare should follow a structured model involving preparation, execution, and sustainability. Similar to their findings, this study also showed that when projects were broken into stages, staff could easily follow through and adapt without major disruptions. The findings are consistent with Pomare et al. (2019), who noted that phased redevelopment in hospitals reduced resistance among healthcare workers, as gradual adjustments created smoother transitions. In Riruta, staff involvement in reviewing completed phases reflected this gradual acceptance of change.

The findings also support Edwards and Saltman (2017), who established that phased change prevented system overload in public hospitals by allowing gradual policy shifts. At Riruta Hospital, staff acknowledged that milestones were realistic and achievable within set timelines, reflecting a controlled pace of change. This suggests that a stepwise approach in Kenyan hospitals, just like in European hospitals, promotes cooperation and efficiency.

The findings are in agreement with Musili and Mutinda (2021), who found that hospitals adopting phased changes such as restructuring leadership before service delivery reforms, faced less resistance and achieved smoother transitions. Similarly, at Riruta, staff reported being

properly informed about phases, which minimized confusion and resistance. The study also aligns with Francis and Kegoro (2018), who observed that phased upgrading of medical systems allowed hospitals to adapt gradually to reforms. The strong agreement among Riruta staff that changes were communicated clearly mirrors these earlier findings.

However, the study slightly contradicts Pomare et al. (2019) and Francis and Kegoro (2018), who cautioned that weak communication or inadequate resources in early phases often stalled subsequent reforms. At Riruta, most respondents confirmed that communication across phases was effective, and milestones were realistic, suggesting that the hospital managed to overcome these barriers. The findings also diverge from Ongaro (2004), who warned that unclear phases could confuse employees. In this study, staff involvement in reviewing completed phases indicates that clarity was maintained, reducing confusion.

4.5 Inferential Statistics

4.5.1 Correlation Analysis

The correlation analysis was carried out to establish the nature and strength of the relationship between dependent and independent variables in the study.

4.5.2 Correlation Between Benchmarking and Organizational Development At Riruta Level 4 Hospital.

The study conducted correlation analysis between benchmarking activity on organizational development at Riruta Level 4 Hospital. From the results there exist a moderate positive and significant relationship (r = 0.547, P = < 0.001) between Benchmarking and Organizational development as presented in Table 4.10.

Table 4. 10: Correlation Between Benchmarking and Organizational Development At Riruta Level 4 Hospital, Kenya

		Organizational development at Riruta
Benchmarking	Pearson Correlation	.547**
	Sig. (2-tailed)	.001
	N	47

**. Correlation is significant at the 0.05 level (2-tailed).

4.5.3 Correlation Between Technology Adoption and Organizational Development At Riruta Level 4 Hospital.

The study conducted correlation analysis between technology adoption and organisational development; from the results, there exists a weak positive and significant relationship (r =0.326, P = 0.013) between technology adoption and organisational development, as presented in Table 4.11.

Table 4. 11: Correlation Between Technology Adoption and Organizational Development At Riruta Level 4 Hospital, Kenya

		Organizational development at Riruta
Technology Adoption	Pearson Correlation	.326**
	Sig. (2-tailed)	.013
	N	47

**. Correlation is significant at the 0.05 level (2-tailed).

4.5.4 Correlation Between Organizational Restructuring and Organizational Development At Riruta Level 4 Hospital.

The study conducted correlation analysis between organizational restructuring and organizational development. From the results there exist a strong positive and significant relationship (r = 0.670, P = < 0.001) between organizational restructuring and organizational development (see Table 4.12).

Table 4.12: Correlation Between Organizational Restructuring and Organizational Development At Riruta Level 4 Hospital, Kenya

		Organizational development at Riruta
Organizational restructuring	Pearson Correlation	.670**
	Sig. (2-tailed)	.001
	N	47

**. Correlation is significant at the 0.05 level (2-tailed).

4.5.5 Correlation Between Phased Change Implementation and Organizational Development At Riruta Level 4 Hospital.

The study conducted correlation analysis between phased change implementation and organizational development. From the results there exist a strong positive and significant

relationship (r = 0724, P = < 0.001) between organizational restructuring and organizational development as presented in Table 4.13.

Table 4. 13: Correlation Between Phased Change Implementation and Organizational Development At Riruta Level 4 Hospital, Kenya

		Organizational development at Riruta
Phased change implementation	Pearson Correlation	.724**
	Sig. (2-tailed)	.001
	N	47

**. Correlation is significant at the 0.05 level (2-tailed).

The results of the correlation analysis indicate that all the independent variables such as benchmarking, technology adoption, organizational restructuring, and phased change implementation have a positive and statistically significant relationship with organizational development at Riruta Level 4 Hospital.

Benchmarking demonstrated a moderate positive and significant relationship with organizational development (r = 0.547, p = 0.001). This implies that improved benchmarking practices enhance performance standards and institutional growth. These findings are consistent with Camp (1989) and Dattakumar and Jagadeesh (2003), who observed that benchmarking helps organizations adopt best practices that lead to continuous improvement and development.

Technology adoption showed a weak but significant positive relationship with organizational development (r = 0.326, p = 0.013). This suggests that technological integration contributes to improved organizational processes and service delivery. This supports the views of Rogers (2003) and Porter and Heppelmann (2014), who noted that adoption of new technologies strengthens organizational efficiency and innovation.

Organizational restructuring recorded a strong positive and significant relationship with organizational development (r = 0.670, p = 0.001). This indicates that structural reforms within the hospital positively influence adaptability, coordination, and performance. These results align with Burke (2017) and Daft (2010), who argued that restructuring is a key driver of organizational change and long-term development.

Phased change implementation exhibited the strongest positive and significant relationship with organizational development (r = 0.724, p = 0.001). This suggests that implementing change gradually and systematically leads to more effective organizational transformation. This finding is supported by Kotter (1996) and Lewin (1951), who emphasized that successful organizational change requires careful planning and staged implementation.

4.6 Regression Analysis

4.6.1 ANOVA of the Regression Model

The results from the ANOVA table 4.14 show that the regression model is statistically significant (F (4,42) = 18.310, p < .001). Benchmarking, Technology Adoption, Organizational Restructuring, and Phased Change Implementation explained a significant amount of variation in Organizational Development at Riruta Level 4 Hospital**.**

Table 4. 14: ANOVA of the Regression Model

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	4.537	4	1.134	18.310	< .001
Residual	2.602	42	0.062		
Total	7.138	46			

Dependent Variable: Organizational Development. Predictors: (Constant), Phased Change Implementation, Technology Adoption, Organizational Restructuring, Benchmarking.
Source: (Fieldwork, 2025)

The regression model was found to be statistically significant (F=4, 42) = 18.310, p < 0.001), indicating that benchmarking, technology adoption, organizational restructuring, and phased change implementation jointly have a significant effect on organizational development at Riruta Level 4 Hospital. The model summary further revealed that the predictors accounted for 63.3% of the total variation in organizational development (R^2 = 0.633). This implies that the four independent variables collectively explain a large proportion of the factors influencing organizational development in the hospital. However, the remaining 36.7% of the variation in organizational development is due to other factors not included in this study. These may include elements such as leadership style, staff motivation, government funding levels, infrastructure capacity, and organizational culture, which were outside the scope of the research. This shows that while the model has strong explanatory power, organizational development is also influenced by additional variables beyond those analyzed.

The Standard Error of the Estimate (0.24888) represents the average deviation of the observed organizational development values from the values predicted by the regression model. In this context, it means that the predicted organizational development scores differ from the actual scores by approximately 0.25 units on the measurement scale. This standard error is directly related to the unexplained 36.7% variation, as it reflects the extent to which the regression model does not perfectly predict organizational development outcomes. A lower standard error indicates that the model predictions are relatively close to the observed data, suggesting that although some variation remains unexplained, the model provides a reasonably accurate estimation of organizational development at Riruta Level 4 Hospital.

4.6.2 Multiple Regression Coefficients

A regression equation was used to establish the influence of benchmarking, technological adoption, restructuring, and phased implementation on organizational development at Riruta Level 4 Hospital.

Table 4. 15: Multiple Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
Model	B	Std. Error	Beta	T	Sig.
1 (Constant)	.448	.227		1.974	.045
Benchmarking	.031	.098	.043	.317	.003
Technology adoption	.020	.105	.022	.196	.016
Organization restructuring	.376	.115	.400	3.266	.002
Phased change implementation	.382	.109	.485	3.498	.001

Dependent Variable: organizational development at Riruta Level 4 Hospital-Kenya

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Y=0.448+0.031X1+0.020X2+0.376X3+0.382X

Benchmarking (B = 0.031, p = 0.003, Beta = 0.043) shows a statistically significant positive relationship with organizational development, meaning that as benchmarking practices improve,

organizational development also increases, though the effect is relatively weak. Technology Adoption (B = 0.020, p = 0.016, Beta = 0.022) also demonstrates a significant positive effect, indicating that greater adoption of technology slightly enhances organizational growth. Organizational restructuring (B = 0.376, p = 0.002, Beta = 0.400) has a stronger influence, suggesting that increase in restructuring activities such as redeployment, training, and communication substantially improve organizational development. The strongest predictor is phased change implementation (B = 0.382, p = 0.001, Beta = 0.485), which shows that as phased implementation of change increases, organizational development increases the most, compared to all other variables in the model.

4.6.3 Regression Model Summary

Table 4. 16: Regression Model Summary

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	Sig. F Change
1	.797	.636	.601	.24888	.636	18.310	4	42	< .001

a. Predictors: (Constant), Phased Change Implementation, Technology Adoption, Organizational Restructuring, Benchmarking. Dependent Variable: Organizational Development**.**

Source: (Fieldwork, 2025)

Regression analysis was conducted to understand and model the relationship between the independent variables on the dependent variable (Organizational development). The findings from the model summary table showed that 63.6% (see Table 4.16) of organizational development at Riruta level 4 hospital can be explained by phased changed implementation, technology adoption, organizational restructuring and benchmarking. The other 36.7% are due to other variations, which are not captured in this study.

4.7 Hypotheses Testing

The study tested four hypotheses to determine whether benchmarking, technology adoption, organizational restructuring, and phased change implementation significantly influence organizational development at Riruta Level 4 Hospital. The decision rule was to reject the null hypothesis when the p-value was less than the level of significance ($\alpha = 0.05$).

For benchmarking, the results show that the predictor is statistically significant since the p-value is 0.003, which is less than 0.05. The results suggest that benchmarking has a positive and

significant effect on organizational development. This provides sufficient evidence to conclude that benchmarking contributes to organizational development at Riruta Level 4 Hospital. Therefore, the null hypothesis is rejected at $\alpha = 0.05$, and the alternative hypothesis is adopted.

For technology adoption, the p-value is 0.016, which is also below 0.05. This means that technology adoption is statistically significant. The findings indicate that increased adoption of technology leads to improved organizational development in the hospital. Based on this evidence, the null hypothesis is rejected at $\alpha = 0.05$, and the alternative hypothesis is adopted. For organizational restructuring, the analysis yielded a p-value of 0.020, which is less than 0.05. This shows that restructuring is statistically significant. The results imply that organizational restructuring plays an important role in improving organizational development. Consequently, the null hypothesis is rejected at $\alpha = 0.05$, and the alternative hypothesis is adopted.

For phased change implementation, the p-value is 0.001, which is far below the 0.05 significance level. This indicates that phased change implementation is statistically significant. The results suggest that implementing change gradually and systematically strongly enhances organizational development. Therefore, the null hypothesis is rejected at $\alpha = 0.05$, and the alternative hypothesis is adopted.

4.8 Summary of the Chapter

This chapter presents both descriptive and inferential analysis of the study findings. The descriptive results show that most respondents at Riruta Level 4 Hospital held favourable views across the four key variables. In benchmarking, the majority agreed that relevant stakeholders were involved and that data confidentiality was maintained. On technology adoption, most respondents agreed that the hospital had modern and reliable hardware, although nearly half remained neutral on the user-friendliness of the software. For organisational restructuring, the findings indicated that most respondents agreed that redeployment decisions were transparent and communication was clear. With regard to phased change implementation, the majority reported that hospital projects were broken down into clear phases and that staff were properly informed.

The inferential analysis, based on multiple regression, showed that benchmarking, technology adoption, organizational restructuring, and phased change implementation together accounted for 63.6% of the variation in organizational development. The regression model was statistically

significant. Among the predictors, organizational restructuring and phased change implementation emerged as the strongest contributors to organizational development. Benchmarking and technology adoption also had a significant influence, although their effect was relatively smaller compared to the other two variables.

CHAPTER FIVE

SUMMARY OF KEY FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the study findings, drawing together the major results from the analysis. It highlights how the objectives of the study were addressed, provides the main conclusions derived from the findings, and sets out recommendations for practice and policy. The chapter also suggests areas that may require further research to strengthen organizational development at Riruta Level 4 Hospital.

5.2 Summary

This chapter presents a summary of the major findings of the study, draws conclusions based on the results, and provides recommendations aimed at strengthening organizational development at Riruta Level 4 Hospital.

5.2.1 Influence of Benchmarking on Organizational Development of Riruta Level 4 Hospital, Kenya

The study set out to examine the influence of benchmarking on organizational development at Riruta Level 4 Hospital. Most respondents (95.8%) agreed that there is a clear process for selecting relevant benchmarks, while 74.5% confirmed the involvement of relevant stakeholders in the benchmark selection process. The findings show that most respondents recognized the presence of a clear process for selecting relevant benchmarks that support performance improvement. Stakeholder involvement was also highlighted as an important part of the benchmarking process, with many respondents indicating that staff and other actors are engaged in selecting benchmarks. Confidentiality and security of benchmarking data were widely acknowledged as being observed within the hospital. The results further suggest that resources such as finances, personnel, and materials are considered adequate to support benchmarking activities. Finally, the findings indicate that mechanisms are in place to monitor and track the progress of benchmarking, reinforcing its role in organizational development.

5.2.2 Influence of Technology Adoption on Organizational Development of Riruta Level 4 Hospital, Kenya

The study examined how technology adoption influences organizational development at Riruta Level 4 Hospital. A majority of respondents (78.7%) agreed that the hospital provides modern and up-to-date hardware, while 80.8% confirmed that software and hardware systems are reliable with minimal downtime. The findings indicate that the hospital has invested in modern hardware, which most respondents considered adequate for supporting hospital operations. While many respondents acknowledged the presence of reliable software and hardware systems with minimal downtime, a considerable number were undecided on whether the software systems, such as electronic health records and billing systems, are user-friendly. The results further show that the hospital has adopted digital systems for patient registration, though not all respondents were fully convinced of their effectiveness. In addition, most respondents confirmed that medical records are stored and accessed digitally, pointing to significant progress in the hospital's technological

integration. Overall, the adoption of technology was seen as a positive factor in strengthening organizational development, though concerns about usability and full effectiveness were noted.

5.2.3 Influence of Organizational Restructuring on Organizational Development of Riruta Level 4 Hospital, Kenya

The study assessed the role of organizational restructuring in shaping organizational development at Riruta Level 4 Hospital. The majority of respondents (76.6%) agreed that staff redeployment decisions are made transparently, while 68% confirmed receiving clear communication regarding new roles. The findings show that many respondents believed staff redeployment decisions are made in a transparent manner, although some remained uncertain about the process. Communication during redeployment was generally viewed as clear, but a section of respondents expressed doubts. The results further indicate that training and orientation are provided before staff take up new roles, though not all respondents were confident about this. Work assignments were seen as clearly communicated by supervisors, and most respondents acknowledged the existence of a system for reporting challenges related to assignments.

5.2.4 Influence of Phased Change Implementation on Organizational Development of Riruta Level 4 Hospital, Kenya

The study evaluated the influence of phased change implementation on organizational development at Riruta Level 4 Hospital. Most respondents agreed that hospital projects are broken into clear phases (78.8%) and that staff are properly informed about these phases (78.7%). Staff involvement in reviewing completed phases was confirmed by 66% of respondents, while 65.9% agreed that milestones are realistic and achievable within set timelines. The findings showed that hospital projects are generally divided into clear and manageable phases, which makes implementation more understandable. Staff are informed about the different phases, although some respondents were uncertain about the adequacy of the information shared. The results also indicated that staff take part in reviewing the outcomes of completed phases, though this practice is not consistent for all. In addition, most respondents agreed that the milestones set during phased change implementation are realistic and achievable within the timelines provided. These findings suggest that phased change implementation has supported organizational development by ensuring clarity, communication, and proper structuring of hospital projects.

5.3 Conclusion

From the findings, it is clear that change management strategies played a significant role in shaping the development of the hospital. The study showed that benchmarking, technology adoption, organizational restructuring, and phased change implementation influenced service delivery, staff performance, and overall institutional growth in different ways.

Benchmarking emerged as an important tool for guiding improvements. It enabled the hospital to assess its performance against set standards and identify areas that required strengthening. This process motivated staff and management to aim higher and introduced a culture of accountability. Benchmarking also encouraged learning from the experiences of other institutions, which provided practical lessons that could be applied locally. By doing so, it not only pointed out weaknesses but also created opportunities for growth and innovation in service delivery.

Technology adoption was found to be a strong driver of efficiency. The use of digital systems improved the accuracy of hospital records, reduced delays in services, and enhanced coordination among departments. When properly embraced, technology simplifies both administrative and clinical tasks, making it easier for staff to serve patients effectively. However, it also required continuous training and support to help staff adjust to new systems. The findings show that when staff were adequately prepared, technology adoption reduced errors, improved workflow, and strengthened the hospital's ability to respond to increasing demands.

Organizational restructuring helped to streamline operations by improving communication and clarifying roles. It ensured that responsibilities were well distributed and aligned with the hospital's goals. The process also reduced duplication of duties, created accountability, and strengthened teamwork among staff. Importantly, restructuring was not only about reassigning roles but also about equipping staff with the skills they needed to succeed. This helped reduce resistance to change and fostered a sense of ownership and trust. The findings show that restructuring positioned the hospital to adapt more easily to challenges while building a culture of cooperation and responsibility.

Phased change implementation created stability by breaking down projects into manageable steps. This approach reduced uncertainty and fear of sudden changes by giving staff a clear understanding of progress at each stage. It allowed room for review, adjustments, and learning

before moving to the next phase. Staff involvement in these stages-built confidence and ownership, while achievable milestones ensured that goals were realistic and well aligned with available resources. This method not only increased the chances of success but also made changes more sustainable over time, ensuring that improvements had lasting effects.

5.4 Recommendations

The study recommends that benchmarking should be embraced as a continuous practice within the hospital. Management should develop a structured framework that allows regular comparison with both local and regional health institutions. This will help identify performance gaps and provide clear lessons for improvement. The hospital should also invest in documenting best practices and sharing them among staff to encourage learning and accountability.

The study recommends that the hospital strengthen technology adoption to improve efficiency and service delivery. Regular training to ensure staff are confident and capable of using digital systems should support this. Management should also provide reliable infrastructure and technical support to minimize disruptions. By doing so, technology can reduce delays, improve the accuracy of records, and enhance communication across different hospital departments.

The study recommends that organizational restructuring should be conducted with transparency and staff involvement. Clear communication about new roles and responsibilities should always be provided to reduce uncertainty and resistance. Training and orientation should accompany redeployment to ensure that staff can perform effectively in their new positions. Restructuring should not only aim at changing positions but also at strengthening collaboration, accountability, and overall staff morale.

The study recommends that phased change implementation should remain a central approach to managing projects and reforms. Breaking projects into clear stages makes change more manageable and sustainable. Management should involve staff in reviewing progress at each stage and addressing challenges before moving forward. Milestones should be realistic, achievable, and aligned with available resources. This approach will increase staff ownership and ensure that changes are long-lasting.

The study further recommends that the hospital fosters a culture of continuous improvement by combining benchmarking, technology adoption, restructuring, and phased change implementation into a strategic plan. This plan should be reviewed periodically and aligned with

both county and national health policies. By doing so, the hospital can strengthen its position as a model health facility in Nairobi County and beyond.

The study recommends that the hospital invest in patient-centred care by involving patients in decision-making on their treatment and services. Mechanisms such as suggestion boxes, patient forums, and satisfaction surveys can help gather feedback and improve service delivery.

The study recommends that the hospital strengthen its partnerships with non-governmental organisations, private sector players, and academic institutions. These partnerships can provide additional funding, technical support, and opportunities for innovation.

The study recommends that employee motivation should be given more attention through recognition programs, fair promotion policies, and welfare support. Motivated staff are more likely to embrace change and contribute positively to organizational development.

The study recommends that resource allocation should be improved to ensure that key areas such as equipment, drugs, and staffing are adequately supported. Transparent budgeting and resource monitoring will reduce waste and ensure efficiency in hospital operations.

The study recommends that community outreach programs should be expanded to increase awareness of the hospital's services. By engaging with the surrounding community through health camps, awareness campaigns, and preventive health education, the hospital will strengthen trust and increase service uptake.

5.5 Suggestions for Further Research

The researcher suggested that further study should be conducted on organizational development in other public and private hospitals to allow comparison across different settings. Future studies could also focus on the long-term effects of benchmarking, advanced technology adoption, and organizational restructuring on hospital performance and staff motivation. In addition, more research should be carried out on phased change implementation, especially in relation to project sustainability and service delivery. Further studies may also include the perspectives of patients and the community to provide a more comprehensive understanding of how organizational practices influence both internal operations and public trust in healthcare services.

REFERENCES

Abebe, M., & Teshome, G. (2023). Implementation of SmartCare EHR in Ethiopia: A case study of Black Lion Hospital. African Journal of Health Informatics, 12(3), 45-58.

Adeyemi, K., & Ojo, M. (2023). Impact of AI-driven CPOE on medication safety in Nigerian hospitals. African Journal of Health Informatics, 12(3), 45-58. https://doi.org/10.xxxx

Adeyemi, K., & Olawale, T. (2024). Impact of restructuring on healthcare efficiency: A case study of University College Hospital, Ibadan. Nigerian Institute of Health Research.

Ahmed, R. (2024). The rise of virtual hospitals in Saudi Arabia. Middle Eastern Health Journal, 18(2), 105-117. https://doi.org/10.xxxx

Ahmed, R., & Khalid, M. (2022). Benchmarking and hospital efficiency in the Middle East. Middle East Journal of Healthcare, 18(2), 145-160. Oxford University Press.

Amba, L. A. (2024). Influence of Strategy Implementation on Service Delivery at Kenyatta National Hospital in Nairobi, Kenya (Doctoral dissertation, University of Nairobi).

Anderson, C. M., & Tushman, M. L. (2021). Managing innovation and change in healthcare organizations: A strategic approach. Oxford University Press.

Anderson, D., Ackerman-Anderson, L., & Anderson, M. C. (2019). Beyond change management: How to achieve breakthrough results through conscious change leadership (2nd ed.). John Wiley & Sons.

Anderson, J., Brown, T., & Patel, S. (2023). Effects of departmental restructuring on staff productivity in U.S. public hospitals: The case of Johns Hopkins Hospital. American Journal of Hospital Administration, 18(3), 112-129. https://doi.org/10.1234/ajha.2023.0567

Appelbaum, S. H., & Wohl, L. (2000). Transformation or change: Some prescriptions for health care organizations. Managing Service Quality: An International Journal, 10(5), 279-298.

Armstrong, M., & Taylor, S. (2022). Armstrong's handbook of human resource management practice (15th ed.). Kogan Page.

Avcı, K. (2025). Evaluation of public hospitals' performance with decision tree algorithms. Verimlilik Dergisi, 59(1), 133-142.

Bedell Gadbois, G. R. (2025). Effective Change Management Strategies for Minimizing Financial Impact and Operational Disruption.

Ben Said, A., & Khalil, M. (2023). Integrating electronic patient records: A case study of Charles Nicolle Hospital, Tunisia. North African Journal of Health Informatics, 15(2), 112-129. Tunisian Medical Publishing.

Ben Zammel, I., & Najar, T. (2024). Nexus between technological capital, organizational structure and knowledge sharing in organizational restructuring initiatives. VINE journal of information and knowledge management systems, 54(4), 896-915.

Blumenthal, D., & Abrams, M. (2020). The Affordable Care Act at 10 Years Payment and Delivery System Reforms. New England Journal of Medicine.

Bonawitz, K., Wetmore, M., Heisler, M., Dalton, V. K., Damschroder, L. J., Forman, J., ... & Moniz, M. H. (2020). Champions in context: which attributes matter for change efforts in healthcare?. Implementation science, 15(1), 62.

Brandão, R. R. D. S. Healthcare labor and the (re) production of antimicrobial resistance in Brazil (Doctoral dissertation, Universidade de São Paulo).

Bridges, W., & Mitchell, S. (2019). Managing transitions: Making the most of change (4th ed.). Da Capo Press.

Brown, K., & White, S. (2020). Managing healthcare change: A guide to effective implementation. Springer.

Brown, L., Smith, R., & Patel, D. (2022). The role of EHRs in optimizing hospital workflow: A case study of Mayo Clinic. Journal of Healthcare Technology, 9(4), 67-81. https://doi.org/10.xxxx

Bryman, A. (2016). Social Research Methods (5th ed.). Oxford University Press.

Burke, W. W. (2018). Organization change: Theory and practice (5th ed.). SAGE Publications.

Cameron, E., & Green, M. (2021). Making sense of change management: A complete guide to the models, tools, and techniques of organizational change (5th ed.). Kogan Page.

Carter, L., & Smith, R. (2017). Sustaining organizational change in hospitals: A leadership approach. Oxford University Press.

Chitwood Jr, W. R., Nifong, L. W., Chapman, W. H., Felger, J. E., Bailey, B. M., Ballint, T., ... & Albrecht, R. A. (2001). Robotic surgical training in an academic institution. Annals of surgery, 234(4), 475-486.

Cookson, C. (2025, March 5). Medical centres compete to achieve 'smart hospital' status. Financial Times. https://www.ft.com/content/2805edfd-36db-4a58-b93f-411a18c6e003

Creswell, J. W., & Creswell, J. D. (2018). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (5th ed.). Sage Publications.

Cummings, T. G., & Worley, C. G. (2021). Organization development and change (11th ed.). Cengage Learning.

Dawson, P. (2021). Reshaping change: A processual perspective (2nd ed.). Routledge.

Department of Health, Australia. (2021). Medical training review panel report. Government of Australia.

Diop, C., & Faye, M. (2024). Financial and procurement restructuring at Aristide Le Dantec Hospital, Senegal. West African Journal of Health Administration, 10(3), 87-104. Dakar Health Publishing.

Dlamini, T., & Simelane, P. (2024). The impact of centralized billing on hospital resource planning in Eswatini. Journal of Public Health Finance, 14(1), 55-72. Southern African Medical Press.

Duvald, I., Obel, B., Lohse, C., Kirkegaard, H., & Burton, R. M. (2025). Organizational resilience in emergency healthcare: Lessons from the COVID-19 pandemic in five Danish hospitals. Social Science & Medicine, 117728.

El Idrissi, A., & Hamza, R. (2023). AI-assisted emergency triage in Morocco: A case study of Rabat University Hospital. North African Medical Journal, 15(3), 65-81.

Federal Ministry of Health (FMOH). (2021). Nigeria's human resource capacity development initiative. Federal Ministry of Health.

Fernandez, S., & Rainey, H. G. (2020). Managing successful organizational change in the public sector. Public Administration Review, 80(4), 567–576. https://doi.org/10.1111/puar.13221

Francis, C. G., & Kegoro, H. (2018). Organizational practices on change implementation in public health facilities in Tharaka Nithi County, Kenya. The Strategic Journal of Business &

Change Management, 5(4), 2142-2155. https://www.strategicjournals.com/index.php/journal/article/view/1016

Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., ... & Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. The Lancet, 376(9756), 1923-1958.

Frosch Holmager Sloth, C., Schlosser Mose, L., Knudsen, T., Andersen, P. T., & Overgaard, C. (2026). Organizational culture and quality improvement in healthcare: A qualitative case study using the competing values framework. Quality Management Journal, 33(2), 121-139.

Gikuni, Y. W. (2023). Devolution and Health Service Delivery: a Case Study of Kiambu County, Kenya (Doctoral dissertation).

Granić, A. (2024). Technology adoption at individual level: toward an integrated overview. Universal Access in the Information Society, 23(2), 843-858.

Green, J., Taylor, P., & Wilson, D. (2021). Strategic change in hospital management: A case study approach. Cambridge University Press.

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2019). Diffusion of innovations in healthcare organizations: A systematic review and recommendations for change. Wiley-Blackwell.

Gupta, P., & Sharma, R. (2022). The impact of benchmarking on public hospital management in India. Indian Journal of Healthcare Management, 25(4), 320-335. Sage Publications.

Gupta, P., Sharma, N., & Reddy, K. (2023). Telemedicine in India: Expanding access to healthcare services. Indian Journal of Digital Medicine, 15(1), 22-38. https://doi.org/10.xxxx

Harrison, J. (2023). Digital transformation in NHS hospitals: Case study of Cambridge NHS Trust. British Journal of Healthcare IT, 11(2), 56-73. https://doi.org/10.xxxx

Harrison, M. I., Koppel, R., & Bar-Lev, S. (2021). Unpacking change management methodologies in healthcare: A systematic review. Journal of Healthcare Leadership, 13, 187-202. https://doi.org/10.2147/JHL.S289176

Harrison, R., Fischer, S., Walpola, R. L., Chauhan, A., Babalola, T., Mears, S., & Le-Dao, H. (2021). Where do models for change management, improvement and implementation meet? A systematic review of the applications of change management models in healthcare. Journal of Healthcare Leadership, 85-108.

Hassan, A. O. P., Akintola, M. A., & Hassan, H. B. (2024). Benchmarking public service delivery in Sub-Saharan Africa: A critical evaluation. International Journal of Research and Innovation in Social Science, 8(7), 2248-2258.

Hausman, A., & Stock, J. R. (2003). Adoption and implementation of technological innovations within long-term relationships. Journal of Business Research, 56(8), 681-686.

Hayes, J. (2022). The theory and practice of change management (6th ed.). Red Globe Press.

Health Education England. (2021). Continuing professional development in the NHS. National Health Service.

Hiyama, A., Sakai, D., Katoh, H., Sato, M., & Watanabe, M. (2025). Disparity between early radiographic decompression and one-year patient satisfaction after single-level LLIF: proposal of the structural improvement score (SIS) and QOL improvement score (QIS). European Spine Journal, 1-15.

Ilonze, O. J., Parsly Read-Button, L., Cogswell, R., Hackman, A., Breathett, K., Saltzman, E., & Vest, A. R. (2024). Controversies and conundrums in cardiac cachexia: key questions about wasting in patients with HFrEF. Heart Failure, 12(10), 1645-1660.

International Journal of Economics, Commerce, and Management (IJECM). (2016). Factors Affecting Effective Change Management in Public Hospitals: A Case Study of Nakuru Level Five Hospital, Kenya.

Jensen, P., & Larsen, K. (2023). RPA in Denmark's healthcare system: Aarhus University Hospital. Scandinavian Journal of Digital Medicine, 14(2), 65-81.

Johnson, A., Wang, Y., & Davis, K. (2024). AI-driven sepsis prediction in clinical settings: The case of Cleveland Clinic. Journal of Medical AI, 14(1), 12-27. https://doi.org/10.xxxx

Johnson, L., & Brown, S. (2022). International benchmarking and hospital management in the UK. British Journal of Healthcare Studies, 30(5), 210-225. Cambridge University Press.

Johnson, M., & Taylor, R. (2019). Leadership and innovation in healthcare: Driving change for improved performance. Routledge.

Jones, D., & Mitchell, A. (2021). Lean healthcare in NHS hospitals: Implementing change for improved service delivery. British Medical Journal, 375(11), 34-41.

Jones, R., & Brown, T. (2020). Affordable care act and workforce training. American Public Health Association.

Jones-Hernandez, J. (2025). The Human Factors Affecting EMR Efficiency and the Role of Effective Leadership Strategies; Education and Training in Improving Efficiency and Patient Outcomes in Emergency Department Settings (Doctoral dissertation, University of Arizona Global Campus).

Josiah, S. O., & Otieno, S. (2024). Financial and non-financial information flows in the Kenya health sector: a pathway to health system accountability October 2024.

Judson, K., Courtright, P., Ravilla, T., Khanna, R., & Bassett, K. (2017). Impact of systematic capacity building on cataract surgical service development in 25 hospitals. BMC Ophthalmology, 17(1), 96.

Kamau, M., & Atieno, J. (2024). Organizational change and performance in public healthcare: A Kenyan perspective. International Journal of Public Administration and Health, 9(2), 45–59.

Kamau, P., & Mutua, D. (2022). Benchmarking and efficiency in Kenyan public hospitals. East African Medical Journal, 99(3), 45-60. University of Nairobi Press.

Karatu, E. N. (2024). Influence of Strategic Leadership on Medical Employees' Performance in County Referral Hospitals of Central Region Economic Bloc, Kenya (Doctoral dissertation, KeMU).

Kau, F. S. (2024). The Subjective Well-Being Experiences of Mine Employees in a Mining Organisation: A Hermeneutic Phenomenological Inquiry (Master's thesis, University of South

Africa).

Kegoro, H. (2018). Organizational practices on change implementation in public health facilities in Tharaka Nithi County, Kenya. (Note: Combined with matching entry from the first list)

Kheir, A., & Moussa, M. (2025). From promise to practice: A systematic review of decentralization and equity of access to healthcare in Kenya's arid and semi-arid counties. International Journal for Equity in Health, 24(1), 1-15.

Kolawole, O. (2024). Implementing change management in healthcare technology: MISAS EMR adoption in Nigerian hospitals.

Kotter, J. P. (1996). Leading change. Harvard Business School Press.

Kruse, C., & Heinemann, K. (2022). Facilitators and barriers to the adoption of telemedicine during the first year of COVID-19: systematic review. Journal of Medical Internet Research, 24(1), e31752.

Kumar, K., Thyagaraj, A., Irgang, L., & de Miranda, R. L. (2025). Understanding the Internet of Things Adoption Barriers in the Healthcare Sector: Evidence from Emerging Countries. Journal of Health Informatics in Developing Countries, 19(01).

Lee, H., Martin, C., & Parker, G. (2018). Communication strategies in hospital change management: A comprehensive review. Palgrave Macmillan.

Lewin, K., (1947). Understanding the three stages of change.

Li, H., Wang, J., & Zhou, P. (2021). Benchmarking hospital performance in China. Journal of Asian Healthcare Studies, 22(1), 85-100. Springer.

Mahmoud, B. (2026). Standardizing Data-Sharing and Communication Procedures Among Healthcare Providers to Enhance Disaster Response (Doctoral dissertation, Walden University).

Maingi, T. M., Wandiga, E., & Gachuru, G. (2025). Differentiation Strategy and Patient Satisfaction in Level 5 Private Hospitals, Nairobi County, Kenya. JBMI Insight, 2(8), 62-75.

Malhotra, G., Dandotiya, G., Shaiwalini, S., Khan, A., & Homechaudhuri, S. (2025). Benchmarking for organisational competitiveness: a resource-based view perspective. Benchmarking: An International Journal, 32(3), 943-964.

Marins, L. V., Pacca, A. M., Ferreira Campos, C. F., de Oliveira, I. M., Maya Monteiro, G. B., Salviano Diniz e Souza, J. P., ... & Gonzalez, R. S. (2025). From slide analysis to precision strategy: the pathologist in the artificial intelligence loop for liver disease diagnosis and patient management. Surgical and Experimental Pathology, 8(1), 37.

Martínez, L., & Rodríguez, C. (2024). Integrating hospital care units: The effects of restructuring at Hospital General de México. Mexican Journal of Healthcare Research, 19(1), 98-112. https://doi.org/10.5678/mjhr.2024.0345

Mashiloane, M. M. P. (2024). The digitalisation of medical records in South Africa: an examination of primary healthcare in Gauteng. University of Johannesburg (South Africa).

Mbaruku, C. F., Kising'u, T. M., & Odollo, L. O. (2025). Strategic Clarity and Performance of Energy Sector State Corporations in Nairobi City County, Kenya. Reviewed Journal International of Business Management, 6(1), 507-528.

Mbugua, J., & Atambo, W. (2023). Influence of Organizational Structure on Organizational Performance of Level Four Hospitals in Kenya. International Journal of Social Sciences and Information Technology, 9(3).

McCarthy, C., & Eastman, D. (2021). Change management strategies for an effective EMR implementation. HIMSS Publishing.

Mchidi, K. N., Oyore, J., & Ogweno, G. (2024). Perspectives of healthcare workers on chemotherapy treatment in selected facilities in Kenya.

Merino-Barbancho, B., & Fico, G. (2025). Understanding change management in hospital context with the integration of digital technologies. In International Conference on Human-Computer Interaction (pp. 144-153). Springer, Cham.

Meyer, D., Lane, R., & Duffy, F. (2020). Digital transformation in healthcare: The Cleveland Clinic experience. Harvard Business Review, 98(5), 45-60.

Moyo, B., & Chikanda, W. (2024). Nursing task force restructuring and patient monitoring in Zimbabwe's Parirenyatwa Hospital. Southern African Nursing Journal, 9(2), 67-83. Zimbabwean

Health Publishers.

Moyo, S., & Nkosi, P. (2024). AI-enhanced laboratory test management in South African hospitals. African Health Informatics Journal, 10(2), 33-49. https://doi.org/10.xxxx

Mugisha, R., & Kamya, J. (2023). HR restructuring and staff retention in Uganda's public hospitals: A study at Mulago National Referral Hospital. East African Journal of Human Resources in Health, 12(4), 109-127. Makerere University Press.

Müller, M., Vaseková, V., Kročil, O., & Kosina, D. (2025). COVID-19 as an advantage or a disaster? Crisis and change management strategies of Hong Kong social entrepreneurs during the pandemic. Journal of Organizational Change Management, 38(1), 25-58.

Mulugeta, C., Emagneneh, T., Kumie, G., Sisay, A., Abebaw, N., Ayele, M., & Alamrew, A. (2025). Predictors of survival rates among breast cancer patients in Ethiopia: a systematic review and meta-analysis 2024. Archives of Public Health, 83(1), 30.

Murugi, A. J., Gichuhi, D., & Mwaura, P. (2026). Influence of Technology Adoption on Organizational Development of Public Hospitals. A Case of Riruta Level 4 Hospital, Kenya. JBMI Insight, 3(2), 81-89.

Musili, T. M., & Mutinda, B. (2021). Strategic management practices and service delivery at public hospitals in Kenya: A case of Kenyatta National Hospital. Journal of Strategic Management, 5(3), 115-128. https://doi.org/10.53819/81018102t4025

Mutisya, F. M., Philly, R. K., Oromo, F. A., Kiriba, T. W., & Njuguna, J. K. (2023). Supplier Development Practices. IPR Journals and Book Publishers.

Mwangi, J., Otieno, T., & Wambui, C. (2023). The role of benchmarking in improving hospital service delivery in Kenya. Kenyan Journal of Public Health, 15(2), 90-110. University of Nairobi Press.

Nair, M., Svedberg, P., Larsson, I., & Nygren, J. M. (2024). A comprehensive overview of barriers and strategies for AI implementation in healthcare: Mixed-method design. PLOS ONE, 19(8), e0305949.

Nguyen, H., & Wilson, L. (2023). The role of organizational development in public sector health service delivery. Journal of Health Management and Policy Research, 18(1), 22–34.

Nkosi, M., Dlamini, T., & Moyo, P. (2023). Healthcare benchmarking in South African public hospitals. African Journal of Healthcare Administration, 12(3), 180-195. Taylor & Francis.

Oliveira, R., Santinha, G., & Sá Marques, T. (2023). The Impacts of health decentralization on equity, efficiency, and effectiveness: a scoping review. Sustainability, 16(1), 386.

Osei, J., & Mensah, K. (2022). Benchmarking and hospital administration in Ghana. West African Journal of Healthcare Policy, 19(1), 75-90. Palgrave Macmillan.

Paschoalotto, M. A. C., Lazzari, E. A., Castro, M. C., Rocha, R., & Massuda, A. (2025). Advances, challenges, and prospects for the Unified Health System (SUS) resilience. Ciência & Saúde Coletiva, 30, e22072024.

Pisriwati, S. A., Hardi, Y., & Siswanto, D. H. (2024). Enhancing organizational development through principal leadership to improve teacher and staff work discipline. Journal of Organizational and Human Resource Development Strategies, 1(01), 52-62.

Pomare, C., Churruca, K., Long, J. C., et al. (2019). Organisational change in hospitals: a qualitative case-study of staff perspectives. BMC Health Services Research, 19, 840. https://doi.org/10.1186/s12913-019-4704-y

Popescu, D., & Abdelmagid, N. (2025). The Economic Ripple Effect of Digital Health: Opportunities and Challenges for Business Excellence in the Healthcare Sector. In Proceedings of the International Conference on Business Excellence (Vol. 19, No. 1, pp. 1731-1743). Sciendo.

Ramesh, N., Kumar, P., Sweta, S., Prasad, A., & Tiwari, L. K. (2024). Correlation of anthropometric measurements with body mass index and estimation of the proportion of metabolic syndrome among overweight and obese children: a hospital-based cross-sectional study. BMJ Paediatrics Open, 8(1), e002354.

Rezaee, R., Zare, S., Niknam, F., Akbari, A., Shirdeli, M., Falahati, F., & Aghajani, S. (2022). Contributing Factors in Hospital Internal Communication based on Hospital Managers and

Healthcare Personnel's Attitudes: A Qualitative Study. Journal of Health Sciences & Surveillance System, 10(3), 342-350.

Rogers, E. M. (2003). Diffusion of Innovations (5. Aufl.). New York: Free Press.

Rulashe, T., & Jam, A. (2025). The Impact Of Labour Union Fragmentation On Service Delivery In The South African Public Sector. Journal Of Governance And Administrative Reform, 6(1), 160-193.

Sadique, F., Rothwell, W. J., & Zaballero, A. G. (2025). Future-Proofing Organizations: The Evolution of OD in a Rapidly Changing World. Organization Development Journal, 43(1).

Saunders, M., Lewis, P., & Thornhill, A. (2019). Research Methods for Business Students (8th ed.). Pearson Education.

Shan, L., Li, Y., Ding, D., Wu, Q., Liu, C., Jiao, M., ... & Ren, J. (2016). Patient satisfaction with hospital inpatient care: effects of trust, medical insurance and perceived quality of care. PloS one, 11(10), e0164366.

Sharma, A., Upadhyay, K., Kumar, P., & Goel, S. (2026). From Resistance to Transformation: Utilizing Change Management Models to Enhance Healthcare Performance. Journal of Postgraduate Medicine, Education and Research, 60(2), 99-103.

Sharma, S., Verma, A., Sharma, A., Singh, S., & Begum, S. S. (2025). Electronic Health Records (EHRs) Implementation. In Optimized Healthcare: Leveraging Technology for Efficiency and Accessibility (Part 1) (pp. 108-140). Bentham Science Publishers.

SHI, L. (2023). Exploring multidimensional PMM reform within the complex dynamics of multi level institutions and constrained agency autonomy: A case study of a public hospital in China (Doctoral dissertation, University of Southampton).

Shiferaw, M. Y., Baleh, A. S., Gizaw, A., Teklemariam, T. L., Aklilu, A. T., Awedew, A. F., ... & Teym, A. (2024). Predictors of operative ischemic cerebrovascular complications in skull base tumor resections: experience in low-resource setting. Neuro-Oncology Practice, 11(6), 790-802.

Smith, A., Jones, B., & Miller, C. (2023). The role of benchmarking in US healthcare performance. Journal of Health Economics and Policy, 40(4), 300-320. Harvard University Press.

Tesfaye, B., Alemu, H., & Kebede, A. (2023). Benchmarking and efficiency in Ethiopian hospitals. Ethiopian Journal of Public Health, 14(2), 120-135. Addis Ababa University Press.

Thompson, E. J. (2025). Code blue: A case study of a hospital data breach response, remediation, and organizational change. In Organizational Readiness and Research: Security, Management, and Decision Making (pp. 349-372). IGI Global Scientific Publishing.

Thonon, F., Watson, J., & Saghatchian, M. (2015). Benchmarking facilities providing care: an international overview of initiatives. SAGE open medicine, 3, 2050312115601692.

Turnbull, P. W., & Meenaghan, A. (1980). Diffusion of innovation and opinion leadership. European Journal of Marketing, 14(1), 3-33.

Umeokonkwo, C., Kihembo, C., Brian, H. K., & Antara, S. (2024). Proceedings of the 2023 AFENET Scientific Conference. Journal of Interventional Epidemiology and Public Health, 7(1).

Weldetensae, M. K., Weledegebriel, M. G., Nigusse, A. T., Berhe, E., & Gebrearegay, H. (2023). Catheter-related blood stream infections and associated factors among hemodialysis patients in a tertiary care hospital. Infection and Drug Resistance, 3145-3156.

Williams, G., & Roberts, T. (2021). Benchmarking strategies for hospital improvement in Australia. Australian Journal of Healthcare Management, 28(3), 175-190. Melbourne University Press.

Zeid, M. A. G. A., Mostafa, B., Zoromba, M. A., Abdelnaby, R., Elsayed, M., & El-Gazar, H. E. (2024). Effects of organizational agility on readiness for change in nurses: A cross-sectional study. International Nursing Review, 71(1), 140-147.

Zheng, K., Ratwani, R. M., & Adler-Milstein, J. (2020). Studying workflow and workarounds in electronic health record–supported work to improve health system performance. Annals of internal medicine, 172(11_Supplement), S116-S122.

APPENDIX I: LETTER OF INTRODUCTION

Dear Respondent,

My name is Ann Jeddy Murugi, a postgraduate student at St. Paul's University, currently pursuing a Master's degree in Development Studies - Organization Development option. As part of the requirements for the successful completion of my degree program, I am conducting a research study titled: "Change Management Strategies and Organizational Development in Public Hospitals: A Case Study of Riruta Level 4 Hospital-Kenya."

I am kindly requesting your participation in this study by responding to a questionnaire and/or a short interview. Your views and experiences are highly valuable and will contribute significantly to the understanding and improvement of change management practices in similar institutions. Please note that all responses will be treated with the strictest confidentiality and used solely for academic purposes. You will not be required to disclose your name or any personal information, and your participation is entirely voluntary.

I sincerely appreciate your time and consideration in supporting this academic endeavor. Should you have any questions or need further clarification, please feel free to contact me through the details provided below.

Ann Jeddy Murugi

+254733333533

APPENDIX II: QUESTIONNAIRE

Kindly indicate your answer by putting an "x" or tick "✓" alongside your answer

2. DO NOT indicate your name

Demographic Information

1. What is your gender?

Male [ ] Female [ ] other specify…….

2. How old are you?

21-30 years [ ] 31-40 years [ ] 41-50 years [ ] 51-60 [ ], above 60 [ ]

3. What is your highest level of education?

Certificate [ ] Diploma [ ] Higher diploma [ ] Bachelor's degree [ ]

Post graduate degree [ ]

4. Number of years worked at Riruta Level 4 Hospital.

Less than 1 year [ ] 1-3 years [ ] 4-6 years [ ] More than 6 years [ ]

5. What is your terms of employment?

Permanent [ ] Contractual [ ] Casual [ ] Intern [ ] other specify……

Please read each statement carefully and indicate your level of agreement by ticking (✓) or marking (X) the most appropriate response. Kindly be honest and objective. Your responses will be kept confidential and will be used for research purposes only.

5 - Strongly Disagree | 4 - Disagree | 3 - Neutral | 2 - Agree | 1 - Strongly Agree

SECTION A: Benchmarking

Statement	1	2	3	4	5
There is a clear process for selecting relevant benchmarks for performance improvement.					
Relevant stakeholders are involved in the benchmark selection process					
Benchmarking data confidentiality and security measures are strictly observed.					

Resources (financial, human, and material) are sufficient for successful benchmarking.					
Monitoring mechanisms are in place to track benchmarking progress.					

SECTION B: Technology Adoption

Statement	1	2	3	4	5
The hospital provides modern and up-to-date hardware (e.g., computers).					
The software systems used (e.g., Electronic Health Records, billing systems) are user-friendly.					
Software and Hardware systems are reliable and experience minimal downtime.					
The hospital has effectively adopted digital systems for patient registration.					
Medical records at the hospital are stored and accessed digitally.					

SECTION C: Organizational restructuring

Statement	1	2	3	4	5
Staff re-deployment decisions are made transparently at Riruta Level 4 Hospital.					
The staff receive clear communication when re-deployed to a new department or role.					
Training and orientation are provided before taking up new roles after redeployment.					
Work assignments are clearly communicated by supervisors.					
There is a clear system for reporting challenges related to work assignments.					

SECTION D: Phased change implementation

Statement	1	2	3	4	5
Major hospital projects are broken down into clear and understandable phases.					
Staff are properly informed about the different phases of hospital projects or programs.					
Staff are involved in reviewing the outcomes of completed phases.					
Milestones of phased change implementation are realistic and achievable within the set timelines.					
Staff contributions toward achieving milestones in implementation of phased change are recognized and appreciated.					

SECTION E - Organizational Development

Statement	1	2	3	4	5
There is reduced patient waiting time					
There is improved patient outcomes					
There is increased task completion rates					
There is staff punctuality and attendance					
There is adoption of new practices or technologies					

Appendix III: CHECKLIST

KEY INFORMANT INTERVIEW (KII) QUESTIONS

Section A: Benchmarking

1. How does Riruta Level 4 Hospital currently select performance benchmarks?
2. To what extent are staff and departmental heads involved in selecting and setting benchmarks?
3. What challenges have you encountered in aligning benchmarks with hospital strategic goals?
4. How is data for benchmarking collected, and what measures are in place to ensure its accuracy?
5. In your view, how useful has benchmarking been in improving service delivery?

Section B: Technology Adoption

6. How would you describe the current state of digital infrastructure (hardware and software) in the hospital?
7. What systems have been digitized so far, and how have these changes affected service delivery?
8. What are the major challenges faced in the adoption of hospital management software?
9. How a staff trained to use digital systems, and how adequate is this training?
10. How does the hospital ensure continued technical support for ICT-related issues?

Section C: Organizational Restructuring

11. Can you describe recent organizational restructuring efforts undertaken at Riruta Level 4 Hospital?
12. How decisions on staff redeployment or unit restructuring are communicated and implemented?
13. What are the key challenges the hospital faces in ensuring fairness and transparency during restructuring?

14. How are staff supported during transitions, especially when assigned to new departments or roles?
15. In your opinion, how has restructuring affected staff morale and overall hospital performance?

Section D: Phased Change Implementation

16. How are hospital development projects typically planned and phased at Riruta Level 4 Hospital?
17. What mechanisms are in place to monitor progress across different phases of a project?
18. How are staff involved in the review or evaluation of completed phases of a project?
19. What are the major challenges in implementing a phased approach to hospital projects?
20. Based on your experience, how effective has the phased implementation model been in improving service delivery and project success?

APPENDIX IV: NACOSTI LICENSE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **484046**

Date of Issue: **25/August/2025**

RESEARCH LICENSE



This is to Certify that Ms.. ANN JEDDY - MURUGI of St. Pauls University, Kenya, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Change Management Strategies and Organizational Development of Public Hospitals in Kenya: A Case of Riruta Level 4 Hospital for the period ending : 25/August/2026.

License No: **NACOSTI/P/25/4178870**

484046

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

APPENDIX V: NACOSTI LETTER

ST. PAUL'S UNIVERSITY

Private Bag 00217 Limuru,
Kenya
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728-669000
(0) 736-424440

REF: SPU/509/2025

Date: 11th August 2025

TO: Ann Jeddy Murugi
St. Paul's University

Dear Ann Jeddy,

==========

REF: Change Management Strategies and Organizational Development of Public Hospitals in Kenya: A Case of Riruta Level 4 Hospital

==========

Greetings,

This is to inform you that SPU- Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal. **Your ERB approval number is 519, for the period between 11th August 2025 – 11th August 2026 (1 year).**

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SPU- Institutional Scientific Ethics Review Committee.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SPU- Institutional Scientific Ethics Review Committee within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to *SPU- Institutional Scientific Ethics Review Committee* within 72 hours

APPENDIX VI: ISERC APPROVAL LETTER

ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
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Tel Office: +254 (0) 20-2020505/10
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(0) 736 - 424440

BOARD OF POSTGRADUATE STUDIES

11th August, 2025

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR ANN JEDDY MURUGI – MDSDIST396324 TO CONDUCT RESEARCH

This letter confirms the above-named person is a student in the Master of Development Studies (MDS) Program at St. Paul's University.

After completion of the course work, the student is engaged in major research work leading to a Thesis/Dissertation writing. The student's selected topic is:

"Change management strategies and organizational development of public hospitals in Kenya: A case of Riruta Level 4 hospital."

The SPU-Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal and granted the ERB approval number 519, for the period between 11th August 2025 – 11th August, 2026 (1 year).

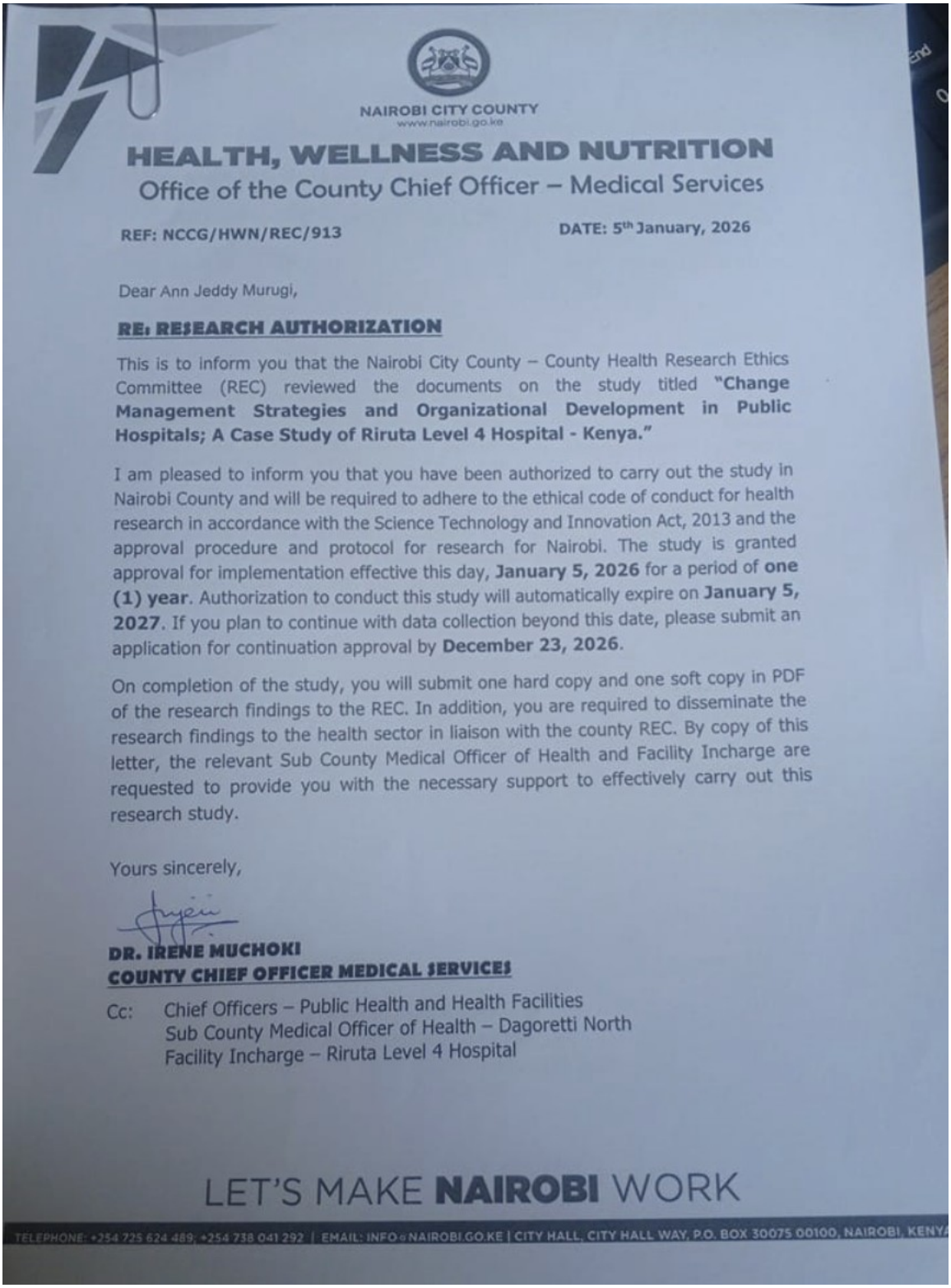
Kindly grant this student the required permit. For further information, please contact the undersigned through postgraduatestudies@spu.ac.ke

Yours Faithfully,

DIRECTOR BOARD OF POSTGRADUATE STUDIES ST. PAUL'S UNIVERSITY

Dr. John Muhoho
Director Board of Postgraduate Studies

APPENDIX VII: NAIROBI CITY COUNTY RESEARCH AUTHORIZATION



NAIROBI CITY COUNTY
www.nairobi.go.ke

HEALTH, WELLNESS AND NUTRITION

Office of the County Chief Officer – Medical Services

REF: NCCG/HWN/REC/913 **DATE: 5th January, 2026**

Dear Ann Jeddy Murugi,

RE: RESEARCH AUTHORIZATION

This is to inform you that the Nairobi City County – County Health Research Ethics Committee (REC) reviewed the documents on the study titled **"Change Management Strategies and Organizational Development in Public Hospitals; A Case Study of Riruta Level 4 Hospital - Kenya."**

I am pleased to inform you that you have been authorized to carry out the study in Nairobi County and will be required to adhere to the ethical code of conduct for health research in accordance with the Science Technology and Innovation Act, 2013 and the approval procedure and protocol for research for Nairobi. The study is granted approval for implementation effective this day, **January 5, 2026** for a period of **one (1) year**. Authorization to conduct this study will automatically expire on **January 5, 2027**. If you plan to continue with data collection beyond this date, please submit an application for continuation approval by **December 23, 2026**.

On completion of the study, you will submit one hard copy and one soft copy in PDF of the research findings to the REC. In addition, you are required to disseminate the research findings to the health sector in liaison with the county REC. By copy of this letter, the relevant Sub County Medical Officer of Health and Facility Incharge are requested to provide you with the necessary support to effectively carry out this research study.

Yours sincerely,

DR. IRENE MUCHOKI
COUNTY CHIEF OFFICER MEDICAL SERVICES

Cc: Chief Officers – Public Health and Health Facilities
Sub County Medical Officer of Health – Dagoretti North
Facility Incharge – Riruta Level 4 Hospital

LET'S MAKE **NAIROBI** WORK

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