MANAGEMENT TRAINING AND MANAGEMENT OF STRATEGIC CHANGE AT KENYATTA NATIONAL HOSPITAL IN KENYA
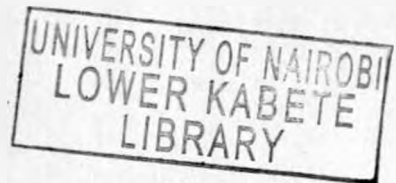
BY

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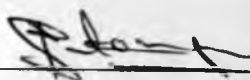
UNIVERSITY OF NAIROBI

NOVEMBER, 2011

DECLARATION

I hereby confirm that this project is my original work and has not been presented elsewhere for approval and examination.
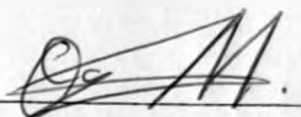
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DEDICATION

To my fiancée and dearest friend,

Sheila

To my beloved mum and dad,

Rebecca Muthoni and Alex Maina

To my brothers,

Joseph, Robert, John and Simon

ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS

KNH	Kenyatta National Hospital
CEO	Chief Executive Officer
DDAF	Deputy Director, Administration and Finance
DDCS	Deputy Director, Clinical Services
HRM	Human Resources Manager
HDO	Head of Department, Orthopaedic Surgery
HDM	Head of Department, Medicine

ABSTRACT

Public healthcare institutions in Kenya, including Kenyatta National Hospital, have been characterized by change management failure and poor customer satisfaction. Success of strategic change in other industries has been linked to management training. This study therefore sought to establish challenges facing strategic change management at Kenyatta National Hospital and to establish the role of management training in overcoming these challenges.

This was a case study employing qualitative data. Data was collected through interviews with the Chief Executive Officer and his two deputies, the Human Resources Manager and two randomly selected heads of departments. Analysis was then done using content analysis and data presented in a descriptive format.

The challenges facing strategic change at the hospital were poor government support, lack of finances, reluctance of staff and resistance to change. Lack of management skills and business acumen among workers was also reported as a challenge. All the respondents stated that some aspects of these challenges could be overcome by management training. Some of the reasons provided for this response were that workers find it difficult to understand the rationale and process of change. Some also added that highly trained and specialized personnel find it difficult to understand why they have to be involved in change processes. Creation of harmony in the unique setting of a hospital was also difficult without management training.

At the operation level, training was deemed necessary in order to educate on quality service delivery, work layout and customer satisfaction. There were hardly any reported changes that were not attributable to management training. Indeed, the estimated extent to which every respondent thought that management training could help overcome challenges at the hospital was over 50%. The respondents suggested that management training could be offered in seminars, hiring of managers with a management background and learning from others. Some of the issues that could be addressed through training were provided as leading strategic change, quality service provision and improving working relations.

Thus, there exist pertinent challenges facing strategic change at Kenyatta National Hospital. The respondents in this study view management training as likely to play a major role in overcoming these challenges. It may therefore be necessary to institute management training in this hospital and other public healthcare institutions in Kenya. This may partly provide a solution to the continuing failure of change management strategies.

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Public hospitals in most sub-Saharan Africa, including Kenya continue to face management failure (Pillay, 2008). One of the characteristics of this failure is futile attempts at strategic management change envisioned by various stakeholders in the industry. In contrast, many other organizations in the same region boast of successful change management leading to sustainable growth. Yet quality healthcare is a necessity for the development and prosperity of any nation.

Important for the success of any organization is competently trained management. This is especially important for implementation or management as it equips managers with essential tools. There is thus link between management training and successful change management. This study therefore examined management training and strategic change management at Kenyatta National Hospital

1.1.1 Management of strategic change

Strategy refers to the direction and scope of an organization over the long-term; which achieves advantage for the organization through its configuration of resources within a challenging environment, to meet the needs of markets and to fulfill stakeholder expectations (Johnson and Scholes, 1993). Management of strategic change is a method, or process of facilitating change and development in the culture, structure, process, people and technology in use, leadership styles and even the physical aspects of work environment (Kotter, 1995). It is therefore living and symbolic embodiment of how we cope and do business now and in the future. The strategic change process should aim at successful implementation of a strategy. Successful implementation of strategy involves putting the strategy into place and getting the individuals and organisation sub units to go about executing their part of the strategic plan (Thompson and Strickland, 1989).

Strategic change management can also be defined as an effort, by the organizational members, to make their organisations more proactive and innovative in initiating and implementing strategic change, and the strategy itself, to gain a sustainable competitive

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advantage in their industry of market. The scope of strategic management is greater than that of any one area of operational management. It is concerned with the complexity arising out of ambiguous and non-routine situations with organisationwide rather than operation specific implications. Strategic management includes understanding the strategic position of an organisation, strategic choices for the future and turning strategy into action (Johnson and Scholes, 2002).

Kotter (1995) argues that the employees do not have a responsibility to manage change; the employees' responsibility is no other than to do their best to cope with change, which is different for every person and depends on a wide variety of factors such as health, maturity, stability, experience, personality, motivation etc. Responsibility for managing is with the management and executives of the organisation, they must manage the change in a way that employees can cope with it. The manager has a responsibility to facilitate and enable change

1.1.2 Management training
Management training refers to the imparting of important principles and knowledge upon leaders on how to achieve organizational strategic objectives and overall success (Dzansi and Dzansi, 2004). This is aimed at providing those charged with running organisations the skills to perform their work effectively and efficiently. Management training is therefore regarded as key to the success of organizational managers.

Management training is offered at different levels (McClelland et al, 1993). One of the ways in which this is acquired is through formal training in universities and colleges. People who undergo this training attend school and later graduate with a given qualification in management. The kind of management training offered in these courses is broad-based, providing vast knowledge that can easily be applied across various fields.

One other way through which many organisations impart management training to their employees is through continuous development seminars (Analoui, 1997). These are provided through contracting management consultants. This particular method aims at

addressing specific organizational requirements. It is provided in form of short courses sometimes offered serially and with an overall goal of boosting employees' performance.

Another way in which people regard management training is learning through experience (Malone et al., 2000). This means that the more one has worked as a manager, then the more their knowledge of management. This has been one of the oldest means of acquiring management training.

Recently, some studies have shown that formal management training offers a great benefit to organizational leaders (Pillay, 2008). This is because of carefully structured curricula aimed at educating leaders on current needs. The growing need for formal management training is backed by strong evidence indicating that it offers a modern approach that puts into consideration a dynamic business environment. In particular, formal training especially coupled with the other forms equips managers with tools necessary for strategic management change.

1.1.3 Kenyatta National Hospital

Kenyatta National Hospital is a national teaching and referral hospital in Nairobi, the capital city of Kenya. It has a bed capacity of 1, 800. It serves mainly the middle and lower social classes of patients. It is the biggest hospital in Eastern and Central Africa.

The hospital was built in 1967 and now has over 6,000 employees. It hosts the University of Nairobi's Medical School and various other government agencies. The hospital has a five year strategic plan (KNH Strategic Plan, 2010). Key to its strategy is to implement change. This has been necessitated by management difficulties over the last decade. Recently, there was the installation of a new chief executive officer. This was a move that the board hopes will be crucial in achieving successful change.

One of its other strategic change objectives is to improve customer satisfaction. There has been a continued anecdotal public outcry regarding poor service provision to patients. This has been attributed to various factors such as poor financing, poor staffing and staff reluctance. Consequently, the image of this hospital in the face of the public has been a despicable one. Given that this is national referral hospital put up to set standards in

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healthcare, change has been long needed. Most previous efforts have been futile. Combined efforts are now being put in by the government and the hospital's board.

1.2 Research Problem

Management of strategic change is a method, or process of facilitating change and development in the culture, structure, process, people and technology in use, leadership styles and even the physical aspects of work environment. It is an important adaptation for an organization to remain relevant in a changing environment. Management training on the other hand involves equipping those concerned with implementing and sustaining change with the necessary knowledge of management. Knowledge of management and leadership skills is a necessity in the implementation of strategic change. It ensures informed and systematic processes for successful change management.

Kenyatta National Hospital has been experiencing change management for about six years. Part of this change management has been the recruitment of new chief executive officers. Change management is long due at this hospital owing to continued public outcry regarding poor services and performance of the hospital. This is despite being a national and referral hospital. Many other public institutions have undergone successful change management. However, attempts at implementing change have been futile. One of the factors known to lead to poor change management is lack of management training particularly among organization leadership. This management training is key in effecting successful change.

Studies have shown that trained managers are more effective at implementing strategic change management (Walker and Morgan, 1996; Pillay, 2008). Kebede et al (2010) further reported that it is necessary to train hospital managers. These workers provide evidence that management training correlates with success of change management. In spite of this evidence, the role status of management training among managers at Kenyatta National Hospital remains to be studied. This study thus sought to address two questions. What are the challenges facing management change at KNH? To what extent is management training applied to address the challenges of managing strategic change at the hospital?

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1.3 Research Objectives

This study addressed the following two objectives:

i. Establish the challenges in managing strategic change at KNH.

ii. Determine the extent to which management training is applied to address the challenges of managing strategic change at KNH.

1.4 Value of the Study

This study will provide beneficial information to KNH, other hospitals and organizations as well as academics. Kenyatta National Hospital will be a key beneficiary as it will be equipped with important information regarding a better approach to managing change. It will enable the hospital to effect change more competently. This will translate into better performance and customer satisfaction, hence achievement of its goal in providing quality healthcare.

Other hospitals and organizations will also benefit. They will have more information on how to manage change. This is especially for public hospitals and organizations which experience difficulties in managing change. It will enable better performance and productivity. These hospitals and organizations will attain an edge in managing change hence making them leaders in their respective domains.

The issue of managing strategic change has been a growing field for academicians. More and more information needs to be gathered in order to provide a better insight into change management. This study will add to the existing body of knowledge regarding how to effectively manage change at organizational level. This body of knowledge is essential in driving management in all organizations around the world.

CHAPTER TWO: LITERATURE REVIEW

2.1 Concept of Strategic Change

Strategy refers to the direction and scope of an organization over the long-term (Johnson and Scholes, 1993). Strategic change is defined as the adoption of a new idea or behavior by an organization. In today's highly complex world, organizations need to continuously adapt to new situations if they are to survive and prosper. The current trend is toward development of the learning organization, which engages everyone in problem solving and continuous improvement based on the lessons of experience.

The interacting systems which make up the learning organization resemble a web in which each element responds to and influences every other element. Leadership provides vision for development of strategies and serves as a crucial support function for empowerment of employees, the determination of organizational design, and the extent of openness in information sharing. Empowerment liberates employees but also places upon them the added responsibilities of working collaboratively, accepting greater leadership roles and participating in strategy to benefit the entire organization. Defining culture demands the rethinking of roles, processes and values, breaking down barriers that have separated departments so that everyone shares information and works together.

Information sharing requires adjustments on the parts of managers for the inclusion of employees, suppliers and customers, often necessitating cultural and structural changes. Strategy is likewise linked to structure and culture as the organization changes its fundamental way of doing business and allows strategies initiatives to flow bottom up as well as top down (Glueck, 1980; Thompson & Strickland, 1996; David, 1995).

A strategic change is only one of the many types of organizational changes, the most prominent of which are technology changes, new-product changes and culture/people changes. These are different from each other but changes in one part may affect other parts of an organization: a new product may require changes in technology, and a new technology may require new people skills and new structure (Davidson, 1995).

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A Strategic change, however, is a planned change which is related to the long-term goals and objectives of an enterprise, and the adoption of courses of action and the allocation of courses of action, and the allocation of resources necessary for carrying out these goals (Quinn, 1980).

2.2 Management of Strategic Change

The earliest effort to understand the process of change comes from the work of Kurt Lewin (1947). In the course of his research, Lewin (1947) made two observations. First, change initiatives encountered strong resistance, even when there was general agreement on the goals of the initiatives. Second, even initiatives that appeared to overcome resistance and were successfully implemented were often short lived, with the system returning to its previous state in a matter of months (Ancona, Kochan, Scully, Van Maanen & Westney 2005).

These observations led Lewin (1947) to see organisations as highly resistant to change due to the human nature of organisations (such as behaviour, habits, group norms) and because of organisational inertia. Using the thermodynamic metaphor of unfreezing-change-refreezing matter, Lewin perceived the change process as a series of discrete episodes. The inertia for transition to a different state is created by a force field, which assumes the organisation is always in the state of quasi equilibrium. The force field consists of forces that exert pressures for change (i.e. internal environment such as social structures and processes including interest groups, communication networks, and the external environment), and other forces that create counterbalancing forces for stability (resisting forces). According to Lewin (1947), successful organisational change must first disrupt the equilibrium process (unfreezing) before the change initiatives begin, and then create a new equilibrium state that maintains the new ' condition (refreezing).

Lewin's (1947) research also revealed that unfreezing is more successful if it is directed to reducing the forces that block change (resisting forces), rather than increasing the forces for change. In other words, increasing pressures for change often generate countervailing resistance, at both the individual and organisational levels, and this

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increases the level of anxiety and tension in the organisation. Removing or mitigating resisting forces can often be more effective in unfreezing an organisation and opening the way for change initiatives. Understandably, research into change implementation process primarily draws from early work of Lewin's (1947) change model. Indeed, researchers such as Judson (1991), Kotter (1995), Galpin (1996), and Armenakis, Harris and Feild (1999) have described various models of change building on Lewin's (1947) change model.

Another change model is the evolutionary model of variation-selection-retention (Hannan & Freeman 1989, Aldrich 1999). Change is approached using an evolutionary biology model. Organisations are perceived to have frequent variations that are usually local and short lived unless selected for investigation. Hence, efforts to solve problems generate innovations with selective or limited spread because the selection regime signals out the various variations as shaped by systemic forces such as the general component of the external environment (i.e. economic, social, technological). Occasionally, a local innovation is retained after successful selection and testing elsewhere in the organisation. The evolutionary approach highlights the need for organisations to develop a capability for increasing the level of local initiative in problem solving and experimentation (increasing variations). It is also to develop systems for identifying and disseminating the most successful initiatives (modifying the selection regime away from selecting) for stability toward selecting for innovation (Ancona, et al. 2005).

Increasing levels of global competition as well as fervent changes in business environments have heightened organisational revitalisation. One institutional practice that has been adopted to improve competitive advantage is organisational learning. Senge (1992) introduces the concept of the learning organisation that translates the abstract models of evolutionary perspective into more specific organisational terms. In contrast to Lewin's (1947) planned change model, the learning organisation approach is a change process aimed at assisting the development and use of knowledge to build capacity for continuous change and learning. This strategy is a form of collective learning that is necessary for sustainable change. The learning organisation approach advocates 'starting

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small' with a small pilot team whose members share a recognition that a particular problem cannot be fixed easily because it is symptomatic of deeper issues. Senge and his colleagues (1999) organise formal change in three stages: initiating the change effort, sustaining it, and redesigning and rethinking the larger system so that the learning from the pilot project is diffused to the rest of the organisation. These social scientists assert that there should be continuous renewal efforts in a change strategy.

Change strategies have always proved to be a challenge for management. To ascertain success of any change strategies, the management team must be open and alert to all forms of resistance as well as development, supported by an in-depth understanding of the culture and operational processes of an organisation. Given that strategic change does not move in a logical sequence of event (Pettigrew & Whipp 1991), management will frequently face ambiguity, as they explore the amalgam of economic, personal and political imperatives.

2.3 Challenges of Strategic Change

Change is inevitable and ubiquitous in a rapidly expanding world. These landscapes of many external forces make it most difficult for organisational survival and prosperity. Indeed, the major dilemma faced by businesses today is managing strategic change initiatives efficiently and effectively (Graetz, Rimmer, Lawrence & Smith 2002). And according to Ulrich (1997), a primary difference between organisations that succeed and those that fail is the ability to respond to the pace of change. In other words, organisations need to monitor and scan their external environments, anticipate, and adapt timely to continual change (Marquardt 1996). A salient contention by Pettigrew, Woodman and Cameron (2001), is the relative lateness of anticipation and adaptation ability of firms, and their inability to recognise the change in bases of competition that may have changed in their business environment can be a key attribute explaining a loss of competitive performance.

In addition to the inability to recognise change, it is no longer sufficient to adjust one change to compensate another. Arguably, organisations will have to handle all the

challenges of change simultaneously (Brown & Harvey 2006). These challenges of changes, at the organisational level, have elevated the importance of managing change and in particular, the managing of employees' change experiences. This is because massive change has an impact on all facets of organisational members as it can create new dimensions of greater uncertainty (Brown & Harvey 2006). Hence, it is very important to ensure good coordination, strong leadership, and clear communication while managing various changes simultaneously.

There are three major trends that shape change. Specifically, the three trends are (a) the heightened competition brought about by globalisation, (b) information technology, and (c) managerial innovation. Globalisation is changing the economy and markets in which organisations operate. And there has been an increase in the e-business sector that is changing how work is distributed and performed with the use of information and communication technology (ICT). Moreover, managerial innovation becomes more important as a form of response to both competition and information technology trends

A significant example of how the reshaping of managerial values, work practices and business notions onset with less domestic restrictions and trade barriers to embrace international competition is afforded by the accession of Malaysia as a member of the World Trade Organisation in the 1990s. The exposure to the competitive edge of foreign organisations compelled Malaysian domestic organisations to evolve a new corporate strategy in response to changes in the cross national managerial work related values (Baron & Besanko 2001).

Many articles and books have been written about how change management can be approached. Nevertheless, the field of organisational change is far from mature in understanding the dynamics and effects of time, process, discontinuity, and context (Pettigrew, et al. 2001). Moreover, little is written about implementation process and issues in highly regulated contexts such as the banking context (Nightingale & Poll 2000, Baron & Besanko 2001). Technical change in service industries is an underrepresented area, despite its importance in employment and innovation (Nightingale & Poll 2000).

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Further, empirical studies seeking to link change to organisational performance are rare (Pettigrew, et al. 2001). Partly, the rarity is due to the difficulty in producing convincing evidence. This study contributes to change management by reinforcing existing literature that stress the significant human factor in change management.

2.4 Management Training

Managers need a broad variety of skills such as leadership and supervisory, communication, general business, organizational and technology (Walker and Morgan, 1996). They need a solid understanding of the industry in which they operate and the structure and functions of the organization. They need to be familiar and comfortable with finance, marketing and operations, regardless of their particular area of expertise. And they need to clearly understand the organization's culture, philosophies, policies and procedures (Analoui, 1997).

Training and development should be both general and organization specific. Understanding how to prepare a budget is a first step, but without knowledge of how the budgeting process works within your organization that information is not very useful. Clearly identifying the unique industry and organizational issues that managers need to understand can help you tie practice to theory (Malone, Straka & Logan, 2000).

Too often management development is informal and disjointed, rather than part of a strategic training plan. Classes and training are offered or managers are encouraged to take advantage of training opportunities, but the offerings are not part of a formal program that is linked to organizational goals and long-range objectives.

It is not uncommon to encounter resistance from managers when providing management development opportunities. They may be hesitant to admit to areas of weakness; or an implication that they need additional training. They may also raise many barriers to participation, most commonly "lack of time." Resistance to change and fear of failure are

natural (Analoui, 1997). By positioning management development as a prerequisite to growth within the organization you can provide an incentive for participation while at the same time developing somewhat of a self-selection process for identifying employees interested in advancement within the organization.

Another problem, common to any training initiative, is the difficulty in measuring the impact and effectiveness of your management development activities. To be effective, clear and specific objectives should be identified and tied to the selection and implementation of training and development activities. Follow up measurement should be designed to directly evaluate the impact of these activities on meeting the stated objectives. When establishing objectives consider specifically how you will measure whether the objectives have been met. Build evaluation into the training process.

Management training refers to the imparting of important principles and knowledge upon leaders on how to achieve organizational strategic objectives and overall success (Dzansi and Dzansi, 2004). This is aimed at providing those charged with running organisations the skills to perform their work effectively and efficiently. Management training is therefore regarded as key to the success of organizational managers.

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2.5 Management Training and Strategic Change Management

Recently, some studies have shown that formal management training offers a great benefit to organizational leaders (Pillay, 2008). This is because of carefully structured curricula aimed at educating leaders on current needs. The growing need for formal management training is backed by strong evidence indicating that it offers a modern approach that puts into consideration a dynamic business environment. In particular, formal training especially coupled with the other forms equips managers with tools necessary for strategic management change.

It is notable that management capacity building is paramount to various systems changes and strengthening (Pillay, 2008). Management training can be a successful North-South collaborative effort where more developed nations in the areas of management can greatly assist local capacity building efforts of low-income countries. Such efforts entail several challenges but hold great promise to transform different systems if the collaborative design considers and makes provisions for effective local capacity building methods that will sustain the program for years to come.

Previous studies report lack of management capacity within the public sector in Africa (Pillay, 2000). This creates is a significant gap between private and public sectors, particularly in successful implementation of change strategies. It provides the evidence that there is a great need for the further development of managers, especially those in the public sector. The onus is therefore on administrators and those responsible for management education and training to identify managers in need of development and to make available training that is contextually relevant in terms of program design and delivery (McClelland et al, 1993).

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Design

This was a case study of Kenyatta National Hospital. Data was qualitative. This research design was found appropriate as the study sought to get in depth information about the role training played in management of strategic change and sought to get underlying factors. According to Mugenda and Mugenda (1999), a case study enables a researcher to conduct in depth investigation on a given phenomenon. This is in keeping with the nature of the current study. Detailed investigation of Kenyatta National Hospital was targeted.

3.2 Data collection

The data obtained for this study was primary data. This was done through an interview and by use of an interview guide (see appendix 1). An interview was chosen for this study so as to obtain directly information from respondents. It wass important that face to face interaction takes place in order to clarify the questions. Validity of the interview guide was checked against existing standards. There were six interviewees. These were the Chief Executive Officer of Kenyatta National Hospital, his two deputies, the Human Resource Manager, and three randomly selected heads of departments. The interview was conducted by the principal investigator of this study. Prior appointment was sought for each of these respondents, where a convenient time was chosen.

3.3 Data Analysis

Qualitative data was analysed using content analysis (Weber, 1990). The content was the responses provided by the respondents. These responses were analyzed for commonly used words. Content analysis was used to determine trends in responses so as to obtain the most accurate analysis of these responses. This data was then presented in a descriptive format.

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CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

This study was carried out with the aim of addressing two main objectives. Firstly, it was to establish the challenges in management of strategic change at Kenyatta National Hospital. The second objective was to determine the extent to which management training is applied to address the challenges of managing strategic change at Kenyatta National Hospital. These objectives were met while conducting the study.

The study is a case study of Kenyatta National Hospital. The type of data collected was qualitative. This data was collected through interviews guided by an interview guide (appendix 1). A total of six informants were interviewed. These were the Chief Executive Officer of the Hospital, his two deputies, the Human Resources Manager and two randomly selected heads of departments. Theses randomly selected heads of departments were in charge of Medicine and Orthopaedic Surgery departments. Data collected was then analysed through content analysis. The findings from this study and analysis are documented in this chapter.

This chapter is organised in accordance with the study objectives. The first section covers the challenges of strategic change at Kenyatta National Hospital. The second chapter, in line with the second objective, covers the extent to which management training is applied to address the challenges of managing change at the hospital. The chapter elucidates the informants' responses while discussing the findings in view of existing literature on the subject matter.

4.2 Challenges of Managing Strategic Change at KNH

The interviewees were asked to state, in their opinions, the challenges facing strategic change management at Kenyatta National Hospital. The Chief Executive Officer stated that poor government support was one of the major challenges facing change. He added that change support from the government would ensure streamlined efforts from the Ministry of Medical Services all the way down to the lower levels of the hospital. This challenge was also mentioned by his two deputies and the Human Resource Manager as a

key challenge in change management. The departmental heads did not state this as a key challenge to change management. Indeed, poor government support has been known to be a key challenge in many public owned institutions. Analoui (1997) cited poor government support in the Romanian public sector as one of the key hindrances to change management. Previous workers (Judson, 1991; Kebede et al, 2010) have demonstrated that public institutions exist within the environment of the government. There is thus need to create a cohesive flow of support in terms of policy, finance and goodwill. This is particularly important to an organization's higher level of management, perhaps because they are the immediate contact with the government ministries concerned. This phenomenon may explain why poor government support was a more concerning challenge to the higher management levels compared to the lower levels in the hospital's departments.

Another key challenge stated by the informants was lack of finances. This was stated by all informants. However, it was a bigger concern to the higher CEO and his deputies. In fact, for the Deputy Director in charge of Administration and Finance, this was the most important challenge facing management change. He stated that it is almost impossible to carry out any changes without adequate finances, especially because there are so many short term priorities at any given time. This finding is in tandem with literature findings. Financial difficulties have been reported to be a major challenge in change management. This is not only in public institutions but also in the private sector. Kotter (1995) also recognized financial difficulties as one of the challenges facing change.

Informants stated more challenges. One of these was staff reluctance and resistance to change. Regarding this, the CEO stated that sometimes there are change implementation strategies that pass down the hierarchy smoothly only to meet resistance down the hierarchy. He stated that this may be especially so because most healthcare staff at the hospital have very specialized training. This high level training gives them a sense of reproachable pride; the kind not willing to accept changes. The departmental heads also found this a major challenge. On probing further, the informants seemed to suggest that resistance to change in a hospital setting is unique. They stated that most of the staff is

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much more qualified than the managers and administrators in charge of overseeing change. They all agreed that it is difficult to manage specialized staff, adding that their staff work in different hospitals, making them highly marketable in their specialties. This finding has not been widely documented. Pillay (2008) alludes to this, adding that this may not be a problem unique only to hospitals in developing countries.

In addition, the CEO added that another challenge is lack of management and business acumen among most workers at the hospital. He mentioned that as an institution whose mandate is to generate income to run some of its operations, it was appalling that most workers lack the necessary acumen to this purpose. He did not hesitate to add that it is also the obligation of the hospital to provide affordable healthcare, and even free healthcare to those who cannot afford. For instance, he said that the hospital could generate more income through efficient service delivery that would ensure attendance to more patients in a day. He blamed this on carelessness among staff and perhaps also lack of training. He mentioned that there should be emphasis not only on technical training but also basic etiquette and quality management among healthcare staff. This finding is comparable with reports by Pillay (2008). In this work, it was suggested that this may be a general problem in special industries where most staff have a common specialized technical background.

When asked about how many changes had been implemented in the last five years, the CEO stated staffing and financing as the two significant changes. The Deputy Director in charge of Clinical Services stated one change; provision of better services for children The Deputy Director in charge of Administration and Finance also stated one change, the change in procurement procedures to more transparent tendering. The Human Resource Manager stated one change; that of staffing as stated also by the CEO. The departmental heads could not find a significant change that had taken place in the last five years. They however added that there had been numerous efforts to improve range and quality of clinical services delivered, but none of these changes came to fruition. These findings are in agreement with Analoui's report (1997). His findings on the public sector included a

very low rate of successful change implementation. He attributed this to lack of goodwill, a complex environment and corruption.

4.3 Management Training in Solving Challenges of Strategic Change

When asked whether they thought certain aspects of the above challenges could have been overcome through training, they all agreed that training would offer benefit in dealing with the challenges. This is comparable to reports in existing literature. Training has been reported to provide significant benefit in terms of strategic change management. It has been linked to effective change strategies. Pillay (2008) attributed success of public institutions in Ethiopia to deliberate management training programmes tailor-made to tackle specific weaknesses of managers.

The informants were then asked why they felt that certain aspects of strategic changes could have been overcome through training. The CEO responded by saying that many staff in different departments find it difficult to understand why some changes require to be done. He added that even among top management, opinions are very varied and it is difficult to put everyone on one page. On the other hand the Deputy Director in charge of Administration and Finance said that training was important to educate workers on their mandate in change implementation. Further, he mentioned that changes may fail because workers do not understand that they have a key role in successful change management. Some workers take it as punishment and forget the benefits accrued from such changes.

In response to the same question, the Deputy Director in charge of Clinical Services had a rather varied view. He said that some of the most difficult groups of workers to manage in the hospital are healthcare professionals. These professionals are very highly trained in technical backgrounds. Involving these professionals in change management can be very difficult because of difficulty in creating time from busy schedules. Some also have a notion that it is not their business to deal with changes and management. Worse still, some of these professionals feel that management roles are too trivial for them. They therefore do not take any new strategies seriously. The Deputy Director emphasized that in his docket, this is one of the greatest challenges with change management.

The Human Resource Manager's response to this question was that creating harmony in such a unique public institution is challenging without proper change management training. He emphasized that the hospital provides unique challenges that would not normally exist in an ordinary organization. Perhaps, according to the manager, creating a harmonious environment that takes change positively and contributes to strategy development and implementation is the biggest challenge to this department. Training would go a long way in ensuring that harmony is maintained in all respects. An enabling environment would be a fertile ground for successful strategic changes.

Similarity was observed in the responses by the two heads of departments. The head of the medical department said that management knowledge is assumed to come naturally by many people. There is therefore little emphasis on proper management training. Even to managers, he said, adequate and focused training is important in the modern day as existing changes offer unique complexities. The head of Orthopaedic surgery reiterated the importance of management training to hospital managers and even workers. He mentioned that many workers especially specialized professionals often dismiss management as just a group of individuals trying to earn a living without much training. They fail to appreciate their role. Yet, he added, with proper focused management training, the right understanding of each person's role in strategic change management could be better understood.

Comparative to the informants' responses, literature provides evidence for the role of management training in successful change management. Rowe et al (2005) clearly demonstrated the role of management training in improving success of change strategies in institutions such as hospitals. Indeed the need to train managers in healthcare has been raised by Walker and Morgan (1996). Management training in successful change management continues to be find growing need since the identification of its role by such workers as Pettigrew and Whipp (1991). It may therefore be prudent to carry out continuous management training among hospital workers, particularly those more directly involved in creation and implementation of change management strategies.

The informants were also asked about what aspects of change management that they did well would be attributed to the people having been trained on relevant aspects. The CEO's view was that change in leadership could be attributed to training programmes offered to higher level management. There have been some changes in top management. There has been a shift towards hiring or personnel with a management background rather than technical backgrounds only. For a long time, there was poor strategy design and orientation. This was mainly attributed to management incompetence. Through training of top management, it was realized that such training is crucial for people to understand some standard technicalities in management practice.

The Deputy Director in charge of Finance and Administration said that they were offering training to middle level managers with training on such things as creation of budget with emphasis in priorities. He mentioned that this could be easily overlooked as a skill with no need for training. In his opinion, the priorities of top management may not be in line with those in the middle level. Training has created a better communication channel through which such processes like budgeting are done. It was most crucial at the beginning to make middle level managers appreciate the need for them to adopt this. Training was useful in this aspect.

The Deputy Director in charge of Clinical Services said that his department was probably the worst affected in terms of lack of training in change management. He could hardly attribute any changes in the department to training saying that due to lack of training, service delivery had remained poor despite many years of attempted improvement. His second addition was in tandem with the response by the CEO. Change in leadership had gained a lot from training programmes conducted by way of seminars and government sponsored part-time courses in management.

Comparatively, the HRM first praised the new shift into hiring management staff with management background. This, he mentioned was a milestone in the history if the institution. His second addition was that there was creation of more modern business processes such as an ongoing creation of patients' databases. This need has been emphasized through management training to some of the top level staff. This has been

with an emphasis on change strategies that enhance smoother services at the operational level. Although this is still in its early stages, the initial stages have shown promising results with continued positive reception into the institution. With even more training, he believes, the process is bound to attain greater successes.

The heads of the departments' views were more inclined towards operational services. According to the HDO, management training has been successful in attempts to change work layout and system flows. Poor layout and systems flow have been blamed for poor coordination and redundancy of processes in the institution. Training of technical staff on the importance of good layouts has been crucial in making them realize the importance of smooth workflows. The HDM's views were in agreement with that of the HDO. On further probing, it was realized that the similarity in their responses was that improvement of workflows was a joint effort by all clinical departments. He emphasized the need for this continued effort coupled with training.

According to existing literature, aspects that have been attributed to management training by various workers include imparting of technicalities in management practice (Judson, 1991). Management training has also been described by Malone, Straka and Logan (2000) as providing ambient human relations conducive for strategic change. Most existing literature seem to have different roles of management training in strategic change from those provided in this study by the informants. This study may therefore highlight for the first time, some of the unique roles of training in strategic change for hospital institutions.

Informants' were also asked about aspects they did well that would not be attributed to management training. This was a follow-up question to the previous one. The CEO responded by saying that procurement changes had been implemented successfully. In addition, very little training was required yet the changes had shown great success so far. His deputy in Finance and Administration reported that changes like government financial allocation were slowly taking place. This, he said, had not required any management training; at least not on the part of the hospital. He however added that training will be necessary not just in the hospital but at all levels of healthcare delivery

including the Ministry concerned. His view was that the hospital's environment goes beyond the institution and training would be necessary in the entire system. In comparison, the Deputy's counterpart in Clinical Services Administration reported that there had been changes in the scope of services delivered. These included ongoing changes to create an adolescent psychiatric and counseling centre. He could not attribute his to management training but rather to a growing obvious need in the country.

The Human Resource Manager did not report any changes not attributable to management training. He commented that his department is one of the most in need of management training. It administers the working force at the hospital. His view was that management training is crucial in ensuring effective service delivery, and a lot of emphasis needs to be put into this so as to ensure efficiency. Similarly, the two heads of departments did not report any changes not linked with training. They both commented that management training is a neglected aspect in the hospital and that there should be a paradigm shift in the way management training is viewed. They attributed this to lack of awareness as very few healthcare managers have insight into management training. Most assume that management skills come naturally.

Similar reports in the healthcare industry are scarce in literature. Pillay (2008) raised concerns on lack of management training in public hospitals. The responses to this question may support programmes designed to train hospital workers in management skills. It may be important to do this also to policy makers such as those in the government ministries concerned. The concerns raised by the CEO about management training at Ministry level may be evidence of a much greater need of this training beyond a hospital setting.

The next question was two-fold. In the first part, the informants were asked to provide an estimate on the extent to which they thought training helped to overcome challenges of managing strategic change. In the second part, they were asked to give reasons for the provided estimate. In response to these questions, the CEO gave an estimate of over 50%. The reasons provided for this was that unless all workers were trained on the need for new changes and their role in implementation of these changes, and then change efforts

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are most likely to be futile. The DDAF provided an estimate of 50%. He stated that a hospital setting is predisposed to a focus on technical aspects with little emphasis on management training. He added that although management is very much an art, there are aspects of it that would hard to acquire except through formalized training. This is particularly so with management of strategic change.

The HRM provided an estimate of over 50%. He added that his department is particularly concerned about the need for management training. They are responsible for providing the hospital with competent and satisfied staff. Continued management training equips workers with knowledge crucial in strategic management change. This is even truer in a hospital setting.

The two heads of departments belong to the operational level of the hospital. The HDM provided an estimate of over 50%. His reasons were that the experienced management changes in operations and layout could not have been achieved without training. Additionally, the hospital management had learnt that it was vital to inculcate management training into the hospital management so as to achieve more changes. The HDO were of the same opinion, including also providing the same estimate. Again, similarity in their responses may be attributed to the fact that both belonged to the same operational level of management.

This is probably the first time organizational leaders in a hospital have provided their own views on the extent to which management training contributes to strategic change. According to literature, management training has been deemed vital in successful strategic change management (Dzansi and Dzansi, 2004). McClelland et al (1993) described the three levels through which management training can be provided for organizations. These and other workers such as Analoui (1997) and Pillay (2008) all seem to agree with the current study findings that management training is indeed crucial for strategic management. The different study settings and institutions studied may explain the varied reasons provided by informants regarding the need for management training. They however suggest a common thread; that management training is vital for successful change management.

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At this point, the informants were asked to state ways in which this training could be offered. They all mentioned seminars, hiring of managers with a management background and learning from others. This is in agreement with the three levels of training described by McClelland (1993). The findings suggest that training methodology is similar across different parts of the world, the difference probably being the focus of these trainings.

The last question was on what areas of management training for change they thought their staff needed most and why. According to the CEO, the most important area for his staff was leading strategic change. He explained that change processes require drivers. The most important drivers in the hospital are the managers at every level, from top down. The DDAF said that the most important area was change in customer services. He mentioned that the hospital was in a bid to change its face into a quality service provider. Without training, he said, workers would not know what to do in order to attain this goal. The DDCS had the same view, adding that that was one of the hospital's top strategies for the time.

The HRM and the two heads at the operation level again had comparable views. It is interesting that they all emphasized the importance of management training in working relations. They said that workers unity was a major let-down in the hospital. There seemed to be a very tight hierarchy, seemingly not permitting change strategies. This could perhaps be attributed to their regular contact with workers at the operational level. These operations in the hospital have been the reason for continued public outcry.

Indeed, some of the cited training areas for change management include human relations (Lewin, 1947). Others are such areas like continuous learning as elaborated by Senge (1992). Pettigrew and Whipp (1991) report that success in change management requires training with a focus on creating a competitive edge for the organization. Quinn (1980) emphasized that this change is best increased slowly in a logical way; and one of the ways of doing this is through continuous management training.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The findings of the study perhaps provide, for the first time, a crucial elucidation of some of the challenges facing strategic change management and the role of management training in overcoming these challenges. The findings of the study have been elaborated in the preceding chapter. This final chapter summarizes these findings and further gives a conclusion and recommendations.

This chapter summarizes key findings based on the objectives of the study. Additionally, there is a conclusion addressing each of the two objectives. These objectives were attained, but with limitations. The limitations of this study are also described. Finally, recommendations will be provided by the investigators, both for further research and for policy and practice.

5.2 Summary of Findings

The first section of the interviews carried out was to gather data on challenges facing management of strategic change. These were provided by the informants. These challenges were poor government support through the Ministry of Medical Services. This was a challenge mainly reported by the top management. The other challenge was lack of finances to effect change. Unlike poor government support, all informants reported lack of finances as a challenge. However, it appeared to have a greater impact also on top management.

Staff reluctance and resistance to change was also reported as a challenge. Most informants attributed this to high specialization of most technical staff. The staff that is highly trained finds it difficult to accept new changes recommended by others such as management who may not be comparatively very highly trained. They also reported that the highly specialized technical staff worked in other hospitals also so sometimes they may not seem to care too much about change effectiveness at KNH. Lack of management

training was also reported as a challenge facing strategic change management at the hospital.

In addition, lack of management and business acumen among workers at the hospital was a challenge. This was especially so considering that the institution is supposed to generate income as part of a cost-sharing initiative in Kenyan public hospitals. They also attributed this to lack of training among most workers. These workers mainly have a technical background with minimal enhancement of business and management skills.

The second section of the interview was to address the second objective. This objective was to elucidate the role of management training in overcoming the afore-mentioned challenges. As an opening statement, all informants reported that they thought some aspects of these challenges could have been overcome through management training. Reasons given for this response were that staff in different departments may find it difficult to understand why some changes require to be done. It was also stated that due to the technical background of most staff, there was need to train them also in management skills that support strategic change management. The informants also thought that management training would help staff in understanding individual roles in change implementation.

Changes at the hospital that were attributable to management training were change in leadership. There was a move towards hiring management staff with background management training. Management training had also changed the way in which priorities were created; that is form gut feelings to evidence-based prioritization. The training had also equipped workers at lower levels to provide improved quality of services including more organized work flows and orientation towards customer satisfaction. On the contrary, there were hardly any changes carried out in the hospital and not attributable to management training.

The interviews all estimated that management training helped overcome challenges of strategic change by equal to or more that 50%. The reason provided for this report was that unless workers were trained on the need for new changes and their role in implementation of these changes, then change efforts were likely to be futile.

Commenting on ways of effecting management training, the informants suggested management seminars and workshops as well as sponsored formal learning. The suggested topics were leading strategic change and improving customer services.

5.3 Conclusions

There are indeed challenges facing strategic change management at Kenyatta National hospital. These challenges span the internal and external environment of the hospital. They range from the government to the hospital's internal environment. Among the major challenges are poor government support and lack of management training that leads to a lack of understanding on the need to competitively effect change.

Management training was viewed to have a major role in overcoming the challenges at this hospital. This extent was in excess of 50%. This training was reported as long needed. The informants thought that this could be provided though seminars and workshops as well as sponsored formal trainings. The major aspects requiring training were leading strategic change and improving customer services.

5.4 Limitations of the Study

The study was conducted through interviews. This method had a natural predisposition for bias by the informants. Some of the findings may therefore be meer views of the interviewees with little scientific grounding. Repeated studies on this subject in different settings as well as different methodologies may help to substantiate the data provided.

This study was also a case study. It therefore provides data only on one institution. The generalizability of the data collected may thus be in question. In order to get generalizable data, it may be necessary to gather more data from different hospitals and then compare the results obtained. The data applies to KNH and thus one may be cautious to apply the results in different hospitals in Kenya.

The informants in this study were mainly top management. The data provided in this study therefore represents the views of these management staff. It may have been desirable for further obtain comparable data from other workers in the hospital. This

would therefore provide comparable data which would assist in making more solid conclusions.

5.5 Recommendations for Further Research

The workers in this study recommend that further research be carried out in public hospitals in Kenya. This is in order to provide studies for comparison with the current study. There is scarcity of information regarding management in public hospitals. It may also be prudent to make comparisons with counterparts in the private sector. As private hospitals seem to provide better healthcare services, it is important to establish what management differences exist.

Further research into Kenyatta National Hospital and other hospitals but with a focus on other working staff is necessary. This study reports the findings from top management at KNH. More data is necessary from the other levels of working staff in order to elaborately assess the role of management training in strategic change management.

5.6 Recommendations for Policy and Practice

There is now evidence based on this study that management training has a crucial role to play in management of strategic change at KNH and probably other hospitals. As a policy, the government and hospital boards should focus on creating and hiring workers and leaders with training in management. This could also be circumvented by providing continuous management training courses through seminars and workshops of even sponsored management courses. The country has numerous institutions and organizations that could offer this training.

The government should also adopt as a policy the role of providing management training at public hospitals. This study has revealed that there is dire need to provide this management training. If effected, the training is bound to go a long way into ensuring that strategic changes at these institutions are effective and efficient.

As a recommendation for practice, there is an existing gap for training healthcare personnel on strategic change with a focus on healthcare. The healthcare industry provides unique challenges. These challenges have been a daunting task that few have

attempted to provide a solution to. This training may not only be lucrative but will also be a solution for many problems facing the country's poorly performing public hospitals.

REFERENCES

Analoui, F. (1997). How effective are senior managers in the Romanian public sector? *J. Manag. Dev.* 16(7): 502.

Ancona, A., Kochan, T.A., Scully, M., Van Maanen, J., & Westney, D. E. (2005). *Managing for the future: Organizational behavior & processes.* (3rd ed.). Ohio: South-Western.

Armenakis, A., Harris, S., & Feild, H. (1999). Paradigms in organisational change: Change agent and change target perspectives. In R. Golembiewski (Ed.), *Handbook of organisational* change (631-656). New York: Marcel Dekker.

Baron, D. P., & Besanko, D. (2001). Strategy, organisation and incentives: Global corporate banking at Citibank. *Industrial and Corporate Change,* 10(1), 1-36.

Brown, D. R., & Harvey, D. (2006). *An experiential approach to organization development. (7th ed.).* New Jersey: Pearson, Education, Inc.

David, F. (1995). *Concepts of Strategic Management.* New York; Prentice-Hall, 1995.

Davidson, M. (1995). *The Grand Strategist.* Florida: Henry Holt & Company.

Davis, D., Thomson, M., Oxman,A., & Haynes, R. (1995). Changing Physician performance. A Systematic Review of the Effect of Continuing Medical Education Strategies. *Journal of the Organizational performance 274*: 700–05.

Ferlie, E., & Shortell, S. (2001). Improving the Quality of Health Care in the United Kingdom and the United States: A Framework for Change. *Milbank Quarterly 79*: 81–315.

Galpin, T. (1996). *The human side of change: A practical guide to organisation design.* San Francisco: Jossey-Bass.

Glueck, W.(1980). *Business Policy and Strategic Management*. New York: McGraw-Hill.

Hannan, M. T., & Freeman, J. (1989). *Organizational ecology*. Cambridge, MA: Harvard University Press.

Judson, A. S. (1991). *Changing behavior in organizations: Minimising resistance to change*. Cambridge, Mass.: Blackwell.

Kebede, S., Yigerema, A., Mirkuzie, W., et al. (2010) Educating leaders in hospital management: a new model in sub-Saharan Africa. *Intern J for Qual Health Care* 22: 39 -43.

Kotter, J.P. (1995). Leading change, why transformation efforts fail, *Harvard Business Review*, March/April, 59 – 67.

Lewin, K. (1947). Frontiers in group dynamics-concept, method, and reality in social science: Social equilibria and social change. *Human Relations*, 1(1), 5-41.

Malone, D., Straka, E., Logan, K. (2000). Professional development in early intervention: ·Creating effective in-service training opportunities. *Infants Young Children*. 12(4): 53-63.

Marquardt, M. J. (1996). *Building learning organisation: A systems approach to quantum improvement and global success*. New York: McGraw-Hill.

McClelland, S.B., Harbaugh, N.R., Hammett, S. (1993). Improving individual and group effectiveness. *J. Manag. Dev*. 12(13): 48-58.

Mugenda O. and Mugenda, G. (1999). *Research Methods quantitative and qualitative approach*, Nairobi, ACTS Press.

Pettigrew, A., & Whipp, R. (1991). *Managing change for competitive success*. Blackwell: Oxford.

Pillay, R. (2008). Managerial competencies of hospital managers in South Africa: a

   survey of the managers in the public and private sectors. *Human Resources for Health* 6:4.

Quinn, J. (1980). *Strategies for change: Logical incrementalism.* Homewood, Ill: Irwin.

Rowe A.K., de Savigny D., Lanata C.F et al (2005). How can we achieve and maintain

   high-quality performance of health workers in low-resource settings? *Lancet* 366:1026–35.

Senge, P. M. (1992). *The fifth discipline: The art and practice of the learning*

   organization. Milson Point, NSW: Random House Australia.

Senge, P., Kleiner, A., Roberts, C., Ross, R., Roth, G., & Smith, B. (1999). *The dance of*

   change. New York: Doubleday.

Walker R., Morgan P. (1996). Involving doctors in Management – a survey of

   Management Development Career Needs of selected doctors in NHS Wales. *Journal of Management in Medicine.* 1(10):31-52.

Weber, R. P. (1990). *Basic Content Analysis,* 2nd ed. Newbury Park, CA.

APPENDIX 1: INTERVIEW GUIDE

1. What in your opinion are the challenges facing strategic change at Kenyatta National Hospital?

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2. How many changes have you implemented in the last five years?

   ----

3. What challenges have you encountered in managing these changes?

   ----

4. Do you think certain aspects of these changes could have been overcome through training?

   ----

5. If 'Yes' or 'No' in 4 above, why do you feel so?

   ----

6. What aspects of change management that you did well would you attribute to the people having been trained on relevant aspects? Why?

   ----

7. What aspects of change management that you did not do well would you not attribute to training? Why?

----

8. When you look at the relationship between training and challenges of managing strategic change, to what extent do you think training helps to overcome these challenges?

      a) Less than 50%   b) 50%   c) More than 50%

Why do you say so?

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9. How do you think this training can be offered?

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10. What areas of management training for change do you think your staff need most? Why?

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DATE...... 22/08/11 ......

TO WHOM IT MAY CONCERN

The bearer of this letter ...... MAINA PATRICK GATONGA ......

Registration No. ...... D61/79057/2010 ......

is a Master of Business Administration (MBA) student of the University of Nairobi.

He/she is required to submit as part of his/her coursework assessment a research project report on a management problem. We would like the students to do their projects on real problems affecting firms in Kenya We would, therefore, appreciate if you assist him/her by allowing him/her to collect data in your organization for the research.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organizations on request.

Thank you.

DR. W.N. IRAKI
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