

**CHANGE MANAGEMENT PRACTICES AT BOMU MEDICAL
CENTRE IN MOMBASA, KENYA**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION,
SCHOOL OF BUSINESS, UNIVERSITY OF NAIROBI**

NOVEMBER 2011

DECLARATION

I, the undersigned, do declare that this is my original work and has not been submitted to any other college, institution or university other than the University of Nairobi for academic credit.

Signed  _____ Date 7/11/2011

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This project has been submitted with my supervision as the University Supervisor.

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ACKNOWLEDGEMENTS

I thank Almighty Allah for the opportunities He has granted me throughout my life. This course would not have been successful had it not been for the valuable support, assistance and guidance from my family members, friends and colleagues. My classmates for the great discussions, insights and assistance during my MBA programme. I am grateful to all of them for their support. I am obliged to mention a few of them to acknowledge their special contribution.

First I would like to thank my supervisor, Dr. Martin Ogutu for sharing his valuable time, contributions and guidance during my entire period of the study. Secondly, special thanks to my loving mother, Nuru Salim, my sister Nadia and my brother Abdulkarim for their understanding and support during the entire period of my MBA course. Finally, to Ms. Rukiya Yusuf, Financial Controller at Bomu Medical Centre and her colleagues who agreed to provide the crucial information sought by this study. God Bless you all.

DEDICATION

This research study is dedicated to my late father Said Swelem Saanun and my mother, Nuru Salim Garwan who have been my great source of inspiration and guidance.

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ABSTRACT

In any organisation, effective change management is a fundamental requirement for the success and continued survival of the organisation. This research project defines what change management is, the forces for change, change management practices and the challenges of change management. The aim of the study was to determine the change management practices adopted and the challenges encountered at Bomu Medical Centre. The research design used for the study was a case study and three interviews were carried out using an interview guide. The findings of the research showed that although top management initiated the changes at Bomu Medical Centre, there was continual involvement and support of all the employees and key stakeholders in the change management programmes. This includes from the formation of the vision and mission statements to the continual monitoring and evaluation of the change programmes.

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

All organisations face an almost continual need for change and hence must recognise the need for change in response to a rapidly changing environment. Strategic management of change is all about identifying and embedding in the organisation those changes that will ensure the long-term survival of the organisation. All organisations are currently undergoing some type of change. Many of these change programmes arise from management fads such as culture change, business process engineering, empowerment and total quality. Other change initiatives are driven by the need for organisations to reposition themselves in the face of changing competitive conditions (Balogun, 2001).

1.1.1 Change Management Practices

Change is any alteration of the status quo. Strategic change is about leveraging vision to get at fundamental aspects of the organisation, including the organisation's direction and its culture. Strategic change is about forging organisational robustness in the face of environmental pressures. Hence, an accurate and insightful view of the current reality is as important as a clear vision (Senge, 1990). Change is usually transitory from the current stage to a desired state, and change management focuses on what to do to achieve those changes. The study of strategic change usually covers the nature of the change, the need for change, analysis of forces bringing change, the effects of environmental forces, resistance to change by individuals in organisations, and the means of overcoming these remittances (Yabs, 2010).

Change can thus be thought as a condition and a process. Change as a condition describes what is happening in the environment, it is part of the reality an organisation must accept. Change as a process is what employees foster internally in response to changes in the environment. It is leadership and management actions taken to change the organisation (Sullivan and Harper, 1996). Senge (1990) points out that making internal changes to accommodate external changes is reactive and strategic leadership should be proactive. This is where a well-crafted, well-managed strategic vision can help balance reactive and proactive changes. Balogun (2001) explains that change is about changing people, not organisations. Organisations change when the managers and employees change their way of doing business. She further adds that employees are an intrinsic part of the change process.

Johnson and Scholes (2002) define change management as the deliberate and coordinated actions taken to transform an organisation to overcome environmental challenges in order to achieve its objectives. Therefore, organisations are undertaking strategic changes in order to align their business strategies to the environment thereby matching the resources and activities of an organisation to that environment. Hill and Jones (2001) further view change management as a move from a present state to a future state that increases competitive advantage. They further propose the following in addressing change management: determining the need to change, determining obstacles to change, implementing the change and finally evaluating the change. Kanter (1997) on her part says that change management will require tuning into the environment, challenging assumptions, crafting a vision, using diplomatic skills to get favourable responses (this

builds coalitions of backers), keeping actions moving by handling interferences and resistance, maintaining the momentum, incorporating emergent developments and never losing sight of the overall goal.

Carnall (1990) explains that the process of managing change involves more than just strategy. It encompasses the path from strategic intent to strategic realisation. Strategic realisation is the transformation of strategic intentions into actions through a series of organisational changes, actions and decisions (Strebel, 1996). A transitional plan should be drawn up and should include goals, standards of performance and responsibilities of key people. Special task force, pilot projects or other temporary structures are also created. Change normally disrupts the normal way of working. It is therefore important to encourage people to recognise the need for change and its accompanying benefits and the external threats for not changing. Managed change should be planned and evolutionary (Thompson, 1997).

There are numerous approaches that have been used in managing change. For successful change implementation, Kotter (1996) developed an eight-step method where the first four steps focus on de-freezing the organisation, the next three steps make the change happen and the last step re-freezes the organisation with a new culture. To make big changes significantly and effectively, he says that the eight steps should happen in order. These steps are as follows: establish a sense of urgency, form a powerful guiding coalition team, create clear vision expressed simply, communicate the vision, empower others to act on the vision, plan for and creating short-term wins, consolidate

improvements and producing still more change and finally institutionalise the new approaches.

1.1.2 Healthcare Sector in Kenya

The health care sector in Kenya comprises the public system, with major players including the Ministry of Health (MoH) and parastatal organisations, and the private sector, which includes private for - profit, Non-Governmental Organisations (NGOs), and Faith-Based Organisations (FBO) facilities. The public health care system in Kenya is organised and implemented through a network of facilities organised in a pyramidal pattern. The network consists of the following levels of health facilities: national referral hospitals, provincial general hospitals, district hospitals, health centres and dispensaries.

National referral hospitals are at the apex of the health care system, providing sophisticated diagnostic, therapeutic and rehabilitative services. The two national referral hospitals are Kenyatta National Hospital in Nairobi and Moi Referral and Teaching Hospital in Eldoret. The equivalent private referral hospitals are Nairobi Hospital and Aga Khan University Hospital in Nairobi. Provincial hospitals act as referral hospitals to their district hospitals. They also provide specialised care. The provincial level acts as an intermediary between the national central level and the districts. They oversee the implementation of health policy at the district level, maintain quality standards and coordinate and control all district health activities. Similar private hospitals at the provincial level include Aga Khan Hospitals in Kisumu and Mombasa. District hospitals concentrate on the delivery of health care services and generate their own expenditure

plans and budget requirements based on guidelines from headquarters through the provinces. The network of health centres provides many of the ambulatory health services. Health centres generally offer preventive and curative services, mostly adapted to local needs. Dispensaries are meant to be the system's first line of contact with patients, but in some areas, health centres or even hospitals are effectively the first points of contact. Dispensaries provide wider coverage for preventive health measures, which is a primary goal of the health policy. The government health service is supplemented by privately owned and operated hospitals and clinics and faith-based organisations' hospitals and clinics (www.measuredhs.com/pubs/pdf/SPA8/02Chapter2.pdf).

1.1.3 Bomu Medical Centre

Bomu Medical Centre (BMC) is a 'not for profit' registered non-governmental healthcare organisation. Mkomani Clinic Society (MCS) operates BMC which is located in Changamwe, Mombasa. The facility has several health care programs that cater to the health care needs of the poor, malnourished and the HIV affected and afflicted. BMC has now grown from a small clinic to a full hospital providing tertiary level health services and yet continues to serve the underserved and the marginalised populations. Over the last 30 years of its existence, BMC has had phenomenal success in its programs and activities. The services offered by the institution are similar to a private hospital and yet the charges are affordable. BMC initiatives in such programs have been replicated in many centres. Its visionary leadership has excelled in its duties because of good governance, accountability and transparency. As the provision of services continued to grow, changes have periodically been made in the administration, the programs and the

physical infrastructure of the institution to meet the prevailing demands. BMC currently has 250 permanent employees and 100 community health workers who provide wellness services in the interior regions.

BMC has seen its vast growth within the last five years. In these years, it has gained both international and national recognition as a centre for excellence. Its management and structural growth has been tremendous in the last five years. Each department and outlet is governed by standard operating procedures (SOPs) which are constantly monitored and revised to suit the growing demand. BMC has been recently ISO recertified having successfully gone through a second phase of quality assurance. The Comprehensive Care Centre (CCC) officially opened in 2004 with the support of donor agencies such as United States Agency for International Development (USAID), Centre for Disease Control (CDC), Keep a Child Alive (KCA), Family Health International (FHI) and many other local and international organisations as well as technical support and expertise of New York University, United States of America. BMC has developed a highly successful HIV/AIDS program. It plays a vital role in HIV/AIDS pandemic. BMC currently provides free comprehensive medical services to more than 20,000 People Living with HIV and AIDS (PLWHA) through its Medical Centre and clinical outreach programs that are assisted by the President's Emergency Plan for AIDS Relief (PEPFAR) funding. This makes it the largest centre in coast province. With its huge cohort of patients, BMC is recognised as a major player in national policy making of healthcare services by the Kenya National Aids and STI Control programme (NASCOP) (<http://www.mkomani.org>)

1.2 Research Problem

Change involves some transitions from current state which is undesirable to a desired future state through a series of actions and activities. Making a transition is not a piecemeal process. Often there are risks and challenges involved hence the need to manage change. The approach or practices adopted in change management are important as they can determine the success or failure of the change process. Bomu Medical Centre has been undergoing many changes. They have been able to adopt and manage change practices successfully without major obstacles. They have been able to succeed in implementation of these changes and development of the institution. This makes the study useful as many organisations have failed in their change management practices.

Studies that were carried out by Mberia (2006) and Munga (2005) on commercial banks in Kenya touched on the aspect of resistance to change in Kenyan companies. Their findings were that the resistance experiences were both behavioural and systemic. Kasima (2004) studied change management practices and resistance to change in multinational oil companies in Kenya. His findings were that the practices adopted were both planned and emergent changes and the resistance to change was mainly behavioural. Gekonge (1999) found out that processual approach was mostly adopted in change management by Kenyan companies and that the top and middle level management were most involved in managing change. However, not many studies have been carried out in the healthcare sector. Bomu Medical Centre has brought in many changes without major hiccups unlike many other organisations. This makes it important to look at the change

management practices adopted at the institution so that other organisations can learn from it. Therefore, this study seeks to answer the following research questions:

- (i) What are the change management practices adopted by Bomu Medical Centre?
- (ii) What are the challenges of managing change at Bomu Medical Centre?

1.3 Research Objectives

The two research objectives for this study are:

- (i) To establish the change management practices adopted by Bomu Medical Centre.
- (ii) To determine the challenges of managing change at Bomu Medical Centre.

1.4 Value of the Study

The study on change management practices at Bomu Medical Centre will be beneficial to other healthcare institutions undergoing change management programmes both in the private and public sectors. The success of the change management at Bomu Medical Centre can be used as a model to other organisations especially those in the healthcare sector. The results of the study will be important to the practitioners in healthcare institutions both in the private and public sector in the area of strategic management in general and change management practices in particular. The healthcare practitioners may apply lessons in planning and implementing future changes in their institutions.

Academicians may use findings for further research in the existing body of knowledge in the area of strategic management in general and in particular change management practices that will contribute to successful change management practices.

CHAPTER TWO: LITERATURE REVIEW

2.1 Concept of Change Management

Mullins (2002) explains change as a pervasive influence which affects all in a continual form or another. Change is an escapable part of both social and organisational life. Balogun and Hailey (2008) point out there are two schools of thought about how changes occur in organisations. The first sees change as continuous, with organisations transforming on an on - going basis to keep pace with the environment and the second sees change as a process of punctuated equilibrium. Organisations change or adapt what they want to achieve and how to do so. Some organisations change mainly in response to external circumstances that is reactive change while others change principally because they have decided to change that is proactive change (Cole, 2006).

Johnson, Scholes and Whittington (2008) argue that it is beneficial when change in an organisation is incremental since such change should build on skills, routines and beliefs of those in the organisation. According to them in that way, the change is more likely to be understood and win commitment. However, a big bang approach to change might be needed on certain occasions, for example if an organisation faces crisis or needs to change direction fast (Johnson et al., 2008). Kanter (1997) mentions that managers who embed change capabilities in everyday operations and who empower their people to serve as agents for change are less likely to be blindsided by surprises or to face resistance from the workforce.

Rapid technological change is forcing organisations to adopt new technologies and change the way they both work and interface with their suppliers and customers. Change management is thus an essential part of the generic management toolkit (Balogun and Hailey, 2008). According to Thompson, Strickland and Gamble (2007) changing circumstances and ongoing management efforts to improve the strategy cause a company's strategy to evolve over time - a condition that makes the task of crafting a strategy a work in progress, not a one - time event. Every company must be willing and ready to modify its strategy in response to changing market conditions, advancing technology, the fresh moves of competitors, shifting buyer needs and preferences, emerging market opportunities, new ideas for improving the strategy and mounting evidence that the strategy is not working well.

Burnes (2009) explains that change management is not a distinct discipline with rigid and clearly defined boundaries. He further explains that the theory and practice of change management draw on a number of social science disciplines and traditions. Burnes described three schools of thought that form the central planks on which change management theory stands, the individual perspective, the group dynamics and the open system schools. The three theoretical perspectives on change focus on different aspects of organisational life and, therefore, each has different implications for what type of change takes place and how it is managed.

2.2 Forces for Change

Forces for organisational change exist both in the external environment and within the organisation. According to Mullins (2002) an organisation can only perform effectively through interactions with the broader external environment of which it is part. The structure and functioning of the organisation must therefore reflect the nature of the environment in which it is operating. In order to help ensure its survival and future success, the organisation must be readily adaptable to the external shifts.

Porter (1985) points out that technological change is one of the principal drivers of competition. According to Porter, technology plays an important role in industry structural change as well as in creating new industries. Technological advancements in a specific industry as well as society at large have created massive changes in organisations. Advanced technology can have a major impact on business success and firms that fail to keep up often going out of business (Daft, 2008). Forces for change from the technological environment include the explosive nature of the spread of internet use and the advances and opportunities brought about by advances in information technology (Senior and Fleming, 2006). Others include faster, cheaper and mobile computers, online music sharing and deciphering of the human genetic code (Robbins and Judge, 2007).

Every organisation has to operate in a society and therefore, various sociocultural issues influence the organisation, and at times affect the implementation of change due to interests and disinterests of various groups in a society. Culture exists to satisfy the needs of the people within a society. It offers order, direction and guidance in all phases of

human problem solving by providing "tried-and-true" methods of satisfying physiological, personal and social needs (Schiffman and Kanuk, 2009). The sociocultural forces that trigger change include social expectations, demographic changes and changes in family structures. The nature of the workforce such as more cultural diversity in the workforce, aging population and many entrants with inadequate skills are also sociocultural forces that may influence the need for change (Senior and Fleming, 2006).

Changes in political ideologies, systems and inclinations over time also force organisations to change. These changes can create a negative or positive effect on the organisations. Government active areas that may influence organisational changes include policies on healthcare, unemployment, exchange rates, inflation, economic growth and fiscal policies on taxation, government agencies regulating competition, pollution and industrial relations (Ritson, 2008).

Organisations normally do not have control over the economic factors affecting them. To be able to adapt to these changing economic forces, they need to restructure or realign their organisations and make necessary changes when necessary and also be on the lookout for the need to do so. Economic factors refer to all key economic variables often related to political action such as Gross Domestic Product (GDP), Gross National Product (GNP), inflation, Central Bank lending rates, currency exchange rates and Fiscal Policy on taxation (Ritson, 2008). Other economic factors that affect organisations include unemployment trends, population growth in key geographical areas, trends in disposable income, overview of key foreign markets, trends in key industrial sectors such as

housing, education, health, transport, agriculture, communication, trends in regulation and political outlook.

Barkema, Baum and Mannix (2002) point out that, “Globalization is being driven on one hand by the spread of economic logics centered on freeing, opening, deregulating, and privatizing economies to make them more attractive to investment, and, on the other hand by digitization of technologies that is revolutionizing communication” (p.916). They add that globalisation is reshaping the competitive landscape and bringing in new technologies, markets, industries and criteria for competitive success. Globalisation of markets and operations has been enhanced by improved communication, similarities in technological infrastructure, similarities of consumer demand and life style patterns. Organisations need to be “in more places, to be more aware of regional and cultural differences, and to integrate into coherent strategies the work occurring in different markets and communities” (Kanter, 1999 cited in Kennedy, 2004). Kotter concurs with Kanter’s statement that globalisation is a force for change. He states that “a globalised economy is creating both more hazards and more opportunities for everyone, forcing firms to make dramatic improvements not only to compete and prosper but also to merely survive” (Kotter, 1996). He adds that globalisation itself is being driven by forces such as technological change, international economic integration, domestic market maturation within more developed countries and the collapse of worldwide communism.

Internal triggers for change arise from internal activities and decisions (Senior & Fleming, 2006). These forces can be usually be traced to the process and behavioural

problems. The process problems include breakdowns in decision making and communication (Gibson, Ivancevich, Donnelly Jr and Konopaske, 2009). Internal forces for change include an organisation becoming unionised or de-unionised, a new chief executive or senior manager, a revision of administrative structure, a new marketing strategy and staff redundancies (Senior & Fleming, 2006). Others include planned changes in strategy, introducing cultural changes, improving product efficiency and improving the quality of products or services (Cole, 2006). According to Daft (2008), if top management selects a goal of rapid growth, then the internal activities will have to be changed to meet that planned growth. Cole further suggests that managements need to plan how they will respond to the internal forces of change. He however, observes that not all changes will have to be announced well beforehand. Some changes might be brought out by a crisis of some kind, which may be impossible to plan in detail, but only to respond reactively and urgently using contingency plans.

2.3 Change Management Practices

Successful change efforts seem to be those where the choices regarding the speed of the effort, the amount of preplanning, the involvement of others and the relative emphasis given to different approaches are both internally consistent and fit some key situational variables. These variables include the amount and kind of resistance that is anticipated, the position and power of the change initiator, the person who has the relevant data for designing the change and the energy for implementing it and lastly, the stakes involved in the change process. Organisational efforts that ignore these factors inevitably run into problems (Kotter and Schlesinger, 1979). According to Kotter (2007) change by

definition requires creating a new system, which in turn always demands leadership. He stresses that for a change to be successful in an organisation, the change process has to go through a series of phases that take a considerable length of time. He adds that skipping steps creates only the illusion of speed and never produces a satisfying result.

According to Kotter (2007), “most successful change efforts begin when some individuals or some groups start to look hard at a company’s competitive situation, market position, technological trends, and financial performance...They then find ways to communicate this information broadly and dramatically, especially with respect to crises, potential crises, or great opportunities that are very timely. This first step is essential because just getting a transformation program started requires the aggressive cooperation of many individuals. Without motivation, people won’t help, and the effort goes nowhere” (p.97). Kanter (1997) points out that engaging people in the search for change not only creates a new way of life, but also builds the employees’ capacity to produce more change and more productively. The management of change depends on the magnitude of the challenge faced in trying to effect change. The type of change required, the wider context in which it is to occur, the specific blockages to change that exist and forces that exist to facilitate the change process. The prevailing culture of an organisation assists in identifying the type of change required as well as the organisation’s readiness for change. Force field analysis framework provides a framework for looking at the factors or forces that influence a potential change situation, and thus is a useful tool for assessing the viability of a change initiative (Johnson et al., 2008).

Change implementation efforts thus need to be designed to fit the organisational context. The contextual features are aspects to the organisation that relate to its culture, competencies and current situation (Balogun, 2001). A number of contextual factors that need to be considered in managing change include time available for change, the degree of diversity among the staff groups who need to undertake change, experience, views and opinions within an organisation. capability of managing change in the organisation which relates to three levels that is individual, managerial and organisation capabilities, capacity for change in terms of resources, readiness for change and finally the amount of power or autonomy that the change agents have to implement change as they wish (Johnson et al., 2008).

A key factor for implementing successful change in organisations is having the right people to sell, implement, and drive the change processes from start to the end. Kotter (2007) notes out that one reason why change processes fail is because companies underestimate the importance of the individuals involved in the change and their interaction. He suggests that a powerful guiding coalition is to be established which should consist of a group of people with enough power to lead the change effort and to encourage the group to work together as a team. According to him efforts that do not have a powerful enough guiding coalition can make apparent progress for a while but, sooner or later, the opposition gathers itself together and stop the change.

A top - down approach to managing strategic change sees middle managers as implementers of strategy. The managers play the role in management of change, the implementation and control role, 'sense making' of strategy, reinterpretation and

adjustment of strategic responses as events unfold, a crucial relevance bridge between top management and members of the organisation at lower level and advisors to senior management on what are likely to be blockages and requirements for change (Johnson et al., 2008). On the other hand, according to Burnes (2009) “a bottom - up approach requires a major change in the role of senior managers. Instead of controlling employees, they have to empower people. Instead of directing and controlling change, they have to ensure that the organisation’s members are receptive to the change process, and have the necessary skills, motivation and power to take charge of it” (p.374). Balogun (2006) argues that change needs a more active involvement of senior managers by remaining actively involved in the changes and not to delegate to others. According to her, they need to embody and live with the changes they want others to adopt, and deal with concerns of others and issues that arise. She adds that senior managers can initiate and influence the direction of change but not direct change.

After the formation of a change management team, the next phase in implementing change is to develop a plan for effective transformation. The plan should help to define the responsibilities of the key people involved while also laying out short - term and long - term objectives for the changes. Since change can be unpredictable, the plan should also be flexible enough to accommodate new occurrences. There are five different styles of managing change depending on the different stages of the change process, the time and scope of the change, the power structure of the organisation and the personality types of the managers. These styles are education, participation, intervention, direction and coercion. These styles are not mutually exclusive and several of them or all of them may be used at the same time or in the same organisation depending to the circumstances

prevailing in the organisation at that particular time. Education and participation styles are adopted for incremental change or long term horizontal transformational change, intervention style is adopted for incremental or non-crisis transformational change, direction style is used for transformational change and finally coercion is used for crisis, rapid transformational change or change in established autocratic culture (Johnson et al., 2008).

Balogun (2006) points out that the key to develop comprehensive change plans that take best practice into account is lots of communication, clear assignment of responsibility, management of stakeholders to overcome resistance and training in new ways of working. Monitoring and evaluation are means of reinforcement of the change. Reinforcement mechanisms include compliance audit reports, corrective action plans, individual and group recognition approaches, success celebration and after action review. She further argues that to be able to gauge change progress in terms of advances in behaviours and practices it is essential to understand what interpretations are developing and why on an ongoing basis, which in turn requires proximity to those on the receiving end. Balogun (2006) observes that the drawback of monitoring systems is that they can be abused with attempts to further individual self-interest through what is reported, how things are reported and what is withheld, therefore a wide and overlapping network of participants is needed to reduce such risks. She suggests the use of an outsider who is not involved in advising or designing the change to remove the risks of bias in reporting the feedback reviews.

Sustaining the momentum for change mainly affects the human aspect of the organisation. It can be done by providing resources for change, giving support to change agents, develop new competencies and skills and reinforcement of the desired behaviour (Burnes, 2009). This can also be accomplished by consolidating improvements and producing more changes using increased credibility to change systems, structures and policies, hiring, promoting, and developing employees who can implement the vision and reinvigourating the process with new projects and change agents. The new approaches need to be institutionalised by articulating the connections between the new behaviours and corporate success and developing the means to ensure leadership development and succession. Integrating the result of the change into existing organisation structures and systems should safeguard the long-term impact of a change (Kotter, 2007).

2.4 Challenges of Change Management

Change management is not easy and managers in organisations face many obstacles to make it a success. According to Sirkin, Keenan and Jackson (2005) though managing change is tough, part of the problem is that there is little agreement on what are factors that most influence transformation initiatives. They argue that although soft factors (culture, leadership and motivation) are important for success, they do not directly influence the outcomes of many change programs. They found out that change projects fail to get off from the ground when organisations neglect the hard factors. There are four key hard factors that influence the change outcomes. The first factor is the duration of the time until the change is completed if the change program has a short life span and the amount of time between the reviews of milestones if the life span is long. The other

factor is integrity performance of the change program's team. The members' skills, abilities and traits relative to the program's requirements are crucial for achieving success. The other factors are commitment to change that top management and employees affected by the change display and the effort required to deal with the changes in addition to their existing responsibilities.

According to Senge, Kleiner, Roberts, Ross, Roth and Smith (1999) there are ten challenges of managing change in an organisation. The first set of challenges that occur when initiating change can develop as soon as any 'pilot group' (which could be a local team or business unit, or a senior management team) begins to conduct its work in unfamiliar ways. The other set occurs at the time of sustaining momentum when the pilot team achieves early success and between the team and the larger organisational culture and the final set of challenges of redesigning and rethinking appear when change initiatives gain broader credibility and confront the established internal infrastructure and practices of the organisation. They described the ten challenges of profound change as dynamic, non - linear, and inter - dependant. Inwardly focused cultures, paralysing bureaucracy, parochial politics, a low level of trust, lack of team work, arrogant attitudes, lack of leadership in middle management and the general human fear of the unknown are some forces that may oppose change (Kotter, 1996).

As organisations grow and become successful, they develop internal forces for stability. Organisational structures and systems become so interlinked they only allow compatible changes. Employees develop overtime habits, patterned behaviours begin to take on values and employees develop a sense of competence in knowing how to get work done

within the system. The same social and technical consistencies which are the key sources to success may also be the reasons of failure (Mintzberg, Lampel, Quinn & Ghoshal, 2008). Organisational change efforts often run into some form of resistance. Resistance to change can take many forms at both individual and organisational level (Mullins, 2002). Some common reasons for individual resistance to change within organisations include parochial self - interest, misunderstanding and lack of trust, different assessments and low tolerance for change (Kotter and Schlesinger, 1979).

A number of challenges in change management relate to ineffective and breakdown of communication. Communication is very important from the initial point of assessing the need of change. Kotter notes that not establishing a sense of urgency is the first error leading to failure of transformational efforts. The need and urgency of change has to be communicated broadly and dramatically (Kotter, 2007). Since what people do not know can hurt the organisation, it is important to open a dialogue between management and people to preclude speculation. Knowledge prevents misinformation and reduces the chance of a change failure. Moreover, improved quality of information used in key decisions overcomes the personal and political pressures resisting change, and helps the people to face the uncertainty brought by change as well as easing their adjustment to the new realities. Organisational control is another challenge faced in change management. Since change disrupts the authority and reporting relationship structure it can undermine the existing systems of management control, particularly those developed as part of formal organisational arrangements. As a result during a change the organisation may lose the capacity to effectively coordinate the work being done.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Design

The study requires going deeper into the change management practices and underlying challenges at Bomu Medical Centre and hence a case study was the most appropriate research design. Case studies provide in - depth, contextual analyses of matters relating to similar situations in other organisations. The case study serves as a useful means of revealing an in - depth and extensive description of the topic under investigation. Case studies are useful in applying solutions to current problems based on past experiences. They are also useful in understanding certain phenomena and generating further theories for empirical testing (Sekaran, 2003).

3.2 Data Collection

Primary data was collected through in - depth interviews using an interview guide with open - ended questions (see Appendix I) to avoid subjectivity. The procedure involved personal interactive interviews conducted by the researcher and the interviewees. Interviews are advantageous in that they provide in - depth data which is not possible to get using a questionnaire, they also provide data required to meet specific objectives of the study and are more flexible than questionnaires because the interviewer can adapt to the situation and get as much information as possible (Mugenda and Mugenda, 2003).

The selection for the interviewees that were interviewed was based on those individuals who have been involved in the change program as initiators, implementers of the changes

and those directly affected by the changes. Three interviewees were interviewed by the researcher. The interviewees included the Medical Director, HIV Program Manager and Financial Controller.

3.3 Data Analysis

Content analysis was used to analyse the primary data collected. The data collected was thoroughly examined and checked for completeness and comprehensibility. This is a systematic qualitative description of the composition of objects or material of study. It involves observation and detailed description of objects, items or things that comprise the study (Mugenda and Mugenda, 2003). This type of analysis is suitable in that it does not limit the interviewees on answers and has potential for generating more information with more details.

The qualitative approach to research is typically used to answer questions about the complex nature of phenomena, often with the purpose of describing and understanding the phenomena from the interviewees' point of view. The extensive amount of verbal data collected from the interviewees was organised into some form that gives them coherence, and verbal descriptions were used to portray the situation (Leedy and Ormrod, 2005).

CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter discusses the findings of the study based on the analysis and interpretation of the primary data collected from the interviews. Findings of the study focused on the change management practices adopted at Bomu Medical Centre and the challenges encountered in the change process. The researcher collected primary data in - depth interviews using an interview guide with open - ended questions. The procedure involved personal interactive interviews conducted by the researcher and the interviewees. Three interviewees were interviewed by the researcher. The interviewees included the Medical Director, HIV Program Manager and Financial Controller.

4.2 Change Management Practices at Bomu Medical Centre

The interviewees were asked what necessitated the changes in their organisation and they acknowledged that the demand of services from the increased number of patients, recognition of the services offered, informed patients and hiring of professional staff were the main reasons that necessitated changes at Bomu Medical Centre. They said that the change process began at the introduction of ISO at the institution. The interviewees mentioned that ISO was used as a tool of change by the new professionals hired to be able to convince the old staff the necessity of change at the institution. They noted that the strategic objectives of the change programme was mainly to move the institution to another level as there had been a stagnant growth from the time of inception to 25 years

of existence. The goals included adding more services, gaining recognition both locally and internationally by partnering with donor and government agencies and to make the institution the people's choice for quality and affordable healthcare services.

The interviewees acknowledged that the top management initiated the change process and all employees were informed and involved in the change programme. They had engaged external consultants at the initiation of the change programme using ISO as a tool of change in training the employees and the external consultants regularly conduct surveillance audits. They said that a strategic vision and a five- year strategic plan were developed by the senior management team. The vision was communicated to all the employees and urgency built to get them to cooperate by involving them from the initiation period of the change programme. According to the interviewees, a strategy was adopted to promote most of the old employees and key staff to middle management level. They were used as agents of change through training, practical assessment and were made to own the change process thus labeling them as process owners.

The interviewees mentioned that the change management team formed consisted of the heads of department, key staff members and the old staff who had witnessed different management styles, heads of informal teams who have influence on the others and active aggressive individuals who are ready for change. The team members were empowered to undertake their responsibilities in the change process. The heads of department were strictly responsible for their departments. According to the interviewees all reports and progress of their department reflected as departmental objectives which were set by analysing weaknesses and areas for improvement.

The interviewees mentioned that external consultants conduct regular audits and a complete review of the system was conducted after two years for ISO recertification. They said that the strategic plan is reviewed monthly by the senior management team by analysis of all objectives which have a timeline and a summary of the report is generated for activities to be done for the month. Standard operating procedures were drawn for all departments to ensure continuity and consistency.

The interviewees acknowledged that the change programme at Bomu Medical Centre has been successful. They added that a rewarding system has been set up. The staff and departmental appraisals are conducted yearly and monthly respectively. Daily review of targets using real time system introduced at the institution is also used as a monitoring tool of the progress. Those employees and departments that achieve their set targets are rewarded annually by giving them certificates of recognition, gifts and trophies. The interviewees noted that the recognition of the employees' services motivates them to perform better and accept changes easily without resistance.

The interviewees stated that substantial financial and human resources were required to introduce and institutionalise the change process. They added that modern healthcare technology equipment and Information Communication Telecommunication equipment were required to be installed at the institution to facilitate the change process. In addition, the interviewees said that new professionals and qualified staff had to be hired to be able to make the change processes effective and successful.

4.3 Challenges encountered by Bomu Medical Centre in implementation of the Change Management Practices and how they were resolved

The interviewees acknowledged that the main challenge encountered especially at the initiation phase of the phase of the change process was human resistance to change. According to the interviewees, the employees were comfortable with their former positions and perceived change as a threat to their jobs. The employees were thus reassured and were involved in the change and continuous training is given to them. Another challenge mentioned by the interviewees was organisational resistance, organisational structures and systems had to be restructured to facilitate the change process. The vision and mission statements were reviewed and changed. The interviewees added that organisational control was a challenge faced since change disrupts the authority and reporting relationship structure. The organisation's organogram was reviewed and the line of command and control was well defined.

The interviewees noted that the first phase of the change process was getting ISO certification and when that was achieved, there was an increased growth and it was overwhelming for the institution. They mentioned that the top management had to re-strategise and came up with a five - year strategic plan which was broken down into goals and activity plans at the departmental level. The interviewees acknowledged that as the services and number of patients increased, enough space was a huge challenge encountered by the institution. To accommodate the increased numbers, they said that temporary arrangements were made such as having rooms serving multiple services while more permanent solutions were underway, that is the extension of the building and

upgrading of facilities. They added that patients had to be continuously reassured that spacing was a temporary problem and the employees strived to continue providing excellent services.

4.4 Benefits of the Change Management Practices

The interviewees acknowledged that a number of benefits were realised from the change management practices at Bomu Medical Centre. According to them, these include expansion of services offered by the institution, new services were introduced and other services which were unavailable were outsourced. They added that there was an increase in number of staff and more professionals and experienced personnel were hired. They said that a clear chain of command was established and followed. They mentioned that the employees became motivated and more enthusiastic. Infrastructural improvement was also achieved. There was an expansion and upgrading of the facilities and new sites were introduced that is Likoni and most recently Mariakani.

The interviewees noted that the improved systems facilitated the monitoring and evaluation processes which contribute tremendously to the sustaining of momentum for change and the success of the change programme. They also acknowledged that strategic support from key stakeholders such as the government and donors has increased. This led to more funding and recognition from the community and other organisations.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter outlines the summary of the study findings where the objectives were to establish the change management practices adopted by Bomu Medical Centre and to determine the challenges encountered in managing the changes. Conclusions of the study, limitations of the study, recommendations for further research, policy and practice are also discussed in this chapter.

5.2 Summary of Findings

The purpose of the study was to determine the change management practices adopted by Bomu Medical Centre and the challenges they faced in managing change. The research design used for the study was a case study. The researcher interviewed three key people involved in the change management. These included the Financial Controller, HIV Programs Manager and Medical Director. The findings of the research showed that the change process was initiated from the top management. However, there was communication to all employees and key stakeholders on the necessity of the change. External consultants were hired to assist in the training of the change management teams who then trained other employees in the change programme exercise. A vision was formed after several meetings of the change management team and was communicated throughout the institution. There was participation and involvement of potential resisters to change to reduce the risk of resistance to the change process. External consultants are involved in the regular audits and senior management team meet monthly to review the set objectives which have a timeline.

According to the interviewees, there were challenges encountered by the organisation in implementation of the changes. These challenges include human resistance which was overcome by the involvement of people in the change process and including the potential resistors in the change management team. Organisational resistance was also experienced and this was solved by redefining the organisational organogram with a clear line of command. Another challenge experienced was limited space due to the overwhelming increase in the number of patients. This was resolved by the extension of the facilities, building and opening up new satellite clinics.

5.3 Conclusions of the Study

Management need to appreciate that at some point in an organisation, change is inevitable because of the changes in the internal and external environments. It is therefore imperative that management approach the change process in a systematic and logical manner to achieve cohesion throughout the organisation. For change to be a success there is a need to ensure that all employees of the organisation are involved in the process itself so that they also appreciate efforts by management. People are not just important for being objects of change, they are the ones who carry it out. They are the important intrinsic part of the change process (Balogun, 2001). They can influence the choice of objective (s) and the way change is planned. In turn, objectives and planning can also affect their willingness to accept or become involved in change. Visionary leadership is also the key to an organisation's success.

5.4 Limitations of the Study

The study depended largely on the interviews and discussions with interviewees who were in top management. It would be important to validate the findings with resources from interviews with other employees to get their perspective. It would also be of value to obtain the views of other stakeholders such as the patients, suppliers, government and donor agencies to get their perspective of the changes. Whereas changes are still being implemented, it would be important to validate if the results achieved so far are sustainable.

5.5 Recommendations for Further Research

This study investigated the change management practices at Bomu Medical Centre. A further study should be carried out to investigate the effects of the change management practices on the performance of Bomu Medical Centre. The study further recommends the investigation of the factors that led to employee resistance to change at Bomu Medical Centre.

5.6 Recommendations for Policy and Practice

The findings of this study support previous research studies and literature on universalistic change management practices for successful implementation of change. Based on the review of the interviews carried out, the researcher found out that change management practices which recognise the complexity of change in its context and content combined with an involving and engaging leadership style tend to result in successful change implementation. Leaders also need to develop an ability to build the

capability of teams and individuals they are working with in the implementation of change.

Change managers in organisations should have a clear vision and develop a roadmap on how to manage people through change process. Preparing people is critical if success is to be realised. A comprehensive framework to integrate all the change programmes needs to be developed so that all change programmes are properly aligned and synchronised with organisations' visions and mission statements and overall organisations' objectives.

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APPENDICES

Appendix I: Interview Guide

Section A: General Information

1. Name of the interviewee (Optional)
2. What is your designation in the organisation?
3. How long have you worked in your current position?

Section B: Change Management Practices

1. Please explain what necessitated the changes in your organisation and how the change process began.
2. What were the strategic objectives of the change program?
3. Who initiated the change effort in your organisation? (Board members, top management, employees or any other). Were all employees informed and involved in the change?
4. Did you involve external consultants in the change program? If yes, please explain their involvement in the change process.
5. Was a strategic vision developed? If the answer is yes, please briefly describe the process for the vision development stating those who were involved. Was the vision

communicated to those who are going to be involved and affected by the change program?

6. How was the urgency built to get employees to cooperate and participate in the change process?
7. Were there any specific teams mandated with the responsibility to implement the changes? Please describe the process of team formation and the characteristics taken into account in selection of the members. What were the roles of the change team members and were they empowered to undertake their responsibilities in the change process?
8. What steps have been taken to ensure that the change momentum is achieved and maintained? Did you have short term targets to monitor the changes? Has the change programme affected the structures, systems, processes, service, attitude or behaviour of employees and other key stakeholders?
9. In your view, how would you describe the level of achievements of targets by the employees? Was there a rewarding system for those who achieved the set targets?
10. What kind of resources and to what extent were they allocated to the change programme?

Section C: Change Management Impact on Bomu Medical Centre and Challenges Encountered

1. What challenges have you faced since introducing the changes?
2. How have you responded in managing the challenges?
3. Has there been any form of resistance to the change process from any source? (Human and/or organisational). How was the resistance managed (if encountered) and what have been the results thereafter?
4. In your view, do you think Bomu Medical Centre has been able to meet the set targets for the change process? What is your evaluation of the change and what do you foresee in the future?
5. Kindly summarise the benefits Bomu Medical Centre has derived from the changes discussed during this interview and what are your future change management plans if there are any?

Thank you for your co-operation.

Appendix II: Letter of Introduction

The Executive Director
Bomu Medical Centre
(Mkomani Clinic Society)
P.O. Box 95683-80106
Mombasa
Kenya

July 2011

Dear Madam,

RE: REQUEST FOR UNDERTAKING RESEARCH AT BOMU MEDICAL CENTRE ON CHANGE MANAGEMENT PRACTICES

I am a postgraduate student at the University of Nairobi pursuing a degree of Master of Business Administration. In order to fulfill the degree requirements, I am undertaking a research project on “Change management practices at Bomu Medical Centre”.

I kindly request you to authorise me to conduct interviews in your organisation with your key staff to gather the required information. My supervisor and I assure you that this information will be treated in strict confidence and will be used purely for academic purposes and your name will not be mentioned in the report. A copy of the final project shall be availed to you upon request. Your co-operation will be highly appreciated and thanking you in advance.

Yours faithfully,

Ruwaida Said
MBA Student
University of Nairobi

Dr. Martin Ogutu
Senior Lecturer (Project Supervisor)
University of Nairobi