ORGANIZATIONAL PRACTICES ON CHANGE IMPLEMENTATION IN PUBLIC HEALTH FACILITIES IN THARAKA NITHI COUNTY, KENYA

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ABSTRACT

The purpose of this study was to establish organizational practices on change implementation in public health facilities in Tharaka Nithi County. The specific objectives that guided this study were to establish the influence of leadership style and communication style on change implementation in public health facilities in Tharaka Nithi County. Descriptive research design and stratified sampling technique was used to select the total population of 1800. The ideal sample size of 379 was arrived at using Nassiuma's formula. Questionnaires were used to collect primary data. Statistical Package of Social Sciences (SPSS version 24) was used to analyze data descriptively. The findings of the study revealed that there exists a positive significant relationship between leadership and communication style on change implementation in public health facilities in Tharaka Nithi County. The study concluded that despite the fact that leadership and communication influenced change implementation; to some extent most of the public health facilities were challenged to implement new changes due to inappropriate leadership and poor communication among key stakeholders. This study recommended that for effective change implementation in public health facilities in Kenya, the government should ensure that appropriate policies are developed to ensure that medical officers including doctors, clinical officers and nurses are equipped with management skills before and after graduating from their respective medical institutions. To develop capacity and promote operational efficiency and effectiveness in public health facilities in Kenya, all medical staff should be equipped with management skills and knowledge by attending on the job trainings. In addition, leaders of public health facilities should ensure that effective structures are put in place which can facilitate bottom up and top down communication among workers thus effective change implementation.

Key Words: Leadership Style, Communication Style, Change Implementation

INTRODUCTION

In the world of competition, changing consumer needs, influence of technology and globalization, change implementation in an organization is not only considered a success but also a challenging task if not effectively managed (Sethuraman & Suresh, 2014). Large and small organization are driven by effective implementation of change if appropriate organizational practices are embraced (Nanjundeswaras & Swamy, 2014). Even though change implementation is associated with multiple factors in an organization, change has been viewed as an idea that is consistent and runs through all organizations regardless of size, industry and age. Without effective strategies in an organization, change implementation in private and public organizations is viewed to be a challenging task (Kariel, 2016). A survey by United Nations Industrial Development Organization (2010) in the United States observed that public health facilities in developing countries were experiencing challenges of change implementation due to lack of appropriate mechanisms. Further, another survey by World Health Organization (2015) in India noted that change implementation in any organization is dependent on multiple internal factors such as leadership, employee training, communication, organization culture and management styles. Aarons, Ehrhart, Farahnak and Hurlburt (2015) in India observed that organizational desire to implement change is accelerated by firm rivalry, globalization, client changing demands and emergence of new technologies.

Further, Karuhanga, (2015) in Uganda observed that strategy implementation was thought to be influenced by strategic competencies of leaderships. Similarly, Alshaher (2013) in Somalia observed that most of the private and public organizations were incapable of implementing new changes due to structural inertia and failure to articulate strategic planning. Odero Reeves and Kipyego (2015) posits

that public health sector in Kenya has experienced a transformational change due to devolution of healthcare services to County Governments. Mathooko and Ogutu (2014) assert that change in organizations is dragging due to lack of strategic approach and dedicated leaders. Institutionalization of change in any competitive organization is purely dependent on leadership spirit to create a climate that enhances two-way communication. Similarly, Ofori and Atiogbe (2012) ascertain that market dynamics have made it difficult for higher institutions of learning to implement new policies in order to compete in the global education sector. The development of modern economies has presented impeding business opportunities for many private and public organizations. Many organizations worldwide are recognizing the importance of accepting the aspect of change and also realizing that if they fail to implement change they will become extinct or irrelevant (Alshaher, 2013).

Change has continued to remain a challenging task to modern organizations. Majority of change initiatives in organizations have failed leading to low success rate in change implementation (Langley, Smallman, Tsoukas, & Van De Ven, 2013).Choosing the correct point is not a simple assignment, and there is no single right response for all organization (Bakar, Tufail, Yusof & Virgiyanti, 2011).Cuganesan, Dunford and Palmer (2012) contend that the leader's spirit, insight, wisdom, compassion, values, and learning skills are all important facets in the capabilities to lead others to embrace change. The leader who prompts change within a firm is often subject to approximate thought. Without strong leadership, effective organizational change may be unrealistic course to pursue. Managing change in an effective manner requires change leaders that can lead a team which has the courage to drive change properly in an existing system (Achitsa, 2014).

Change is regarded as a continuous process that is concerned with renewing of institutions' direction,

structure and capabilities to achieve the ever changing needs of both external and internal consumers (Okibo & Agili, 2015). Change can be viewed as feature that organizations cannot avoided because of its continued presence in the organizational life (Odongo & Owuor, 2015). Overseeing change incorporates understanding the drivers of the change and developing methodologies to control both internal and external effects on the organization while assessing human elements especially attitudes and practices of individuals involved and organizational psychology (Obonyo & Arasa, 2012). Change management approaches have demonstrates that due to the uniqueness of organizations there is no one general theory that clarifies organizational change and that overseeing change is always context dependent (Kinyanjui & Juma, 2014).Abdalkrim (2013) asserts that organizational change is difficult in the light of the fact that change needs to do with people issues. Organizational change is seen to be difficult as a result of the aspect of the delicate issues also known as people issues. People are constantly known to oppose change and consequently making change more difficult as they are the implementers of the change (Mostovicz et al., 2009).

Organizational practices selected in this study and thought to influence change implementation in public facilities in Kenya includes leadership styles and communication styles and employee training (Abok, 2013). Aldehayyat, (2011) posits that leadership styles are techniques employed by leaders or managers in an organization in order to influence employee behaviours towards organizational goals. The ability of managers to have unique qualities to influence employees will result to improved organizational productivity in the changing business environment (Aldehayyat & Khattab, 2013). Using a combination of management styles like democratic, bureaucratic, free style, management by objectives and management by walking around will facilitate

change implementation in an organizations (Maina, 2012). Communication style is thought to be a process by which information is communicated from one level to another in a formal system (Jehad, Aldehayyat & Naseem, 2012). Communication systems in organizations are considered to be different depending on the flexibility of the structure. Organizational with centralized structures are more likely to experience resistance to change compared to organizations with decentralized structures that facilitate coordination of activities from one unit to another thus team spirit (Obonyo & Arasa, 2012).

Statement Problem

According to KPMG (2013), public sector in Kenya and more specifically public health facilities in Kenya are experiencing key challenges such as service delivery inconsistencies, employee strikes, inadequate number of medical officers to attend patient needs, inadequate medical facilities to provide specialized treatment to patients. Further, Ministry of Health (2015) established that with the devolved health system, majority of the public health facilities are dragging behind implementation new changes. Similarly, a comparative survey conducted by World Health Organization across East African Countries on the status of public health, it was observed that majority 79% of the services provided by public health facilities in Kenya were unsatisfactory due to issues of change implementation. Even though limited studies have been conducted in the health sector to examine the link between organizational practices on change implementation, it is observed that there is no clear understanding on the link between leadership styles, communication styles on change implementation in public health facilities in Tharaka Nithi County.

A study by Okibo and Agili (2015) sought to examine factors influencing implementation of change in selected public universities in Kenya. In contrast, this study will seek to investigate the organizational

practices on change implementation in public health facilities in Tharaka Nithi County, Kenya. Moreover, Ombui, Mwende and Kariuki (2014) studied factors affecting effective implementation of strategic change at co-operative bank of Kenya. Further, Maina (2012) studied managing change at National bank of Kenya Limited. A survey by KIPPRA (2015) sought to investigate determinants of reforms implementation among health care institutions in Kenya and Aldehayyat (2011) south to examine organizational characteristics and the practice of strategic planning in Jordanian hotels

From the findings of the empirical studies conducted by Okibo and Agili (2015); Ombui et al. (2014); Maina (2012); KIPPRA (2015); KPMG (2013) and MOH (2015), it is concluded that the studies examined variables of the current study partially or in isolation thus posing conceptual gaps to be addressed. Further, some studies were confined to different countries and sectors thus posing contextual gaps to be addressed by this study. Additionally, constraints of operationalizing and contextualizing theories pose theoretical gaps to be addressed and variability of research designs, sampling designs and data analysis methods resulted to inconsistencies in research findings thus methodological gaps to be addressed by the current study. Based on this research gaps, it was on this premise that this study sought to establish the role of organizational practices on change implementation in public health facilities in Tharaka Nithi County.

Objectives of the Study

- To establish the effect of leadership style on change implementation in public health facilities in Tharaka Nithi County.

- To establish effect of communication style change implementation in public health facilities in Tharaka Nithi County.

LITERATURE REVIEW

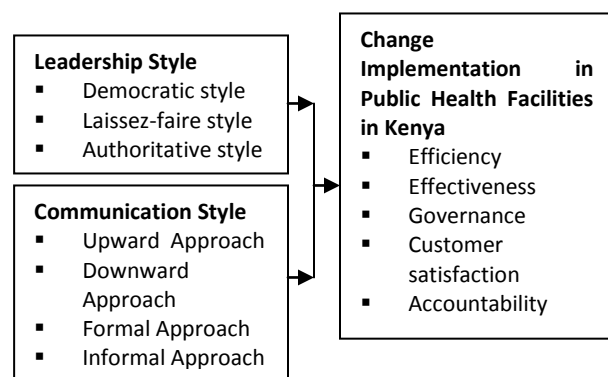### Theoretical Review

Theory of Planned Change

According to Lewin (1951), the pace of global, economic and technological advancement makes change an inescapable component of organizational life. Organizations can utilize planned change to tackle issues, to learn from experience, to reframe shared discernments, to adjust to external environmental dynamics, to enhance performance, and to have an impact on future changes (Ombui et al., 2014). All approaches to organizational advancement depend on some theory about planned change. The theory portrays the different stages through which planned change might be effected in organizations and clarifies the way toward applying organizational strategies to help organization individuals manage change (Omboi & Mucai, 2011). The theory argues that planned change consists of three phases which includes unfreezing, changing and re-freezing. It emphasizes that understanding the change process improves the probability of accomplishment in a change initiative. The theory proposes that the organization's present state ought to be disrupted to accomplish a new equilibrium (unfreezing stage). Unfreezing requires the transfer of a considerable amount of resources to overcome a powerful system of forces, which maneuvered the organization into the present state (Sethuraman & Suresh, 2014). This study was applicable this theory to portray how planned change would have created an environment for smooth transition from national to county government in the health care sector.

Kurt Lewin's Change Management Model

This model was established by Kurt Lewin in 1950s. The theory proposed that the majority of people tend to prefer and operate within certain zones of safety. The three stages proposed by Kurt Lewin model for effective implementation of reforms in any organization were unfreezing, transition and

refreezing. First, managers must unfreeze or disrupt any comfort zone that may tend to support the status quo. Managers should discourage old practices among workers and replace them with new practices for effective implementation of reforms. Second, managers should ensure that appropriate policies and initiatives are implemented for the organization to realize transition from old state to the new state. Leaders should manager the change process and identify obstacles that hinder the reform process and suggest appropriate measure to be taken. Third, managers should refreeze or reinforce new behaviours after implementation of reforms. Managers should encourage new reforms by training workers, delegating, promoting, rewarding and recognizing employee efforts towards implementation of reforms. This theory postulates that effective communication between the top level managers and lower level employees promote implementation of reforms in any organization. This theory was applicable in this study based on the assumption the public health facilities in Kenya are likely to experience effective change implementation if they adopt communication styles such as upward, downward, formal and informal approaches.

Conceptual framework

Independent Variables   Dependent Variable

Source: Author (2018)

Figure 1: Conceptual Framework

Empirical Review

Leadership Style and Change Implementation

Obonyo and Arasa (2012) argue that good leadership is likely to influence the behavior of employees thus resulting to minimal employee resistance to change, promote team work, enhance communication and promote participative decision making from employees of the organization. Leadership skills is an umbrella term for specific abilities that enable you to coach, direct, motivate, evaluate and positively influence the work of others. Rather than avoiding challenges, leaders recognize them as natural occurrences on the path toward lofty goals. Perseverance in leaders helps keep employees poised in the midst of turmoil. The ability to develop and maintain positive relationships is paramount for a leader. The study was limited to strategic planning among manufacturing firms in Kenya. Abok (2013) on the factors that influence the effective implementation of strategic plans in non-governmental organizations established that management styles affect the implementation of strategic plans in NGOs. The researcher found out that there was redundancy in as far as the implementation of policies is concerned although a significant percentage agreed that strategic plans were available, but they were not being implemented effectively. Employees also quoted conflict of interests and attitude as one of the reasons that derail strategy implementation. However, the limitations of the study were that instruments of data adopted were not appropriate. Observation method was characterized by subjective statements that were inaccurate when making recommendations. However, the study was confined to implementation of strategic plans among Public Benefit Organizations in Kenya.

Ombui, Mwende and Kariuki (2014) on factors affecting effective implementation of strategic change at co-operative bank of Kenya established

that success of any change initiative lies in the understanding of that change by employees. Change in any form, irrespective of how minor, will usually face opposition of some kind. Clearly when the decision to change is made, the change initiators will need to have a vision as to why it is required. Unless these visions are shared with the employees concerned, total acceptance is unlikely. To overcome this, change initiators can merge the change processes that include the 'wants' of employees as well as that of the organization. However, it was noted that the results of the study were limited to Cooperative banks of Kenya but not the public health sector of the current study. Obonyo and Arasa (2012) suggest strategic leadership entails the leader's ability to anticipate, envision, and maintain flexibility and to empower others to create strategic change as necessary. Leaders can apply a number of management styles to influence the behavior of employees. Democratic, autocratic, free style, management by objectives and management by walking around are some of the styles managers can use to achieve organizational goals.Jehad, Aldehayyat and Naseem (2012) contend that many organizations, including the public health sector, are encountering and overseeing change which might be either planned or emergent. For effective change implementation, Amaoko (2012) acknowledge that leaders should have personality traits such as self-confidence, ambition, drive and tenacity, realism, psychological openness, the appetite for learning, creativity, fairness and dedication.

Communication Styles and Change Implementation

Aldehayyat and Khattab (2013) argue that communication barriers are reported more frequently than any other type of barriers in any change implementation process. Organizational structure, learning, personnel, management and cultural barriers are some of the challenges of effective change implementation process. Odongo

and Owuor (2015) assert that organizational communication plays an important role in training, knowledge dissemination and learning during the process of strategy implementation. Communication is pervasive in every aspect of strategy implementation, as it relates in a complex way to organizing processes, organizational context and implementation objectives which, in turn, have an effect on the process of implementation. Efendioglu and Karabulut (2010) posit that communication and shared understanding play an important role in the change implementation process. In particular, when vertical communication is frequent, strategic consensus is enhanced and an organizations performance improves. They explore vertical communication linkages as a means by which strategic consensus and performance can be enhanced. The corporate communication function is the department or unit whose purpose is facilitate strategy implementation through communication. This department can also serve as the antenna of an organization, receiving reactions from key constituencies to the strategy of the firm.

Kinyanjui and Juma (2014) suggest that communication is mentioned more frequently than any other single item that promote successful strategy implementation. The content of such communications includes clearly explaining what new responsibilities, tasks, and duties need to be performed by the affected employees. It also includes the why behind changed job activities, and more fundamentally the reasons why the new strategic decision was made firstly. Organizations where employees have easy access to management through open and supportive communication climates tend to outperform those with more restrictive communication environments. Aldehayyat (2011) opines that formal communication is a communication system which is to achieve the organizational objective while the informal communication is the system to achieve individual

objectives in an informal group. The formal communication is focused on doing the tasks or jobs which one has to take. Formal communication has a formal and well-defined structure. On the other hand, informal communication takes the informal talks and gathering among the employees (Abdalkrim, 2013). Similarly, Amaoko (2012) advocate that change implementation in any organization is dependent on the culture of communication between top and lower level of management.

METHODOLOGY

The study adopted cross-section research design to establish the influence of organizational practices on change implementation in public health facilities in Tharaka Nithi County, Kenya. The target population of this study consisted of 1,800 respondents of 62 public health facilities in Tharaka Nithi County, Kenya. The unit of employees of public health facilities in Tharaka Nithi County while unit of observation were public health facilities in Tharaka Nithi County.The respondents of the study were categorized into four groups or stratum which included doctors, nurses, clinical officers and subordinate staff. Stratified sampling procedure was applied in each stratum to select subjects giving them equal opportunity of being sampled and a final sample size of 379 respondents were drawn from 62 public health facilities in Tharaka Nithi County using Nassiuma's

(2008) formula. Questionnaires were the main instruments of data collection Statistical Package for Social Sciences, (SPSS version 24) software was used to analyze data quantitatively. Descriptive, correlation and multiple regression methods were used to analyze data and explain the findings. The specific multiple regression model adopted was of the form. $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \alpha$, where, β_0, $\beta1$ and β_2 are the regression co-efficient, Y denoted change implementation in public health facilities in Tharaka Nithi. X_1 denoted Leadership Styles and X_2 denoted Communication Style and ε (0.05) denoted factors not included in the model. Diagnostic tests such as normality, linearity, homogeneity and multicollinearity tests were conducted and confirmed fitness of the model in analysis data. After administration of 379 questionnaires to doctors, nurses, clinical officers and subordinate staff, only 251 questionnaires were returned duly filled but 101 questionnaires were unreturned and 27 of them were incomplete. This contributed to 66% response rate which was considered appropriate as recommended by Guest (2012)

FINDINGS

The study analyzed data using descriptive statistics which included mean scores, percentages, frequency distribution tables and standard deviation as illustrated in Table 1.

Table 1: Leadership Styles

Statements	Mean	S.D
Leaders provides an opportunity for employees to make independent decisions	2.26	.884
Leaders use dialog when implementing new policies	2.21	.664
Leaders use coercion to influence employee to perform	1.23	.587
Employees have a flexible schedule of working	4.11	.673
Employees work in an environment that encourages teamwork	4.04	.596
Employee are given freedom to make decisions	2.59	.498
Employees are delegated responsibilities	4.98	.781
Employees are empowered to perform	2.03	.467
Average Mean Score	3.30	

As illustrated in Table 1, the study asked respondents to indicate the extent to which they agreed on the influence of leadership styles on change implementation. The study found out that the mean score for 5 of 8 statements was less than 4.00 which meant that majority of the respondents disagreed or were neutral with the statement while the rest either agreed. The findings implied that despite availability flexible working schedules, teamwork and delegation of responsibilities, to a larger extent their leaders did not given room for independent decision making, promoted dialog, gave freedom in decision making or empower workers to perform. It emerged leaders of public health facilities did not have leadership qualities that can make them influence other workers to perform towards organizational goals. This findings were consistent with that of Jehad et al. (2012), Karuhanga (2015), Maina (2012), Kinyanjui and Juma (2014) whom established that leadership was directly correlated to effective change implementation in organizations. The studies pointed out that firms that were able to embrace democratic leadership styles and motivate workers were more likely to perform effectively in terms of change implementation as compared to firms that adopted autocratic styles of management.

Table 2: Communication Styles

Statements	Mean	SD
There is a culture of consultation in my facility	4.78	.884
Decisions formulated take the shortest time possible to be implemented.	1.61	.664
Leaders have created a climate of participatory leadership	1.58	.587
There is a accountability of leaders in my facility	1.47	.673
Lower level employee are given an opportunity to make decisions	2.33	.596
There is interpersonal relations among employees in my facility	2.10	.498
Change management is communicated effectively within the health facility	2.10	.4.91
Leaders of my facility provides feedback on employee evaluation	1.03	.411
Employee are sensitized on new changes	2.98	.345
My facility has open door culture of communication	2.08	.241
Average Mean Score	**2.20**	

As depicted in Table 2, the study requested respondents to indicate their level of agreement on the influence of communication styles on change implementation in public health facilities in Embu County. The study identified that the mean score for 8 of 9 statements was less than 2.00 which meant that majority of the respondents disagreed with the statement while a few agreed. The findings implied that despite the fact that communication was attributed to change implementation, management of public health facilities was not embracing it effectively. Lack of employee participation in decision making, longer duration in implementing decisions, inappropriate communication on change implementation and lack of feedback on change implementation were some of the factors that hindered effective implementation of change in public health facilities. This findings corresponds with that of Mbaka and Mugambi (2014), Mopeni et al. (2014), Nanjundeswaras and Swamy (2014) who established that employee resistance to change was attributed to poor communication within the system. Organizations with structures that promote top down and bottom up communication are likely to perform effectively in terms of change implementation.

Table 3: Change Implementation

Statements	Mean	SD
Employee motivation reflects effective change implementation in my facility	4.41	.833
Conducive working environment reflects effective change implementation in my facility	4.41	.644
Compliance to ministry of health policy requirements reflects effective change implementation in my facility	4.80	.647
Reduced costs of operation reflects effective implementation of change in my facility	4.10	.421
Customer satisfaction reflects effective change implementation in my facility	4.10	.474
Customer referrals reflects effective change implementation in my facility	4.13	.224
Good governance in my university reflects effective change implementation in my facility	4.18	.423
Accountability of employees reflects effective change implementation in my facility	4.34	.264
Average Mean Score	**4.87**	

As illustrated in Table 3, the study requested respondents to indicate parameters used by public health facilities to measure change implementation. The results indicated that the mean score for 8 statements was more than 4.00 which meant that most of the respondents agreed with the statement while the rest either disagreed or were neutral. The findings imply that despite challenges experienced by organizations during change implementation, to a larger extent organizational practices which includes leadership styles, communication styles and employee training can influence change implementation in public facilities in terms of employee morale, compliance to ministry of health regulations, reduced costs, transparency and accountability, customer satisfaction, referral and good governance. These findings were supported by the research work of Rajasekar (2014), Onyango (2012), Okibo and Agili (2015) whom observed that change implementation in any organization is measured using parameters such as employee commitment, organizational efficiency and effectiveness in service delivery and adoptability of the organization to new regulation and use of technology in service delivery.

Regression Analysis

To confirm whether there existed a statistical relationship between predictor variables (leadership style and communication style) on the dependent variable change implementation in public health facilities in Tharaka Nithi County), multiple regression analysis was undertaken as shown in Table 4.

Table 4: Summary of Regression Coefficients

Mode	Unstandardized Coefficients		Standardized Coefficients	t	p-value
	B	Std. Error	Beta		
(Constant)	1.240	1.2235		1.515	0.013
Leadership Style	0. 887	0.1032	0.152	4.223	0.012
Communication Style	0. 752	0.3425	0.154	3.424	0.011

As shown in Table 4, the study concluded that all the three independent variables (leadership style and communication style) have a positive significant effect on the dependent variable (change implementation). Holding other factors constant

(1.240), a unit increase of each variables led to an increased in change implementation by factors of 0.887 and 0.752. As the rule of the thumb when; $t \geq 2$ and $p \leq 0.05$, the values were said to be statistically significant (Fisher, 2010). From the findings in Table 4 the t and p-values for leadership style and communication style were: (B=4.223, P=0.0122) and (B=3.424, P=0.0112), meaning that the values were highly statistically significant. These findings were in line with those of Mostovicz, Kakabadse and Kakabadse (2009) who noted that change implementation was influenced by employee skills, leadership capability, resource allocation and organizational communication mechanisms.

Correlation Analysis

Pearson's product correlation analysis was used to assess the relationship between the predictor variables (leadership style and communication style) on the dependent variable (change implementation in public health facilities in Tharaka Nithi County as shown in Table 5:

Table 5: Correlations Analysis

Variables	Leadership Style	Communication Style	Employee Training
Leadership Style	.710 .002	1	
Communication Style	.693 .011	.799 .010	1
Employee Training	.434 .002	.539 .000	.656 .001

As shown in Table 5, the data presented before on leadership style, communication style and employee training were computed into single variables per factor by obtaining the averages of each factor. Pearson's correlations analysis was then conducted at 95% confidence interval and 5% Significance level 2-tailed. Table 5 above indicated the correlation matrix between the factors (leadership style, communication style and employee training) and change implementation in public health facilities in Tharaka Nithi County. Table 5 indicated that there existed a correlation between leadership style, communication style and change implementation at a magnitude of: 0.710 and 0.799 at 95% confidence level and 5% significance level.

Table 6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.923	0.852	0.789	0.6273

Anova					
Model	Sum of Squares	df	Mean Square	F	Sig
Regression Residual	0.003 0.068	7 143	0.001 0.021	3.867	0.015
	0.071	143			

As shown in Table 6, the multiple correlation coefficient (R) of 0.923 (92.3%), means that there was a strong linear relationship between the independent variables (leadership style, and communication style a) and the dependent variable (change implementation in public health facilities in Tharaka Nithi County). The independent factors that were studied explained only 85.2% of organizational practices on change implementation in public health facilities in Tharaka Nithi County. This therefore meant that other factors not studied in this research contributed to 14.8% change implementation in public health facilities in Tharaka Nithi County. Therefore, further research should be conducted to investigate the other factors (14.8%) that influence change implementation in public health facilities in Tharaka Nithi County. From Table 6, the processed data, the F (2.287) statistics was 3.867 with p-values = 0.015 less or equal to 0.05 indicating the model was significant for further statistical analysis. Adjusted R Square of 0.789 implies that leadership style, communication style and employee training contributed 78.9% of the variation in change implementation in public health facilities in Tharaka Nithi County. The standard error of the estimate was the measure of dispersion (or variability) in the predicted scores in a regression. It represented the average distance that the observed values fall from the regression line (Guest, 2010). The standard error of estimate of 0.6273 reflected a small value which meant that the observations were closer to the fitted line and hence the estimates were within the adopted 0.95 level of confidence.

CONCLUSION AND RECOMMENDATION

The first objective sought to establish the effect of leadership style on change implementation in public health facilities in Tharaka Nithi County. The study established that there exists a positive significant relationship between leadership styles and change implementation in public health facilities. The study established that leadership styles in public health facilities were bureaucratic in nature and employees were rarely given an opportunity to contribute in making decisions. However, the study concluded that majority of the leaders in public health facilities did not possess appropriate management skills and knowledge to implement change in the facilities despite being given the mandate to implement new policies formulated by the County government. Nevertheless, the study concluded that leadership styles in public health facilities were not able to facilitate motivation of employee, promote dialogue or freedom to make independent decisions. It emerged that leaders were using bureaucratic kind of leadership that denied workers a chance to fill that they were part of the organization.

The second objective of the study sought to determine the effect of communication style change implementation in public health facilities in Tharaka Nithi County. Howerver, the study concluded that even though there exist a positive significant relationship between communication styles and change implementation, some challenges were experienced such as delayed decisions, lack of participatory decisions, lack of feedback on change implementation and resistance from employee when introducing the new changes. It emerged that any change introduced in public facilities was not introduced at the right time and leaders did not create a climate that would facilitate the intended changes. The study found out that communication styles used in public health facilities were attributed to failure of implementing change effectively. It was noted that the structures were rigid to facilitate bottom up communication. The study also pointed out that employee resistance to new changes was attributed to poor communication mechanisms used and inappropriate timing.

Policy Recommendation

The study identified that leaders of public health facilities did not possess knowledge and skills of

implementing change. Therefore, this study recommended that the government of Kenya should develop policies that ensure all medical professional such as doctors' clinical officers and nurses are training on management skills before and after graduating from medical institutions. Regular on and off the job workshops should be encouraged thus enhanced performance of public health facilities in Kenya. Further, leaders of public health facilities should ensure that they create an environment that promotes individual decisions among workers. The study noted that structure rigidity characterized by top-down communication was one of the factors that contributed to poor change implementation. However, the study recommended that top leaders in public health facilities should initiate on new structures that can facilitate top down and bottom up communication thus minimal resistance among workers. Timely information on how to implement change and providing feedback to workers would not only influence change implementation but also improved service delivery.

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