

**EFFECTS OF CHANGE MANAGEMENT PRACTICES ON PERFORMANCE
OF HEALTH WORKERS IN KENYA: A CASE STUDY OF THE DEPARTMENT
OF HEALTH SERVICES IN NYAMIRA
COUNTY GOVERNMENT**

BY

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the Requirement for the Award of a Degree
in Masters of Business Administration**

of

Jaramogi Oginga Odinga University of Science and Technology

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DECLARATION AND APPROVAL

Declaration by Candidate

This research project is my original work and has not been presented for an award of a diploma or conferment of a degree in any other university or institution.

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DEDICATION

I dedicate this research project to my family that has played a key role into who I have become.

ACKNOWLEDGEMENT

I extend my heartfelt gratitude to my esteemed supervisors, Dr. Fronica Monari and Dr. Caroline Sitienei and the Dean School of Business and Economics Dr. Vitalis Mogwambo whose invaluable guidance, insights, and unwavering support have been instrumental in shaping and elevating this research project. Their expertise and constructive suggestions significantly enriched the quality of my work. A special acknowledgment goes to my parents, siblings and my spouse Faith Achieng' whose moral support and meticulous proofreading not only refined the content but also served as a continuous source of motivation throughout the research journey. Their unwavering encouragement has been a driving force behind my perseverance. I express sincere thanks to the Kenya National Bureau of Statistics (KNBS) Nyamira Office and the Department of Health Services, Nyamira County, for their prompt and crucial contribution of data. I extend my gratitude to Mrs. Callen Ateka, the Head of Nursing Services, for her indispensable assistance in accessing pertinent information vital to the research. I am deeply appreciative to my employer for the consistent support and provision of time off have allowed me to dedicate more effort to this project. I want to acknowledge and express gratitude to every individual who, in various capacities, provided support and assistance during the development of this research report. Your collective efforts have been pivotal to the successful culmination of this endeavor.

ABSTRACT

This study sought to assess the nuanced relationship between change management practices and the performance of health professionals within the devolved health function of Nyamira County, Kenya. Employing a descriptive case study methodology rooted in human capital and change management theories, the research aimed to comprehensively analyze the impact of leadership change, organizational culture, and communication channels on the performance of health workers. The study, conducted among 630 health practitioners seconded to the Nyamira County Government during the devolution of healthcare, utilized a purposive sampling technique to evenly represent 235 respondents across various cadres. Data was gathered through questionnaires, and the instrument's reliability was assessed using Cronbach's alpha. Quantitative data analysis involved SPSS and Microsoft Excel, with results presented through statistical approaches like tables, bar graphs, and pie charts. Contrary to initial expectations, the findings revealed a significant impact of leadership change on health worker performance, dispelling the notion that such changes had no effect in Nyamira County ($\beta = 0.442$; $p < .05$). This rejection of the null hypothesis suggests a substantial influence of leadership transitions on health worker performance. In contrast, the study found no significant effect of organizational culture on health worker performance, as organizational culture did not emerge as a contributing factor ($\beta = 0.199$; $p > .05$). Communication channels also displayed a lack of significant influence on health worker performance ($\beta = 0.334$; $p > .05$), rejecting the null hypothesis and suggesting that the chosen communication channels had no remarkable impact. In conclusion, this study underscores the dynamic interplay between change management practices and health worker performance in Nyamira County's devolved health function. The unexpected findings contribute valuable insights, challenging assumptions about the influence of organizational culture and communication channels. These results have practical implications for the refinement of change management strategies, emphasizing the need for tailored approaches in the context of healthcare in Nyamira County.

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ACRONYMS/SYMBOLS/ABBREVIATIONS

CCO –	County Chief Officer
CDH-	County Director of Health
CEC-	County Executive Committee
CHMT-	County Health Management Team
CM-	Change Management
CPSB-	County Public Service Board
KMTC-	Kenya Medical Training College
KNBS-	Kenya National Bureau of Statistics
KNH-	Kenyatta National Hospital
PSC –	Public Service Commission
MOH-	Ministry of Health
PhD-	Doctor of Philosophy
UNFA-	United Nations Fund for Population Activities
WHO-	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Employee performance is a measure of how well a worker attains or exceeds the organizational performance targets. Better organizational performance is a concern of all managers; therefore, they focus on employee performance because it results in the desired organizational outcomes. Ho (2008) and Tseng and Lee (2014) emphasize that organizations should put in place a performance metrics to give managers and staff insights on what is required to be done to attain organizational goals. People are crucial in the performance management process, as per the human capital theory. They offer their abilities, skills, knowledge, and experiences to the business (Boxall, 1996; Armstrong, 2006). In concurrence, Anitha (2014) asserts that people are unique because they cannot be copied by rivals with a value when managed well because they can bring forth more returns.

Organizational prosperity relies on the ability of those in management to objectively evaluate the performance of employees against the targets, compile reports, communicate to employees about their performance and recommend for remedial actions to correct deviations (Crowther and Aras, 2008). In this case, there is emphasis on implementation of proper models of performance. Viswesvaran and Ones (2000) argue that future studies should focus on developing performance models which can be applied universally. Cardy (2004) indicates that individual and organizational performance are dependent on using suitable change management strategies such as adoption of suitable organizational culture that emphasizes on results, good communication channels and supportive leadership styles.

Organizational change management is an organized way of handling change that takes into consideration individual and organizational needs (Armstrong, 2006). Controlling change, embracing change, and implementing change are the three elements of change management in companies. Organizations use change management as a strategy, tool, or process to manage people within their processes to achieve the intended objectives. It entails the use of organizational tools that aid individuals to expend more effort in adoption and acceptance of new ways of doing things.

Management of change in organizations has an effect on employee performance because the change management initiatives can enhance the organizational competencies and act as a catalyst for creativity and innovation within an organization. Horngren (2000) and Anantharaman (2003) implore that studies have indicated that better performance can be tied to proper management of change by organizations. The rationale for adopting change management is the increased competition, shortened life cycle of products, dynamic product and market environments, which call for change in conventional ways of carrying organizational operations to gain an edge over the competitors in the industry (Kelliher and Perrett, 2001). It is worth noting that organizational fate depends on how well it adopts new ways of conducting its operations.

Rey (2006) notes that the current breed of employees are quite aware that organizations adopt change management practices. In that respect, they are always ready to make alteration to fit or compliment the adoption of new ways of doing things with the organization (Alvesson & Sveningsson, 2015). The readiness and awareness of employees promotes consistence in performance. The first hand industry experiences imply that assumptions that even if the modern world is getting more complicated in terms of business activities business can find difficulties in sustaining themselves if they do not adopt relevant strategies.

Academicians, consultants and practitioners have often examined change management practices because of their important role in determining organizational success. The constant alterations in inn organizational operations exacerbates competition among players in the industry. Change Management (CM), according to Armstrong (2009), emphasizes the need of tying change management plans to broader organizational strategy and making them responsive to the external environment turbulence. In this approach, practitioners need to think critically by ensuring that the adopted change management plans are in tandem with organizational goals and objectives. In a nutshell, organizational Change management practices are centered on integrating institutional functions, objectives of the organization and flexibility changes in the environment (Armstrong, 2009).

Due to change management's role in the global economy, several researches (Appelbaum, 2000; Huselid, 2005; Wright, 2005; Schuler and Jackson, 2001) conduct extensive studies on the management of transitions in commercial companies. Notably, the investigations on change management have been a prominent subject in strategic management for many years (Armstrong, 2009). As a result, a new paradigm-configurational theory came up used evaluating sustainability mechanisms in modern-day change management. Most writers have focused their research on internal and external fit in the study of change management (Alvesson & Sveningsson, 2015). Research findings have indicated that internal and external factors influence management of change in organization. The influence further goes into impacting the firm performance. External environmental factors include customer demands, competition from rivals, government regulation and influence of the media. Therefore, organizations respond appropriately to global requirements to compete favourably locally and internationally.

The promulgation of the Constitution 2010 in Kenya, the devolution of health services to County Governments encompassed three aspects that is administrative, financial and political. The responsibilities of the counties were to offer health services, manage and maintain the health care workers in their jurisdiction (constitution of Kenya, 2010). The health care sector in counties has undergone several changes in the past four years to increase efficiency and effectiveness in health care services in the devolved units. All counties in Kenya have fully embraced the new ways and are working on providing better health care for the residents; thus, they are working on having a system where health services are well-coordinated and the health care staff supported because they are core in guaranteeing positive health outcomes.

Each county has a county referral hospital which also serves as a teaching hospital for interns from universities and students from KMTCs and other teaching institutions. Sub-county hospitals have been established and are operational in all sub counties to replace districts hospitals. Management of health care was moved from the national government to the counties. The County Public Service (CPSB) carries out all the human resource management functions for the health department. The functions are clearly articulated in the constitution of Kenya (2010) and they include human resource planning, recruitment, selection, deployment, promotions, transfers and

disciplining of staff. Before devolution, the Ministry of Health (MoH) and Public Service Commission of Kenya (PSC) were in charge of all the human resource management functions. It was assumed that the MoH was conversant with the country's health needs but it had flaws in the distribution of health care staff equitably across all regions in the country leading to shortages of staff in remote areas in the nation.

The Kenyan Republic comprises of 47 counties; Nyamira County is one of the counties with code 046. It is situated in the Gusii Highlands, South Western part of Kenya. The Kenya National Population and Housing Census of 2008/09, indicates that the county's population is 598,252 living in 131,039 households (KNBS, 2010) in approximate area of 899.4km² (MODP, 2013). The county is comprised of four constituencies-Nyamira, Nyamira North, Borabu and Kitutu Masaba. It has 20 electoral wards, 33 locations and 88 sub locations. The county has 12 departments and the health department is the one of the departments and is the largest in terms of human resource composition. The County Executive Committee Member is in charge of the health department (CEC). The Chief Officer is the department's chief accounting officer and oversees all technical and administrative operations. On technical concerns of health, the County Director of Health offers overall technical leadership in the department and necessary recommendations to the Chief Officer and Executive Committee Member. A total of 138 health institutions are located across the county. This study intended to establish the effect of Change Management methods on the performance of Nyamira County's devolved health function.

The healthcare landscape in Nyamira County, Kenya, has witnessed transformative changes with the devolution of health services. The decentralization of healthcare functions to the county level has ushered in a new era, necessitating an in-depth exploration of the dynamics shaping the performance of health professionals. In this context, understanding the effects of change management practices on health worker performance becomes imperative for the enhancement of healthcare delivery. The transition towards devolved health functions introduces a dynamic interplay of factors, including leadership change, organizational culture, and communication channels. The leadership changes within the Department of Health Services may have profound implications for health worker performance, influencing the direction, vision, and implementation of policies. The prevailing organizational culture plays a

significant role in shaping the work environment, attitudes, and responses to change among health professionals. Additionally, the effectiveness of communication channels in disseminating information about organizational changes is crucial for fostering understanding and collaboration among health workers.

To address the intricacies of this evolving healthcare landscape, this research aims to provide a comprehensive analysis of the effects of change management practices on health worker performance in Nyamira County. The study specifically focuses on three key dimensions: the impact of leadership change, the role of organizational culture, and the effectiveness of communication channels within the Department of Health Services. Aligned with this background, the research focuses on analysing the effects of leadership change on health worker performance in Nyamira County. This objective aims to investigate how transitions in leadership within the Department of Health Services influence the performance and responses of health professionals. In addition, the research aimed at assessing the impact of organizational culture on health worker performance in Nyamira County. This objective seeks to understand how the prevailing organizational culture shapes the work environment and attitudes of health workers, impacting their performance during organizational changes. Lastly, the study sought to examine the influence of communication channels on health worker performance in Nyamira County. This objective focuses on evaluating the effectiveness of communication channels in disseminating information about changes, and how these channels contribute to or hinder health worker performance. By addressing these objectives, the research endeavours to contribute valuable insights to the field of change management in healthcare, offering practical recommendations for optimizing health worker performance in the context of devolved health functions in Nyamira County.

1.2 Statement of the Problem

In the realm of human resource management, the persistent challenge of ensuring the success of organizational change initiatives looms large. Despite the inevitability of change in organizations operating as open systems, the frequent failure of such initiatives raises concerns. Warrilow (2010) contends that this failure is often rooted in the neglect of people's needs and concerns during program implementation, resulting in a reluctance among employees to embrace new organizational paradigms and hindering the attainment of strategic objectives.

Change Management practices, as advocated by Armstrong and Baron (2004), serve as a pivotal framework for organizations seeking to navigate change effectively and foster a competitive, capable, and highly committed workforce. This strategic approach positions individuals strategically to influence the attitudes and actions of their peers, creating a competitive edge for the organization (Huang, 2001). While empirical evidence generally supports the positive impact of change techniques on performance, Edwards and Wright (2001) highlight the unsatisfactory nature of a one-way relationship between change management and employee performance. Scholars, such as Ferris et al. (1998), emphasize the need for exploring intermediary connections to establish a robust theoretical foundation for the relationship between change management and employee performance.

Despite extensive global, regional, and local studies on change management, there remains a notable gap in research specific to county government contexts. Existing research, exemplified by Rukunga (2003) and Ongaro (2004), predominantly focuses on multinational corporations and national parastatals, leaving a void in understanding change management practices' effects on health workers within county governments. This gap is particularly evident in Nyamira County, where public health institutions are grappling with numerous challenges following the devolution of the Ministry of Health in 2015 (Nyamira County Health Annual Report 2015).

Against this backdrop, the research problem addressed in this study is the effectiveness of change management practices in influencing the performance of health workers within the Department of Health Services in Nyamira County Government, Kenya. The neglect of employee considerations during organizational change can lead to a lack of willingness to adopt new practices, affecting individual and organizational performance. This study seeks to examine the impact of change management practices on health worker performance in the unique context of Nyamira County, where public health institutions are grappling with challenges following the devolution of the Ministry of Health in 2015 (Nyamira County Health Annual Report 2015). By exploring this uncharted territory, the research aims to fill a critical gap in understanding and contribute valuable insights to inform tailored change strategies for optimizing health worker performance in county government contexts.

This study, thus, aims to address the dearth of research in Nyamira county government context and specifically explore the effects of change management practices on the performance of health workers in Nyamira County. By delving into this uncharted territory, the research seeks to uncover insights that can inform effective change strategies tailored to the unique challenges faced by health workers in the county, ultimately contributing to enhanced organizational and individual performance in the realm of public health.

1.3 Objectives of the Study

1.3.1 General Objective

The study's general objective was to establish the effects of change management practices on performance of health workers in Nyamira County.

1.3.2 Specific Objectives of the Study

- i. To establish the effect of leadership change on the performance of health workers in Nyamira County.
- ii. To find out the effect of organizational culture on the performance of health workers in Nyamira County.
- iii. To determine the effect of communication channel on the performance of health workers in Nyamira County.

1.4 Research Hypotheses

- H₀₁:** Leadership change has no significant relationship with performance of health workers in Nyamira County
- H₀₂:** Organization culture has no significant relationship with health workers' performance in Nyamira County
- H₀₃:** Communication channel has no significant relationship with performance of health workers in Nyamira County

1.5 Significance of the Study

Notably, the significance of this research extends across academic, practical, and policy-oriented domains, offering valuable contributions to the field of change management practices in the Department of Health Services in Nyamira County Government, Kenya. From an academic perspective, this study aims to enrich the theoretical foundations of change management. By exploring the intermediary connections between change management practices and health worker performance,

the research seeks to add nuanced insights to the existing literature. In a broader context, while numerous studies have delved into change management globally and within corporate settings, the scarcity of research within county governments necessitates a focused examination. This study, situated in the unique context of Nyamira County, provides empirical evidence that not only contributes to academic discourse but also offers an opportunity for comparative analysis with existing research.

On a practical level, the findings of this research hold immense relevance for health administrators and policymakers in Nyamira County. The insights garnered from understanding the impact of leadership change, organizational culture, and communication channels on health worker performance can inform strategic decision-making processes. By tailoring interventions based on these insights, health administrators can create a more supportive and conducive work environment, fostering positive outcomes for health workers. Moreover, the research has direct implications for the optimization of change management strategies. Uncovering the effects of change management practices on health worker performance allows for the development of targeted and effective strategies. This optimization is critical for ensuring a smoother organizational transition and fostering a positive work environment, ultimately contributing to enhanced service delivery in Nyamira County.

In the realm of policy, this study has the potential to influence decision-making processes that govern health services in Nyamira County. By offering practical insights into the factors influencing health worker performance, the research provides a foundation for evidence-based policy recommendations. These recommendations can serve as guidelines for policymakers, aiming to create policies that promote a positive organizational climate and, by extension, improve the quality of healthcare services. In essence, the significance of this study transcends academic exploration, reaching into the practical realm of organizational management and informing policy decisions. Through its contributions, the research seeks to have a lasting impact on the academic understanding of change management practices and, more importantly, on the daily experiences and performance of health workers in Nyamira County Government.

1.6 Limitations of the Study

There was a likelihood of bias in this research because some respondents were off duty and some on leave during the study period forcing the researcher to follow them to their homesteads instead of work place. Other respondents were hesitant to participate for fear of victimization by the hospital management, which affected the sample size making generalization of the study findings difficult. Nevertheless, this was alleviated by the researcher by assuring the respondents of anonymity and whatever information given was confidential as their names and responses could not be revealed. Besides the researcher reiterated that the main intention for conducting the study was to determine the effects of change Management practices on health workers performance.

1.7 Scope of the Study

In this study, Nyamira County employees were focused on. It targeted 630 health workers who were seconded to the county by the national government following the devolution of the health function. It assessed the effects of change management practices on the performance of health workers in Kenya. Questionnaires were used in data collection and Excel and SPSS used as tools for data analysis.

1.8 Assumptions of the Study

In this study, several assumptions shape the framework and warrant clarification for a better understanding of their role. One of the assumptions was that relating to leadership influence. It is assumed that changes in leadership within the Department of Health Services in Nyamira County significantly influence the perceptions, behaviours, and performance of health workers. This assumption is grounded in the belief that leaders play a pivotal role in shaping organizational culture and steering the implementation of change initiatives. Under the assumption regarding organizational culture's impact, the study assumes that the prevailing organizational culture within the Department of Health Services contributes substantially to the work environment and influences health worker performance during periods of change. This assumption is based on the understanding that organizational culture shapes attitudes, values, and responses to new policies or procedures. In addition, there was an assumption regarding communication channels' effectiveness. The research assumes that the effectiveness of communication channels directly impacts health worker performance during organizational changes. It is presumed that clear, timely, and transparent

communication fosters a shared understanding of change initiatives, thereby facilitating smoother transitions and enhancing performance.

Moreover, there was a need to make an assumption relating to health worker response to change. In this case, the study assumes that health workers within the Department of Health Services respond to organizational changes with varying degrees of adaptability and engagement. It is believed that individual attitudes, perceptions, and experiences play a crucial role in shaping responses to change initiatives. The research also assumes the applicability and relevance of human capital theory in the context of health worker performance during organizational changes. It is presumed that investments in the skills, knowledge, and well-being of health professionals contribute positively to their performance outcomes. With respect to change management, the study assumes that the selected change management models, namely the Top-Down Model, Organizational Model for Change in Healthcare Systems, Kurt Lewin's Three-Stage Model of Change, and Kotter's Model, provide suitable frameworks for analyzing and understanding change management practices within the Department of Health Services.

Under the assumption regarding data representativeness, the research assumes that the selected sample of 235 health practitioners, seconded to the Nyamira County Government during the devolution of healthcare, is representative of the broader population. It is believed that insights gained from this sample can be generalized to provide meaningful implications for the entire health workforce. Notably, by explicitly outlining these assumptions, the research seeks to transparently communicate the foundational beliefs that guide the study design and interpretation of findings. It is essential to acknowledge and critically assess these assumptions to ensure the validity and reliability of the study outcomes.

1.9 Definition of Terms

Change management: Processes, tools and techniques to manage the people aspect of change to achieve its required organizational outcomes

Change: an act or process through which something becomes different

Communication channel: Medium through which information is transmitted from the sender to the receiver in an organization.

Employee motivation: is the fulfilling the employee's needs and expectations from work and the workplace factors that enable employee motivation

Employee performance: Measure of job related activities expected of a worker and how well those activities were executed. It assesses the employee performance on an annual or quarterly basis.

Gender-A the range of characteristics pertaining to, and differentiating between, masculinity and femininity. In this research, it refers the state of being male or female completed and certificate obtained.

Leadership Change: The ability to influence and induce others through personal advocacy, vision and drive, and to access resources to build a solid platform for change

Leadership: The activity of leading a group of people in an organization. Leadership involves establishing a clear vision, sharing that vision with others so that they will follow willingly, providing the information, knowledge and methods to realize that vision, and coordinating and balancing the conflicting interests of all members and stakeholders.

Management: The organization and coordination of the activities of a business in order to achieve defined objectives.

Organizational Culture Change: When things are not going well—for instance, good workers are departing, dedication appears to be missing, and productivity isn't meeting expectations — a company must make adjustments. But where do you even begin? Rather than making discrete adjustments unless the solution is obvious, an organization's culture should be examined.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains a summary of literature on change management and performance and puts into context background literature on the research objectives. Besides, it covers the theoretical review; where theories and models are discussed, the conceptual framework where the concept of performance and change management are discussed and also the empirical review which discusses about what other researchers have said concerning this area of study.

2.2. Theoretical Review

A theory entails statements or philosophies that explain a set of facts and can be tested repeatedly or are broadly accepted and used to make predictions concerning a natural phenomenon. Theories are employed as analytical tools in comprehending, explaining, and making forecasts about an idea. A formal theory is syntactic if it makes sense when given a semantic component by applying it to some content (Zima, 2007). The study was anchored on change management model theories and the human capital theory.

2.3 Human Capital Theory

Human capital theory was formulated by Becker (1962) but was developed concurrently by others, aids in understanding business training operations. It (re-)introduced the notion that education and training are investments in future productivity rather than resource consumption. In this view, firms and workers alike rely on human capital investments to boost competitiveness, profits, and pay. Although the advantages are clear, these investments are not without expense. Human capital investments differ from physical capital investments in that the corporation does not gain a property right over its investments in skills, therefore it and its employees must agree on how to share the costs and rewards of those expenditures.

It is concerned with experience and expertise of small-business owners. It is widely believed by the founder's that human capital increases the chances of a small firm surviving (Bruederl et al. 1992). Human capital may be viewed as a valuable resource. In contrast, most human capital theory studies postulate that experiences translate into knowledge and skills. Nonetheless, this assumption is wrong since decade of

knowledge are really not necessarily a reliable predictor of ability (Sonnentag 1995). As a consequence, even while human capital measures like management or professional experience, as well as education, are typically relevant in large-scale research, they are not really excellent predictors of performance (Bruederl et al. 1992, Rauch and Frese 2000).

2.4 Change Management Models

The academic literature is dominated by planned change management, which finds on Kurt Lewin's work (Lewin, K., 1951). Change is considered as a transitory process between fixed states in the planned change approach. The approach recognizes that in order for an organization to properly adopt new behaviors, old behaviors must be relinquished. Planned change, for example, is predicated on the premise that all change targets inside an organization agree on the vision of change and the methods to get to the 'changed' state (Bamford, D., 2005). In reality, however, this scenario is uncommon; employees in a company come from a variety of backgrounds and have distinctive attitudes, beliefs, and desires. This realism makes it nearly hard to reach a consensus on a course of action. Furthermore, planned change places a premium on managers' duties while obscuring employees' contributions to the change process (Bamford, D., 2005). The technique obscures the employees' responsibilities in beginning change efforts by focusing on pre-planned processes, timetables, and targets set by management.

The emergent change approach implies that change is a more analytical endeavor than a prescriptive one. Change stands out as a way for a company to transition from one state to another, and this method focuses less on plans and predictions and more on grasping the complex business environment and developing a range of options to help make decisions (Forrester, 2003). Transitions must be matched to competitive market dynamics, work structures, management control systems, and the changing character of industry connections, according to the emergent change method. The emergent change approach varies from planned change in that it focuses on transition management from the bottom up. The planned change approach emphasizes pre-established procedures and objectives while downplaying management's participation. According to the emergent change approach, change occurs at such a rapid and complicated pace that top managers are unable to accurately identify all of the changes and create plans to handle them in a timely manner (Forrester, 2003). As a

result, managers must give some decision-making authority to employees, whose position has shifted from that of change enablers to that of change controllers. The literature on change management is divided into two categories: planned change management and emergent change management.

2.4.1.1 Top-Down Model

At the University of Mainland China, the concept was applied to Employment Reform. The goal of the reform was to implement a new contract-based and performance-based personnel management system at the institution. It was anchored on competition and emphasis was on rewards. The university administration led in initiating all change strategies at the University. Because professors and staff were not included in the reform process, they expressed dissatisfaction with it (Lai, 2010). The concept describes a situation in which all decisions made at the top of an organization cascade down to employees as they work with the management's decisions. Finally, this model demonstrates to the reader how important it is for the organization's success to have a change model that involves the employee.

2.4.1.2 Organizational Model for Change in Healthcare Systems

The model was proposed by Lukas et al., is a conceptual approach for leading healthcare organizations toward long-term improvements in patient outcomes (Lukas et al., 2007). As per this model, healthcare organizations are comprised of four parts; mission, vision, Strategy and culture. The four components dictate the values, norms, operational functions and processes which are embodied by patient care work and infrastructure, which encompass IT, human resources, fiscal services, and management of health care facility. (Lukas, et al., 2007). In the model, change in the healthcare system can be defined as a change in any of these four aspects.

The external organizational environment motivates transformation, but internal elements of Change Management in Healthcare also need organizational change. Initiatives to improve operations are referred to as improvement initiatives (Lukas, et al., 2007). Both efforts are likely to increase organizational performance and efficiency if they are handled in a long-term way. Internal and external change factors provide a chance for all stakeholders to be engaged in the reform process by sharing their thoughts and concerns. Successful change in health care requires leaders to engage employees so that they can support the process of change. Furthermore,

because they are integrated as coherent units, change leaders must take steps to match overall organizational goals with those of organizational subunits.

2.4.1.3 Kurt Lewin's Three Stage Model of Change

In the 1950s by psychologist Kurt Lewin developed the idea; he proposed three stages of transformation: unfreeze, change, and refreeze. In unfreezing phase, the organization concedes the need for change. In this phase, dismantling the established order before constructing a new approach by establishing what needs to be adjusted through an institution survey to understand the current situation and why change needs to happen. The manager uses this approach to elicit solid support in try to encourage major people in an organization to support change by crafting a compelling narrative about why adjustment is required.

Members' queries are addressed by providing persuasive signals that explain why the present way of operating can no longer be upheld, requiring a need to confront the existing ideas, values, beliefs, and practices that characterize it. In the following stage, the Change process, individuals begin to conquer their doubts and search for new and innovative ideas via design and implementation. To dispel myths that might impede the transition, it's critical to convey the benefits of the shift and how it will affect everyone. Employees are encouraged to participate by giving a variety of possibilities and having line managers offer daily guidance and short-term achievements to support the change. The efficacy of this level is measured by how many individuals come to believe in and behave in order to provide sufficient path, despite the fact that others would oppose it.

The Refreeze stage occurs when the expected change already has occurred and taken hold, and people embrace new ways of working, requiring the preservation of stability of the current change. This is the process of incorporating change and transformation by understanding what promotes and inhibits changes, as well as developing ways to maintain the change by leadership and collaboration, a reward system, and feedback mechanisms, and also modifying the institutional framework as appropriate. Support, training, and victory celebrations should be made available at this point to ensure the change's long-term viability. Workers feel empowered with a fresh feeling of consistency as they grow adapting to new methods of working and prepare for the next, imminent shift, which is marked by a solid organisational hierarchy, steady job specifications, and integrated corporate culture. Employees get a sense of

empowerment and a novel sense of security as they become familiar with new approaches and build confidence to begin on the next, eventual shift.

Since it is done deliberately and entails a process of shifting through one fixed condition to the next, this approach is the most realistic in change implementation. It also accepts responsibility for the situation since it is carried in a methodical manner, with all phases carefully planned to avoid errors. The model is very beneficial in this investigation since it helps to understand the organisational change within health sector. The anticipated changes in the industry are significant and well-organized, prompting the need to sensitize of the need for reform during the unfreezing phase by conveying the adjustment and how it would promote health department's mandate performance. Utilizing change management strategies such as dispersion of functions, efficient communication, capacity development, and managing transition issues, the enterprise may plan how the reform will be executed during the change process stage. In the final stage-unfreezing, the changes are internalized and become permanent. It is marked by clear accountability structures, organizational stability, and senior management engagement for job satisfaction to guarantee the appropriate attitude to change is obtained and perpetuated through different policy papers to assist optimize the healthcare systems as required.

2.4.1.4 Kotter's Model

In order to alter an organization's vision and transform it Kotter (1996, 1998), created this model for tactical level management. As per research studies on this notion, the process of change passes through a number of stages. Each phase has a predetermined duration, and faults at any point potentially endanger the efficacy of the modification. The eight-step strategy by Kotler for organizational transitional change is illustrated below: In the beginning, people typically prefer stability. Change is linked with unpredictability. Individuals get restless when they are faced with uncertainty. People also have a propensity to be suspicious of things they don't understand. This is why many people are afraid of trying out new things. However, creating a sense of immediacy encourages people to commit to change (Kotter, 1996, 1998).

The next stage is similar to treatment programs measures. You may either struggle to overcome people's refusal to adapt on your own or solicit the help of others to make your experience considerably easier. Building a formidable management alliance to work with the most recalcitrant individuals is one method to cope with opposition

(Kotter, 1996, 1998). In stage three, proactiveness without a defined course of make change a mirage by simplifying it. Because most individuals like the established order, they are more likely to revert to the established order than adapt to the new without a strategy. A clear vision and properly formulated tactics increase the efficiency of the process of transition (Kotter, 1996, 1998). Opposition to change by people is because they are unaware of the repercussions of change.

Individuals prefer maintenance of conventional working practices and are afraid of trying new things; therefore, they must be encouraged or motivated to reforms in the fourth stage. Furthermore, if you wish to make employees to be ready to try something new; you will need to elicit their emotions to get their good will and support. Besides, you will need to give them the required resources to effect the change. This stage empowers people to work as per the corporate vision and overcome any hindrances to change and create a culture of risk taking and problem solving (Kotter, 1996, 1998).

People must be compensated when they reject ingrained patterns and participate in new and desired activities, according to the fifth phase. It's simply a rewarding technique. This is the cycle in which you prepare for, develop, and appreciate short-term victories that will assist the firm achieve its new goal (Kotter, 1996, 1998). Opposition should be diminishing by now in the sixth phase, but you must still keep a close eye on your activities. That is the same old routine. As a consequence, you encourage change and make necessary adjustments (Kotter, 1996, 1998).

It suggests that, when it comes to the workplace, you can never tell someone enough about how their activities make them and the organization successful in the seventh and final phase. Though this were not the case, some people would act as if there was no need to change their behavior. As a result, you'll need to show a relationship between new behaviors and organizational success transition to make the changes stick (Kotter, 1996, 1998).

Instead of being utilized for step-by-step implementation plan, Kotter's paradigm is meant to provide a platform for managers to develop on. Managers must be prominent mentors who are also positive, and they must be ready to give advice and answers if there are any questions or concerns during the shift. Leadership is critical to

unleashing all of the opportunities of revolutionary transformation in any organization (Stragalas, 2010).

2.4.1.5 Justification of the selected theories

The choice of theories plays a pivotal role in underpinning the foundation of a thesis, shaping the conceptual framework, and providing a theoretical lens through which research questions are explored. The selected theories, namely the Top-Down Model, Organizational Model for Change in Healthcare Systems, Kurt Lewin's Three-Stage Model of Change, and Kotter's Model, were chosen to provide a comprehensive and multifaceted understanding of change management in the context of healthcare systems.

The Top-Down Model is a strategic approach that involves the initiation of change at the leadership level, with directives cascading down through the organizational hierarchy. In the context of health management, this model is particularly relevant for understanding the impact of leadership change on health worker performance. It offers insights into how decisions made at the top echelons of the organization influence the overall change process. As the study explicitly investigates the effects of leadership change on health worker performance, the Top-Down Model serves as a foundational theory. It aids in examining the leadership dynamics within the Department of Health Services in Nyamira County and how top-down directives shape the responses and performance of health professionals during organizational changes.

The Organizational Model for Change in Healthcare Systems focuses on the unique dynamics of change within healthcare settings. It considers factors such as the complexity of medical practices, the importance of patient care, and the interconnectedness of various healthcare components. This model is crucial for gaining insights into the intricacies of implementing change in the healthcare sector. As the research explores the effects of change management practices on health worker performance within the Department of Health Services, the Organizational Model for Change in Healthcare Systems provides a lens for understanding the complexities and challenges specific to healthcare settings. It contributes to a holistic perspective on the organizational context in Nyamira County.

Kurt Lewin's Three-Stage Model is a foundational theory that outlines the stages of unfreezing, changing, and refreezing during the change process. It is widely utilized in organizational change studies and provides a structured framework for understanding how individuals and organizations transition from the existing state to a new state. This model is particularly pertinent for examining the change process within the Department of Health Services. By understanding the stages of change, the study can pinpoint critical junctures where health worker performance may be influenced and identify strategies to facilitate a smooth transition.

Kotter's Model, consisting of eight steps, offers a practical guide for leading organizational change. It emphasizes the importance of creating a sense of urgency, building a guiding coalition, and fostering a culture of continuous change. This model is well-suited for analyzing the leadership and strategic aspects of change management. As the study assesses the effects of change management practices on health worker performance, Kotter's Model provides a structured framework for evaluating how well the change initiatives align with best practices in change leadership. It aids in understanding how each step influences the overall change process and, consequently, health worker performance.

In summary, the selection of these theories was made with a deliberate intention to provide a robust and comprehensive theoretical foundation for the thesis. Each theory brings a unique perspective, contributing to a holistic understanding of change management practices and their effects on health worker performance within the specific context of the Department of Health Services in Nyamira County.

2.5 Health Sector

2.5.1 Dynamics of the Health Sector: Global and Kenyan Perspectives

The health sector, both globally and within the specific context of Kenya, is marked by a myriad of challenges and dynamic forces that significantly influence healthcare delivery. This essay delves into these complexities, examining the unique dynamics at play and their implications for change management practices. In a global context, one of the profound challenges facing the health sector is the stark disparities in resources. While developed nations boast robust healthcare systems, developing countries grapple with shortages in funding, personnel, and infrastructure. This challenge underscores the critical need for international collaboration and aid to address health

inequalities on a global scale. The awareness of these resource gaps fosters discussions and initiatives aimed at promoting global health equity, emphasizing the interconnected nature of healthcare systems across borders.

Another pivotal aspect of the global health landscape is the ongoing epidemiological transition. As the prevalence of infectious diseases decreases, there is a notable rise in non-communicable diseases, particularly in aging populations. This shift prompts a reevaluation of healthcare priorities, emphasizing preventive measures and holistic care. The ability of healthcare systems to proactively adapt to changing health needs becomes crucial, promoting long-term public health and well-being. Technological advancements represent both a challenge and an opportunity in the global health sector. While rapid integration of technology, including telemedicine, enhances access to healthcare services, there is a risk of exacerbating existing disparities. The digital divide can widen health inequalities, raising ethical considerations. Nevertheless, the innovative use of technology opens avenues for improved healthcare delivery and efficiency, showcasing the potential for positive transformation in the sector. Effective global health governance is imperative for coordinating responses to health challenges, as highlighted by events such as the COVID-19 pandemic. A robust global governance framework ensures a coordinated and timely response to emerging health threats, fostering international collaboration and solidarity.

Turning the attention to the specific dynamics within the Kenyan health sector, a significant challenge lies in healthcare infrastructure. Gaps in facilities and a shortage of medical equipment hinder the accessibility and quality of healthcare services, particularly in remote or underserved areas. However, acknowledging these infrastructure challenges provides opportunities for targeted investments and improvements, ensuring that all communities have access to adequate healthcare resources. Human resource constraints present another hurdle in Kenya, with shortages of skilled healthcare professionals, including doctors and nurses. This not only affects the provision of essential health services but also leads to overworked healthcare staff, burnout, and compromised patient care. Recognizing the importance of investing in medical education and workforce development becomes paramount in addressing these human resource challenges. The burden of infectious diseases and the periodic outbreaks of epidemics, such as cholera, contribute significantly to the health challenges in Kenya. Acknowledging these challenges prompts a focus on

robust public health interventions, surveillance, and epidemic preparedness. Proactive measures can enhance the country's ability to respond to emerging health threats, contributing to the overall health security of the population.

Socioeconomic determinants play a critical role in health outcomes, with poverty and lack of education contributing to health disparities in Kenya. Addressing these determinants requires a holistic approach to healthcare that considers social factors, ensuring that interventions are context-specific and culturally sensitive. Health policy and governance issues further compound the challenges in Kenya. Issues such as corruption and inadequate policy implementation can impact the overall health system. Identifying these challenges presents opportunities for targeted reforms and interventions, strengthening governance frameworks and fostering transparency and accountability in the healthcare sector. In conclusion, a nuanced understanding of the dynamic forces within the global and Kenyan health sectors provides a foundation for developing effective change management practices. By embracing the opportunities inherent in these challenges, policymakers, administrators, and practitioners can work collaboratively to enhance the performance of health workers and elevate the quality of healthcare services, ultimately contributing to the well-being of communities worldwide.

2.5.2 Understanding Health Worker Performance

Health worker performance is a critical aspect of any healthcare system, and a comprehensive literature review is essential to unravel the multifaceted factors that shape it. This section delves into the existing body of knowledge, examining the intricate interplay of motivation, job satisfaction, and organizational culture within healthcare settings. Drawing insights from studies conducted in analogous contexts, the goal is to establish a nuanced understanding of the factors that significantly impact the performance of health professionals.

Motivation is a cornerstone of health worker performance, influencing the commitment, engagement, and productivity of healthcare professionals. Numerous studies emphasize the significance of intrinsic and extrinsic motivation in healthcare settings. Intrinsic motivation, stemming from a genuine passion for patient care and a sense of professional accomplishment, has been linked to higher job satisfaction and sustained performance. On the other hand, extrinsic motivators, such as financial

incentives and recognition, play a crucial role in enhancing overall motivation levels. The literature reveals the dynamic nature of motivation, emphasizing the need for tailored approaches that recognize individual differences among health workers. Factors such as the nature of the work, the complexity of tasks, and the degree of autonomy can influence the effectiveness of motivational strategies. Moreover, studies underscore the role of leadership in fostering a motivating work environment, emphasizing the importance of supportive management practices and opportunities for professional development.

Job satisfaction is intricately linked to health worker performance, serving as a key determinant of organizational commitment, retention, and overall job performance. Research consistently highlights the positive correlation between job satisfaction and enhanced patient outcomes. Factors contributing to job satisfaction in healthcare settings encompass a spectrum of elements, including the work environment, interpersonal relationships, recognition, and opportunities for career advancement. Studies conducted in diverse healthcare contexts underscore the need for a holistic approach to enhance job satisfaction. This involves not only addressing tangible factors like workload and remuneration but also recognizing the intrinsic rewards associated with meaningful work. Importantly, the literature emphasizes the role of organizational policies and leadership in shaping a positive work environment conducive to high levels of job satisfaction among health workers.

The role of organizational culture in influencing health worker performance is a recurrent theme in the literature. Organizational culture encompasses shared values, beliefs, and practices within a healthcare setting, shaping the behavior and attitudes of health professionals. Studies emphasize the impact of a positive organizational culture on job satisfaction, motivation, and ultimately, performance. The literature reveals that a culture that prioritizes open communication, collaboration, and a patient-centered approach contributes to a more favorable work environment. Conversely, a toxic or unsupportive culture can impede the performance of health workers and lead to burnout. The review incorporates findings that highlight the role of leadership in shaping organizational culture and fostering a climate that promotes the well-being and performance of health professionals.

The synthesis of literature from diverse sources and contexts allows for a nuanced understanding of the factors influencing health worker performance. It is evident that a multifaceted approach is required, recognizing the interconnectedness of motivation, job satisfaction, and organizational culture. Moreover, the literature underscores the need for tailored interventions that consider the unique characteristics of healthcare settings, acknowledging the variability in individual preferences and motivations among health professionals. This detailed literature review serves as a foundation for the subsequent analysis within the Department of Health Services in Nyamira County. By integrating insights from existing research, this study aims to contribute to the development of targeted strategies and interventions that enhance the performance of health workers, ultimately improving the quality of healthcare delivery in the Kenyan context.

2.5.3 The Intersection of Change Management and Healthcare

As the study pivots to the critical theme of change management within the healthcare sector, a comprehensive exploration of the literature is essential to elucidate the nuanced dynamics and implications of organizational change. This section delves into the intersection of change management practices and the healthcare landscape, offering insights into successful change models, challenges encountered, and the opportunities that arise within health organizations. The healthcare sector, like any other industry, undergoes continuous transformation to adapt to evolving needs and challenges. A plethora of change management models has been applied in healthcare settings, each with its unique approach to navigating organizational change. One prominent model is the Kotter's Eight-Step Change Model, which emphasizes the importance of creating a sense of urgency, building a guiding coalition, and fostering a culture of continuous change.

Literature highlights the successful implementation of Lewin's Change Management Model in healthcare, which involves unfreezing existing behaviors, implementing the desired change, and solidifying the new behaviors. Additionally, the ADKAR (Awareness, Desire, Knowledge, Ability, Reinforcement) model is recognized for its focus on individual change readiness, proving particularly relevant in the context of health worker engagement. These models underscore the need for a systematic and collaborative approach to change management in healthcare settings. Successful

implementation hinges on the recognition of the unique challenges within the healthcare sector, including the complexity of medical practices, the importance of patient care, and the intricacies of organizational hierarchies.

The literature reveals that change initiatives within healthcare organizations often encounter specific challenges. Resistance to change is a pervasive issue, stemming from factors such as fear of the unknown, concerns about the impact on patient care, and a lack of involvement in the decision-making process. The hierarchical nature of healthcare institutions can exacerbate resistance, emphasizing the importance of inclusive communication and engagement strategies. Moreover, the literature points to the challenge of balancing the need for innovation with the preservation of quality and safety in healthcare delivery. The introduction of new technologies, protocols, or administrative processes must be carefully managed to mitigate potential disruptions and ensure the continued provision of high-quality patient care.

While change management in healthcare brings challenges, it also presents significant opportunities. The literature underscores the potential for improved patient outcomes, enhanced efficiency, and increased employee satisfaction through well-executed change initiatives. The adoption of electronic health records, for example, has demonstrated positive impacts on information accessibility and care coordination. Furthermore, organizational change provides an avenue for fostering a culture of continuous improvement within healthcare settings. The literature emphasizes the role of leadership in creating a vision for change, aligning organizational values, and fostering a climate that encourages innovation and adaptability. The implementation of evidence-based practices and the integration of patient-centered care principles are identified as outcomes of successful organizational change efforts.

In synthesizing findings from diverse sources, it is evident that change management is an integral aspect of healthcare delivery. Successful organizational change requires a nuanced understanding of the unique challenges within the healthcare sector, coupled with the strategic application of proven change management models. The literature emphasizes the need for leadership commitment, effective communication, and the engagement of healthcare professionals at all levels to navigate the complexities of change. This literature review serves as a theoretical foundation for the study,

providing insights that will inform the examination of change management practices within the Department of Health Services in Nyamira County. By understanding the successes, challenges, and opportunities documented in existing research, the study aims to contribute to the development of context-specific strategies that enhance the effectiveness of change initiatives in this specific healthcare setting.

2.5.4 Concept of Employee Performance

According to Campbell et al. (1990), employee performance is a set of activities that are observable, quantifiable, and appreciated by the company because they are related to organizational goals. As per the existing literature, over the last twenty years or so, more consideration has been devoted to the definition and inquiry of task performance in the context of organisational studies, and much of this work has indeed been captivated by John Campbell and his peers' in United States Army Selection and Classification Project (Campbell et al., 1990).

As demonstrated by the current literature, research on work performance has mainly focused on qualities essential to specific jobs than generalized elements of employee performance that would result in better generalizability of results across professions. According to Viswesvaran and Ones, performance of workers has been a crucial variable in many studies in connection to whole company performance (2000). Employee performance, on the other hand, has received less attention in comparison to other key elements for a long time. As a result of this gap in the literature, employee performance is the dependent variable in this study.

Employee performance has attracted scant attention over time, in part because of an increased focus on wider structural challenges in attempting to analyze performance of the organization, as stated by Addison and Belfield (2001), and in part because researchers choose independent variables. Campbell (1990) said, "Those who aren't researchers tend to be in command when it comes to evaluating employee performance as a parameter." Employees have a strong tendency to rate themselves positively, as Donaldson et al. (2002) and Donaldson and Grant- Vallone (2002) note. The study's thorough evaluation of the questions addressed and the type of study concerns, according to Donaldson and Grant- Vallone (2002), reduced this.

It's also worth mentioning that activities and measures that employees seem to have limited influence such as; speed, efficiency, and yield, are frequently confused with

job performance (Campbell, 1990). Output is an indicator used for individual performance but merely reflects several factors besides individual workers' endeavors, like the working place, access to machinery, basic of tools, resources, supervisory support, and structural issues articulated in total quality management research points out (OPM, 2001; Hakala, 2008). Because what constitutes for workplace success is complicated, develops over time, and fluctuates based on circumstances and institutions, as Hough and Oswald point out, assessing job performance is challenging (2001). Because the absence of equivalence of performance variables between occupations affects the generalizability of study findings, academics should expand on previous work in defining broad aspects of employee performance, leading to better generalizability of outcomes and cross-level conclusions.

In relation to this intricacy, researchers have created a number of strategies for coping with the complexity of task performance. In a study of work performance models, Viswesvaran and Ones (2000) utilized principles presented by Binning and Barrett (1989) to examine the ways in which various writers dealt with the complexity of performance. Addison and Belfield both mentioned the advantages of performance models in improving generalizations from individual to organizational levels of research (2001). This means that academics will have to put in more effort to develop more generic models of individual achievement. Viswesvaran and Ones (2000) stated that there are an increasing number of studies targeted at establishing more broadly applicable performance models that fulfill these demands for generalizability of findings. These issues are addressed in this research. The study further acknowledged Campbell et al. (1996) and Viswesvaran et al. (1998) performance models (1996).

The Campbell et al. (1996) was formulated after a survey of the literature on job performance as well as considerable confirmatory studies undertaken in US military settings. According to their findings; employee proficiency in tasks, general task competency, written and oral communication, task proficiency, demonstration of effort, self-discipline, reference group, team performance enablement, oversight or leadership, and management or administration are the eight components of employee performance. These characteristics, according to Campbell et al. (1996), aren't always present in every position and aren't the definitive verdict on how to describe employee performance. They also argued that separate components are self-contained and

crucial to performance studies. This permits researchers to look at employee performance in more depth.

Viswesvaran et al. (1996) defined eleven dimensions of performance: productivity, effort, technical competency, social competence, administrative ability, communication skill, leadership, authority acquiescence, and organizational performance. There are notable differences between these concepts; for instance, productivity and quality emerge on the Viswesvaran et al. (1996) model and are substantiated by OPM, (2001), and Hakala, (2008), but not on Campbell et al. (1996) model, and there seems to be no comparable for non-job specific task competency on the Viswesvaran et al. (1996) list.

Quality, quantity, timeliness, and cost effectiveness, according to the OPM (2001), are general metrics of employee performance that are utilized to develop particular measurements of employee performance. Individual and group assignments and duties are among the performance criteria that are measured in the employee. Internal organizational dynamics processes, such as decision-making procedures, as well as group or team development, are included in group assignment. OPM, on the other hand, acknowledges that there are some components of individual performance that are difficult to quantify since the employee has no influence over them. Employee performance is judged by quantity, quality, and dependability, as well as cost-effectiveness, according to Hakala (2008), who adds absenteeism, creativity, and guideline compliance, as well as habits and hygiene, to OPM's (2001) claims. According to Hakala, the scope of these measures is broad, and certain aspects, such as quality and cost effectiveness, are beyond the control of a single person, demanding more research.

The study summarizes the aspects of Campbell et al. (1996), Viswesvaran et al. (1998), OPM (2001), and Hakala (2008) in order to build the idea of employee performance, and acknowledges the features that are considered as under the control of the employee and quantifiable. Some of these are task proficiency or work knowledge, effort manifestation, social competencies, communication skill, leadership, personal discipline preservation, peer and team achievement facilitation, inventiveness, and policy adherence. Based on these worker performance indicators, the questionnaire's nine sections were altered.

Good employees are the heartbeat of every recruiting business. Every firm should regularly review and check its employees; here are seven easy techniques to analyze performance and ensure your company is on the correct track: Promptness: Employees who are regularly tardy or absent are incapable of meeting their performance objectives. Quality of work: An essential indicator for measuring employee performance is still on project accomplishment to the stated criteria. Take a look at your own habits: Persistent poor behaviors may have a negative impact on employee performance. This might comprise small talk, unauthorized breaks, unruly conduct, and the personal use of computers (e.g., social networking, online shopping). Take a look at their mannerisms: Negative attitudes frequently lead to insubordinate conduct. Evaluate your self-image: Most businesses have a professional dress code that is appropriate for the job and the company's culture. Employees that fail to match your standards and look untidy or careless reflect negatively on your firm. Their performance is quite generally inadequate of your goals as well.

2.5.6 Performance of Health Workers

The healthcare sector sometimes referred to as the medical industry or the health economy is a group of enterprises providing services and goods to help people with curative, preventive, rehabilitative, and palliative care. It includes the development and marketing of products and services which assist in the preservation and restoration of health. The contemporary healthcare business is structured into several sectors and relies on multidisciplinary teams of skilled practitioners and support staff to meet the health requirements of people and populations. Healthcare is among the emerging and fast sectors. Health care consumes over 10% of the gross domestic product (GDP) in developed countries, which is a huge part of a country's economy (WHO, 2007).

There are numerous aspects to performance. It entails utilizing existing resources to give timely outcomes in accordance with conventional procedures and conditions (Langdon 2000). While achieving results is critical now, it is also critical for businesses to be able to respond successfully to future problems. It is critical for performance to develop and maintain this potential. The most important part of performance is client satisfaction. As a result, health personnel performance is critical since it has a direct impact on health service delivery and population well-being (WHO report 2006).

The management of vital relationships with all stakeholders, including clients, contractors, managers, and community leaders, is central to performance. The manner in which health workers perform their duties determines whether or not results are achieved and whether or not patients' expectations are met. Therefore, performance entails good arrangement of the duties and giving value to internal management procedures. Good performance depends on the dedication of the personnel. Continuous worker support supervision, regular worker input on the organization's management actions, and a regular examination of the organizational environment are all critical performance variables (Noe et al., 2008).

A high-performing workforce, according to the WHO report (2006), is "one that works in ways that are responsive, reasonable, and proficient to accomplish the most important health outcomes." Health workers' poor performance results in a lack of access to high-quality care. As a result of the health personnel's negligence, clients may not use the services, resulting in poor health outcomes (Dieleman & Harnmeijer 2006).

2.5.7 Determinants of Health Worker Performance

Without sufficient skilled health personnel, national health care systems cannot function effectively. In order for these health systems to function properly, health workers play a critical role (JLI 2004). Unfortunately, a number of obstacles thwart health workers' efforts. As a result, the majority of developing countries have poor health results. In general, achieving an efficient health workforce necessitates the recruitment of potentially effective employees, the optimization of existing health workers' performance, and their retention (Manuwa Olumide 2009; WHO report 2006).

2.6 Change Management

2.6.1 The Concept of Change Management

Various articles reflect a wide range of research on the subject of organizational change. A multifaceted approach to implementing change is used in most of those research. In their nine-year assessment of theoretical and empirical change literature, Armenakis and Bedeian (1999) identified four research problems common in change initiatives. (1) contextual concerns, which are primarily concerned with factors in a firm's external and internal environments; (2) content concerns, which are concerned

with the substance of contemporary organizational trends; (3) criterion issues, which are concerned with end results commonly evaluated in organizational change initiatives; and (4) process concerns, which are concerned with actions taken during the implementation of a proposed changes. According to change management experts, it entails careful planning and implementation, as well as consultation and participation of those who will be affected by the changes. When people are compelled to change, problems develop. Change must therefore be reasonable, doable, and measurable.

According to Jeff (2007), change management involves utilizing techniques and procedures to control behavior of people in organizational context in order to attain the desired corporate objectives while incorporating the change into the employer's social infrastructure. The overall transition process and change management, according to Nickols (2006), is essentially the very same. Because of the fundamental commonalities of planned change across organizations, sectors, and systems in various nations, regions, and globally, change management is a task, a process, and a professional activity.

Employees' views of change vary due to differences in their backgrounds and judgments of the change outcome. It is examined at personal, team, and organizational levels, as well as at the societal, national, and international levels (Mullins, 1999). Mullins (1999) asserts that we always have our own "world," or perspective and understanding of our environment and the people living in them. Employees' emotions and roles within the company were formerly undervalued. However, Elton Mayo's research, which became renowned as the Hawthorne experiments, extended the Human Relations Approach concept in the early 1930s. These activities taught supervisors the importance of workers and the need of considering their sentiments. Workers' productivity increased when they thought they were receiving attention from management, according to the studies. This enables us to comprehend the value of employees to an organization and the strategy that a corporation should take with them while implementing any changes.

2.6.2 Change Management Practices

Change management is a collection of procedures used to guarantee that major changes are executed in a controlled, methodical, and orderly manner in order to

accomplish change in an organization (Mullins, 1999). Organizational change aims at eradicating human fear of change so that people in organizations buy into it and the company's objective of a seamless and effective shift may be achieved (Diefenbach, 2006a). When change is presented, employees respond with a lot of opposition and conflict. This is due to the fact that any change in the established order causes worry. This is because every disruption in the status quo generates uneasiness as no one knows what the future holds next. Kant (2002) found the following methods in his research of change management that, if implemented, will guarantee that change is successful:

Begin by matching a transition effort's aims with the corporate goals: If the change initiative objectives do not align with the organization's business strategy; the change initiative will not benefit the organization (Boonstra, 2012). As a result, linking a change effort's goals to an organization's business strategy enhances the likelihood of success as the initiative for modification will have more leadership support than if the targets are not linked.

Obtain and uphold corporate support: Good leadership skills are mandatory to promote change, especially, if the transition necessitates major cultural adjustments. As a result, business executives must show the way by agreeing to change, creating awareness of the company vision to everyone else, and empowering employees to follow the change's activities. Structures, control systems, and guiding ideas, norms, and processes must all be clearly specified in order to do this.

A corporation first should develop a blueprint defining tasks in a smaller scope than the firm's strategic plan and express management's expectations when it comes of objectives and Key Performance Indicators (KPI) in order to build and sustain an outstanding change team. The change team must be in charge of the objectives, which must be quantifiable and relevant. The change team must also establish its goal, techniques and processes, what constitutes appropriate team conduct, and how conflict will be resolved and team responsibilities defined. A great change team will successfully design a change strategy, identify change procedures, and get goodwill for an organization's change effort across organizational cadres.

Evaluate the firm's readiness for change: A range of factors impact the organization's readiness to change, such as the strength of its organizational culture and the

magnitude of past change projects. In order to have a successful transition, a change management plan must diligently define the change's objectives and timelines, how change impacts employees, barriers to change and devising ways to do away with the resistance to change. In this case, communication and training play a pivotal role

To guarantee that change teams are completely engaged to change efforts, process owners should serve as sponsors. Change champions and stalwarts should include senior line managers like departmental heads. Furthermore, change committees should also include highly valued experts from a variety of business sectors to encourage cross-functional innovations that provide the best results and to help workers buy-in. Make a plan to develop continuously: A company's ability to generate better items with more reliability and efficiency, as well as increase customer satisfaction and value, will be enhanced via continuous process improvement. An organization must employ effective performance measurements, which management must monitor and adapt to as needed, in order to accomplish continuous improvement. The highest-ranking senior managers should continue to stay involved: Active participation includes chairing corporate steering groups, officiating reward ceremonies, persisting to engage in all platforms, and explicitly embracing the reform effort's required behaviors. Top-level executives express their support for a change by being actively involved, which aids its success.

Focus on the customer: A firm's desires and ambitions must be recorded, since customers' perceptions of the firm's strengths and weaknesses are important to its effectiveness. To put it another way, a business should ask its customers what it ought to do right now to cater for them in the short-run.

Assemble all infrastructure that is required. In order for change to be effective, an organization's intellectual resource, data, economic, organizational, and other support systems must all be integrated to the core business processes. For instance, organizational structure should tactically respond to corporate goals and strategies.

Organizations must methodically and intentionally find new perspectives and better approaches of doing things to foster a creative and innovative atmosphere. This necessitates firms questioning the fundamental assumptions around which their business and industry are founded. To break these preconceptions, you'll require creativity and innovation. Creativity is the act of generating new ideas and options,

while innovation is the process of converting those concepts and choices into ideas that are useful and lead to growth and transformation. In order to adapt to change, develop, and invent. Managers must be ready to embrace, test, and verify new ideas, and also identify both fruitful and failed ones.

Change management techniques as philosophies legitimizes "the management interest in controlling people in organizations, how organizations, emphasizing that managers are responsible and accountable for their actions and those who act under their instructions (McAuley et al., 2000). Planned change aims at combating human fear of change so that people in the organization buy into it and the organization's objective of a seamless and effective changeover may be achieved (Diefenbach, 2006). When reform is presented, employees respond with a lot of resistance and disagreement. This is due to the fact that no one understands what will unfold when the current establishment changes.

Any organization's change process is usually triggered by a recognition of the need for change (Have, Have, Huijsmans & Otto, 2016). The magnitude and advancement of technology have increased dramatically in recent years. In this scenario, a company must first determine the reasons for the need for adjustment, as well as their characteristics, before deciding how to make the changes. Cost reduction, redundancy, technology, cultural change, and performance enhancement are all elements that lead to change. There is a lot of study on the execution of change programs, but the end outcome is seldom a copy of a discrete collection of technical, design and economic variables (Senge, 1990; Pettigrew et al., 1992).

If a company wishes to change, it must first analyze its present condition and then clearly define its ideal state (Zehir, 2016). It should then determine the differences between present and future and compute the complexity and effort required to propel it from the initial stage to the required future state. If the discrepancy is enormous, it is essential to demonstrate a legitimate need. Others are motivated to accept change if there is a compelling reason to do so, increasing the likelihood of a successful change attempt (Have et al., 2016). Consultants should ensure that the recorded needs are strong and align with the company's goals, as compelling requests must typically satisfy business requirements. One method of establishing a convincing demand is for organizational leaders to alter their behaviors before they cascade to other employees.

When a company wants reforms, its focus should be on the processes that are very important to it (Cameron & Green, 2012). This approach provides the most benefit to a company when it comes to selecting procedures. Auditors should review artifacts that record risk-reward trades to ensure that change teams are performing them. Employees can deal with the change effort challenges by adopting a gradual transition approach defined by numerous modest adjustments (Kattner, Wang & Lindemann, 2016). Furthermore, an organization's adoption of this approach has the added benefit of teaching its employees how to live with change, allowing it to continue to grow and develop. This modification will increase profitability while lowering risk (Kandt, 2002).

In addition, a firm has to develop a transformation vision. The change leaders should offer people in the company a sense of how they will operate in the future by establishing a vision for each process that is undergoing change (Neil, Wagstaff, Weller, & Lewis, 2016). This will reduce opposition to change by assuaging concerns that individuals have when their futures are uncertain. To identify opportunities for improvement, estimate how much a company can improve, and assess improvement, a change team must first have a thorough understanding of present processes ((Zehir, 2016). It must get a thorough knowledge of the processes that will be changed so that it can convey the necessary organizational and behavioral changes to those who will be affected.

An organization must effectively conduct many essential practices in order to succeed with a transformation endeavor (Brown & Osborne, 2012). If any of the important practices are not completed effectively, the change attempt would be considered a failure. Obtaining executive-level commitment for a transformation endeavor is the most essential critical procedure. A change team must effectively complete many tasks in order to gain executive commitment (Zehir, 2016). To begin, it has to show how the reform effort contributes to the organization's mission and objectives. For instance, if the catered for business requirement is to cut operational expenditure by 10%, the transition initiative must show how it can do this.

For instance, if the resolved requirement is to achieve a sustainable competitive advantage by 10%, the framework for change must vividly show how manufacturing costs can be cut down. Further, it must show that it generates a positive financial

return on investment. In formulating a vision for the new organization, with altered individual procedures, is another crucial exercise. A third crucial technique is informing the whole workforce about the transformation endeavor, including the vision, advantages, differences, and so on. This will be done by the change team for executives, middle management, and practitioners. The change team will create a separate message for diverse groups (Kandt, 2002).

In that respect, the reform team will have to create separate messages for each group (Kandt, 2002). The message for top executives focuses on integrating the transformation effort with the organization's business goals and priorities, as well as the financial return on investment. The message for practitioners will stress the differences between how they operate now and coping strategies in the future (Zehir, 2016). The transitional taskforce should stress the individual advantages of the change, as well as the time-consuming tasks that are presently performed manually that are due for planned automation. Finally, the change taskforce has to entice middle management by laying emphasis on the advantages of better product work quality. That instance, the change taskforce should stress how much easier it will be to manage projects in the new state than in the outdated one (Kandt, 2002).

2.7 Empirical Literature

2.7.1 Change Management Practices and Employee Performance

Currently, management of change is a highly hot issue. Organizational change and issues that emanate from change such as employee motivation, leadership, organizational growth, and change remedies have been researched extensively. Amundson et al. (2004) investigated which events benefited or impeded workers who had endured organizational transformations like retrenchment. It was proposed that these favorable and unfavorable experiences be documented to minimize the ugly side of downsizing while increasing positive impacts and occurrences, ensuring a smooth transition. The fundamental objective of organizational transformation is to adapt to changing environments or to improve performance (Leana & Barry, 2000).

Guimaraes & Armstrong (1998) assert that in change management, researchers have just done subjective and incomplete studies. With a few exceptions, Herscovitch and Meyer (2002) suggest that practice and theory are generally underpinned by

unquestioned presumptions of current organizational change management. According to Leavitt's research, employees in a changing organization can only operate successfully if they integrate it to the broader world (Leavitt, 2003). The most significant causes for change may not always originate internally, but anybody researching organizational change should pay attention to them. Decisions made by forces from within the organization are more likely to result in organizational transformation.

Internal factors for transformation were recognized by Leavitt (2003). Items and services, for example, relate to the aspects that a company creates, such as maintaining current products and services or introducing additional ranges and improving inventory management. Job specific tasks, or the principal work of an establishment, relate to the organization's fundamental business, whether it is delivering health care or not. Madson (2003) performed research and found various internal factors for change, including workers, who refer to the people who make up a company. Other examples entail hiring people to take up important top management positions, implementing a new staff appraisal scheme based on a 360-degree technique an employee performance is assessed all stakeholders, including subordinates and switching from a personalized to a team rewards bonus scheme.

Mullins (2007) in his research and found out that several internal drivers that are driving transformation. The first responsibility for corporate organizations, according to Kotler (1999), is to survey the external environment, where the cause for reinvention are typically out of their control. Dynamics in the operating environment are more likely to influence businesses because this is where their consumers and rivals are located. External factors for transformation were highlighted in a research done by Kotler (1999). Fisher (2001) highlighted some internal causes for transformation in his research. Demographic changes (for example, an increasing numbers of the elderly, areas inhabited with ethnic minorities, and a short-term escalation in the young population), changing attitudes toward work (for example, dislike of shift work and unsociable hours), changes in spending patterns among key social groups, and changes in undergraduate enrollment rates are all examples of social changes (for instance, shortage of engineers and scientists).

According to Warrilow (2010), in order to effectively manage reforms in an environment that is affected by change dynamics, methods for managing such changes must be adopted for people may embrace change and guide it toward a beneficial contribution to a particular company. As a result, he proposed change management techniques. He went on to say that while choosing a plan, we should consider not just the conditions, but also the chosen management style (Dooren, Bouckaert & Halligan, 2017).

As a result, Kotter and Schlesinger (2008) proposed six very context dependent strategies of overcoming resistance to change, concluding that communication and involvement have the efficacy in overcoming resistance to change. According to Lynn (2009), it is critical to communicate changes openly and in adequate time to avoid rumor and grapevine. Employees, according to Miller and Friesen (2000), show reluctance to change even when their environment threatens their survival. Many writers (Maurer, 2006; Strebel, 2004; Waddell and Sohal, 2008) argued that rigidity to change is a major factor in the failure of many change attempts. Resistance is a phenomena impacting the change process, delaying or slowing its start, blocking execution, raising expenses, and affecting overall organizational performance (Ansoff, 2000). Resistance is any behavior that attempts to maintain the status quo and therefore avoid change (Maurer, 2006; Rumelt, 2005).

Resistance is a source of knowledge, important in knowing how to build a more effective change process. As a result, it is not a bad idea since it may reveal to change managers some parts of the change process that are not being adequately examined (Waddell and Sohal, 2008) Changes in technology and physical settings, which they integrate with organizational structures and social variables into a category they call organizational work setting, are further described by Robertson and Seneviratne (2005).

Others in the discourse argue that the intervening methods ought to draw from the vision and the overall strategy (Beckhard and Harris 2008), and the arrows connecting the components should be double-headed, indicating the interactive character of the components in the transformation process. Organizational success, according to Richard et al. (2009), should be linked to variables like profitability, enhanced service

delivery, customer happiness, market share growth, and increase productivity and sales.

Individual, group, and task performance, as well as technical, structural, managerial, and environmental variables, all influence employee performance. He believes that change in management is not possible without at least a semblance of knowledge about past target attainment and, preferably, targeted staff performance in the future. Different methods to change management will cause the variables in each dimension to reduce or grow. As a result, organizations should strive to guarantee effective change management in order to increase overall employee performance.

2.7.2 Leadership Change and Employee Performance

Employees are the most valuable asset in any organization; without them, goals and objectives cannot be met (Bello, 2012). Leadership efficiency plays a key role in ensuring a company sustain good performance. Leaders determine the quality of recruitment, selection, development, deployment and reward of organizational resources, as well as the conversion of these resources into goods and services that are useful and the delivery of value to the company as important decision-makers (Alvesson & Sveningsson, 2015). Therefore, leaders provide managerial input that is vital in giving an organization a sustainable competitive advantage (Adler, 2001).

Effective leadership, according to Hurduzeu (2015), entails motivation, management, inspiration, compensation, and analytical abilities. To enhance employee performance, leaders in companies create an enabling environment to stimulate creativity and innovation. Besides, it increases the participation of employees by allowing them to question issues that they are not comfortable with. Scholars and researchers also believe that the function of leadership/leadership is critical when managing companies or dealing with change management issues (Asghar, 2010).

A number of researches have indicated that there is a relationship between organizational leadership and good performance at both the individual and organizational levels. In most organizational scenarios, transformational leadership behaviors positively associate with subordinate performance than transactional behaviors, based on evidence from a number of comparative studies (Brockhaus, 2006).

Bello (2012) investigated the idea of ethical leadership, the qualities of an ethical leader, the influence of ethical leadership on employee job performance, and how companies produce leaders who are not only sound in character but also sound in behavior. The study concluded that corporate leaders must establish a solid work culture, the businesses should aim to employ ethical individuals, and that corporate leaders should reward ethical behavior and penalize unethical behavior based on empirical literature.

In Pakistan, Abbas & Yaqoob (2009) studied the influence of leadership development on employee performance. Coaching, training and development, empowerment, involvement, and delegating were all variables included in this research on leadership development. According to the study, the cumulative effect of these characteristics had a 50% impact on performance of employees. However, additional variables like attitude, dedication, motivating factors, and confidence with the company, as well as remuneration, incentive, and bonuses, account for the remaining 50% of the contribution to employee performance.

2.7.4 Organizational Culture and Employee Performance

Culture is defined as a collection of values, sets of beliefs, messages, and behavioral expectations guiding the conduct of individuals in an organizational setting (Awadh & Saad 2013). The unwritten conventions, habits, and beliefs that establish the guidelines for decision-making, organizational structure, and authority make up organizational culture (Wambugu, 2014). She posits that corporate culture is formed through the organization's long held values, as well as present leadership principles. On the basis of effectiveness, organizational culture has specific elements that promote sustainability. Norms, beliefs, principles and values aid in the growth of an organization's culture, increased productivity leads to increased employee commitment. The organization's method is built on the successful creation of a culture that promotes efficacy of learning at the workplace.

Creation a strong organizational culture promotes employee performance (Barker, Neil & Fletcher, 2016). Employee performance is a critical pillar to a firm since it successfully leads to its sustainability. Loyalty from employees is assessed by knowledge and understanding of the company's culture, which enhances the company's conduct (Denison, 2004).

In today's world, management and organizational culture are inextricably linked. Structured stability and the integration of a high levels of organization culture are the two most important variables contributing to good management of culture (Baca & Claudia, 2005). Several aspects of organizational culture have been noted, including ingrained norms, values, and beliefs that aid in the perfect alignment of these elements. Differences in backgrounds, philosophies, and racial disparities influence performance at different cadres in an organization's based on its culture. Employee origins and practices influence on long-term performance and management of culture, which influences profitability (Baca, 2005).

The link between organizational culture and performance were explored by Awadh and Saad (2013). Using a literature review approach to examine how an organization's culture influences processes, people, and systems. Certain elements of culture have been established thus far, according to the study, and research revealed that philosophies of an organization and standards are dependent on interpersonal relationships. The study concluded that an organization's strong culture, which is built on managers and leaders, aided in boosting performance. It is necessary for managers to link performance and culture since both contribute to a competitive edge.

Wambugu (2014) investigated the impact of organizational culture on employee performance. It focused on Wartsila Limited, a private company in Kenya. The study looked at the impact of four aspects of organizational culture on employee performance: organizational values, organizational environment, leadership styles, and work procedures. Managers should concentrate on the elements that have a substantial impact on employee performance, according to the findings. At Wartsila, the study found that organizational performance was influenced by norms that guide the behavior of employees at the company precincts; which is commonly considered to have a vice versa connection. Overwhelmingly, there is a favorable link between organizational culture and employee performance; nonetheless, the influence varies depending on the factors, with work procedures and systems in Wartsila having a greater impact on employee performance.

In Pakistan's banking industry, Khosa et al. (2015) investigated the influence of organizational change on performance of employees. The study showed that organizational reform has a substantial beneficial influence on employee performance

in Pakistan's banking sector. Also, the study recommended for further investigation in other industries and increasing organizational change variables to evaluate the total influence of organizational change on employee performance. This was the goal of the current investigation.

Kamugisha (2013) conducted a research on the impact of change management in an organization; a case study of National University of Rwanda (NUR). The study investigated the effects of change management at NUR. The management of faculties has changed, according to this study. Staffing standards and performance have also changed, with administrative employees being having a minimum of bachelor's degree in conjunction with the jobs they occupy. Layoffs, contracting, and employing extra individuals to fill new jobs were found to have an influence on the organization's employees. Internet penetration bandwidth significantly affected on the university's administrative and academic operations as a result of technological developments.

Through a case study of university libraries based in Jordan, Al-Jaradat, Nagresh, Al-Shegran, and Jadallah (2013) sought to determine the influence of change management on performance of staff. Three types of change were discussed: organizational structure change, technological change, and individual transformation. The study discovered that organizational structure change is inflexible, and as a result, this organizational structure is not suited for the University Library's commercial needs, resulting in overlapping authorities and duties. The study discovered a positive link between the areas of change (organizational structure, technology, and individual behavior) and the areas of change (organizational structure, technology, and individual behavior) and performance of workers.

Osei-Bonsu (2014) conducted research to determine the level of engagement from employees in change management procedures, the influence of change management on employee job satisfaction, and finally, employee attitudes following organizational transformation. Employee participation in the process was restricted to providing appropriate information, according to the major results. It was also discovered that the modification had a favorable influence on employee work satisfaction in general. Finally, post-change employee sentiments were found to be favorable.

2.7.5 Communication Channel and Employee Performance

Communication refers to all of the acts that a person engages in when attempting to change the thinking of another. This is a definition of a link between a person, a group of people and a company. Expressing, listening, and comprehending are all part of the communication process (Banerji and Dayal, 2005). Equally, stressing the human element of communication, which is a process that tries to maintain healthy connections between groups and organizations and is based on social life and governs the organizational structure (Dogan, 2005).

Price (1997) posits that organizational communication as the extent to which an organization communicates job-related information to its members and among members. Communication conveys the corporate goals of the firm (Ayatse, 2005). In that regard, the abilities and skills they have allow them to demonstrate the desired work behaviors acceptable and relevant to the job. The expectation theory (Victor Vroom, 1964), indicates that employees will be productive when their performance is rewarded, and the incentive has to be fair and commensurate their efforts.

Communication is critical in organizations, according to Orpen (1997), who claims that it plays a critical part in the success or failure of any organization. It is used to resolve conflicts in work organizations so that the organization can advance. People must work in harmony to pursue the goals and objectives of an organization. Good interpersonal relations and team work helps man to explore new possibilities and build new vistas. Moreover, when new individuals are met by meet, the language used to communicate has to be common for them to understand each other.

Communication is defined by Ince and Gül (2001) as the interchange of ideas, feelings, and views between two or more individuals using words, letters, and symbols. This, he claims, is a technical reality. Nonetheless, there lacks clarity on whether the symbols used always tally with the messages sent and the effectiveness in translation of messages by the recipient (Kalla, 2005; Baltas and Baltas, 2002). Mankind would have a tough time unraveling some of life's mysteries without communication, which includes reading, listening, speaking, and writing. Things about which we are uninformed or knowledgeable, or about which we have uncertainties, can be better conveyed to us through dialogue. Altinöz (2008) opines that communication is a way of informing subordinates about the job and resources

needed to accomplish an assignment. Besides, it encompasses the roles and responsibilities and outcomes expected. Communication is defined as the transmission of information (a message) from one person to another. Therefore, the efficiency in communication relies on how well the message is transmitted to elicit the desired response from the recipient.

Communication is multidimensional in evaluating, conceiving, and directing contact in an organization, as well as examines all perspectives of transmission of messages. Communication reviews, conceptualizes, and directs dealings in an organizational context. Employee communication is the dissemination of information relevant to an employer's daily work performance and is also required if the employee is to be a valuable team member. It indicates that people are seen as important assets (Buchanan and Doyle 1999). Communication is defined as the flow of ideas from the source to the recipient comprehending the message and responding appropriately.

Organizational communication, according to Myers and Myers (1982), is "the primary binding factor that facilitates proper links among individuals and hence promotes ordered behavior." Rogers and Rogers (1976), for example, believe that individual behavior in organizations is best understood from a communication standpoint. Organizations have transformed in ways favoring the final point of view. Organizational communication has become more crucial to overall organizational functioning as a result of changes in employee performance and the resulting changes in organizational structures.

Communication is the foundation for sound management; it enhances coordination and interaction among workers. Furthermore, good communication motivates workers, and creates links between different hierarchies and management functions; it clears up confusion, misunderstanding, and shortfalls in administration; and it aids in achieving maximum efficiency. Proper dissemination of messages is not just a key component in the contemporary organizational processes, but an anchor of modern businesses (Grenier and Metes 1992; D'Aprix 1996; Witherspoon 1997; von Krogh et al. 2000).

Effective communication by the senior management establishes and maintains a competitive edge for employee performance and improvement (Aviolio, Lado, Boyd & Wright, 1992; Rowe, 2001). For a company's potential success, effective

communication between executives and employees is crucial. Leaders must use communication techniques that will have a beneficial impact on the workplace (Gray and Laidlaw, 2002). Organizations will be better able to manage diversity through fostering harmony and integration in the workplace if supervisor-subordinate communication improves.

When employees think their efforts will be recognized, they will embrace the leader and the firm, which leads to successful communication. Leadership thrives when it initiates or responds to change, and leadership is inextricably linked to the credibility of those in charge. If people believe in those who are pushing for change, they will become willing participants (Desantis & Janet, 1999). Because of the correlation between employee satisfaction and job performance, the leader-employee relationship is an important component in employee engagement inside the company.

Managers utilize leadership behaviors to affect employees, according to Foong (2001). According to Lee and Chuang (2009), a good leader not only motivates subordinates, allowing them to improve productivity, but also satisfies their needs while accomplishing organizational goals. A leader's communication style is just as essential as his leadership style. Within a group or organization, the leader is the directing force. A leader who has a style that connects with his or her followers will be able to increase staff productivity. Poor leadership styles, on the other hand, lead to poor communication, which may have a detrimental impact on employee performance and productivity. The method by which employees gain awareness on corporate goals and their participation in achievement is acknowledged to have a key role in building organizational commitment (Anderson and Martin, 1995; Haskins, 1996).

Organizational communication is linked to emotional commitment (Goris et al. 2000; Ooi et al. 2006), whereas (Brunetto and Farr-Whartons' 2004) studies indicate a substantial relationship between communication processes and work satisfaction and affective job commitment. Although the importance of communication may seem self-evident, does science back this up? Yes, to put it bluntly. According to studies, when employees' needs are met through effective communication, they are more likely to build fruitful work relationships. (Tsai and Chuang 2009, citing Gray & Laidlow 2004). This so-called "research satisfaction" – defined as "the sum total of an individual's contentment with information flow and connection characteristics"

(Downs & Hazen, 1977, in Tsai and Chuang 2009 – has been linked to important factors including work performance and turnover rates.

Furthermore, the major components of communication-job performance linkages were identified to be supervisory communication, feedback, and communication environment (Tsai and Chuang, 2009). To put it another way, an organization's information flow is critical to how workers view their relationship with and inside the company. To summarize, each new study appears to indicate that the relationship between internal/employee communication and corporate performance is stronger than previously assumed, as Chen (2008) put it.

Table 2.1: Summary of Empirical Studies

Researcher/ author(year)	Title/ topic	Objective	Methodology	Findings	Research Gap
Bello (2012)	Impact of ethical leadership on employee performance	To establish the effects of ethical leadership on employee performance	1)The study adopted descriptive research design 2) Target population was 1000 employees 3)Sample size of 120 employees formed the responders for the study 4)Stratified and simple random sampling were used to select the respondents	1) Corporate leaders must ensure that a strong culture within the work place. 2) Organizations should strive to hire ethical people. 3) Corporate leaders should reward ethical conduct and discipline unethical conduct.	The relationship between the other factors on employee performance, have not yet been clarified, so it is not obvious which one is dominant in actual performance
Abbas and Yaqoob (2009)	Effects of leadership development on employee performance in Pakistan	To assess the effects of leadership development on the performance of employees in Pakistan	1)The study adopted descriptive research design 2)Target population was 320 employees 3)Sample size of 109 employees formed the responders for the study 4)Stratified and simple random sampling were used to select the respondents 5)Questionnaires were used to collect data	1) The combined effects of coaching, training and development, empowerment , participation and delegation influenced employee performance.	The relationship between the five factors of leadership development (coaching, training and development, empowerment, participation and delegation) and employee performance were not well exhausted to other institutions thus cannot make a conclusion for all other organizations
Wambugu (2014)	The influence of organization culture on	To establish the effects of organizational culture on	1)The study adopted descriptive research	1) Managers should focus on factors that have	The relationship between organizational

	employee performance in Wartisa Ltd	employee performance	design	significant effects on employees. 2) Organizational values had more significant effects to employee's job performance.	culture and employee performance in Wartisa Ltd cannot alone be used to generalize the results for all organizations thus a gap to look onto this study in a different institution.
Osei-Bonsu (2014)	Assess the extent of employee involvement in the change management processes	To establish the effects of employee involvement in the change management process	1) A descriptive survey research design was employed to administer a self-designed questionnaire consisting of open and closed- ended items to one hundred and forty respondents using simple random sampling. 2) Descriptive statistics was used to analyze the data	1)Employees' involvement in the process was limited to provision of adequate information 2) The change had a positive impact on employees' job satisfaction. 3)Employee attitudes after the change were found to be positive	The relationship between change management process and employee performance did not look at communication , culture and leadership which gives a gap to study on.

2.8 Devolution of Health Services in Kenya

Political, administrative, and financial factors all played a role in the decentralization of health care to county governments. The counties are now in charge of delivering health services and managing health staff (constitution of Kenya, 2010). Several developments have occurred as a result of devolution during the previous four years. They intended to create a unified, coordinated, and comprehensive county health system. The counties are responsible for provision of health care to their citizens. The counties are responsible for ensuring that all health-care operations are coordinated

and that health-care practitioners are supported. Each county has a county referral hospital which also serves as a teaching hospital for interns from universities and students from KMTCs and other teaching institutions. Sub-county hospitals have been established and are operational in all sub counties to replace districts hospitals.

Following the transfer of health-care management responsibilities to county governments, the County Public Service Board is now in charge of hiring, disciplining, and dismissing employees (CPSB). Prior to devolution, the Ministry of Health and the Kenyan Public Service Commission were responsible for this (PSC). Despite the fact that the Ministry of Health was aware of the country's requirements, HRH was distributed inequitably, and some disadvantaged regions had significant personnel shortages. Following devolution, unfilled positions are now publicized, and the CPSB is in charge of recruiting. (Kenya Constitution, 2010).

2.9 Operationalization of the Variables

In this study, the independent variables include leadership change, organizational culture, and communication channel. In this study, leadership change refers to a discernible shift in the individuals occupying leadership positions within the Department of Health Services in Nyamira County Government. This variable was measured by tracking and recording instances of changes in key leadership roles, including turnover in top management positions, the appointment of new leaders, or significant changes in leadership responsibilities.

Organizational culture on the other hand encompasses the shared values, beliefs, norms, and practices that shape the work environment and guide the behavior of individuals within the Department of Health Services in Nyamira County Government. To quantify Organizational Culture, this study used validated organizational culture assessment tool adapted to the specific context of the health sector. The tool measured dimensions such as innovation, stability, and emphasis on people and processes.

Lastly, communication channel refers to the formal and informal means through which information is conveyed within the Department of Health Services in Nyamira County Government. Measuring communication channel involved assessing the clarity, frequency, and effectiveness of communication pathways within the

organization. This was achieved through surveys and interviews, capturing feedback on the perceived efficiency and accessibility of communication channels.

By operationalizing these independent variables, the study aims to ensure a precise and consistent application of measurement criteria, facilitating a rigorous examination of their impact on health worker performance. The defined operationalization provide clear guidelines for data collection and analysis, contributing to the overall robustness and validity of the study.

2.10 Conceptual Framework

The conceptual; framework shows the relationship between variables that affect performance of health worker as a result of change management practices.

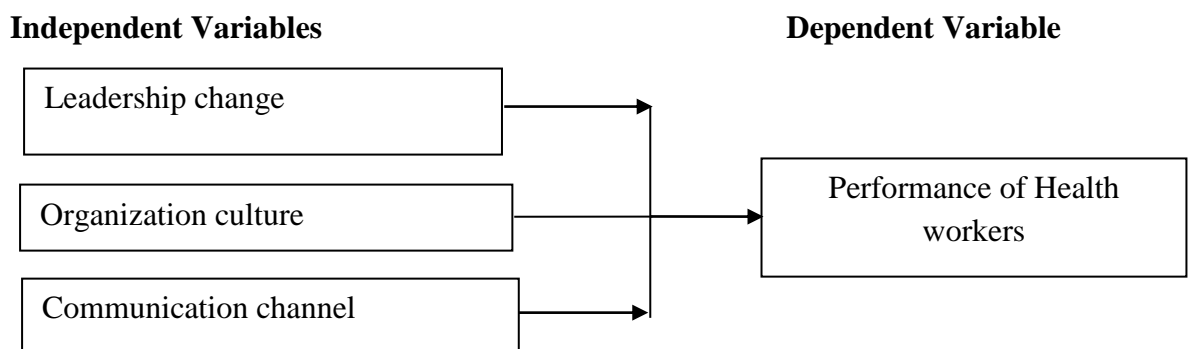


Figure 2.1: Conceptual Framework

Source: Researcher (2019)

There is a need to justify the inclusion of the three factors, namely, leadership change, organizational culture, and communication channels. Notably, leadership change is a critical factor in the success of organizational transitions. Changes in leadership can influence the direction, vision, and implementation of new policies or practices. Studying leadership change within the Department of Health Services is essential for understanding how shifts in leadership impact health worker performance during change initiatives. Investigating the effects of leadership change provides insights into how health workers respond to shifts in management. It allows for an examination of the communication strategies employed by new leaders, their ability to inspire trust, and the overall impact on the work culture. Understanding the role of leadership change is pivotal for tailoring change management strategies to ensure a smooth transition and sustained health worker performance.

Second, organizational culture plays a central role in shaping behaviors, attitudes, and responses to change. The values, beliefs, and norms within the Department of Health Services influence how health workers perceive and adapt to new practices. Analyzing organizational culture is crucial for uncovering the cultural factors that either facilitate or hinder the successful implementation of change management practices. Exploring the existing organizational culture allows us to identify cultural elements that may impact health worker performance during changes. It provides insights into whether the prevailing culture supports innovation, collaboration, and adaptability or if there are cultural barriers that need to be addressed. Recognizing the role of organizational culture guides the development of targeted interventions that align with the cultural context, promoting positive change outcomes.

Third, effective communication is a linchpin in change management. The choice of communication channels significantly influences how information about changes is disseminated, understood, and embraced by health workers. Examining communication channels within the Department of Health Services is crucial for evaluating the accessibility, transparency, and timeliness of information during organizational changes. Investigating communication channels allows us to assess how well health workers are informed about changes, reducing uncertainty and resistance. Understanding the preferences of health workers regarding communication channels enables the tailoring of communication strategies to ensure maximum engagement. Effective communication channels are vital for creating a shared understanding of change goals, fostering collaboration, and ultimately enhancing health worker performance.

In summary, leadership change, organizational culture, and communication channels have been selected as key factors for inclusion in the study based on their pivotal roles in influencing health worker performance during organizational changes. These factors align closely with the study's objectives, offering a comprehensive lens for examining the intricate dynamics within the Department of Health Services in Nyamira County. The inclusion of these factors is instrumental for generating actionable insights and recommendations that contribute to the improvement of change management practices and overall healthcare delivery.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology employed in this study. It outlines the description of the research design used. After that a description of target and accessible populations of the study. Additionally, it contains the sample size, sampling procedures used and data collection instrument. Finally, it illustrates the data collection procedures and analysis.

3.3 Study Area

The research was conducted in Nyamira County; one of Kenya's forty-seven counties, and it is located in the Gusii Highlands in the country's south western region. It is located between 00 30' and 00 45' South latitude and 340 45' and 350 00' East longitude. It is bordered on the north by Homa-Bay, on the west by Kisii, on the south by Bomet, and on the east by Kericho. The county has a population of 598,252 people living in 131, 039 homes (KNBS, 2010) in an area of 899.4km² (MODP, 2013) according to the Kenya National Population and Housing Census of 2008/09. Administratively, the county is comprised of four constituencies namely West Mugirango, North Mugirango, Borabu and Kitutu Masaba. It has 20 wards, 33 locations and 88 sub locations. Agriculture is the major economic activity with tea being the major cash crop. The county headquarters is located in Nyamira town.

3.4 The County Government of Nyamira

The governor is the chief executive of the county. A county assembly and a county executive make up county government. Members of the county assembly are chosen from several wards around the county. The governor appoints the members of the county executive committee with the agreement of the county legislature.

The functions of County Governments, according to Article 5 of the County Governments Act (2012), include agriculture management, county health services, public amenities, trade development and regulations within the county, planning and development, and other services that they have mandate to provide to residents.

The Department of Health Services is one of Nyamira County's 12 departments. The department is led by a member of the County Executive Committee (CEC). In the health department, the Chief Officer serves as a vital connection between technical

and administrative duties and the supervision role. The County Director of Health oversees the department's technical operations and offers appropriate health-related advice to the Chief Officer and Executive Committee Members. The health facilities are outlined in the table 3.1 below.

Table 3.1: *Health Facilities in Nyamira County*

Hospital	Health centers	Dispensaries	Clinics	Total
8	45	51	34	138

(Source: County Health Department Records)

3.5 Rationale for selecting Nyamira County

The selection of the Department of Health Services within the Nyamira County Government as the focal point for this study is grounded in the imperative to understand and enhance the performance of health workers in the Kenyan context. Nyamira County, like many regions, faces unique challenges and opportunities in the delivery of healthcare services. By focusing on the Department of Health Services, we aim to delve into the intricate dynamics of change management practices and their direct impact on the performance of health workers. Nyamira County Government, as the specific backdrop for this study, offers a microcosm of the broader challenges faced by the Kenyan healthcare system. The Department of Health Services, being at the forefront of service delivery, is especially susceptible to the effects of organizational changes. Therefore, a comprehensive analysis within this specific context not only contributes to the academic discourse on change management practices but also provides actionable insights for policymakers, administrators, and practitioners within Nyamira County and, by extension, the broader Kenyan healthcare landscape.

By elucidating the nexus between change management practices and the performance of health workers in Nyamira County, this study aspires to generate findings that are not only academically significant but also practically relevant. The outcomes of this research endeavor are anticipated to offer valuable guidance for refining change management strategies within the Department of Health Services and, more broadly, for improving the overall effectiveness of health service delivery in Kenya. Through this focused exploration, we aim to bridge the gap between theoretical frameworks and on-the-ground realities, fostering a deeper understanding of how change is

experienced and managed in the specific context of healthcare professionals in Nyamira County. In summary, the choice of Nyamira County Government's Department of Health Services as the study's locus is intentional, driven by the conviction that the insights gained will have implications not only for the academic community but also for the practical enhancement of healthcare services and the well-being of health workers in Kenya.

3.6 Research Design

For this study, a descriptive case study was employed. This method entails watching and describing a phenomena without interfering with it (Shuttleworth, 2008). The case study research design is an extremely useful tool for evaluating views and trends (Peil, 1995). According to Orodho (2003), a case study is a way of gathering information through interviewing or delivering a questionnaire to a group of people. It may be used to gather data about people's views, beliefs, and habits, as well as any other educational or societal concerns (Orodho & Kombo, 2002). The design is acceptable since it will describe the current situation (Kombo & Tromp, 2006).

3.7 Target Population

The study targeted 630 staff who were seconded by the national government to the county government and are distributed in all health facilities in Nyamira County and composed of different cadres, among them 28 medical officers, 68 public health Officers, 41 Health administrative officers, 30 Medical laboratory technologists, 338 nurses, 38 clinical officers and 87 supportive staff amongst others (County Director of Health services [CDH] report, 2020). The selection of groups of respondents was founded on the fact that they work in the health care sector and are affected by the new changes.

3.8 Sample Size and Sampling Procedures

When determining sample sizes, the usual guideline is to utilize the biggest sample feasible (Mugenda & Mugenda, 2003). According to Kerlinger (1964), a smaller sample produces more inaccuracy than a bigger sample. According to Balian (1988), sample sizes range from 60 to 300 respondents, with the majority averaging around 200, however the study nature determined the exact size of the sample. A sample size of 100 participants is required for case study research (Kathuri & Pals, 1993; Gall, Borg & Gall, 1996). The minimal sample size for a descriptive case study

investigation, according to Gay (1987), is 10% of the available population. A formula for determining sample sizes is provided by Bartlett, Kotrlik, and Higgins (2001).

The determination of the sample size in this study followed a systematic and well-established approach. The guiding principle was to ensure a representative and statistically significant sample that would yield reliable insights into the effects of change management practices on health worker performance within the Department of Health Services in Nyamira County. The sample size calculation took into consideration the diversity of health practitioners within the Department. It aimed to include an adequate number of participants from various cadres, reflecting the heterogeneity of the health workforce. A confidence level of 95% and a margin of error of 5% were chosen as standard benchmarks for statistical reliability. These parameters ensured a high level of confidence in the study results while allowing for a reasonable margin of error.

The total population of health practitioners seconded to the Nyamira County Government during the devolution of healthcare was identified as 630. This figure served as the basis for calculating the sample size across different cadres. A purposive sampling technique was employed to ensure representation from each cadre. This approach allowed for a targeted selection of participants based on their roles and responsibilities within the Department of Health Services. The sample size for each cadre was determined proportionally to the total number of individuals in that cadre. This ensured that each group contributed meaningfully to the overall sample, preventing underrepresentation or overrepresentation. In certain cases, practical considerations, such as the availability and willingness of participants, were factored into the sample size determination. Adjustments were made to balance the need for representation with the feasibility of data collection.

The table produced by Bartlett, Kotrlik, and Higgins yielded a sample size of 235 responses from the intended population of 630. The table 3.2 shows the sample size used in the study.

Table 3.2: Sample size

Cadre	Total no. of employee	Sample
Clinical officers	38	35
Public health officers	68	42
Health administrative staffs	41	28
Medical laboratory technologists	30	25
Medical officers	28	25
Nurses	338	50
Support staffs	87	29
Total	630	235

(Source: Researcher, 2019)

Table 3.2 provides a breakdown of the determined sample size across different cadres within the Department of Health Services in Nyamira County. Each cadre is listed along with the total number of employees and the corresponding sample size selected for the study. In this study, cadre refers to the specific professional group or category of health practitioners within the Department. The total no. of employees indicates the overall number of individuals in each cadre within the Department. The sample represents the proportionate sample size selected from each cadre for inclusion in the study.

Notably, with a total of 38 clinical officers, 35 individuals were selected as the sample for the study from this cadre. Out of 68 public health officers, a sample of 42 individuals was chosen. From a total of 41 health administrative staff, a sample of 28 individuals was included. With 30 medical laboratory technologists, a sample size of 25 individuals was selected. Among 28 medical officers, a sample of 25 individuals was included. With the largest cadre having 338 nurses, a sample size of 50 individuals was chosen. From 87 support staff, a sample of 29 individuals was selected. The grand total across all cadres sums up to 630 employees, with an overall sample size of 235 individuals.

Generally, Table 3.2 provides a clear representation of the distribution of the sample size across different cadres, ensuring that the study encompasses a diverse and representative group of health practitioners within the Department.

3.9 Inclusion and Exclusion Criteria

The criteria guiding participant selection for this study are crucial to ensuring the research's focus on relevant experiences within the Department of Health Services in Nyamira County Government. Inclusion criteria encompass health workers directly involved in health service provision, including doctors, nurses, clinical officers, public health officers, medical laboratory technologists, and health administrative staff, who have completed a minimum of one year of service within the department. This time requirement aims to ensure participants possess sufficient experience and exposure to potential change management practices. Importantly, inclusion relies on individuals' voluntary consent to participate, safeguarding ethical considerations and respecting participants' autonomy.

Conversely, exclusion criteria have been established to maintain the study's specificity and ethical integrity. Non-health workers, including administrative staff in non-health-related departments, will be excluded to preserve the study's focus on the unique dynamics within the health sector. Individuals with less than one year of service within the Department of Health Services will also be excluded to guarantee that participants contribute meaningful insights based on a substantial tenure. Furthermore, participants who decline to participate or withdraw consent at any stage, as well as those with incomplete survey responses or missing data, will be excluded from the analysis. These criteria collectively ensure the study's coherence, relevance, and adherence to ethical principles throughout the research process.

3.10 Data Collection Instruments

The study used questionnaire as the main data collection instrument. In the pursuit of the study objectives, it was imperative to measure key constructs central to the research inquiry. These constructs, integral to understanding the effects of change management practices on health worker performance, were assessed through a carefully designed questionnaire. The measurement approach employed a 5-point Likert scale, with each point on the scale representing a varying extent of agreement or endorsement. The Likert scale was structured as follows: 5- Very great extent, 4- Great extent, 3- Moderate extent, 2- Small extent, and 1- Not at all.

Before delving into the measurement process, it was crucial to identify the specific constructs essential for achieving the study objectives. Constructs such as leadership

change, organizational culture, communication channels, and health worker performance were identified based on the research framework and objectives. In addition, a comprehensive literature review guided the identification of previously used and validated instruments relevant to the chosen constructs. Established questionnaires from scholarly sources, aligned with the study's focus, were adopted and adapted to suit the specific context of the Department of Health Services in Nyamira County.

Based on such aspects, a questionnaire was meticulously crafted to measure the identified constructs. The items within the questionnaire were formulated based on the language and structure of the adopted instruments. These items were designed to capture nuances related to leadership change, organizational culture, communication channels, and health worker performance. The Likert scale, a widely utilized measurement tool in social science research, was selected for its ability to provide a nuanced and quantifiable assessment. The 5-point Likert scale allowed respondents to express their agreement or disagreement with each item, indicating the degree to which they perceived the constructs under consideration. The scale anchors were carefully explained to respondents to ensure a consistent interpretation. A rating of '5' signified full agreement or a very great extent, while a rating of '1' indicated complete disagreement or not at all. Intermediate points on the scale represented varying degrees of agreement or endorsement.

Prior to the full-scale implementation, the questionnaire underwent a pilot testing phase. This involved administering the questionnaire to a small subset of the target population to identify any potential ambiguities, comprehension issues, or ambiguities in the items. Feedback from the pilot phase facilitated refinements for clarity and relevance. The selected items from previously used instruments were adapted to suit the specific nuances and context of the Department of Health Services in Nyamira County. Language was modified, and items were contextualized to ensure cultural and organizational relevance. The finalized questionnaire, encompassing the adapted items and Likert scale, was then administered to the study population. Data collection involved systematic distribution, clear instructions to respondents, and collection procedures to ensure the reliability and validity of the gathered data.

By employing this meticulous approach to construct measurement, the study aimed to ensure both the reliability and validity of the collected data. The Likert scale, with its nuanced rating system, provided a structured yet flexible tool for respondents to express their perceptions, contributing to a comprehensive understanding of the key constructs under investigation.

3.11. Data Collection Procedures

The data gathering took roughly a month on average. Four data enumerators with prior data gathering experience were hired for this project. The data collectors and supervisors at one Nyamira County hospital received a two-day intense training. Over the course of a month, the given questionnaires were collected and processed for data analysis.

3.12 Validity and Reliability of Research Instruments

3.12.1 Validity of Research Instruments

Validity is the extent to which the data collection instrument measures what it is intended to measure (Mugenda & Mugenda, 2003). It is about the quality of the data gathered in describing the study's variables so that accurate and relevant conclusions may be drawn. Validity relates to how effectively the measured indicators actually measure what they are meant to measure, according to Kathuri & Pals (1993). Jaramogi Oginga Odinga University of Science and Technology's university supervisor was asked to evaluate the instruments, which focused on face and construct validities (Kerlinger, 1964; Gall, Borg & Gall, 1996). Two health care workers and my two supervisors were involved in confirming the instruments' content validity. They were mostly made up of health experts who were well-versed in the issue. The validation process focused on the instruments' face, content, and construct validity. To increase face validity, the questionnaire items were made as relevant, objective, and straightforward as feasible. The items were proofread to successfully reduce systematic/non-random mistake caused by the instruments' low validity (Tindal & Marston, 1990).

3.12.2 Reliability of Research Instruments

Reliability is the repeatability of the study over time and get consistent results (Fraenkel & Wallen, 2000). The instruments were pilot-tested on Kericho Referral Hospital respondents in Kericho County to determine their reliability. Piloting was

carried out to see if relevant data would be obtained and to identify any issues that could arise during the administration of the instruments. It was also done to ensure that elements in study instruments were clear. This was done after the sample was taken but before the research began. The sample size ranges suitable in piloting start from 1% to 10% of the total sample size (Mugenda & Mugenda, 2003).

Cronbach's Alpha coefficient checked the instrument's reliability after piloting. Because the questions were not be evaluated dichotomously and scores did not take a range of values, Cronbach's alpha coefficient is suitable (Thorndike & Thorndike, 1994). This is a broad, all-purpose formula that works with all sorts of scales and just requires one instrument administration. The respondents' dependability coefficient was predicted to be closer to 1. According to Mugenda & Mugenda (2003), in social studies, a cronbach reliability coefficient of 0.7 or above is considered acceptable. Fraenkel and Wallen (1996) argue that an alpha value of 0.7 is deemed enough for making reliable group inferences. As a result, the questionnaires and interview schedule were judged to be sufficiently trustworthy, with a value of 0.7 or above.

3.13 Data Analysis Techniques

Statistical package for social scientists (SPSS) software version 17 was employed in coding and analyzing the data obtained from the respondents. Data analysis was done by descriptive and inferential statistics. The percentages and frequencies were utilized. Multiple regression analysis was used to examine the hypotheses under investigation.

Regression Model

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where

Y = the performance of health workers

X₁ = Leadership change

X₂ = Organization culture

X₃ = Communication channel

ε = Error term

β₀, β₁, β₂ and β₃ are regression coefficients

3.14 Ethical Considerations

Jaramogi Oginga Odinga University of Science and Technology and the Nyamira County Government's Department of Health Services were approached for permission to conduct this study. The study participants were advised of their rights to participate or decline to engage in the study, as well as their right to anonymity, as their identities would not be revealed in any of the research. Each respondent was asked for their informed consent, and only those who signed the consent form freely were permitted to take part in the study.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

The chapter presents data analysis and presentation according to research questionnaire. It contains qualitative and quantitative data analysis.

4.2 Demographic Information

4.2.1 Response Rate

Table 4.1: *Response rate*

Instrument	Frequency	Percentage (%)
Returned (Complete)	161	69%
Returned (Incomplete)	8	3%
Not Returned	66	28%
Total	235	100%

(Source: Researcher Data, 2019)

Table 4.1 above reveals that a total of 235 questionnaires were randomly administered to Health Care workers across the Sub-Counties and County level, out of 235 questionnaires 161 were fully completed, while 8 were incomplete. Similarly, 66 were not returned. The returned questionnaire formed 69%. Mugenda Mugenda (2003), advocates for 50% response rate for purposes of analysis, hence for our case, a response rate of 69% was adequate for analysis.

4.3 Distribution of Study Respondents by Profession

Table 4.2 below presents information of the various Professions within the County Government of Nyamira. This was in tandem with the departments targeted for data collection within the various program areas. However, due to the fact that the departments are likely to change or affected the forces of change. The Constitution came with changes in the Organogram within the Ministry of Health. Hence all the Health Care Service providers were affected in one way or another. Majority of the respondents were nurses with 30% while the medical laboratory technologist constituted the least number of 16%.

Table 4.2: *Distribution of Study Respondents by Profession*

Profession	Frequency	Percentage
Medical officer (Doctors)	20	12.4
Clinical officer	25	15.5
Public health officer	28	17.4
Medical laboratory technologist	16	9.9
Health administrative officer	19	11.8
Nurse	30	18.6
Support staff	23	14.3
Total	161	100.0

(Source: Research data, 2019)

4.3.2 Gender Distribution of Researchers Respondents

Table 4.3 below illustrates the gender composition of the respondents.

Table 4.3: *Gender Distribution of Respondents*

Gender	Frequency	Percentage %
Male	91	56.5
Female	70	43.5
Total	161	100.0

(Source: Research Data, 2019)

From table 4.3 above, the distribution of research's respondent in-terms of gender distribution was at 57% for Females and 43% for Male. This indicates that gender equity has been attained since as per the new constitution a quarter of employees should be either gender.

The inclusion of gender as a demographic variable in this research is pivotal for capturing the nuanced interplay between organizational change and individual experiences within the health sector. Gender, as a social construct, permeates workplace dynamics, influencing communication styles, leadership perceptions, and organizational culture. Recognizing the gendered aspects of change management practices allows for a more comprehensive understanding of how health workers, based on their gender identity, uniquely navigate and respond to organizational shifts. By disaggregating data based on gender, the study aims to uncover potential

variations in attitudes, reactions, and perceptions towards leadership change, organizational culture, and communication channels. This gender-sensitive approach ensures that the research findings contribute not only to the academic discourse on change management but also offer practical insights for devising inclusive and equitable strategies that address the diverse needs and experiences of health workers in Nyamira County Government.

4.3.3 Work Experience of the Respondents

The study aimed at finding the length of service by respondents in the county government. The results are illustrated in the table 4.4.

Table 4.4: *Work Experience of the Respondents*

Years worked	Frequency	Percentage
1-3 years	72	44.7
4 years and above	89	55.3
Total	161	100.0

(Source: Research Data, 2019)

The results presented in Table 4.4 above shows categories of work experience of the study respondents. Most of the respondents with a percentage of 55.3% have experience of 4 years and above and 44.7% of the respondents' shows that they have worked for less than four years. This led to conclusions that most of the respondents based their responses from a point of information as regards how change has been conducted since the inception of new constitution compared to the old constitution.

4.3.4 Distribution of Respondents by their Level of Education

The study intended to shed light the levels of education of the respondents. The results are illustrated in the table 4.5.

Table 4.5: *Distribution of Respondents by their Level of Education*

Level	Frequency	Percentage %
Primary level	10	6.2
Secondary level	13	8.1
Tertiary (College) level	92	57.1
Bachelor's Degree level	42	26.1
Master's Degree level	4	2.5
Total	161	100.0

(Source: Research Data, 2019)

The county's health department workforce still remains dominated by tertiary college level of education at 57.1% as shown in table 4.5 above even though most of the health care service providers nowadays are upgrading to Bachelor's degree. Bachelor's level of education had a fair share of 26.1% Combination of Diploma, Bachelor's and Master's Degree level of education was at 86%. This report implies that majority of employees in the Department of Health possess high literacy level and are in a position to understand the essence of change and how to pass it to other employees in the department.

4.3.5 Age-Group Distribution of Researcher's Study Population

The table 4.6 below shows the age-group distribution of respondents, with only 3.7% being 30 years and below and majority of the respondents having 31 years and above. This implies that the respondents comprehend change because of behavioral change that normally comes with age. Additionally, they are of legal age to make informed decisions without being compelled or influenced. 31-40 years 32.3%, 41-50 years 36% and 51 years and above 28%.

Table 4. 6: *Age-Group Distribution of Researcher's Study Population*

Years	Frequency	Percent
18-30 years	6	3.7
31-40 years	52	32.3
41-50 years	58	36.0
51 years and above	45	28.0
Total	161	100.0

(Source: Research Data, 2019)

4.3.6 Measurement of Variables

Prior to establishing effects of the independent variables on the dependent variable, there was a need to measure each construct or variable. The following sections explain the measurement of each construct or variable alongside the findings.

4.3.7 Employee Performance

Employee performance was the dependent variable. The assessment of employee performance in this study utilizes a 5-point Likert scale, ranging from 1 (not at all) to 5 (very great extent), to evaluate specific aspects of job performance. The chosen statements encompass work deadlines, problem identification and solution, ability to

work without supervision, willingness to consult when necessary, and a subjective self-assessment of job performance. Work deadlines measure the promptness and efficiency of task completion, while problem identification and solution gauge the employee's proficiency in addressing workplace challenges. The item on working without supervision assesses autonomy and self-reliance, while the willingness to consult when necessary reflects collaboration skills. Finally, a subjective response on job performance allows employees to provide a self-assessment. The 5-point Likert scale is chosen for its balanced response options, enabling nuanced distinctions and efficient data analysis. Overall, this scale ensures a comprehensive evaluation of diverse dimensions of employee performance in a structured and quantitative manner. Participants were asked to indicate the extent to which different statements apply to them. The responses obtained are summarized in the following table:

Table 4.7: Employee Performance

Employee Performance	1	2	3	4	5	M	SD
Work deadlines	7%	19%	12%	22%	40%	3.665	1.364
Problem identification and solution	7%	15%	8%	43%	27%	3.671	1.218
Work without supervision	1%	3%	9%	48%	39%	4.217	0.78
Consult when necessary	0%	1%	17%	63%	19%	3.994	0.637
Response on job performance	3%	8%	10%	48%	31%	3.969	0.996

NB: 1 = not at all; 2 = small extent; 3 = moderately; 4 = great extent; 5 = very great extent; M = mean; and SD = standard deviation

Source: Research Data (2019)

From the study within the department of health, work deadlines are met at 40% of respondent as the best means of meeting performance, working under minimal supervision was the second most preferred means of achieving performance with a percentage of 39%, as compared to giving response to job performance which was 31%, consulting with supervisors and co-workers with 27%. According to responses from the Health Care works, meeting work deadlines advocates for meeting the organizational goals and objectives which in return improves performance. The average mean of the responses indicated from the results was 3.903 which show that the respondents agreed that communication channels influence employee performance among public care institutions Kenya. The standard deviation was 1.000 which

indicated that the answers received were varied as they were dispersed far from the mean.

4.4 Leadership Change

The evaluation of leadership change in this study employs a 5-point Likert scale, ranging from 1 (not at all) to 5 (very great extent), to measure specific leadership attributes. The selected statements include assessing whether the leader creates a sense of urgency, forms a guiding coalition, provides evidence-based information, selects the right individuals for change management roles, establishes a clear and achievable vision for change, constructs effective strategies to realize the vision, recruits, promotes, and develops individuals to champion change, and addresses systems hindering the change vision. The Likert scale's versatility is evident in capturing nuanced distinctions and facilitating efficient data analysis. The scale ensures a structured and quantitative assessment of diverse dimensions of leadership change, offering a comprehensive understanding of the leader's effectiveness in steering organizational transformation.

Participants were asked to indicate the extent to which different statements apply to them. The responses obtained are summarized in the following table:

Table 4.8: *Leadership Change*

	1	2	3	4	5	M	SD
Creates a sense of urgency	6%	37%	3%	32%	22%	3.924	1.244
Guiding coalition	40%	13%	22%	12%	13%	2.405	1.865
Provides people with facts, figures and evidence.	14%	11%	9%	34%	32%	3.596	1.403
Selects the right people for the role of change management and development	6%	16%	6%	26%	48%	3.944	1.291
Creates clear and achievable vision for change	4%	16%	7%	42%	30%	3.783	1.171
Constructs effective strategies to deliver the vision	2%	5%	9%	41%	43%	4.186	0.93
Recruits, promotes and develops the right people to promote change	28%	33%	6%	14%	19%	3.015	1.542
Changes systems that get on the way of change vision	1%	5%	21%	50%	23%	3.876	0.857
Average						3.58	1.288

NB: 1 = not at all; 2 = small extent; 3 = moderately; 4 = great extent; 5 = very great extent; M = mean; and SD = standard deviation

(Source: Research Data, 2019)

Promulgation of the Constitution of Kenya 2010 marked a momentous point in the country's history. Notably, the Constitution provided for a major devolution not only of resources and functions, but also creating a whole new layer of county government. This was devoid from systems changes, which faced obstacles especially from the Health Care service providers. Given the obstacles noted, leadership plays a critical role in change management which include, employee resistance, and communication breakdown and employee turnover among others. One of the steps to effective change management is to increase sense of urgency for transition, from the table 4.7, 10% felt that the County Health Department Management has not created a sense of urgency to reinforce the need for change at all leading to delays. 90% felt that leadership to some extent has tried to priorities urgency in change. The respondents cited that creation of timelines for various policy changes, frequent support supervision and health systems changes such as creation of Sub-County Management Teams among others has eased their transitions.

From table 4.7, Formation of Guiding Team scored a mean of 2.405 with 40% saying that guiding coalition doesn't work well for them because of anticipated conflict of interest. Respondents cited that Multi-Disciplinary Teams and various Steering committees that have been formed most of them remain non-functional or operate sub-optimally. The respondents applauded the Directors efforts in terms of ensuring that they get the latest policy documents, health legislations and most importantly the constitution as far as Health Devolution is concerned. This is through periodic review reports, Circulars and Publications.

Through both the National Government and County Government, efforts have been made to ensure fully operational County Public Service Board to ensure that right people are recruited according to the constitution. 94 % supported to some extent and above that the County has tried to ensure that right people are chosen to management level. 6% disagree, citing political influence playing a role in Management selection. From the department of healths vision which states that "A healthy and productive county with equitable access to quality health care" was also a subject of discussion among the respondents. The responses were that the vision is clear and achievable through health systems strengthening, with a mean of 3.583. For the vision to be achieved effectively and efficiently, county health strategic and investment framework must be sound and clearly formulated.

4.9 Organization Culture

The evaluation of organizational change in this study utilizes a 5-point Likert scale, ranging from 1 (not at all) to 5 (very great extent), to assess various dimensions. The chosen statements encompass the participation of employees, unity of leadership outlooks on change and speed of decision making, automation of IT platforms, effectiveness of the change manager, knowledge sharing, corporate culture, and an overall average assessment. The Likert scale's structured format facilitates a comprehensive and quantitative analysis of these diverse aspects of organizational change. It provides respondents the flexibility to express nuanced perspectives, ensuring a nuanced evaluation of the organization's transformative efforts. The use of this scale enhances the study's ability to capture the multi-faceted nature of organizational change and its impact on employees and leadership outlooks, IT platforms, change management effectiveness, knowledge sharing, and corporate culture.

Participants were asked to indicate the extent to which different statements apply to them. The responses obtained are summarized in the following table:

Table 4.9: *Organization Culture and Employee Performance*

	1	2	3	4	5	M	SD
Participation of employees	5%	8%	13%	44%	30%	3.857	1.089
Unity of leadership outlooks on change and speed of decision making.	6%	16%	6%	26%	48%	3.36	1.217
Automation of IT Platforms	4%	16%	7%	42%	30%	3.621	0.987
Change manager	2%	5%	9%	41%	43%	4.087	0.931
Knowledge sharing	17%	11%	11%	30%	31%	3.54	1.342
Cooperate Culture	16%	5%	15%	39%	25%	3.466	1.462
Average						3.654	1.172

NB: 1 = not at all; 2 = small extent; 3 = moderately; 4 = great extent; 5 = very great extent; M = mean; and SD = standard deviation

Source: Research Data (2019)

Employee engagement and empowerment is crucial to ensure that the culture is effectively managed and aligned to the cultural assumptions of the organization as a whole (Richard Boyle, 2008). According to the study on the table 4.8 represented

above, only 5% of the respondents said that department of health does not support employee's participation in change. Additionally, 48% of the respondents stated that the change implementation timeframe depends on the unity of leadership outlooks on change and speed of decision making and this included social cohesion among top managers and the ease in decision making influences change.

Automation of health systems was viewed as an important factor that can increase efficiency in change management as majority of the respondents which was 42% gave it a positive mark. Concerning changing of the manager, 43% of the respondents indicated that there is a significant impact on employee performance and among the positive benefits the respondents stated on changing manager included; His/her ability to act as a bridge between the management and service providers in relying concerns, ability to acknowledge best practices and also to monitor progress of the implementation and ability to realign progress deviations if any.

The study further sort to know if knowledge sharing and existence of corporate culture would influence change management and 31% of the respondents replied that even though they would prefer forums for knowledge sharing and probably have an organization culture but this is limited because of limited resources and priority tasks within the health department. The average mean of the responses indicated from the results was 3.654 which show that the respondents agreed that organizational culture influences employee performance while the standard deviation was 1.172 which indicates that the answers received were varied as they were dispersed far from the mean.

4.10 Communication Channels

Communication is the “golden thread” that runs through the entire practice of change management. A good change management plan can easily be identified, planned, onboard and smoothly executed if and only if good communication channel is used. The assessment of communication channels in this study employs a 5-point Likert scale, ranging from 1 (not at all) to 5 (very great extent), to evaluate the effectiveness of various communication methods. The selected items include face-to-face meetings, bulk SMS, memos and circulars, issuing orders and instructions, and utilization of the intranet portal. This Likert scale, with its structured response options, provides a systematic and quantitative approach to gauging the perceived effectiveness of these

communication channels. Respondents can express nuanced perspectives, allowing for a detailed analysis of the strengths and weaknesses of each communication method. The use of this scale enhances the study's ability to capture the diverse dimensions of communication channels, offering valuable insights into the preferred and effective means of disseminating information within the organizational context. Participants were asked to indicate the extent to which different statements apply to them. The responses obtained are summarized in the following table:

Table 4.10: *Communication channel and employee performance*

	1	2	3	4	5	Mean	SD
Face-to-face meetings	7%	19%	12%	22%	40%	3.665	1.364
Bulk SMS	7%	15%	8%	43%	27%	3.671	1.218
Memos and circulars	1%	3%	9%	48%	39%	4.217	0.78
Issuing orders and instructions	0%	1%	17%	63%	19%	3.994	0.637
Intranet portal.	3%	8%	10%	48%	31%	3.969	0.996
Average						3.903	1

NB: 1 = not at all; 2 = small extent; 3 = moderately; 4 = great extent; 5 = very great extent; M = mean; and SD = standard deviation

Source: Research Data (2019)

From the study within the department of health, Face-to-face meetings with 40% respondent was the highest preferred means of communication, departmental Memo's and circulars was the second most preferred means of change communication with a percentage of 39%, as compared to intranet portal which was 31%, bulk SMS with 27% and issuing of orders and instructions being the least means of communication with 19%.

They cited that memo's and circulars are the common communication channel within the department of health and they are effective because of the authenticity they do have, ease of access at the various notice boards and detailed enough. Since the inception of the new constitution most Health Care workers complained that there have been drastic changes which required time for them to adapt, especially the working environment and policy changes. According to responses from the Health Care works, face-to-face methods advocates for transparency and two-way communication structures that provides avenues to vent frustrations, applaud what is

working, and seamlessly change what doesn't work. But this is normally faced with hurdles such as time constraints and most importantly the workforce is normally big to enable them to have an audience with the management.

In addition, the average mean of the responses indicated from the results was 3.903 which show that the respondents agreed that communication channels influence employee performance among public care institutions Kenya. The standard deviation was 1.000 which indicated that the answers received were varied as they were dispersed far from the mean. The findings were consistent with Lilian Wachira and Abel Anyieni (2017) who argued that TSC performance was significantly influenced by communication.

4.11 Change management

Staff training on change management has three major aspects-inform, educate and commit. This can be summed up as building employee commitment to change.

Participants were asked to indicate the extent to which different statements apply to them. The responses obtained are summarized in the following table:

Table 4.7: *Staff training and employee performance*

Staff Training and employee performance	1	2	3	4	5	M	SD
	6	6	13	49	22	3.80	1.03
Employee satisfaction	%	%	%	%	%	1	6
	2	8	16	49	25	3.83	0.98
Creates consistency	%	%	%	%	%	2	9
	0	4		42	30	4.42	0.71
Addresses employee weakness	%	%	7%	%	%	2	3
	0	4		34	55	4.39	0.80
Employee expectations and needs	%	%	7%	%	%	8	1

NB: 1 = not at all; 2 = small extent; 3 = moderately; 4 = great extent; 5 = very great extent; M = mean; and SD = standard deviation

Source: Research Data (2019)

From the respondents prior training before role out of change, addresses employee weakness and, also tackles employee's expectations and needs to some extent as shown in the table 4.10 below (Not at all recorded 0%). The respondents

acknowledged the fact that training forums at least addresses some of their fears. Out of 161 respondents, 6% said that training does not create employee satisfaction at all. Similarly, 2% said that training does not also create consistency in change management. This is because they feared that changes may affect them after initiation, most probably because they may lose the position they currently hold.

4.8 Change management practices and Performance of health workers in Nyamira County Test of Regression Assumptions

The normal q-q plot of the regression model residuals shown in figure 4.1 above suggest that the residuals are normally distributed since the points have clustered around the horizontal line. Hence, the model satisfies the assumption that the errors should be normally distributed

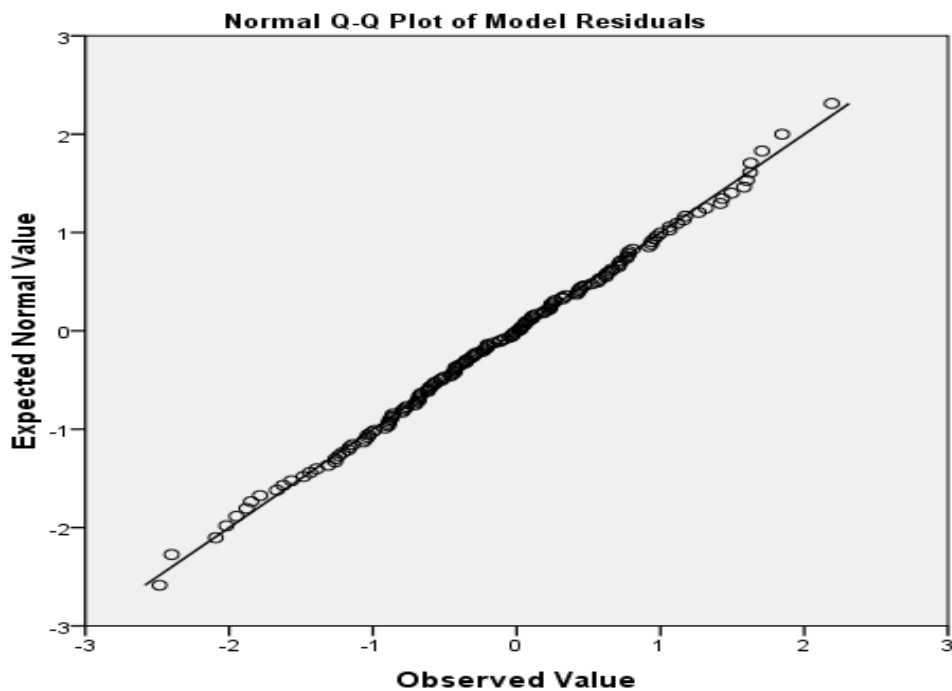


Figure 4.1: *Normal Q-Q Plot of the Residuals*

Correlation Analysis

Linearity test was done using correlation analysis. Results in table 4.12 below indicate linear relationship between the independent variables. The results suggested that there exists a positive relationship between leadership change, organizational culture and communication channel.

Table 4.8: *Correlation analysis among variables*

		Employee Performance	Leadership change	Organizational culture	Communication channel
Employee Performance	r	1	.389**	.419**	.406**
	p		0.000	0.001	0.000
	N	161	161	161	161
Leadership change	r	.389**	1	.366**	.504**
	p	0.000		0.003	0.000
	N	161	161	161	161
Organizational culture	r	.419**	.366**	1	.611**
	p	0.001	0.003		0.000
	N	161	161	161	161
Communication channel	r	.406**	.504**	.611**	1
	p	0	0	0	
	N	161	161	161	161

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

NB: r = Pearson Correlation; p = Sig. (2-tailed)

(Source: Research Data, 2019)

The presented correlation table explores the relationships between employee performance and three key factors: leadership change, organizational culture, and communication channel. The table provides insights into the strength and direction of these relationships, offering valuable information for understanding the dynamics within the studied organization.

Starting with the correlation between employee performance and leadership change, $r = 0.389$ is observed, indicating a moderate positive correlation. The associated p-value of 0.001, being less than the conventional significance level of 0.05, suggests that this correlation is statistically significant. This implies that as leadership change increases, there is a tendency for employee performance to also increase. The organizational shifts in leadership appear to have a discernible impact on the performance of employees.

Moving on to the correlation between employee performance and organizational culture, $r = 0.419$ is noted, again indicating a moderate positive correlation. The p-value of 0.001 reinforces the statistical significance of this correlation. This implies

that as organizational culture strengthens, there is a corresponding positive effect on employee performance. The shared values, beliefs, and practices within the organization seem to play a role in shaping and influencing employee performance outcomes.

Examining the correlation between employee performance and communication channel, $r = 0.406$ is observed, indicating another moderate positive correlation. The associated p-value of 0 is indicative of strong statistical significance. This suggests that as communication channels become more effective, there is a concurrent positive impact on employee performance. The quality and efficiency of communication within the organization appear to be linked to employee performance outcomes.

Moving to the correlation between leadership change and organizational culture, $r = 0.366$ is observed, revealing a moderate positive correlation. The associated p-value of 0.003 is below the significance threshold, suggesting statistical significance. This indicates that as Leadership change increases, there is a corresponding tendency for organizational culture to strengthen. Changes in leadership may be influential in shaping the cultural dynamics within the organization.

The correlation between leadership change and communication channel reveals $r = 0.504$, indicating a moderate to strong positive correlation. The p-value of 0 reinforces the statistical significance of this correlation. This suggests that as leadership change occurs, there is a concurrent positive impact on the effectiveness of communication channels within the organization. Changes in leadership may influence how information is disseminated and communicated.

The correlation between organizational culture and communication channel reveals a strong positive correlation with $r = 0.611$. The p-value of 0 further emphasizes the statistical significance of this correlation. This implies that as organizational culture strengthens, there is a corresponding positive effect on the effectiveness of communication channels. The shared values and cultural norms within the organization may contribute to a more efficient and cohesive communication environment.

In summary, the correlation table provides a nuanced understanding of the relationships between employee performance, leadership change, organizational

culture, and communication channel. The statistically significant correlations suggest that these factors are interconnected and play pivotal roles in shaping the overall performance dynamics within the organization. The findings underscore the importance of effective leadership, a positive organizational culture, and efficient communication channels in influencing and enhancing employee performance.

4.9 Regression Analysis

In this study, regression analysis was employed as a robust statistical method to investigate the relationships and dependencies among key variables. Specifically, regression analysis was utilized to explore the potential predictors of employee performance within the context of change management practices in the Department of Health Services in Nyamira County Government. By employing regression models, the study aimed to identify the extent to which independent variables such as leadership change, organizational change, communication channels, and specific change management practices predict variations in employee performance.

The regression analysis enabled a quantitative examination of the impact of various factors on the dependent variable, employee performance, offering a deeper understanding of the nuanced dynamics at play. Through this statistical technique, the study sought to unveil the individual and collective contributions of the selected variables, shedding light on which aspects of change management practices significantly influence or predict variations in employee performance. The findings derived from the regression analysis contribute valuable insights to the overarching research objectives, informing not only the academic discourse on change management in the health sector but also providing practical implications for enhancing the performance of health workers in Nyamira County Government.

The regression results are provided below;

Table 4.9: *Regression Coefficients*

Predictor variables	B	Std. Error	Beta	T	Sig.
Constant	2.777	0.680		4.085	0.000
Leadership change	0.442	0.096	0.545	4.588	0.000
Organizational culture	0.199	0.147	0.173	1.355	0.181
Communication channel	0.334	0.154	0.277	2.167	0.035

(Source: Research Data, 2019)

From the regression findings, the substitution of the equation becomes:

$$Y = 2.777 + 0.442 X_1 + 0.199 X_2 + 0.334 X_3$$

In this case, Y is the organization performance X_1 is Leadership Change, X_2 is Organizational Culture and X_3 is Communication Channel.

To achieve the study objectives, the study tested different sets of hypotheses.

4.10 Leadership change and Employee Performance

The first set of hypotheses include:

H₀₁: Leadership change has no significant relationship with the performance of health workers in Nyamira County.

H_{A1}: Leadership change has a significant relationship with the performance of health workers in Nyamira County.

Beginning with the first hypothesis, H₀₁ posited that leadership change has no significant relationship with health worker performance in Nyamira County. However, the regression analysis yielded compelling evidence to the contrary. The beta coefficient of 0.096 and a highly significant p-value of 0.000 led to the rejection of the null hypothesis. This indicates that leadership change plays a substantial role in influencing health worker performance positively. The positive beta coefficient underscores that an increase in leadership change correlates with a modest but noteworthy enhancement in health worker performance.

The first hypothesis, H₀₁, set out to examine the relationship between leadership change and health worker performance in Nyamira County. The subsequent regression analysis provided noteworthy findings that significantly deviate from the initial assumption. Contrary to the null hypothesis, the evidence presented a compelling case for the positive and significant impact of leadership change on health worker performance.

The beta coefficient of 0.096 represents the slope of the relationship between leadership change and health worker performance. In this context, the positive beta coefficient implies that an increase in leadership change corresponds to a positive and modest increase in health worker performance. This suggests that periods of transition in leadership within the Department of Health Services in Nyamira County are associated with tangible improvements in how health workers carry out their responsibilities.

The critical aspect of this finding lies in the highly significant p-value of 0.000, which is less than the conventional significance level of 0.05. The small p-value indicates strong evidence against the null hypothesis, providing robust support for the assertion that leadership change has a substantial impact on health worker performance. The rejection of the null hypothesis implies that leadership change is a statistically significant predictor of positive variations in health worker performance.

The modest but noteworthy enhancement suggested by the beta coefficient underscores the practical significance of leadership change. While the increase may not be dramatic, the observed positive association implies that changes in leadership contribute positively to the overall effectiveness of health workers in Nyamira County. This finding aligns with the broader literature on organizational change and leadership, emphasizing the pivotal role that effective leadership plays in shaping employee performance and organizational outcomes.

In practical terms, this result suggests that strategic initiatives aimed at fostering effective leadership change within the Department of Health Services could yield tangible benefits in terms of health worker performance. Such initiatives might include leadership development programs, mentorship opportunities, and transparent communication during leadership transitions. Understanding and leveraging the positive impact of leadership change can be instrumental in optimizing health service delivery and promoting a positive organizational culture within Nyamira County's health sector. The findings of this study concurred with study by Asbari, 2015 which showed that there exists a positive and significant effect on the relationship between transformational leadership and employee performance. Also, another conclusion from the study by Sinega, Asmawi, Madhakomala and Suratman (2018) concurred with the conclusion of this study by establishing that transformational leadership is in most cases directly influencing employee performance.

4.11 Organisational Culture and Employee Performance

The second set of hypotheses include:

H₀₂: Organisational culture has no significant relationship with the performance of health workers in Nyamira County.

H_{A2}: Organisational culture has a significant relationship with the performance of health workers in Nyamira County.

Moving to the second hypothesis, H02 contended that organizational culture lacks a significant relationship with health worker performance in Nyamira County. Contrary to expectations, the analysis indicated a non-significant p-value of 0.181, suggesting that organizational culture, while positively related to performance, does not wield a statistically robust impact. The findings suggest that, in this context, other factors might overshadow the influence of organizational culture on health worker performance.

The examination of the second hypothesis, H02, centered on the relationship between organizational culture and health worker performance in Nyamira County. The initial expectation was that organizational culture would play a significant role in influencing health worker performance. However, the subsequent regression analysis yielded results that deviate from this assumption, indicating a nuanced relationship between organizational culture and health worker performance.

Contrary to the expectations embedded in the null hypothesis, the p-value associated with organizational culture was found to be non-significant, with a value of 0.181. In statistical terms, this suggests that the observed relationship between organizational culture and health worker performance is not robust enough to be considered statistically significant. Consequently, the study fails to reject the null hypothesis, indicating that, within the Nyamira County health sector, organizational culture lacks a statistically significant relationship with health worker performance.

While the p-value does not reach the conventional threshold of significance (0.05), it is essential to interpret this result cautiously. The non-significant p-value implies that the observed relationship between organizational culture and health worker performance may be influenced by other factors not accounted for in the regression model. In other words, organizational culture, while positively related to performance, may not be the sole or predominant factor influencing health worker effectiveness in

this context. The findings suggest that the impact of organizational culture on health worker performance is potentially overshadowed or moderated by other variables that were not explicitly included in the analysis. These unexplored factors might include aspects such as leadership styles, specific organizational policies, or external environmental factors that interact with organizational culture in shaping health worker performance.

In the practical realm, these results prompt a nuanced understanding of the role of organizational culture within the Nyamira County health sector. While organizational culture remains an essential aspect of the work environment, its direct impact on health worker performance may be contingent on a complex interplay of various factors. This calls for further investigation and a holistic approach to organizational development, considering the multifaceted nature of influences on health worker effectiveness.

The non-significant relationship between organizational culture and health worker performance highlights the need for a comprehensive examination of the organizational context. Acknowledging the potential influence of unexplored variables can guide future research and inform strategic initiatives aimed at optimizing organizational culture to enhance health service delivery in Nyamira County. These findings differed with a study by Awadh and Saad (2013) which concluded that an organization's strong culture, which is built on managers and leaders has an effect on employee performance. Equally, another study by Wambugu (2014) established that there existed a positive relationship between organizational culture and employee performance.

4.12 Communication Channel and Employee Performance

The third set of hypotheses include:

H₀₃: Communication channel has no significant relationship with the performance of health workers in Nyamira County.

H_{A3}: Communication channel has a significant relationship with the performance of health workers in Nyamira County.

Lastly, H₀₃ asserted that communication channels have no significant relationship with health worker performance. The analysis revealed a significant p-value of 0.035, prompting the rejection of the null hypothesis. This implies that effective

communication channels play a crucial role in shaping health worker performance positively. The positive beta coefficient of 0.154 indicates that an improvement in communication channels is associated with a moderate but meaningful increase in health worker performance.

The third hypothesis, H03, delved into the relationship between communication channels and health worker performance within Nyamira County. The hypothesis posited that communication channels have no significant impact on health worker performance. However, the analysis produced results that contradicted this hypothesis, revealing a significant p-value of 0.035 and prompting the rejection of the null hypothesis. The significance of the p-value indicates that the observed relationship between communication channels and health worker performance is not likely due to chance. In statistical terms, the p-value of 0.035 falls below the conventional significance level of 0.05, providing robust evidence against the null hypothesis. Consequently, the findings suggest that effective communication channels play a crucial and statistically significant role in positively shaping health worker performance in Nyamira County.

The positive beta coefficient of 0.154 further emphasizes the practical significance of this relationship. The beta coefficient represents the slope of the relationship, and in this context, a positive value suggests that an improvement in communication channels is associated with a moderate but meaningful increase in health worker performance. This indicates that health workers who experience enhanced communication channels are likely to exhibit improved effectiveness in their roles. These results align with established organizational literature, which consistently underscores the pivotal role of effective communication in organizational performance. In the context of healthcare, where collaboration and information flow are critical, the findings emphasize the importance of clear and efficient communication channels in fostering a conducive work environment for health workers.

Practically, the implications of this result suggest that investments in improving communication infrastructure, fostering transparent communication practices, and providing training on effective communication strategies can contribute to optimizing health worker performance. By recognizing the significance of communication

channels, health organizations in Nyamira County can strategically enhance the overall effectiveness of their health workforce.

The rejection of the null hypothesis for H03 signifies the importance of communication channels in shaping health worker performance. The positive beta coefficient and the statistically significant p-value underline the practical and meaningful impact that improved communication can have on health worker effectiveness. These findings provide valuable insights for organizational leaders seeking to implement targeted interventions to enhance communication practices within the health sector in Nyamira County. However, a study by Mutuku C.K, Mathooko, P., (2014) found that information sharing had the greatest effect on the employee motivation, followed by the employee involvement in decision making, then communication channels while the 7 C's of communication had the least effect to the employee motivation. This differed with the findings of this study.

4.13 Robustness of the Regression

Before adopting the findings, there was a need to determine whether the model was robust enough. In other words, the study needed to establish the goodness of fit of the model to the data. This was attained by looking at the r-squared and the F-statistics. The results of the r-squared are summarised in the following table:

Table 4.10: Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.864	0.746	0.729	0.57470

(Source: Research Data, 2019)

Table 4.14 above illustrates the model summary of regression analysis between three independent variables, leadership change, organizational culture and communication channel. The value of R was 0.864; R square was 0.746 and adjusted R square was 0.729. Based on the findings, 74.6% change in the organization performance links to the independent variables. The relationship and significance imply that the model is suitable in making predictions.

The results of ANOVA, which yielded F-statistics that assisted in further confirming the goodness of fit of the model are summarised below:

Table 4.11: ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	13.507	3	4.502	8.560	0.000
Residual	27.350	52	0.526		
Total	40.857	55			

(Source: Research Data, 2019)

ANOVA statistics of the processed data at 5% level of significance shows that the value of calculated F is 8.560 and the value of F critical at 5% level of significance was 1.96. This indicates that the regression model is significant statistically as shown by the F change statistic (F=8.560; P<.05) in Table 4.15.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

The chapter contains a summary of the study findings explored in chapter four. Further, conclusions of the findings as well as the suggestions that the researcher made with regard to the study findings. The chapter also presents areas for further research.

5.2 Summary

The purpose of this study was to assess the impact of change management practices on health worker performance in Nyamira County, Kenya. The study had three specific goals: to examine the effect of leadership change on health worker performance in Nyamira County, to evaluate the effect of organizational culture on health personnel performance in Nyamira County, and to analyse the influence of communication channel on health worker performance in Nyamira County. The study targeted 630 staff who were seconded by the national government to the county government and are distributed in all health facilities in Nyamira County and composed of different cadres, among them medical officers, public health Officers, Health administrative officers, Medical laboratory technologists, nurses, clinical officers and supportive staff amongst others (County Director of Health services [CDH] report, 2015). To this population, the results of the study were generalized. These groups of respondents were selected because they work in the health sector and they are the ones affected by the change.

5.3 Summary of Findings

5.3.1 Effects of Leadership change on the performance of health workers

The results show leadership change had a significant effect on performance of health workers ($\beta = 0.442$; $p < .05$). Thus, the null hypothesis was rejected at 95% confidence level. In rejecting the null hypothesis, conclusions are made that leadership change has a significant effect on performance of health workers. The investigation into the impact of leadership change on health worker performance in Nyamira County revealed compelling findings. The study aimed to assess whether leadership transitions within the Department of Health Services significantly influenced the effectiveness of health workers. Contrary to the initial hypothesis (H01) that posited

no significant relationship, the regression analysis produced a highly significant p-value of 0.000, leading to the rejection of the null hypothesis.

The positive beta coefficient of 0.096 indicated that an increase in leadership change was associated with a modest yet noteworthy enhancement in health worker performance. This implies that periods of transition in leadership positively influence how health workers carry out their responsibilities. These findings underscore the pivotal role of effective leadership change in shaping health worker effectiveness within the Nyamira County health sector. Strategically fostering leadership transitions could, therefore, yield tangible benefits in terms of optimizing health service delivery and promoting a positive organizational culture.

5.3.2 Effect of Organizational culture on employee performance

The results show that organization culture has a significant effect on performance of health workers ($\beta = .0.199$; $p > .05$). Therefore, the null hypothesis was rejected at 95% confidence level. Accepting the null hypothesis, leads into conclusions that there is no significant effect of organization culture on performance of health workers. The investigation into the relationship between organizational culture and health worker performance in Nyamira County yielded nuanced results. While the initial hypothesis (H02) suggested no significant relationship, the analysis presented a non-significant p-value of 0.181. This implies that, while organizational culture is positively associated with performance, the impact within the Nyamira County health sector does not attain statistical significance. These findings suggest that organizational culture, while essential, may not be the sole or predominant factor influencing health worker effectiveness.

The non-significant relationship underscores the complexity of factors at play and suggests the need for a more comprehensive exploration of the organizational context. Future research endeavors could delve into unexplored variables and contextual nuances to unravel the intricacies that moderate the influence of organizational culture on health worker performance within the Nyamira County health sector. This understanding is crucial for shaping targeted organizational development strategies that optimize health service delivery and foster a conducive work environment.

5.3.4 Effects of Communication channel on employee performance

The results show that communication channel has a significant effect on performance of health workers ($\beta = 0.334$; $p > .05$). The stated null hypothesis was rejected at 95% confidence level. Rejecting the null hypothesis, the study revealed that communication channel had a significant effect on performance of health workers. The examination of communication channels and their impact on health worker performance in Nyamira County has yielded significant insights. Objective 3 sought to determine whether the effectiveness of communication channels within the Department of Health Services played a substantial role in shaping health worker performance. Contrary to the initial hypothesis (H_{03}) positing no significant relationship, the regression analysis revealed a significant p-value of 0.035. This implies that effective communication channels play a crucial role in positively shaping health worker performance. The positive beta coefficient of 0.154 indicates that an improvement in communication channels is associated with a moderate but meaningful increase in health worker performance.

These findings underscore the critical importance of clear and efficient communication within the Nyamira County health sector. Effective communication channels not only facilitate information flow but also contribute significantly to the overall effectiveness of health workers. Organizational leaders should recognize the pivotal role of communication in optimizing health service delivery and consider strategic investments in enhancing communication infrastructure, promoting transparent communication practices, and providing training on effective communication strategies for health workers. The results highlight the practical significance of fostering a conducive communication environment to positively impact health worker performance within the Department of Health Services in Nyamira County.

5.4. Conclusions and Recommendations

5.4.1 Conclusions

5.4.1.1 Effects of Leadership change on the performance of health workers

The findings from the analysis of leadership change and health worker performance in Nyamira County lead to several important conclusions. Firstly, the rejection of the null hypothesis suggests that leadership change significantly influences the

effectiveness of health workers in the Department of Health Services. The positive beta coefficient indicates that an increase in leadership change correlates with a modest yet meaningful enhancement in health worker performance. These conclusions imply that strategic efforts to foster effective leadership change within the Nyamira County health sector can result in tangible benefits. Initiatives such as leadership development programs, transparent communication during transitions, and mentorship opportunities can contribute to the positive impact observed in health worker effectiveness. Recognizing the importance of leadership change provides actionable insights for organizational leaders seeking to optimize health service delivery and cultivate a positive work environment within the Department of Health Services.

5.4.1.2 Effect of Organizational culture on employee performance

With respect to the effects of organisational culture on employee performance, the non-significant relationship between organizational culture and health worker performance in Nyamira County implies that the impact of organizational culture within the health sector is nuanced and influenced by various factors. While organizational culture is positively associated with performance, its statistical robustness is not evident in this context. These findings suggest that optimizing health worker effectiveness requires a more holistic approach that considers the interplay of diverse factors beyond organizational culture alone. The complex dynamics at play emphasize the need for further research to uncover hidden variables and contextual nuances that shape health worker performance. In practical terms, organizational leaders should adopt a comprehensive organizational development strategy that goes beyond focusing solely on culture, taking into account the multifaceted nature of influences on health service delivery in Nyamira County.

5.4.1.1 Effects of Communication channel on employee performance

Given the findings on the effects of communication channel on employee performance, the significant relationship between communication channels and health worker performance in Nyamira County underscores the pivotal role of effective communication in shaping the overall effectiveness of the health workforce. The findings emphasize that investments in improving communication infrastructure, fostering transparent communication practices, and providing training on effective communication strategies can contribute significantly to optimizing health service

delivery. Organizational leaders within the Department of Health Services in Nyamira County should recognize the strategic importance of communication in enhancing health worker performance and consider these findings in shaping policies and interventions. By prioritizing clear and efficient communication channels, the health sector can create a supportive work environment that positively influences health worker effectiveness, ultimately contributing to the delivery of quality healthcare services in the region.

5.5 Recommendations

5.5.1 Effects of Leadership change on the performance of health workers

Based on the summary of findings alongside the conclusions on the effects of leadership change on the performance of health workers in Nyamira County, a number of recommendations are made. First, there is a need to invest in leadership development programs. Implementing targeted leadership development programs can enhance the skills and capabilities of leaders within the Department of Health Services in Nyamira County. This investment can prepare leaders for effective transitions and equip them with the necessary tools to positively influence health worker performance. Second, the study recommends transparent communication during transitions. In this case, there is a need to ensure transparent and open communication during leadership transitions. Clear communication about the reasons for change, the vision for the future, and how it impacts health workers can foster a positive reception and engagement from the workforce. Other than mentorship opportunities, the study also recommends continuous monitoring and evaluation. These will go a long way in facilitating knowledge transfer and support incoming leaders as well as in assessing the effectiveness of leadership transitions over time and making adjustments to strategies as needed. By implementing these recommendations, the Department of Health Services in Nyamira County can harness the positive impact of leadership change on health worker performance and create a conducive work environment for delivering quality healthcare services.

5.5.2 Effect of Organizational culture on employee performance

Despite finding out that organisational culture is insignificant in determining employee performance for the health workers in Nyamira County, there are a number of recommendations. The non-significant relationship between organizational culture and health worker performance in Nyamira County underscores the importance of

adopting a holistic approach to organizational development. While organizational culture remains vital, it should be viewed as one element within a broader context of factors influencing health worker effectiveness. Organizational leaders should consider conducting in-depth assessments to identify and understand the nuanced dynamics at play, including leadership styles, specific policies, and external environmental influences. Investing in comprehensive organizational development strategies that address these multifaceted factors can optimize health service delivery and create a work environment conducive to enhanced health worker performance. This approach may involve tailored training programs, transparent communication channels, and strategic interventions that align with the specific organizational dynamics within the Department of Health Services in Nyamira County.

5.5.3 Effects of Communication channel on employee performance

From the summary of findings and conclusions on the significant influence of communication channels on employee performance, there are a number of recommendations. In light of the significant relationship between communication channels and health worker performance in Nyamira County, strategic recommendations are imperative for optimizing health service delivery. Organizational leaders should prioritize investments in communication infrastructure, ensuring the availability of reliable and efficient channels for information flow. Additionally, fostering a culture of transparent communication practices and providing continuous training on effective communication strategies will contribute to the overall effectiveness of health workers. Emphasizing the importance of open dialogue and creating platforms for feedback can further enhance communication dynamics within the Department of Health Services. By recognizing communication as a cornerstone for health worker performance, these recommendations aim to guide organizational leaders in Nyamira County toward creating a communication-rich environment that positively impacts the delivery of healthcare services.

5.6 Scope for Future Research

The researcher suggested that this study be replicated in other organizations in order to verify its findings and allow for generalization of the findings. In addition, the researcher suggested that future study should emphasize on additional change management techniques that affect organizational performance than leadership, culture and communication. The current study sheds light on critical aspects of

change management practices, organizational culture, and communication channels within the context of health worker performance in Nyamira County. However, further exploration is warranted to delve into the intricacies of these relationships and uncover additional factors that may influence health worker effectiveness. Future research endeavors could extend the investigation to consider the role of specific leadership styles in tandem with change management practices, providing a more nuanced understanding of their combined impact.

Additionally, exploring the influence of external environmental factors on organizational culture and communication channels within the health sector could offer valuable insights. Investigating the perceptions and experiences of health workers themselves, as well as considering the perspectives of patients and other stakeholders, would provide a more comprehensive view of the dynamics at play. Moreover, longitudinal studies could capture the evolving nature of these relationships over time, allowing for a deeper understanding of the sustained effects of change management practices and organizational culture on health worker performance. Overall, a more comprehensive and multifaceted approach in future research would contribute to refining strategies for optimizing health service delivery and fostering a conducive work environment in Nyamira County and beyond.

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APPENDICES

APPENDIX 1: Informed Consent Form

You are kindly invited to participate in this study which will establish the effect of leadership change on the performance of health workers in Nyamira County

Voluntary nature of Participation in the study:

Participation in this study is voluntary. You will be required to participate by answering a questionnaire or simply participating in a focus group discussion by the research team. You are free not to answer any question which you are uncomfortable with. The findings of this study will be shared with all interested parties upon request.

Declining to Participate:

Should you decline to participate in this study/survey, your decision will be respected and there will be no discrimination of whatever nature against you.

Confidentiality of Information:

Information given shall be treated confidentially and will only be used for the purpose of the study. Your name won't be required in this study or anywhere.

Feedback on Findings:

Feedback shall be communicated to all the stakeholders including your leaders

Benefits/ Risks associated with participating in the study:

There will be no direct monetary benefits to the individual study participants. However the information generated from this study will be useful in. It is with confidence that I inform you that there are no risks associated with participating in this study for the researcher and the participants.

Information presented by;

Patrick Okioi

Cell phone:

Signature

Participants Consent:

I have read the foregoing information/have been read to me and understood my rights as spelt out. I hereby volunteer to participate in the study.

Signature of Study participant

APPENDIX 2: Respondents Questionnaire

This instrument is meant to collect information to establish the effect of Change management practices on the performance of health workers in Nyamira County. Please answer the questions as required and to the best of your knowledge (where choices are provided please choose one).

SECTION ASECTION F: Demographic Information of the Respondents

1. Professional qualification
 [a] Medical Officers (Doctor) [b] Clinical Officer
 [c] Nurse [d] Others (Specify)

2. Gender? [a] Male [b] Female
3. How long have you worked in this Ministry?
 [a] Less than a year[b] 1-4 years[c] 5-8 years[d] Above 8 years
4. Level of Education
 [a] Primary Level [b] Secondary Level [c] Tertiary College Level
 [d] Bachelors Degree Level[e] Masters Degree Level [f] PhD Level
5. What is your age
 [a] 18- 30yrs[b] 31-40yrs[c] 41- 50yrs[d] Above 51yrs

SECTION B: Leadership change on employee performance

Using the response scale below, kindly tick beside the statement that best expresses your opinion on **Leadership change and employee performance**

- 5- Very great extend 4- Great extend 3- Moderate extend 2- Small extend 1- Not at all**

Leadership on employee performance	1	2	3	4	5
Leadership in my institution creates a sense of urgency to reinforce the need for change					
Leadership in my institution gets the guiding coalition to work together as a team					
Leadership provides people with facts, figures and evidence to persuade them for change					
Leadership in my institution selects the right people to					

form the guiding coalition					
Leadership in my institution constructs effective strategies to deliver the vision					
Leadership in my institution recruits, promotes and develops the right people					
Leadership in my institution changes systems that get on the way of the changed vision					

SECTION C: Organizational culture and employee performance

Using the response scale below, kindly tick beside the statement that best expresses your opinion on **Organizational culture and employee performance**

**5- Very great extend 4- Great extend 3- Moderate extend 2- Small extend
1- Not at all**

Organizational culture and employee performance	1	2	3	4	5
Participation of employees in change implementation in my institution is appreciated and supported by the organization's management at all levels					
The change implementation timeframe in my institution depends on the unity of leadership outlooks on change and speed of decision-making.					
The timeline and effectiveness of change implementation in my institution depends on the existing IT platform and the level of performance automation: the greater the automation, the smoother is the business transformation					
The availability of Change Manager or Change team in my institution has positive impact on change implementations					
The process of knowledge sharing in my institution influences the effectiveness of change implementation					
The level of resistance to change in my institution depends on the existing corporate culture of the organization					

SECTION D: Communication channels and employee performance

Using the response scale below, kindly tick beside the statement that best expresses your opinion on **Communication channels and employee performance**

**5- Very great extend 4- Great extend 3- Moderate extend 2- Small extend
1- Not at all**

SECTION E: Change management and Staff training on change

Communication channels and employee performance	1	2	3	4	5
Face-to-face meetings of managers with subordinates in my institution influences effectiveness of change implementation					
Bulk sms from top management in my influences effectiveness of change implementation					
Memos and circulars by top management in corporate media in my institution influences effectiveness of change implementation					
Issuing orders and instructions by managers in my institution influences effectiveness of change implementation					
Creation and regular update of corporate Intranet portal based websites dedicated to the change introduced in my institution influences effectiveness of change implementation					

Using the response scale below, kindly tick beside the statement that best expresses your opinion on **staff training on change**

**5- Very great extend 4- Great extend 3- Moderate extend 2- Small extend
1- Not at all**

Change management and Staff training	1	2	3	4	5
Staff training in my institution promotes employee satisfaction on change implementation					
Staff training in my institution creates consistency on change implementation					
Staff training in my institution addresses employee weaknesses on change implementation					
Staff training in my institution addresses employee expectations and needs on change implementation					

SECTION F: Employee Performance

Using the response scale below, kindly tick beside the statement that best expresses your opinion on **employee performance**

**5- Very great extend 4- Great extend 3- Moderate extend 2- Small extend
1- Not at all**

Employee Performance	1	2	3	4	5
I meet work deadlines					
I identify problems and I propose solutions to problems					
I work without supervision as necessary					
I Consult with supervisors and co-workers as necessary					
I respond appropriately to feedback on job performance					

APPENDIX 3: Map of Study Area

County Health Facility Distribution By Type
COUNTY OF NYAMIRA



SOURCE: Master Facility List (www.ehealth.go.ke)

Compiled by USAID AfyaInfo (c) 2015

APPENDIX 4: Consent Letter from the University



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY
BOARD OF POSTGRADUATE STUDIES
Office of the Director

Tel. 057-2501804
Email: hps@jooust.ac.ke

P.O. BOX 210 - 40601
BONDO

Our Ref: **B151/4630/2014** Date: Tuesday, December 20, 2016

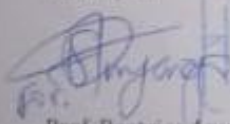
TO WHOM IT MAY CONCERN

RE: PATRICK ORINA OKIOI – B151/4630/2014

The above person is a bonafide postgraduate student of Jaramogi Oginga Odinga University of Science and Technology in the School of Business & Economics pursuing Masters Degree. He has been authorized by the University to undertake research on the topic: **"Effects of Change Management Practices on the Performance of Health Workers in Kenya: A Case Study of Nyamira County Government."**

Any assistance accorded to him shall be appreciated.

Thank you,


Prof. Beatrice Anyango
DIRECTOR, BOARD OF POSTGRADUATE STUDIES



cc. Dean, SBE

APPENDIX 5: Consent Letter from the County Government of Nyamira



REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NYAMIRA

Telephone: 0202323217
E-mail: countyhealthnyamira@gmail.com

Department of Health Services
P.O. Box 3 - 40500
NYAMIRA

When Replying Please Quote:
Our Ref: NYM/CHD/ATT/I/VOL III (58)

22nd December, 2017

Patrick Orina Okioi
P. O. Box 210-40601
BONDO

RE: AUTHORITY TO CONDUCT ACADEMIC RESEARCH

Your letter dated 20th December, 2016 refers.

This is to grant you authority to conduct academic research within the County Government of Nyamira, health facilities.

By copy of this letter, the Sub-county Medical Officers of Health and Health Facility In-charges are requested to facilitate in that regard. Please note that no payment on our part will be paid to you. On completion you are advised to report to the Training Co-ordinator's Office with your report for clearance.

We take this opportunity to wish you all the best in your future learning endeavors. you is advised to work hard and remain disciplined.

Your co-operation is highly appreciated.

Gabriel Onyansi

TRAINING CO-RDINATOR

For: **COUNTY DIRECTOR OF HEALTH SERVICES**
NYAMIRA

CC:

- o Chief Officer
Department of Health Services
NYAMIRA COUNTY
- o Sub-county Medical Officers of Health
- o NYAMIRA, BORABU, NYAMIRA NORTH, MANGA, AND MASABA NORTH