

**ETHICAL FACTORS AFFECTING EMPLOYEE RESPONSE TO CHANGE IN FAITH-  
BASED HEALTH ORGANIZATIONS IN NAIROBI COUNTY, KENYA**

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**LM57/00006/2021**

**A Research Thesis Submitted in Partial Fulfilment of the Requirements of the Degree of  
Master of Arts in Ethics and Organizational Leadership**

**TANGAZA UNIVERSITY COLLEGE**

**CATHOLIC UNIVERSITY OF EASTERN AFRICA**

**OCTOBER, 2023**

**NAIROBI, KENYA**



## DECLARATION

I, the undersigned declare that this thesis is my original work and has not been previously submitted to any college or university for an academic award. Appropriate citations and acknowledgements have been made for the sources used in the document.

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Date..... 11/10/2023.....

We hereby certify that this thesis is an original piece of work, and fulfils all the requirements for examination.

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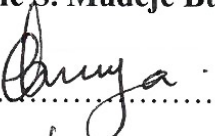
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## **ACKNOWLEDGEMENTS**

I thank God for His grace and enablement to undertake this study. Secondly, I most sincerely thank my supervisors, Dr. Carolyn Buya and Dr. Alice Kibui, for their tireless and committed accompaniment and guidance. They took their time to clarify my thoughts and bring forth precisely the ambiguous parts of my thesis. Thirdly, I thank the Center for Leadership and Management (CLM) fraternity for their constant support throughout my study and the undertaking of this research. Fourthly, I thank the Congregation of the Daughters of Charity, where I am a member, for its support towards my studies and this research. Finally, I would like to thank my family, friends, and colleagues for their continuous support and encouragement to undertake this study. God bless you all.

## **ABSTRACT**

This study investigated the ethical factors affecting employee response to change with a focus on Faith based Health Organizations. The following objectives guided the study; 1) To investigate how ethical leadership, affect employee response to change. 2) To explore how employee ethical attitudes, affect employee response to change. 3) To investigate how ethical organizational culture, affect employee response to change. The study was anchored on two theories namely, utilitarianism and virtue ethics. The study adopted a phenomenological qualitative research design and face-to-face in-depth interviews to collect data from 24 respondents in Faith-based Health Organizations. The responses were analyzed using thematic analysis. The findings revealed that employees may accept or resist changes depending on the ethicality of leadership, employee attitudes, and/or organizational culture. Employee response to change was found to be affected by factors like the leader's character and values, the employees' own personal values, and the organization's overall ethical culture.

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## **ABBREVIATIONS AND ACRONYMS**

FBHO: Faith-based Health Organization

MOH: Ministry of Health

NGO: Non-Governmental Organization

## OPERATIONAL DEFINITION OF KEY TERMS

**Change:** Alteration of strategy, structure, processes, and people of an organization.

**Change agent:** An individual or group that takes lead in initiating and managing change.

**Change management:** A series of set activities and strategies to lead an organization during transition to a desired future state.

**Change recipient:** An individual or group of people who are influenced to change.

**Employee:** An individual who works full time or part-time, has a contract, with recognized rights and duties.

**Employee Response to change:** Employee reaction to change, which can be acceptance, resistance or indifference to change. The responses of employees are critical since they can determine how successful or unsuccessful are change initiatives.

**Ethics:** A set of moral principles that deal with what is the right thing to do and the wrong thing to avoid.

**Ethical Culture:** A set of experiences, expectations, and assumptions of employees and leaders about how the organization inspires them to behave ethically or unethically.

**Ethical leadership:** The leader's ability to demonstrate deep values and moral principles in decision making.

**Ethical attitude:** A feeling of either positivity or negativity regarding that which is ethical or unethical.

**Faith-based Health Organization:** A healthcare organization that is inspired by the religious values and beliefs of its founder(s).

**Leader:** An individual in top management who influences others to achieve a specific goal.

**Leadership:** A process of influencing persons or groups of persons in order to achieve a specific objective.

**Level Four FBHOs:** Health facilities which are medium size, offer holistic services, and are run by a director.

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Introduction**

This chapter presents the background of the study, the statement of the problem, the purpose of the study, and the research questions. It also gives significance and justification of the study, scope, delimitations, and assumptions of the study.

### **1.2 Background to the Study**

Hassan (2018) defines change management as a “systematic process through which an organization conceptualizes, implements and appraises its change effort for the desired result” (p. 3). Change management is also defined as “an approach used to transition individuals, teams, and organizations to re-direct the use of resources, business process, budget allocations, or other modes of operation that significantly reshape a company or organization” (Bhatt, 2017, p. 34). Employee response to change refers to the employees’ reactions to change which may be acceptance or resistance (Wang & Kebede, 2020; Neiva et al., 2022).

According to Fontrodona et al. (2018) ethics are the moral codes that govern people’s behavior and the values that form the basis upon which decisions are made. The incorporation of ethics in leadership functions such as change management, has been developed, in the past few decades, as a result of decisions and practices that led to immoral outcomes such as scandals (Mirdan et al, 2021). Therefore, it is necessary for organizations to develop a new mindset that includes ethics and a greater social sensitivity in managing change.

Ethics has a central role in change management and can be viewed as a two-way process, in that, the leader should understand the employees’ values and create a safe environment for easy, honest, and respectful communication, whereas employees have a duty to shun resistance

and support the leader in the change initiatives (Karpe & Rigamonti, 2016). Additionally, Karpe and Rigamonti asserted that ethics provides a framework through which moral dilemmas experienced in organizations can be resolved. Furthermore, ethics plays an important role during decision making processes (Karpe & Rigamonti, 2016). That therefore requires organizational leaders to consistently consider ethics as a priority (Grigoropoulos, 2019), by creating an ethical culture where policies and decisions are made for the welfare of all stakeholders.

Ethical factors identified by scholars as crucial to change management and how employees respond to change are ethical leadership (Burnes & By, 2012; Giubilini, 2021), ethical employee attitudes (Neves et al., 2018; Vakola, 2014), and an ethical organizational culture (Chadegania & Jaria, 2016; Siripipatthanakul, 2021). Each of these affects the response of employees to change.

Ethical leadership is an asset to any organization since it entails leaders acting in accordance with their own moral convictions and the values of the group as a whole, making decisions that benefit everyone involved (Karpe & Rigamonti, 2016). Giubilini (2021) bolsters this view by arguing that, a leader with a strong moral compass is better equipped to establish a culture of ethics throughout the firm, which is especially important during times of transition. To strengthen or weaken the outcomes of change, especially the response of employees to it, scholars like Babalola et al. (2016) and Burnes and By (2012) argue that all approaches to change and leadership are reinforced by a set of ethical values.

Ethical employee attitudes form an important part of the organization's change process. This is because an ethical attitude can be adopted by employees since it is a matter of principle informed by values and beliefs and exemplified in one's behavior (Katsaros et al. (2020). A study done by Fayeze et al. (2013) reveals that in healthcare institutions, there exists unethical

behaviors such as dishonesty, disrespect, and irresponsibility which affect the smooth running of the organizations. This unethical situation would lead to failure of change as corroborated by Katsaros et al. (2020), that employee attitudes and behaviors towards organizational change determine the success or failure of the change initiatives.

Ethical organizational culture is also a factor that affects employee response to change. According to Singh and Twalo (2015) ethical or unethical behavior in an organization is influenced by the moral codes and organization's ethical policies, and how those policies are implemented. In addition, Martínez et al. (2021) and Tripermata et al. (2022) argue that ethical organization culture provides a shared ethical mindset for employees, therefore, influence how the employees respond to change.

FBHOs providing healthcare services, just like other organizations, continually face changing conditions both in their internal and external environments. Employees' aversion to change presents a significant obstacle for them to overcome (Fournier et al., 2021). However, the FBHOs have a unique difficulty because of their hierarchical structure (Soko, 2012). Information regarding their activities is often limited because they tend to operate under the radar and are sometimes confused with secular NGOs (Fort, 2017). These considerations prompted the researcher to engage in this investigation.

Globally, resistance to change is the primary cause of change failures in organizations, particularly in the healthcare sector, according to research conducted in Indonesia (Faris & Kadiyono, 2018), Greece (Amarantou et al., 2018), Canada (Fournier et al., 2021) and India (Srivastava & Agrawal, 2020). Metwally et al. (2019) found that an organization's level of leadership was correlated with its employees' openness to change. Tensions arise throughout change processes due to differences in healthcare workers' interests, settings, and backgrounds

(Amarantou et al., 2018). In addition, high staff turnover during transition periods is costly for businesses (Srivastava & Agrawal, 2020).

In Africa, resistance to change, insufficient resources, service disruption, and high staff turnover were all problems noted by Juma (2014) in the African organizations operating in East Africa. This affects the effectiveness of the organizational changes.

In Kenya, Gitonga (2018) noted that establishing a culture of integrity and ethics in organizations is difficult. Gitonga further observed that laws and ethical codes established by institutions are often disregarded. Change management and the difficulties it presents have been the subject of other Kenyan researches (Murimi, 2020; Soko, 2012; Too, 2018; Wanza & Nkuraru, 2016). These Kenyan authors opine that problems with people management skills (leadership) and a lack of a supportive organizational culture were recognized as obstacles to organizational change in Kenya leading to resistance. The primary causes of resistance were identified as employees' unfavorable attitudes about change, inertia, a lack of communication, worry, low motivation, and fears of job loss or pay reduction (Soko, 2012). These sources of resistance imply a lack of adequate attention to the key ethical factors in the change process.

Employees' reactions to change within Faith-based Health Organizations (FBHOs) in Nairobi County were investigated with a focus on three essential ethical factors: ethical leadership, ethical attitudes among employees, and ethical organizational culture. These organizations are value-based and are founded on the principles of faith and religion. Their culture and activities are embedded in deep faith and/or beliefs of a particular group (Nicholson, 2018). They are mostly affiliated to religious groups and their main objective is to contribute to the well-being of members of the society (Clarke & Ware, 2015). There has been a growing recognition of the contribution of the FBHOs in healthcare, as well as other sectors of

development. For example, data from global health shows that FBHOs spend about 26 to 33 per cent of all NGO spending on health (Haakenstad et al., 2015). The aforesaid authors note that expenditures by U.S.-based FBHOs are disproportionately high in Latin America, the Caribbean, and Sub-Saharan Africa.

In Sub Saharan Africa, FBHOs contribute between 30-70% of healthcare services depending on the country (Blevins et al., 2017; Ellis & Fitzgerald, 2022; O'Brien, 2017). For instance, in Chad the contribution of FBHOs is about 10-20 %, in the Democratic Republic of Congo is 50-70 %, and in countries like Kenya, Ghana, Liberia, Lesotho, Nigeria, Malawi, Sierra Leone, Uganda, Rwanda, Zambia, and Tanzania, is about 30-40% (Wodon et al., 2014). It is further contended by Herzig et al. (2021) that FBHOs account for 30–40% of the healthcare industry's revenue. FBHOs are recognized as reliable advocates for health education and the exchange of vital health information for the purpose of disease prevention and the advancement of expanded access to health services (Lumpkins & Onge, 2017). Primary care, disease prevention, and disaster relief are all areas in which the FBHOs are active.

FBHOs have contributed significantly to the delivery of healthcare in Kenya. Since 1908, when the Church of Scotland (the present-day Presbyterian Church of East Africa- PCEA) established a health facility in Kikuyu-Kiambu County (Barasa, 2020), various Churches have developed medical facilities to respond to the health needs of the people. Other churches have proceeded to enter the market and launch healthcare and other service delivery initiatives since then. Fort (2017) and Kyalo (2014) believe that FBHOs are responsible for delivering 30% of Kenya's health care. Research also shows that FBHOs provide the highest quality services (69%) compared to the government (68%), NGOs (60%) and commercial facilities (51%). This implies that, they are important and their long-term survival is necessary.

Like any other organization, healthcare giving FBHOs in Nairobi County must adapt to shifting conditions in their internal and external surroundings. This calls for careful and strategic change management. Since FBHOs tend to operate in low key and are sometimes confused with secular NGOs, data on their activities is limited (Fort, 2017). Research on ethical issues influencing employee response has not been carried out in these organizations within the Kenyan setting, despite the fact that their contribution is large and their quality of service is above average. The researcher has learned from previous studies that ethical issues are crucial to the success of transformational efforts. Therefore, the key to effective change management is a study examining the ethical factors influencing employee response to change; doing so will reveal the causes of change failures and provide remedies to alleviate these difficulties.

### **1.3 Statement of the Problem**

Ethics has a central role in change management (Karpe & Rigamonti, 2016). The incorporation of ethics in organizations has been developed over the last few decades due to decisions and practices that led to immoral outcomes such as scandals (Mirdan et al, 2021). There have been also unethical behaviors reported in health organizations (Fayez et al., 2013) which not only affect the smooth running of the organizations but also curtain the implementation of transformational change which is characterized by instability and anxiety. FBHOs are affiliated with the different faiths they subscribe to, and there is a risk of confusing ethics with religion. Faith and religion may be powerful tools of coercion of employees to accept change (Bejinariu, 2017; Walker et al., 2012).

Left without intervention, the FBHOs in Nairobi County which are subject to many changing conditions and stiff competition will fail despite their huge contribution (30%) to healthcare provision in Kenya (Ellis & Fitzgerald, 2022; Fort, 2017; Kyalo, 2014). While there

have been several studies on the topic of ethics and organizational change management, the literature on the theoretical foundation of ethics and organizational change in the FBHOs in the Kenyan setting is still scarce. Using the example of Faith-based Health Organizations in Nairobi County, this study suggests a deeper dive into the ethical factors that determine employee response to change, within the framework of their crucial role in effective change management (Katsaros et al., 2020).

## **1.4 Research Objectives**

The study was guided by the following main objective and three specific objectives.

### **1.4.1 Main Objective**

To investigate how ethical factors, affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya.

### **1.4.2 Specific Objectives**

1. To investigate how ethical leadership, affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya.
2. To explore how employee ethical attitudes, affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya.
3. To investigate how ethical organizational culture, affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya.

## **1.5 Research Questions**

The study sought to answer the following central question as well as the associated questions.

### **1.5.1 Central Question**

How do the ethical factors affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya?

### 1.5.2 Associated Questions

The following research questions will guide the study:

1. How does ethical leadership affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya?
2. How do employee ethical attitudes affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya?
3. How does ethical organizational culture affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya?

### 1.6 Significance of the Study

The research findings are beneficial to: Faith-based health organizations, stakeholders, other health facilities, Center for leadership and Management, and researchers.

***Faith-based health organizations:*** This study is beneficial to the members of FBHOs in Nairobi County enabling them to understand the ethical factors affecting employee response to change. They can use the research findings to learn ways of incorporating ethics in change preparedness, planning, and management in order to cope with the pressures of the current turbulent work environment.

***Stakeholders:*** The research findings provide useful information to the stakeholders of the FBHOs in Nairobi County, including the donors, board of directors, and collaborators, on the ethical factors affecting employee response to change. The findings can be used to reinforce the ethical measures and recommendations from the study for improvement.

***Other health facilities:*** By extension, the findings of this study may be used by other health facilities in Nairobi County to solve the change management challenges they face. This is

possible due to the existing collaborative strategies of benchmarking and networking in the county.

***Center for leadership and Management:*** The findings are useful to the Center for Leadership and Management and Tangaza University College as a whole. The completed project is available for reference for both students and lecturers.

***Researchers:*** Finally, the study contributes to the existing body of knowledge. The research findings also support other researchers conducting studies in the same area.

### **1.7 Scope and Delimitations of the Study**

The study's scope was the ethical factors affecting employee response to change in the FBHOs. The study was delimited to the FBHOs of Nairobi County. In addition to this, the study concentrated on the ethical factors because ethical consideration is perceived, from literature and experience, to be overlooked in the change process. Further, the study was delimited to phenomenological research design. Nairobi County was chosen because it is a convergence of many health facilities. Further, FBHOs in Nairobi County are subject to many changing conditions compared to other health facilities in areas far from the city.

### **1.8 Assumptions of the Study**

In this study, the researcher assumed the following:

1. There are ethical factors that form an important component in employee response to change.
2. The respondents selected were information-rich, would participate, and answer the interview questions honestly.

## **1.9 Chapter Summary**

This chapter presented the overall background to the study, highlighting the main concepts of change management and ethics. It underscored the global, regional, and local perspectives scenarios relating to ethics and change management. It showed how the survival of the FBHOs, where the study focused, was an essential concern for both governments and the people at large. The literature review in the following chapter examines deeper, the ethical factors affecting employee response to change in Faith-based health organizations.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1. Introduction**

The chapter reviews both empirical and theoretical literature on the ethical factors affecting employee response to change in Faith-based health organizations. The literature review includes results of both quantitative and qualitative studies done in America, Europe, Asia and Africa since 2012. It excludes: literature that is more than ten years old (except the ones referring to theories), literature written in other languages other than English, non-academic literature like newspapers, un-published works, and non-peer reviewed writings. This chapter will provide the context and background to better understand the ethical factors affecting employee response to change in FBHOs in Nairobi County.

### **2.2. Theoretical Literature Review**

The study is anchored on two ethical theories. They include utilitarianism that was developed by Jeremy Bentham and John Stuart Mill, and virtue ethics theory propounded by Aristotle. The two ethical theories are discussed below.

#### **2.2.1. Utilitarianism**

Utilitarianism is a theory of ethics that stems from two English philosophers; Jeremy Bentham (Bentham, 1935) and John Stuart Mill (Brink, 2007). According to this theory, right actions are those that maximize the happiness of human beings and minimize pain as much as possible. The morality of actions or policies are weighed according to the magnitude of their consequences on majority of people. This implies that, actions, policies, and decisions should be judged right or wrong on the basis of the extent to which they affect most people. The summary of their thought according to MacKinnon and Fiala (2018) has the following three points: first, “an action is morally right if it brings the greatest good for the greatest number of people

affected by it” (p. 97). Second, “an action is morally right if the net benefits over costs are greatest for all affected, as compared to the net benefits for all other possible choices considered” (MacKinnon & Fiala, 2018, p. 97). Finally, “an action is morally right if its immediate and future direct and indirect benefits outweigh the costs of those considered for other alternatives” (MacKinnon & Fiala, 2018, p. 97). Therefore, one needs to weigh benefits and costs of each alternative and whichever has the highest net benefit is the best alternative. In addition to this, utilitarianism presupposes that each individual’s interest is given equal consideration. Similarly, Hartman et al. (2014) argue that greatest good is that which promotes basic human values and human well-being, namely, the dignity, freedom, happiness, integrity, health, and respect of all the individuals affected.

The Utilitarian theory is useful in shaping the responses of employees to change. The initiators of change can begin the process by considering the collective as well as particular benefits of the change to the organization and all the stakeholders involved keeping in mind the fact that the changes that the leaders initiate are judged by the consequences they produce rather than the intention behind them (Burnes & By, 2012). The leaders should consider the interests of all (Hartman et al., 2014) rather than only the interests of the organization and top management throughout the change processes. A critical evaluation of different alternatives of the change processes can be done and a decision made grounded on the greatest good for everyone involved in the change initiatives. Moreover, an estimation of costs and benefits of alternatives is done for all the stakeholders (Marseille & Kahn, 2019) affected by the change in the organization. Consequently, the organization’s stakeholders, especially the employees are likely to reciprocate by supporting the change initiatives.

While utilitarianism theory has useful guidance in various decision-making situations during change management processes, it faces the following criticisms (Weiss, 2014, p. 56), first, there is no straight answer as to what the “good” is that should be maximized in diverse circumstances. Second, the wrongness or rightness of an act in itself is ignored; only its consequence is considered. Finally, it is not clear how to measure “costs and benefits of nonmonetary stakes” for instance safety, health, and non-monetary employee welfare (Weiss, 2014, p. 56). Therefore, the study will use the Aristotle’s virtue ethics to overcome the named challenges and to complement the utilitarian theory.

### **2.2.2. Virtue Ethics**

Virtue ethics derives its inspiration from Aristotle (between 335-323 BC) who claimed that a virtuous person is the one who possesses ideal character traits (Milch, 1966). Virtue ethics is a moral theory which underscores the character and virtues of an individual in evaluating what is right or wrong. Aristotle holds that a person’s virtues or character traits enables one to perform good actions therefore becoming good and doing what is right.

An individual’s virtues have two parts; the thinking-related and the character-related (Pakaluk, 2005). The thinking-related virtues also known as intellectual virtues develop through receiving of instruction, while the character-related also known as moral virtues develop through habit forming. The intellectual virtues include, imaginativeness, curiosity, intellectual humility, open-mindedness, and perseverance. Moral virtues include, courage, kindness, and honesty (Milch, 1966).

The virtue ethics theory is useful in this study because it will be used to illustrate the essential virtues of the leaders and employees during change. This theory will overcome the challenges of utilitarian theory since a virtuous person is committed to moral excellence that

enables one to know what is the “good” to do in any particular situation in the change process, and is able to do the “good” (Van Zyl, 2018). Virtuous leaders can create a favorable atmosphere for dialogue with employees and other organizational stakeholders to determine what is valued more under different circumstances. Therefore, this theory will overcome the weaknesses of the utilitarian theory.

## **2.3. Empirical Literature Review**

### **2.3.1. Introduction**

This section presents the empirical literature of the past studies done on ethics and employee response to change. It includes studies done globally, regionally and locally. A critical argument concerning the literature is made concerning ethics and change management.

### **2.3.2. Role of Ethical Leadership in Employee Response to Change**

Ethical leadership is the ability to demonstrate values and moral principles in decision making for the common good (Giubilini, 2021). According to the aforementioned author, morally upstanding leaders are self-aware and use those beliefs and principles as a foundation for everything they do. An organization's ethical climate can be improved if its leader sets a good example (Waheed et al., 2019).

According to research by Sharif and Scandura (2014), leaders are crucial in the process of conceiving, developing, and enacting organizational change. The staff needs the manager's help in addressing critical difficulties during the transition. It is the responsibility of leaders to reassure and encourage their teams at this time of transition, which is often fraught with anxiety for everyone involved (Kotter, 1996). The leader consolidates and adjusts the activities based on constant communication of the change vision and feedback.

In the United Kingdom, ethical leadership was connected to positive change outcomes by Burnes and By (2012). The aforementioned authors contended that transformation is more successful when led by ethical leaders than by those who aren't. However, "a damaging lack of clarity regarding the ethical values which underpin leadership and change" (Burnes & By, 2012, p. 248) has also been uncovered through these investigations. The leader's commitment to ethics will inspire followers to embrace the new direction. Employees' reactions to change are crucial to its effectiveness, and leaders' moral and ethical convictions have a significant role in shaping their decisions (By et al., 2012). The trustworthiness of a leader is a key factor in how their team reacts to change initiatives. This means that morally upright leaders can inspire followers to take good action. Although leadership theories such as transformational, adaptive, servant, and spiritual leadership (Northouse, 2019) allude to the importance of the leader's ethicality, they have not explicitly examined the role of ethics in the behaviors and actions of the leader when organizations are undergoing change. Assuming that companies are static, most leadership studies fail to account adequately for change (Sharif & Scandura, 2014).

In Germany, Bormann and Rowold (2016) found that ethical leadership and principles had an effect on workers' openness to and willingness to implement change. According to the results, ethical leadership is a key factor in bringing about positive transformation. This conclusion arises from the fact that ethical leaders have a significant impact on staff members' openness to and enthusiasm for change initiatives. This is achieved through decreasing complacency, silence, and resignation among workers (Bormann & Rowold, 2016). Employees are given a voice in the transition in this manner.

An examination of Japanese literature reveals that ethical leadership is under-explored (Kimura & Nishikawa, 2018, p.714). The above research demonstrated that ethical leaders are

characterized by having strong values upon which they base their actions. The aforementioned writers argued that leaders should have a number of qualities, including accountability, character, respect, fairness, openness, flexibility, a focus on the group, a visionary outlook, and a level head in making decisions. Misuse of authority, self-interest, a lack of accountability and transparency, a focus on the here and now rather than the big picture, dishonesty, a lack of impartiality, a lack of personal principles, and a lack of moral code are characteristics of unethical leaders.

A study conducted in Spain by Karpe and Rigamonti (2016) found that worker reaction to change was negatively impacted when leadership's ethical knowledge and practice were low. These writers suggest that employees develop a negative attitude toward change projects when their leader is seen as opportunistic and self-focused, always on the lookout for ways to exploit them for personal gain. In addition, a toxic work atmosphere characterized by coercion rather than motivation may result from a lack of ethical leadership. Because of this, the transitions may fail.

Research done in multiple African countries and businesses found that leaders' ethical knowledge and expertise is shaped by the context in which they work (Mathooko, 2013). African leaders, whether intentionally or not, often take moral cues from their people's intricate web of interdependence. Organizational leaders derive their moral compass from African people's ethical systems, values, principles, rules, and standards (Bansikiza, 2001; Bujo, 1998; Kinoti, 2015; Sibanda, 2014), which center on protecting life, preserving life's integrity, and living in harmony with and preserving nature. However, there is a dearth of material that provides a framework for ethics in Africa, helps readers make sense of it in the context of a company, and explains how to adapt worldwide ethical leadership practices, such as those used in change management, to the specific context of African enterprises. Ethical distortions such as

corruption, ethnic bias, and racism remain throughout Africa despite the continent's longstanding traditions and values (Gichure, 2008; Mathooko, 2013). Employees' reactions to change in the workplace may be dampened if their leaders lack the ethics and moral judgment described above in the context of change management.

Metwally et al. (2019) found that trust in leaders is crucial for successful change management in Egypt. Since trust is so closely linked to ethical leadership, it follows that it must play a part in the process of implementing change (Babalola et al., 2016). Ethical leaders are those that always look out for the welfare of their staff members and try to avoid any negative outcomes. In turn, this makes it easier for workers to embrace organizational transformation.

Certain qualities and ideals displayed by ethical leaders are essential in easing the anxiety and confusion felt by workers during times of transition and uncertainty (Metwally et al., 2019). Employees' perceptions of their leaders' ethical commitment can be negatively impacted when leaders are under stress, turmoil, and change (Sharif & Scandura, 2014). As a result, workers may form pessimistic worldviews, which dampens their openness to change (Vakola, 2014). Similarly, leaders who are ethical throughout times of transition may help their followers adapt to the new circumstances.

Research from Kenya (Kinuu et al., 2012; Obonyo & Kerongo, 2015) shows that leadership affects change management, however this research did not put much emphasis on ethics. However, they advise that in order to guarantee the success of these transitions and changes, the leadership of organizations should play an active part in molding employee attitudes and embedding the values expressed in the vision and purpose into the culture of the organization.

### **2.3.3. Role of Employee Ethical Attitudes in Change Management**

Employee attitudes and behaviors towards organizational change determine the success or failure of the change initiatives (Katsaros et al., 2020). This is because the employees form an important part of the change process. Ethical attitudes refer to one's general feeling either positive or negative regarding that which is ethical or unethical (Oden et al., 2015). The aforementioned authors argue that employees with ethical decision making orientation are open and honest, and aim at doing good than harm to the organization.

Globally, a study done of the English speaking nations by Firican (2021) showed that, employees' attitudes to change are highly affected by the environment within which they operate. This environment aids in developing ways of coping with the change through adaptation of attitudes, values, and behaviors. Firican (2021) identified three conditions favorable for positive responses to change, namely, "genuineness, realness or congruence; an open, non-judgmental, accepting environment; and empathic understanding" (p. 462). These conditions build trust between employees and leaders, and hence grow ethical attitudes among employees favorable for change implementation.

In Germany, a study pointed out that, during change, the employee attitudes towards it can be either acceptance, resistance, or skepticism (Abrell-Vogel & Rowold, 2014). If employees develop negative attitudes towards change, they will not support change but will feel burdened by it (Faris & Kadiyono, 2018). Similarly, if the employees feel supported and their interests are adequately addressed, they are likely to accept the change.

A recent study conducted in the Netherlands found that workers worry about more than just their own welfare during times of transition. For successful change to occur, as Jacobs and Keegan (2018) asserted, all stakeholders have to be change-ready and change resilient.

Employees' attitudes and reactions are particularly very crucial since they are the main recipients of the change. Generally, it may be assumed that the employees are concerned only about their own interests, but studies have shown (Jacobs & Keegan, 2018) that during the uncertainty of change processes, employees are also concerned about the welfare of their colleagues and the continuity of the organization. This shows that the employees' reactions are to some extent based on deeply rooted values of justice and fairness and on moral judgements, though the studies have not explicitly illustrated this.

In the American Society of Illinois, practitioners have identified fear of unknown as a factor that influences employee attitudes towards change (Kittner, 2019). This is because, generally, humans feel secure in routines and know how to do their jobs in certain ways while adapting comfortably to the present circumstances. But big changes may throw the individuals off-balance due to uncertainties associated with their new responsibilities. This evokes different responses to the change. Some employees are able to embrace it, some accept it, and others resist it actively. The leader should be able to notice these reactions and respond accordingly.

In Greece, Vakola and Nikolaou (2005) identified change associated stress as a major setback to change management that caused employees' negative attitudes and eventual negative responses to change. The aforementioned authors opined that change-related stress caused job dissatisfaction, low motivation and morale, low performance, high turnover, low quality products and services, among others. Consequently, the employees are likely to resist change under the stressful situations. Researches have recommended that stress should be an agenda during change management (Vakola, 2014; Wedajo & Chekole, 2020). These studies' focus was not on employee ethical attitudes and how it affects employee response to change.

In India, a study done by Bordia et al. (2011) on change management, showed implicitly that, ethics and change management should go hand in hand. The study revealed that employee reaction to change is largely dependent on their perceptions of the ethical or unethical consequences of the change process and not so much on the change itself. Further, negative perceptions, confusion, resentment, and resistance by the employees result in the whole change process weakening the organization rather than strengthening it.

In Ethiopia, Wedajo and Chekole (2020) argued that employees' devotedness and commitment to their organization determined their attitudes towards change. The employees who are committed to their organizations are more likely to willingly support change initiatives and therefore develop positive attitudes towards the organizational change. However, the study also revealed that some committed employees may still develop resistance, if they feel that their personal interests are threatened by the change. This study does not mention the role of ethics in change management.

A study done in Kenya showed that employee responses to change may be negative due to inertia and fear of loss of securities (Soko, 2012). In addition, the study revealed that in hierarchical organizations such as Catholic institutions, are rigid and less agile due to their strong culture and firm structure. This study has not included ethics in the change management.

#### **2.3.4. Role of Organizational Ethical Culture in Change Management**

Organizational ethical culture refers to the dominant value that exists in an organization that provide a shared ethical mindset for employees (Martínez et al., 2021; Tripermata et al., 2022). Kaptein (2009) defines organizational ethical culture as “the ethical quality of a work environment, incorporating the experiences, presumptions, and expectations of the organization's members as to how the organization can prevent unethical behavior and encourage ethicality” It

includes those aspects that stimulate ethical behavior (Chadegani & Jaria, 2016). Chadegan and Jaria consider organizational ethical culture as a combination of the individual ethical values of leaders and widely shared among the employees of the organization. They constitute both formal and informal policies on ethics of the organization (Tripermata et al., 2022).

Kaptein (2020) classifies organizational ethical culture into two categories, namely, formal and informal ethical context. He argues that on one hand formal ethical culture “consists of the tangible and explicit parts of an organization, such as its plans, policies, and procedures” (p. 1). It entails ethics instruments and measures, such as a “written code of ethics, an ethics training module, a policy on whistle blowing, and an ethics monitoring system” (Kaptein, 2020, p. 1). While on the other hand, informal ethical culture “consists of the intangible and implicit parts of an organization, such as the shared assumptions, values, and expectations” (Kaptein, 2020, p. 1).

According to Kaptein (2008) organizational ethical culture builds on eight corporate ethical virtues, namely “clarity, congruency, feasibility, supportability, transparency, discussability, and sanctionability”, which motivate employees to ethical conduct. An ethical culture supports change management in that, it creates a culture of openness and trust which support change.

**Table 1***Organizational ethical culture virtues*

|  | Sphere                               | Vice: deficiency           | Virtue: mean           | Vice: excess            |
|--|--------------------------------------|----------------------------|------------------------|-------------------------|
| 1  | Norms for ethical behavior           | Ambiguity                  | Clarity                | Patronization           |
| 2  | Ethical role-modeling of managers    | Subversiveness managers    | Congruency managers    | Pompousness managers    |
| 3  | Ethical role-modeling of supervisors | Subversiveness supervisors | Congruency supervisors | Pompousness supervisors |
| 4  | Resources for ethical behavior       | Scantiness                 | Feasibility            | Lavishness              |
| 5  | Motivation for ethical behavior      | Animosity                  | Supportability         | Zealotry                |
| 6  | View on ethical behavior             | Opaqueness                 | Transparency           | Overexposure            |
| 7  | Discussion of ethical issues         | Muteness                   | Discussability         | Talkativeness           |
| 8  | Enforcement of ethical behavior      | Laxity                     | Sanctionability        | Oppressiveness          |
| Dimensions of the ethical culture of organizations (Kaptein, 2017) |                                      |                            |                        |                         |

Virtues that form an ethical organizational culture according to Kaptein (2017) are in the middle or equilibrium; not deficient or in excess. For example, the norms for ethical behavior have to be clear for all to practice them. Ethical culture, according to Kaptein (2020), influences the ethical behavior of leaders and employees. (Un)ethical organizational culture affects how change is received by change recipients and managed by change initiators, thereby affecting the change outcomes (Darmawan & Azizah, 2020).

Studies done in Cyprus, Greece, and Romania link ethical values of justice and fairness with the outcomes of change initiatives (Komodromos et al., 2019). The study findings from 126 managerial employees revealed that when employees perceived that the ethical values of justice

and fairness were considered during the change process, they developed trust and improved change outcomes.

In Poland, studies have shown that, employees may be forced to support the change initiatives instead of risking termination (Bejinariu, 2017). The aforementioned author argues that some leaders are untruthful about the reasons for change and may also be forceful, instead of motivating employees to change. Where this type of organizational culture exists, change is likely to bring negative attitudes and behaviors to employees towards change initiatives (Kittner, 2019). For instance, job dissatisfaction, groupthink, lack of innovation, lack of productivity, forced conformity, conflict, and staff turnover.

In FBHOs, studies have shown that, religious affiliation of organizations has an influence on the organizational values and therefore ethical culture, which in turn influences decisions and actions of both leaders and employees (Jeon & Choi, 2021; Schouten, 2014). Nevertheless, the religiosity does not automatically translate to ethical behavior in the organizations (Weaver & Agle, 2002) sometimes, there are conflicts between religious beliefs and ethical judgements of individuals (Walker et al., 2012). Faith-based organizations are affiliated to certain religious beliefs, and they tend to shape the employees' thinking and actions based on those beliefs, but still, ethical issues arise when the individuals have erroneous assumptions regarding the two concepts. For example, according to Walker et al., managers in faith-based health organizations who coerce employees into conformity are not acting in an ethical manner even though they are supposed to be influenced by the beliefs they profess. Walker et al. (2012) further opine that during the turbulent atmosphere of change management, there may be a tendency of managers referring to religion and coercing employees to conform to the imposed new rules and policies. Similarly, unethical organizational culture, as corroborated by Botyarov (2016), leads to failure

of change initiatives. There are no checks and balances in organizations for the top leadership, since they are the supervisors of the employees. The question arises on who checks the leadership and/or management.

In developing countries, FBHOs face pressure and conditionality from donors. This may cause conflict and lead organizations to implement involuntary changes, in a way that may be contrary to their principles or faith-based approaches (Moyer et al., 2012). Moreover, the authors noted that relationship between the donor and the FBHOs may affect change management processes. For example, where there is inadequate understanding of the vision, mission, and values for both donor organizations and FBHOs, the change processes may not be effective.

One of the obstacles to transformation identified by a study in Kenya (Soko, 2012) is the preexisting hierarchical structure of FBHOs, particularly among Catholic institutions. Major choices are made at the top and trickle down through the ranks. Furthermore, inertia inside an organization both inhibits and complicates the processes involved in effecting change. Challenges to organizational change in Kenya, such as an unethical organizational culture, have been identified in other studies of change management in Kenyan organizations (Kimaku, 2010; Mbogo, 2003; Mutuku, 2004; Namoso, 2013; Ndunge, 2014; Wanza, & Nkuraru, 2016). This research will shed light on the connection between an organization's ethical culture and its workers' adaptability to change.

## **2.4 Research Gap**

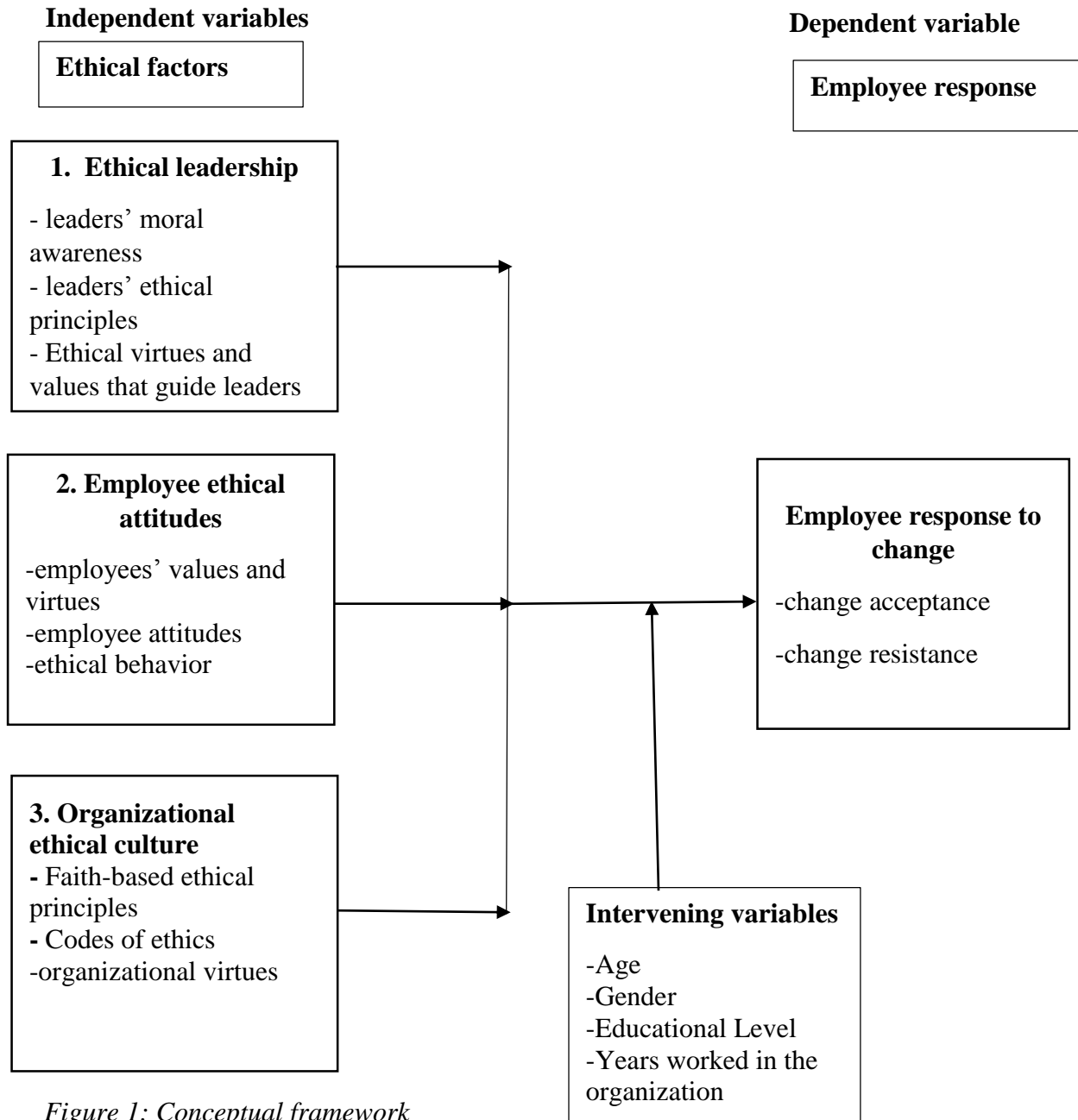
From the literature review, the studies (Katsaros et al., 2020) have revealed that employee response to change is critical to the success of change initiatives. The studies have also revealed that ethics in an organization is important in shaping employee response, which is critical to effective change management (Burnes & By, 2012; Sharif & Scandura, 2014). However, the

studies have not sufficiently shown how ethical leadership, employee ethical attitude and ethical organizational culture affects employee response to change in organizations. Additionally, no similar studies have been done in FBHOs in the Kenyan context.

This study therefore, aims at investigating the ethical factors that affect employee response to change and propose ways to tackle the challenges organizations face associated with change management. It will also breach the gap in literature concerning ethical change management in the Kenyan context.

## **2.5 Conceptual Framework**

In this study, the conceptual framework as presented in figure 2.2, illustrates the relationship between independent and dependent variables. The independent variables are ethical leadership, employee ethical attitudes, and organizational ethical culture, while the dependent variable is employee response to change.



*Figure 1: Conceptual framework*

This study proposes the collective investigation of the independent variables; ethical leadership, employee ethical attitudes, and organizational ethical culture, how they affect the dependent variable, employee response to change. With ethical leadership, a leader is able to set the right ethical tone in the whole organization. Employees who are at the center of change

management, have the duty to shun resistance through the right attitudes and disposition like fair-mindedness and open-mindedness to support the change. Both leaders and employees are motivated to make ethical decisions which create an environment of trust, leading to more positive change outcomes. The leaders have the responsibility of creating an ethical tone in the whole organization, influencing the employees to embrace ethical attitudes. The leaders and employees create an ethical organizational culture by adopting the organizational values and code of conduct available in the organization. Therefore, the independent variables affect each other and also affect the dependent variable (employee response to change).

## **2.6 Chapter Summary**

In conclusion, the chapter reviewed literature relating to ethics and employee response to change in organizations, covering global, regional and local perspectives. Literature has confirmed that ethics indeed plays a role in change management but it seems to be overlooked in practice. The literature has also confirmed that the long-term survival of Faith-based organizations (whose success depends on how well they manage change) is necessary for provision of quality healthcare. Despite this, the FBHOs' change management strategies are not widely known especially their ethical perspective. Therefore, this research aims at discovering explicitly the ethical factors affecting employee response to change in Faith-based health organizations in Nairobi County. There is need to ensure the FBHOs' smooth running even during change management because of their role in provision of healthcare services to the country. The following chapter presents the methodology that was used in the study.

## **CHAPTER THREE: METHODOLOGY**

### **3.1 Introduction**

This chapter discusses the methodology used in the study. It describes the study's underlying assumptions, methodology, research site, population of interest, sample strategy, and sampling frame. The study's reliability, validity, data collection methods, data management, analysis, ethical considerations, and reflexivity are all covered as well.

### **3.2 Epistemology**

According to Al-Ababneh (2020), epistemology is "a way of looking at the world and making sense of it" (p. 77). It explains the various methods that can be used to educate oneself. To learn more about the perspectives, beliefs, and experiences of leaders and staff members in Faith-based health organizations in Nairobi County, with regard to change management, this study adopted a social constructivist methodology. Social constructivism, as explained by Al-Ababner (2020), is concerned with "the subjective meanings of social phenomena and the subjective meanings that motivate actions" (p. 77). This approach was selected because it emphasizes the realities as they are viewed by the respondents rather than the actualities of change management. Based on the participants' descriptions, the researcher derived conclusions about workers' perceptions of change management procedures.

### **3.3 Research Design**

According to Majid (2018), a research design constitutes "evidence-based procedures, protocols, and guidelines that provide the tools and framework for conducting a research study" (p. 1). The study was conducted using a qualitative methodology. A qualitative study as corroborated by Queirós et al. (2017) is concerned with "aspects of reality that cannot be

quantified, focusing on the understanding and explanation of the dynamics of social relations” (p. 370). Moreover, the study employed a phenomenological study design, defined by Creswell and Poth (2016) as one that describes the subjective experiences of a concept or phenomenon and derives a shared interpretation from those accounts. Phenomenological inquiry will offer the participants the chance to have their stories authenticated through their own voices. Through phenomenological inquiry, the study subjects become co-researchers and co-designers of the study through the process of interviewing (Rudestam & Newton, 2001). The researcher determined that this approach was best for probing employees' in-depth knowledge of, and ethical perspectives on, change management. With the goal of gaining a deeper comprehension of the phenomenon and creating more successful tactics for change management in similar organizations, this study investigated the participants' values, ethical attitudes, and beliefs in relation to it. In addition, qualitative techniques were used for data collection and analysis. The study attempted to interpret employees' views, attitudes, and experiences with regards to ethical variables influencing their responses and attitudes towards change initiatives, hence the researcher opted not to gather or analyze numerical data.

The information was gathered through in-depth, face-to-face interviews that were semi-structured. The structure made sure that data on the thoughts, feelings, and experiences of FBHO managers and staff members were collected. The findings from the field were then utilized to brainstorm potential answers to ethical problems that arise during organizational change and impact the reactions of employees. Thematic analysis was used to draw conclusions, which in turn informed sensible recommendations.

### **3.4 Location of the Study**

The study was done in Nairobi County, the Capital City of Kenya. Nairobi County has 11 sub counties, namely, Embakasi, Dagoretti, Kasarani, Kamukunji, Lang'ata, Kibra, Mathare, Makadara, Starehe, Njiru, and Westlands. It covers 709.3 square kilometers out of which 117 square kilometers are covered by the Nairobi National Park. The county is located in the south-central part of Kenya, with an elevation of about 5,500 feet (1,680 metres). It is located at 1°09'S 36°39'E and 1°27'S 37°06'E (Britannica, 2010). It lies adjacent to the eastern edge of the Rift Valley, 5889ft (1795metres) above sea level. Nairobi County experiences temperatures ranging from 9°C (48°F) to 30°C (86°F) with annual average rainfall of about 674 mm over a period of two rainy seasons. Nairobi County which lies in the East Africa Rift Valley, is underlain by pyroclastic volcanic rocks (Onyancha et al., 2011). The surface is covered by alluvium and clays which is an important factor to consider while erecting any building for business, health facility, or settlement. This county was chosen because it is a city hosting diverse population. Furthermore, many health facilities are situated in it, including a good number of FBHOs. Moreover, these health facilities are exposed to the fierce competition and other rapidly changing conditions in which they operate. It was possible for the researcher to meet all-inclusive FBHOs of different faiths and calibers, which is rare in other counties, to investigate the ethical factors affecting the employee response to change initiatives in those organizations.

### **3.5 Target Population**

Target population refers to population of interest a research intends to study (Majid, 2018). The six tiers of hospitals are defined by Africa Health Business (2021) as level one to level six. This study targeted level four FBHOs in Nairobi County. Level four FBHOs, according to Mariita (2019), are those hospitals of medium size, which offer holistic services, and are run

by a director. The study targeted top leaders and employees of those FBHOs that are level four only, since they have more employees, well established structures, and well-formed organizational culture. The research targeted specifically level four, and not the other higher levels to focus results. The leaders comprised of the medical directors of each of the hospitals while the employees were drawn from each of the following cadres, namely, nurses, nutritionist, administrative assistants, finance officers, and pharmacists. Nairobi County attracted the researcher due to the convergence of hospitals of different levels (Mariita, 2019) and faiths, where high pressures for change are experienced as well.

### **3.6 Sampling Technique and Sample Size**

In this study, non-probability sampling was used, where the selection was done using the subjective judgement of the researcher. This indicates that there was a bias in the selection process for the research population. Purposive stratified sampling was used to select the participants from the different cadres. Those who were chosen were, therefore, the most likely to have useful knowledge (Vasileiou, 2018). In Nairobi County, eleven faith-based hospitals met the criteria for a level four license in March 2022 (Licensed Health Facilities). The study had 24 participants from four level four FBHOs in Nairobi County, including four top leaders. Vasileiou et al. (2018) lent credence to this selection by arguing that there is no clear answer on the sample size for the in-depth study in qualitative research; rather, the sample size should be big enough to allow for the realization of new information and a greater comprehension of the phenomenon under study, but small enough to allow for deep analysis of the phenomenon. Moser and Korstjens (2018) add that when there is no longer any fresh evidence to be gathered, the sample size is determined by the element of saturation.

### 3.6.1 Sampling Frame

This study used an estimated population of employees based on FBHOs licenced to operate in Nairobi County. Nairobi County has 11 licensed level four hospitals (Licensed Health Facilities, March, 2022).

**Table 2**

*Sampling Frame*

| Target group | Target population | Proportionate Sample | Sampling technique  |
|--------------|-------------------|----------------------|---|
| FBHOs        | 11                | 4                    | Typical case purposive (different faiths) and stratified purposive (level four hospitals) |
| Top leaders  | 11                | 4                    | Stratified purposive  |
| Employees    | 559               | 20                   | Stratified purposive  |
| <b>Total</b> | <b>570</b>        | <b>24</b>            |   |

### 3.6.2 Sampling Technique

This study used purposive sampling design in order to get whole population represented. A cluster type of purposeful sampling was used for selection of hospitals from different faiths. That means that four different faiths were represented. This included Catholic, Orthodox, Seventh Day Adventist, and Hindu. Further, a stratified purposive sampling technique was used to select level four hospitals as well as leaders and employees from each hospital. The researcher chose this technique because it enables the researcher to gather essential data regarding the study

questions and gather useful, in-depth information from the selected sample with similar characteristics.

### **3.6.3 Sampling Size Determination**

In this study, the sample size constituted four top leaders and twenty employees of four FBHOs in Nairobi County in the point of saturation (Moser & Korstjens, 2018). The leaders were the chief executive officers (CEOs) of the four facilities. While the employees comprised of nurses, pharmacists, administrative assistants, nutritionists, and finance officers. Those who had been in the organization for a period of more than 1 year since they have sufficient knowledge of the organization and its change processes. This sample size corresponds to Creswell's (2018) recommendation of 20-30 participants and was considered to be adequate to produce sufficient information regarding ethical factors affecting employee response to change among the FBHOs in Nairobi County. The element of saturation here is important as the researcher was keen to identify the point at which no new evidence was produced.

### **3.7 Research Instruments**

This research made use of a semi-structured in-depth interview guide. It was difficult to have hospital staff in groups due to their hectic schedules, so the researcher decided to use this instrument because it best suited the healthcare workers' operation schedule (Gill et al., 2008). Further, since ethics is a delicate topic about which some people may feel uncomfortable speaking openly, interviews were most appropriate (Gill et al., 2008). Additionally, since the study was mainly phenomenological, there was no need for an observation guide.

Credibility and reliability of research instruments were ensured through recording of detailed field notes, audio recording the interviews for accuracy, and interceding agreement from

the senior author and an outside coder. The latter technique was the most critical process for reliability.

The number of interviews continued to increase until a plateau was achieved. The researcher was sufficiently conscious to deal with her biases through bracketing, a technique that allowed her to consciously set aside her knowledge of the topic and listen to the respondents' perspectives (Chan et al., 2013). All interviews were recorded with the participants' permission to ensure the highest level of reliability. Throughout the course of the interview, probes and follow-up questions were sprinkled in to get them to elaborate and clarify their answers. As the interviews progressed, specific questions were added in order to probe deeper into emerging themes.

Participants' demographic information was collected in the first section of the interview guide. Age, gender, education, job, hospital department, and length of service are all examples. The second section of the interview guide featured distinct sets of questions for management and staff.

In order to answer the primary study question, the first series of interview questions focused on the impact that ethical leadership has on staff reaction to change within Faith-based Health Organizations in Nairobi County, Kenya. Four interview questions and accompanying probes were designed to learn more about the impact of ethical leadership on staff reaction to change.

The second series of interview questions was designed to elucidate a connection between employees' ethical attitudes and their reaction to change within Faith-based Health Organizations









in Nairobi County, Kenya. Four interview questions and accompanying probes were designed to learn more about how employees' ethical values affect their reaction to change.

Questions for the third set of interviews focused on how faith-based health organizations in Nairobi County, Kenya's ethical organizational culture influences staff reaction to change. In order to learn how different indications of an organization's ethical culture affect workers' reactions to change, four interview questions and accompanying probes were devised.

While the participants were completing the interview questions, the researcher took note of their body language, including their posture, hand gestures, facial expressions, eye contact, and other nonverbal cues. The researcher created a system of symbols to denote the participant's behavioral condition in order to make non-verbal communication easier to record.

**Table 3**

***Non-Verbal Language***

| Symbol  | Meaning       | Symbol  | Meaning           |
|---|---------------|---|-------------------|
|  | Happy         |  | Unhappy           |
|  | Caring        |  | Non-caring        |
|  | Thoughtful    |  | Discriminative    |
|  | Compassionate |  | Non-compassionate |

In addition to symbols, the researcher used shorthand notes to record unusual bodily expressions that express feelings and experiences. Through observations the researcher gained additional information expressed in non-verbal language on experiences of the leaders and employees during change.

### **3.8 Pre-testing of Instruments**

The researcher conducted pilot tests to ensure that the instruments would collect the necessary data to answer the research questions and that the respondents would be able to grasp

the questions. The pretesting of instruments was done in a Faith-based Health Facility in Nairobi County. Prior to beginning formal data collection, the researcher interviewed two organizational executives and two regular staff members. This fraction ( $n = 4$ ) accounts for 17 percent of the whole study population ( $n = 24$ ). Time restrictions necessitated the use of convenience sampling and stratified deliberate sampling. Each participant provided their informed consent after being briefed on the study's goals and procedures.

After obtaining informed consent, the researcher conducted in-depth, one-on-one interviews with each participant using an interview guide. This dataset underwent a thematic analysis. The results demonstrated the validity and reliability of the instruments; the extent to which the instrument measured what it was intended to measure, and how consistent the results were.

The pre-testing of the instruments informed the researcher that: (1) the instructions attached to the instrument were well understood by participants; (2) the interview questions and their probes were comprehensible by participants; (3) the quality of information obtained satisfied the researcher's expectation. Therefore, the researcher went ahead to use the instruments after minor paraphrasing of one follow-up question.

### **3.9 Trustworthiness**

As indicated by Stahl and King (2020) trustworthiness refers to the congruence of the findings with reality. The validation techniques included data source triangulation to corroborate evidence (Stahl & King, 2020), and bracketing to clarify bias. For trustworthiness purposes, the researcher used peer debriefing, peer review, and member checks.

Guest et al. (2012) define dependability as the ability to reproduce and maintain consistency in research results. When an instrument can be relied upon to dependably measure the same thing time after time, it is considered valid. The researcher took thorough notes during fieldwork, used audio recordings of interviews to ensure data accuracy, and enlisted the help of an experienced senior author and coder.

### **3.10 Data Collection Procedures**

The researcher conducted in-depth interviews to compile data. Before starting to collect data, the researcher obtained all the appropriate clearances; letters of approval were granted by the Tangaza University College Research Ethics Committee (TUCREC) and the National Commission for Science, Technology, and Innovation (NACOSTE) respectively. The interview sessions were scheduled after the researcher met with hospital administration for familiarization with the facility and finding a time that would work for everyone involved. All participants received a consent form and were given a comprehensive explanation of its contents before signing it. Participants were informed that they could revoke their consent at any moment.

All sessions were recorded with the participants' agreement and lasted about 40 minutes. The researcher kept track of their internal thoughts and feelings in written commentary between meetings. The researcher also conducted the interviews in person. The respondents' facial expressions, tones of voice, and other non-verbal cues were meticulously recorded so that the researcher could get a sense of their thoughts and feelings.

The essential conditions of the interviews like anonymity, privacy, and confidentiality were clearly explained to the respondents beforehand in compliance with qualitative research ethics requirement.

### **3.11 Data Management**

All of the interview information was safely archived. The voice recorder was placed in an airtight container and taken elsewhere to be analysed. After its initial use, the data was stored in a secure digital and physical location. In order to protect the respondents' privacy and the validity of their responses, the researcher reported the results with the utmost candour and integrity.

### **3.12 Data Analysis**

Since the researcher was a crucial tool in both data gathering and analysis, it all started at the point of data collection. Observations and analysis continued until all the interview process was completed.

The data was analysed using thematic content analysis once transcription was complete. Participants' individual perspectives and the interpretation of their narratives were prioritized in this thematic analysis. The process had six steps: getting to know the data, coding it (using reference codes, open codes, and axial codes), looking for themes and patterns, evaluating those themes, giving them names, and finally writing out a report.

Transcribing the written and recorded data, then reading (and re-reading) the transcripts and/or listening to the recordings, are the first steps in the preliminary analysis of data. The first concepts were recorded for further use. The researcher coded the information by assigning reference codes, open codes, and axial codes after becoming acquainted with the data. The storylines and the people involved were connected by the reference codes. Using both open and axial coding, the researcher was able to take a massive database and distil it down to a manageable data set. The next stage was an interpretation of the compiled codes. Next, the researcher sorted the combined and separated data extracts by overcharging themes. After that, the researcher went back and looked at the themes more closely, debating whether or not to

modify, merge, or otherwise alter the original concepts. The researcher made sure that the data was consistent within each topic while also keeping the themes different from one another. The researcher gave both the theme titles and clear working definitions that encapsulate the spirit of each theme. The researcher then reworked the analysis into an explanatory report. The paper effectively conveyed the analysis's findings, allowing the reader to evaluate them for himself.

The researcher used a six-step data analysis process and also determined the relative importance of emergent themes. Therefore, the importance of a theme was weighted based on how strongly it was felt by participants. Researcher's ability to argue with variance on ethical issues influencing employee response to change in organizations using FBHOs was bolstered by the data's statistical significance.

### **3.13 Ethical Considerations**

The study was guided by the researcher's strong moral principles. The respondents' rights to privacy, confidentiality, and informed consent were also taken into account, as they are guaranteed under the Data Protection Act (2019). Information was lawfully obtained, processed, stored, and deleted. First, informed consent from all participants was obtained before collecting any data. Secondly, the data was exclusively used for its original intent. Finally, participant confidentiality was protected at all times. At last, a safe place existed for the electronic and physical custody of sensitive data. Additionally, the study was guided by the ethical principles of honesty, impartiality, respect for intellectual property, civic duty, confidentiality, and non-discrimination.

### **3.14 Reflexivity**

By employing a technique called "bracketing" (Dörfler & Stierand, 2020), the researcher was able to get new experiences without bringing any preconceived notions or biases to the table. The

researcher knew it was possible to interpret the results of the study based on personal biases and prior knowledge about the topic such as importance of ethics and the consequences resulting from negligence of ethics in organizations, the anxiety and unstable times experienced during change, and the role of ethics and ethical awareness by all members of an organization. The researcher kept an open mind and avoided jumping into conclusions, asked for clarification, repeated the phrases said by the respondents to verify what they meant, and asked the same question in different ways to clarify their meanings. Further, the researcher kept a notebook throughout the data gathering procedure, which included regular journal entries, open communication with coworkers, and introspective thought.

### **3.15 Envisaged Outcome of the Study**

The findings of this research offer important moral guidance for practitioners of organizational change management. The study's findings were disseminated to FBHOs in the hope that doing so would improve the ethics of change management. Other health organizations can now adapt more quickly and ethically to the ever-changing conditions of their operations, thanks to the new insights into ethical change management experiences. In addition, the research has produced novel understanding of the ethical elements that influence employees' reactions to organizational change.

### **3.16 Chapter Summary**

This chapter detailed the research methodology covering topics like research tools, data gathering methods, analysis, and presentation, as well as sampling strategies and sizes. Ethical concerns raised by researchers performing the study were also discussed. The results of the study are detailed in the next section.

## **CHAPTER FOUR: DATA ANALYSIS**

### **4.1. Introduction**

The interview results are presented in this chapter with the study's objectives and research questions. The demographics of the study's participants are reported, as are any major themes that emerged from the data.

### **4.2. Demographic Information of Participants**

Table 4 shows the demographic information for all the leaders and employees who were interviewed. The employees are labeled 'P' and leaders are labeled 'PL'. All the 24 participants selected accepted to be interviewed.

**Table 4:** *Demographic information of the participants*

| No.  | Age | Gender | Education level | Position                 | Years worked in the organization |
|------|-----|--------|-----------------|--------------------------|----------------------------------|
| PL1  | 34  | F      | Masters         | Medical Director         | 2                                |
| P2   | 45  | F      | Undergraduate   | Nurse                    | 5                                |
| P3   | 55  | F      | Undergraduate   | Pharmacist               | 2                                |
| P4   | 44  | M      | Diploma         | Administrative assistant | 5                                |
| P5   | 35  | F      | Undergraduate   | Nutritionist             | 4                                |
| P6   | 38  | F      | Undergraduate   | Finance officer          | 2                                |
| PL7  | 28  | F      | Undergraduate   | Medical Director         | 2                                |
| P8   | 22  | F      | Undergraduate   | Administrative assistant | 2                                |
| P9   | 34  | M      | Undergraduate   | Nurse                    | 2                                |
| P10  | 30  | M      | Diploma         | Pharmacist               | 3                                |
| P11  | 27  | F      | Diploma         | Nutritionist             | 5                                |
| P12  | 34  | F      | Diploma         | Finance officer          | 5                                |
| P13  | 32  | F      | Undergraduate   | Finance Officer          | 8                                |
| PL14 | 55  | M      | Masters         | Medical Director         | 2                                |
| P15  | 40  | F      | Diploma         | Pharmacist               | 6                                |
| P16  | 36  | F      | Diploma         | Administrative assistant | 6                                |
| P17  | 35  | M      | Undergraduate   | Nurse                    | 9                                |
| P18  | 36  | M      | Undergraduate   | Nutritionist             | 7                                |
| P19  | 40  | F      | Undergraduate   | Nurse                    | 5                                |
| P20  | 45  | M      | Undergraduate   | Nurse                    | 17                               |
| PL21 | 50  | M      | Masters         | Medical Director         | 2                                |
| P22  | 34  | F      | Masters         | Finance officer          | 3                                |
| P23  | 38  | M      | Undergraduate   | Pharmacist               | 6                                |
| P24  | 36  | F      | Diploma         | Administrative assistant | 4                                |

The study interviewed 24 participants both male and female from four FBHOs in Nairobi County. Four of the participants were leaders (medical directors) while the other 18 were employees from different cadres including, nurses, nutritionist, administrative assistants, finance officers, and pharmacists. The age distribution was between 22 and 55 years old. 75% (18) of the respondents were 40 years and below while 25% (6) were 41 and above. In terms of gender, the female respondents were 62.5% (15) while the male were 37.5% (9). In regards to educational level, 29.2% (7) had a diploma, 54.2% (13) had an undergraduate degree, and 16.6% (4) had a master's degree. Regarding the period worked in the organization, 70.8% (17) had worked 5 years and below while 29.2% (7) had worked 6 years and more

#### **4.3. Presentation of Qualitative Data**

The data was collected from both leaders and employees. In-depth interviews were used in this study to get various perceptions of the participants on the study. A three-stage analysis procedure recommended by Creswell (2014) was used to analyze the data. It involved transcribing, reducing the data into themes, and representing the data. The data is analyzed for both leaders and employees.

##### **4.3.1. Employee Response to Change**

A question was posed to the leaders on the various reactions of employees during change. The themes that resulted from this question are presented in Table 5.

**Table 5***Employee responses to change responses*

| <b>Positive Responses to change</b> |                  |   |                  |                 |
|-------------------------------------|------------------|---|------------------|-----------------|
| <b>Theme</b>                        | <b>Sub-theme</b> | <b>Description</b>  | <b>Frequency</b> | <b>Saliency</b> |
| <b>Change response</b>              | Acceptance       | “If a change is good for everyone, it is generally accepted by everyone” (PL 1) “Change is good because it is for the good of the organization” (PL 14) “I do not resist change” (P 16) “we have changes constantly, for the betterment of the patients” (P 18) “ I am open to change. (P 23) | <b>8</b>         | <b>8</b>        |
|                                     |                  |   |                  |                 |
| <b>Negative responses to change</b> |                  |   |                  |                 |
| <b>Change response</b>              | Resistance       | “When you are used to a certain way of doing things, it is hard to change” (P 2) “Change is hard for most of us to accept” (P 3) “Change around here is hard, because one has no chance to say No! We follow the rules” (P13)   | <b>15</b>        | <b>15</b>       |

**4.3.1.1. Acceptance of Change**

Change in organizations was supported by leaders who were aware of the importance of the change and the benefits it would bring to the organization. Here are some comments from the leaders: “*We live in a dynamic work environment, so change is bound to happen. I support change.*” (PL 21) “*Change is good because when a hospital grows, we are happy.*” (PL 1) “*Change is important for making progress. I encourage the staff to come up with new ideas, to be creative and innovative*” (PL 14). Further the leaders believed that the employees generally accept change because the workers were happy to learn new things (PL 14).

The employees felt that accepting change was difficult. Due to fear of unknown they tended to resist it in the beginning, but with time, if it proved to be beneficial, they accepted it. *“Sometimes it is a bit tricky. When you are used to a certain way of doing things, it is hard to change”* (P 2). *“Change is hard for most of us to accept because there is a new set-up that we are supposed to follow. We are used to the old norm. For us to change to a new way, it is usually difficult, but we eventually accept and we do acclimatize”* (P 9). Moreover, there were those who perceived it as good from the beginning therefore, they accepted it. *“Change is good because it is for the good of the organization. I see it as positive”* (P 8). *“I do not resist change. I see change brings good things”* (P 4). There is one hospital where the employees felt that they were forced to change and there was no freedom to choose. They admitted that change was dictated. *“Change around here is hard, because one has no chance to say No! We follow the rules. You cannot choose to follow or resist, you can only accept”* (P 19).

#### **4.3.1.1. Resistance to Change**

The leaders observed that change was resisted if at the point of introduction, the employees did not properly understand the reasons for the change. If the leader explains the change well, then it is received, but when the leader does not communicate well about the change initiatives, then it is rejected. *“Reactions by employees vary. It depends on the introduction. When the change is well understood, the reactions are generally positive. If the change is not very well understood, then it is leaning towards negative”* (PL 21).

The employees tended to be comfortable in their status quo and found it difficult to learn something new. P 3 remarked, *“Change is hard for most of us to accept because there is a new set-up that we are supposed to follow. We are used to the old norm.”* Some of the employees

resisted change because of feeling threatened. P16 observed, *“Sometimes as an employee you feel targeted”*.

The reasons for resistance to change include lack of employee involvement in the change process, poor leadership, dictatorial leadership, and negative attitude of the employee. *“...the leaders should involve all departments, find out what we can do better, and involve all members”* (P 2). *“The employees in this place have no alternatives. The leader is very authoritative. The dissemination of the change is very poor. Communication is centralized. We have one person, the leader who makes all the decisions”* (P 24). *“If change is taking you back to where you were before, then it is not welcomed”* (P 10). *“The resistance comes because of the mindset. We see change as something tedious and when a new thing comes, people think they are not able to cope”* (P 18).

#### **4.3.2. Ethical Leadership and how it Affects Employee Response to Change**

Regarding the first research question on how ethical leadership affected employee response to change in Faith Based Health Organizations, four interview questions were administered, and the following themes emerged. The themes are presented in table 6.

**Table 6***How ethical leadership affects employee response to change*

| <b>Ethical leadership</b>   |                  |   |                  |                 |
|-----------------------------|------------------|---|------------------|-----------------|
| <b>Theme</b>                | <b>Sub-theme</b> | <b>Description</b>  | <b>Frequency</b> | <b>Saliency</b> |
| <b>Ethical Leadership</b>   | Character        | “A leader who listens, would make the employees accept changes” (P13) “If the leader is good, well understanding and explain everything well, you accept it well” (P1) “How the leader handles the change, affects how the employees will react” (P14)  | <b>8</b>         | <b>8</b>        |
|                             | Values           | “Humility, charismatic, disciplined, organized, listening, non-biased” (P1) “transparency and honesty, good communication skills, patient, willing to help others through the change” (P 6) “Trustworthy, responsible, accountable, compassionate, confidential, integrity, assertive, understanding” (P13)   | <b>22</b>        | <b>22</b>       |
| <b>Unethical leadership</b> |                  |   |                  |                 |
| Unethical leadership        | <b>Character</b> | “Resistance comes about when a leader does not want to take people through what changes are about to take place” (PL 14) “Biased. A leader who is biased cannot convince staff to embrace the change” (P 17) “If the leader is not approachable, employees might follow blindly without giving feedback in case a change will not work. Therefore, the leader will miss out on the input of the employees” (P 19) | <b>5</b>         | <b>5</b>        |
|                             | <b>Values</b>    | “if the leader is not that relational, then, it will be difficult” (P 22)   | <b>2</b>         | <b>2</b>        |

**4.3.2.1. Leader’s Character**

The results demonstrate that the leaders were aware that their character and values affect the way change is received by the rest of the employees. They knew their role as initiators, influencers, and implementers of change in organizations. “A leader is the one who knows what

*should be done, and the changes that are supposed to be done. He communicates to all the employees of the new changes (PL 14). “In one word, influence. You communicate, educate, you get feedback, you modify, then move to actual implementation. You cannot force it. If they do not understand the importance of the changes, they will resist. And they are not being rude, but they simply cannot relate with it” (PL 21).*

The employees agreed that the character of the leader is crucial in determining the response of the employee to change. *“A leader who listens, would make the employees accept changes, but the one who not, leads to people resisting the changes. A leader should walk together with the employees” (P 3).* The change may be good but since the employees are not in good terms with the leader, they tend to resist. *“Sometimes people resist something, because they do not like you (leader). The change could be for the benefit of the organization, but simply because they do not like you, because of the hard feelings, they may say no” (PL 2).*

#### **4.3.2.2. Leader’s Values**

The results reveal that the values of a leader are important and affect how employees respond to change. A leader who is able to speak to the minds and hearts of the employees and accompany them through the changes leads employees to accept the changes. *“How the leader handles the change, affects how the employees will react” (P 13).* *“If a leader is approachable, he/she is able to convince the employees to adapt to the new changes, but when the leader is commanding change is not welcomed” (P 15).*

#### **4.3.3. Employee Ethical Attitude and how it Affects Employee Response to Change**

Regarding the second research question on how employee ethical attitude affected employee response to change in Faith Based Health Organization, four interview questions were

administered, and the following themes emerged, individual ethical disposition, employee values, and employee loyalty to the organization.

#### **4.3.3.1. Individual Ethical Disposition**

The data shows that employee individual ethical disposition affected their response to change initiatives. The leaders perceived that some of the responses are due to human's natural tendencies. For example, *"Some people are just rebellious"* (PL 1). The leaders also felt that the employees have an obligation to support change and that their role in change management is to accept it. *"(the employees) should be ready for the changes. They should be very calm. They should take an active role, try new things, try and fail, they should ask where they do not understand"* (PL 14). One of the leaders said that the employees have no chance of refusing the change, *"... refusing is not an option. Anyone who refuses to try, is not practicing their role"* (PL 7).

The ethical disposition of an employee may be affected by the pressures and stressors of life and this may in turn affect how an employee responds to change. *"An employee should know how to deal with personal issues so that when they come to work, they should know that they are dealing with human beings. For example, I know I need enough rest, I need exercise, so that I can be refreshed, I need to have the right attitude when there is pressure. I should have resilience when things are difficult"* (P 17).

Employees tend to take their time to evaluate how the change will affect them before they accept it or reject it. The fears of security losses like jobs, salary cuts, relocation, and more workload cause employees to resist the change. *"A change may result in more workload, a change may result in some employees having to step down, people fear losing their jobs, having to be told that we are using the new system and we do not need you anymore"* (P 4)

#### **4.3.3.2. Employee Values**

The leaders felt that the values upheld by employees contribute to the overall ethical/unethical environment which affects how employees respond to change. The leaders echoed in different ways their perceptions about values that the employees should have to support change initiatives. *“An employee should be a team player. Willing to work with everyone together, rather than wanting his/her ideas only and if you don’t get it, then you fall for it. But when you are a team player, that is what is acceptable”* (PL 1). *“The employees should have the courage to give feedback, however unpleasant, maybe politely, but they should give the feedback”* (PL 14). The leaders expect the employees to support them (leaders) in the change process. *“The employees should have a corporate spirit, good team spirit, or what we term sometimes as collegiality. ‘we are in it together’. The employees should have that. They should also accept their weaknesses”* (PL 7).

The employees had similar sentiments about which values they should have to support change initiatives. *“Employees should be ready to accept change. If one is hardworking, they will do everything to effect the change. The second is integrity. With integrity, one will work hard for the betterment of the company”* (P 2). *“Employees should be disciplined. Love the institution”* (P 13).

#### **4.3.4. Ethical Organizational Culture and how it Affects Employee Response to Change**

Regarding the third research question; how does ethical organizational culture affect employ response to change in Faith Based Health Organization, four interview questions were administered, and the following themes emerged, faith affiliation of FBHOs, Organizational values, and code of ethics.

#### 4.3.4.1. Religious Affiliation of the FBHOs

The element of religious affiliation seemed to be a sensitive matter to talk about, since respondents' facial expressions and words did not always match. Both leaders and employees felt that there was no aspect of religious affiliation in the health organizations that hindered change implementation, but went ahead to point out serious concerns on the same. For example, *"Many faith-based institutions are left to run independently..."* (PL 14). Yet the employees also pointed out that there was no room for questions or alternatives. They are forced to comply. *"...one has no chance to say No!... You cannot choose to follow or resist, you can only accept"* (P 13).

The employees agreed that the faith the organizations are affiliated to has an influence on the attitudes of employees especially during change. P 5 explained, *"We put God first, we start with prayers in the morning. That encourages me so much"*.

There are certain instances where the faith of the employees and the organization conflict but the employee has freedom to embrace their own faith. *"Here they do not stop you from what you believe in"* (P 10). *"There are some of the things that the faith this institution does, that I do not believe in"* (P 17).

In some instances, where the change is perceived to be against the beliefs of the employees, they resist. *"I know that what we believe in influences what we do and so religion is a big influence and can be a big hindrance in accepting change, if the change is against my beliefs"* (P 17).

The leaders had a slightly different view of the faith affiliation of the FBHOs. They said that the current FBHOs are left to be run by corporate professionals, just like other organizations, and they do not stamp their faith forcefully. *"Many faith-based institutions are left to run independently without a direct support from their mother church, and they are left to run as a*

*stand-alone business” (PL 14). However, there are certain fundamental beliefs of the FBHOs that one cannot go against such as eating or not eating meat products. They are taught to all employees and are expected to be followed by everyone while working in the institution. “There are the basic beliefs that we cannot go against. The fundamental ethical teachings are gotten from the church teachings, and so members of the institution are aware and cannot question” (PL 21).*

#### **4.3.4.2. Organizational Values**

The organizational values such as respect of all human beings, customer first, and quality service, shape the mindset of the employees when the employees are familiar with them. The leaders of the organizations teach these values. *“When an employee is hired, he/she is taken through the core values, mission and vision of the organization, and when change comes, the employee should know whether it is in line with the vision and mission of the organization, therefore there should not be any resistance in that case” (P 13).* P 4 had this to say, *“Here you see a patient as a person and help them without discrimination. Even when a poor person comes, you have to help them”.* The values inculcated in the employees affect their response to change. Here are some examples, *“The values of the organization affect the way I accept change. For example, if I feel respected, I will easily accept the change. Another example is that the values help us to treat our patients well and we gain trust from them. In case of changes that affect our patients, they support us and so we (employees) in turn support the changes our hospital is bringing” (P 8).* *“One of our values is service to the community. So when change comes, we realize that it is not about us, but about the betterment of the community, so that when change comes we accept it and embrace. We believe that the change is for good, but even if we do not see the good, we believe it is for the good of the community” (PL 7).*

Some employees were either not aware or not able to articulate the organizational values. “*I do not know the values*” (P 13). In some cases, the employees had to think about any such values and seemed unsure when responding to this question.

The leaders felt that the organizational values are well understood by all, and that the employees are guided by the values in the organizations. “*The values guide the employees in their service. They are guided by integrity and honesty; they also trust in God*” (PL 21).

#### **4.3.4.3. Organizational Code of Ethics**

The employees assumed that a code of ethics was the unwritten code of behavior that they were expected to follow. “*Most of the code is unwritten and guide our behaviors. It is not written but it is there*” (P 15). However, some employees believed that their institution had written code of ethics but they were not aware of its contents. “*We have a code of conduct, but we have never seen its contents*” (P 20). “*We are told by the CEO that it is there, and occasionally, a small section is read to us*” (P 5).

One of the leaders said that the code of ethics existed in the organization but they used it only when an employee had done something wrong or was facing a disciplinary action. “*We rarely refer to it because it is used for disciplinary purposes. We rarely use it because we rarely reach that point*” (PL 14).

#### **4.4. Chapter Summary**

This chapter presented the data collected from the field using interviews. The four leaders and twenty employees of FBHOs of different faiths participated. The main findings were that ethical leadership, employee ethical attitudes, and organizational culture affect how employees respond to change in FBHOs. The next chapter presents the discussion of the results.

## **CHAPTER FIVE: DISCUSSION OF THE RESULTS**

### **5.1. Introduction**

This chapter discusses the results of the study. This study set out to investigate the ethical factors affecting employee response to change in FBHOs in Nairobi County. The study used a qualitative phenomenological research design and aimed at answering three research questions, namely, 1) How does ethical leadership affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya? 2) How do employee ethical attitudes affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya? 3) How does ethical organizational culture affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya? 24 participants were interviewed from four different level four FBHOs. These participants were selected using purposive sampling technique.

Data collection was done using face-to-face semi-structured interviews. Each interview lasted approximately 40 minutes. From the thematic data analysis, the themes were informed by the research question and responses of informants as discussed in the following section. Further, the conceptual framework is discussed to show how the variables interplayed in the study.

### **5.2. The Conceptual Framework**

The conceptual framework is the researcher's understanding of how the particular variables in a study relate. Hence, it identifies the variables required in the research investigation. It is the researcher's "map" in pursuing the investigation and illustrates what the researcher expects to find in the research. An independent variable is the one that is manipulated by the researcher in order to ascertain its influence or effect on another variable (Mugenda & Mugenda,

2019). In the current study, the independent variables were ethical leadership, employee ethical attitudes, and ethical organizational culture.

A dependent variable is one which tries to show the total influence emanating from the effects of an independent variable (Mugenda & Mugenda, 2019). In this study, the dependent variable was employee response to change. The study has shown how all the three independent variables affect employee response to change.

### **5.3. Ethical Leadership and how it Affects Employee Response to Change**

Regarding the first research question on how ethical leadership affects employee response to change in Faith Based Health Organization, four interview questions were administered, and the following themes emerged.

#### **5.3.1. Leader's Character**

The results demonstrated that the character of the leader affects how the employees respond to change. The employees value good character traits of a leader such as compassion and understanding. According to Kimura and Nishikawa (2018) ethical leaders exhibit good character from which they make decisions. The employees trust ethical leaders because they know that the leaders have already thought through the changes they want to bring to the organization. The results from the study show that the employees accept the changes if the leader is of good character and explains well the changes to them.

In virtue ethics, Hooft (2014) deriving this inspiration from Aristotle (Crisp, 2014), claimed that a virtuous person is the one who possesses ideal character traits. Similarly, all the employees and leaders interviewed agreed that the character of the leader is crucial in determining the response of the employee to change. Leaders of good character lead the

employees to accepting the change trusting that the leader will not bring anything that is harmful to them. On the other hand, when the leader is perceived to be of bad character, the employees tend to resist change. Resistance comes when the leader is forceful and does not listen to the employees.

### **5.3.2. Leader's Values and Virtues**

The Aristotelian virtues, corresponding to what the employees called the leaders' values, of kindness and honesty (Hooft, 2014), were cited by the employees and leaders as values that create a favorable environment for change management. It is evident from the results of the study that the values of a leader are important and affect how employees respond to change. A leader who is able to speak to the minds and hearts of the employees and accompany them through the changes leads employees to accept the changes. These includes both the intellectual and moral virtues of the leader (Hooft, 2014). The values of a leader supporting employees to accept change, corresponds also to Giubilini (2021) who opined that leaders who demonstrate moral principles and values in their actions and decisions for the common good, are able to set the right ethical tone in the whole organization especially during the change process.

## **5.4. Employee Ethical Attitude and how it Affects Employee Response to Change**

Regarding the second research question on how employee ethical attitude affected employee response to change in Faith Based Health Organization, four interview questions were administered, and the following themes emerged, individual ethical disposition, employee values and virtues, and employee loyalty to the organization.

### **5.4.1. Individual Ethical Disposition**

According to Jacobs and Keegan (2018), all stakeholders have to be change-ready and change resilient in order to accept change. Similarly, this study's findings reveal that employee

individual ethical disposition affects their response to change initiatives. As pointed out by Faris and Kadiyono (2018), if employees develop negative attitudes towards change, they will not support change but will feel burdened by it. Equally, if the employees feel supported and their interests are adequately addressed, they are likely to accept the change.

The study revealed that employees tend to take their time to evaluate how the change will affect them before they accept it or reject it. The study further revealed that the fears of security losses like jobs, salary cuts, relocation, and more workload cause employees to resist the change. This corresponds to what Soko (2012) found out, that the employee responses to change may be negative due to fear of loss of securities such as job losses, salary cuts, and workload. The current study's findings also include relocation as a fear of the employees that affect their response to change.

#### **5.4.2. Employee Values and Virtues**

The values of leaders, employees and organization as a whole contribute to the overall ethical/unethical environment which affects how employees respond to change. According to virtue ethics (Hooft, 2014), employees should have good character and deeply grounded values in order to be receptive to the change initiatives proposed by the leaders. The leaders, as well as employees should be of good character. This study's findings support this claim through the values that the participants came up with that are true to their work environment, especially during change. They include open-mindedness, discipline, hard work, respect, honesty, integrity, compassion, and team work. These values contribute to nurturing an ethical environment where employees and leaders are conscious of the decisions they make that should be guided by the ethical values.

### **5.4.3. Employee Loyalty to the Organization**

This study's results show that the employees' level of loyalty affects how they perceive the change initiatives. When a change is introduced, the employees tend to evaluate the positive and negative effects of the change to them as individuals versus the organization. They accept the change if it brings advancement and benefits to them, not only to the organization. This study's findings also established that employees support changes if they are of benefit to the patients to whom they render service. That finding corresponds to what Wedajo and Chekole (2020) opined that employees' devotedness and commitment to their organization determined their attitudes towards change. The aforementioned authors argue that the employees who are committed to their organizations are more likely to willingly support change initiatives and therefore develop positive attitudes towards the organizational change.

## **5.5. Ethical Organizational Culture and how it Affects Employee Response to Change**

Regarding the third research question on how ethical organizational culture affected employee response to change in Faith Based Health Organization, four interview questions were administered, and the following themes emerged, faith affiliation of FBHOs, Organizational values, and code of ethics.

### **5.5.1. Religious Affiliation of the FBHOs**

The results from this study reveal that employees of FBHOs are influenced, and their attitudes shaped by the faith affiliations of their organizations. This is because the key leaders subscribe to the faith of the organization and even in some cases, the members of the board of management are members of the sponsoring Church. However, there are certain instances where the faith of the employees and the organization conflict but the employee has freedom to exercise their own faith. This may lead to suspicion and conflicts. As Walker et al. (2012) articulate,

where there are conflicts between religious beliefs and ethical judgements of individuals, resistance to change may be experienced. Faith-based organizations are affiliated to certain religious beliefs, and they tend to shape the employees' thinking and actions based on those beliefs, but still, ethical issues arise where an individual has erroneous assumptions regarding the two concepts. This study's results show that there were instances where when the change was perceived to be against the beliefs of the employees, they (employees) resisted.

The leaders had a slightly different view of the faith affiliation of the FBHOs. They said that the current FBHOs are left to be run by corporate professionals, just like other organizations, and they do not stamp their faith forcefully. However, there are certain fundamental beliefs of the FBHOs that one cannot go against such as eating certain kinds of food, good care of patients, community service, and prioritizing the patients. They are taught to all employees and are expected to be followed by them. The participants did not seem to distinguish between religion and ethics. The researcher perceived that the religious beliefs dictated what is the right thing to do and what is wrong to avoid.

### **5.5.2. Organizational Values**

Komodromos et al. (2019) links the organizational values to change outcomes stating that organizations that promote fairness and justice, make their employees experience greater trust, which in turn leads them to accept change. Similarly, the study findings show that the organizational values shape the mindset of the employees thereby affecting how they respond to change. For example, when they feel respected, they are willing and ready to accept change, and when they feel disrespected, they resist change.

In some instances, employees were either not aware or not able to articulate the organizational values. Some employees had to think about them and seemed unsure when

responding. This means that when the employees are unaware of the organizational values, it is hard to be influenced by them. This will in turn affect how the employees respond to change.

### **5.5.3. Organizational Code of Ethics**

The study's findings revealed that the employees assumed a code of ethics to be the unwritten code of behavior that they are expected to follow. This corresponds to Kaptein (2020) classification of organizational ethical culture, namely, formal and informal ethical context which entails tangible and intangible. Likewise, some employees believed that their institution had written code of ethics but they were not aware of its contents. During the interview, the employees' first response to the questions was that there was no code of ethics. It was after a clarification, that they were able to identify the ethical code in the policies. This indicates that these organizations had thought about the need for ethical conduct but were yet to lay it down clearly in a document and disseminate it to the employees.

The findings also revealed the understanding of the leaders about code of ethics; that is, it is only useful during disciplinary occasions and not really infused in daily routines of the organization. On the contrary, Cataloging Ethics Steering Committee (2021) depicts codes of ethics as an essential framework that should be used to shape the ethical culture of an organization. Therefore, in order to create an ethical organizational culture, the code of ethics should be part of the organization's routine and employees should be made aware of it.

## **5.6. Chapter Summary**

The research findings as well as other studies reveal that ethical leadership, ethical employee attitude and ethical organizational culture affect employee response to change. The chapter discussed in detail, the findings of the study. The literature, to a larger extent, agreed with the responses of the participants. However, there seemed to be a gap between what is

desired, and the real situation in the organizations. Therefore, the leaders and employees seemed to desire concrete ways of creating awareness and internalizing the organizational values, in order to put them into practice. The next chapter will present summary, conclusion and recommendation.

## **CHAPTER SIX: SUMMARY CONCLUSION AND RECOMMENDATION**

### **6.1. Introduction**

This chapter presents the summary, conclusion, and recommendations of the study. The study set out to investigate the ethical factors affecting employee response to change with a focus on Faith-based Health Organizations in Nairobi County. The findings revealed ethics plays a key role in employee response to change. Specifically, the study found out that employees may either accept or resist organizational changes depending on the ethicality of leadership, employee attitudes, and/or organizational culture.

### **6.2. Summary and Recommendations**

The aim of this study was to investigate the ethical factors affecting employee response to change in FBHOs in Nairobi County. This study centered on the following objectives.

#### **6.2.1. Ethical Leadership and how it Affects Employee Response to Change**

The leader's character and values were considered important in shaping the employee response to change. Good character of a leader supports and encourages employees to accept the change initiatives. Employees value good character traits in their leader such as compassion and understanding, but if the leader does not take interest in their concerns, they tend to resist change. Leaders of good character lead the employees to accept the change trusting that the leader will not bring anything that is harmful to them. However, when the leader is perceived to be of bad character, it undermined their moral authority as initiators of change, leading most employees to resist change. Thus, the values of a leader are important and affect how employees respond to change. A leader who listens and is approachable leads to employees accepting changes, while a leader coercing change is not welcomed.

The study recommends that the leader's character and values should be in sync. This builds trust in the organization especially from the employees to their leader. Leaders need to help employees to believe in their ability to change and the positive effect of such changes for the individual employee and for the organization at large. This in turn will lead to acceptance of change initiatives. Leaders should ensure the establishment of an ethical environment before embarking on major organizational changes. This begins with the lived and/or stated ethical beliefs and standards of the leaders themselves. This, as shown by the responses, is a major influencing factor on employees. This will enable the leader to inculcate the same values among all the employees.

#### **6.2.2. Employee Ethical Attitude and how it Affects Employee Response to Change**

The employee ethical disposition, employee values, and employee loyalty to the organization affect employee response to change in FBHOs. Some of the responses to change are due to natural tendencies, while others are affected by the pressures and stressors of life. Employees tend to take their time to evaluate how the change will affect them before accepting it or rejecting it. Fears of security losses, salary cuts, relocation, and more workload cause employees to resist the change. Lack of fairmindedness and inflexibility also contributes to resistance to change. Employees' loyalty affects how they perceive change initiatives. They accept changes that bring advancement and benefits to them, not only to the organization. Some find changes that benefit the beneficiaries appealing to accept.

The study recommends employees to appreciate organization's ethics and values, contribute to the overall performance and reputation of the organization, and maintain a positive attitude and loyalty to the organization. The employees should be open to change and fair in terms of taking care of their interests as well as interests of the organization. They should be

willing to be flexible and approachable in order to support changes. All participants were aware of the influence of ethical behavior and the need to cultivate values which lead them to consider the interests of the organization as well as their own.

### **6.2.3. Organizational Culture and how it Affects Employee Response to Change**

The faith affiliation of FBHOs, organizational values, and code of ethics create the ethical/unethical environment which affects how employees respond to change. Organizational values such as respect for all human beings, customer first, and quality service are emphasized by the organization's leaders and employees. When an employee is hired, they should be taken through the core values, mission and vision of the organization, and when change comes, they should know whether it is in line with their vision and mission. These values affect employees' response to change; in that, when the employees perceive that the change will affect patients positively, they tend to accept, but when the changes seem to affect patients in a negative way, the change initiatives are resisted.

The FBHOs should focus on ethical environment creation which entails having both formal and informal code of ethics. This has major implications for the recruitment of proven ethical leaders, who are also good listeners and flexible in adapting the process of change to the situation and ability of individuals.

From the interviews, the employees were not clear on what an organizational code of ethics means and therefore not clear on how to behave ethically. FBHOs should have codes of ethics to support both leaders and employees to be ethical and value driven, not only in day to day activities, but also during the chaotic times of major organizational changes.

### **6.3. Conclusion**

In conclusion, the employee response to change is affected by various factors, but especially the ethical factors. Ethical leadership which speaks to both the mind and the heart of an employee, changes the ways in which they perceive and receive the change initiatives. In the uncertainties and anxious times of change, the leaders are encouraged to be more virtuous, to be more human, in order to bring on board everyone for the organizational change to be successful. The employees also have a role to play by maintaining a positive ethical attitude towards changes, keeping in mind that change is inevitable. Open-mindedness and flexibility are values of an employee that support them during change. The leaders and employees of FBHOs collectively can create an ethical environment by living the values and adhering to the code of ethics of the organization. These values are not only deeply rooted in the faith associated with the organizations, but also in ethical awareness and virtues articulated in philosophy and wisdom that connect all people.

### **6.4. Limitations of the Study and Recommendation for Future Research**

The limitations of the study include the following:

1. Tight schedule of healthcare workers. The researcher waited long hours to see healthcare workers who were busy with their daily shifts. They had limited time to engage full, with heart mind and body to responding to the interview questions.
2. The researcher used phenomenological qualitative research methodology. The information obtained was in-depth but not widespread to cover larger sample.

The information that was gleaned from this research offered useful insights into the ethical factors affecting employee response to change. The study focused on employee response to change. Further researches can be done to establish the ethical factors affecting change as a

whole. Besides employee response to change, there may be other elements of change that need to be looked at in order to successfully manage change in complex organizations.

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## **APPENDICES**

### **Appendix A: Introduction letter**

Dear sir/madam,

The researcher is conducting the research on ethical factors affecting employee response to change in Faith-based Health Organizations in Nairobi County. The objective of the study is to assist in attaining academic qualification. Therefore, the researcher seeks your consent to participate on the interviews of the study. The information is required to gain in-depth understanding of the ethical factors the affect employee response in change management processes to meet the objective of the study. Other participants will be included to answer the same questions so your responses will remain anonymous. Looking forward to your total cooperation.

Thanks in advance

Rodah Bonareri Mose

The Catholic University of Eastern Africa

Tangaza University College

P.O. Box 15055-00509. Lang'ata

Nairobi Kenya

Phone: +254 726 582 054

Email: moserodah@gmail.com

## Participant Consent Form

|   |
|---|
| <b>Participant Consent Form</b><br><b>CUEA – Tangaza University College</b>   |
| <b>Title of Research: Ethical Factors Affecting Employee Response to Change in Faith-based Health Organizations in Nairobi County, Kenya</b>  |
| <ul style="list-style-type: none"><li>• This study is being conducted as the requirement for MA Thesis in Ethics and Organizational Leadership at Tangaza University College.</li><li>• It has been approved by the supervisors (contact: clmdirector@tangaza.ac.ke)<br/>This study involves not known risk to participants and contains no deception. It takes approximately 45-60 minutes to take part in the present phase of the study.</li><li>• The task requires a participant to answer a series of questions.</li><li>• All respondents are treated as strictly confidential. No participant's results will be presented individually but only in aggregate form.</li><li>• Participation in this study is voluntary and there is no monetary or any other kind of compensation. Withdrawal from participation in the study will not lead any individual to be penalized in any way, and all participants have the right to withdraw themselves and their data from the study at any time.</li></ul> |
| <b>Name of the researcher:</b> Mose Rodah Bonareri  |
| <b>Position of the researcher:</b> STUDENT IN MA PROGRAMME  |
| <b>Address of the University College:</b><br>Tangaza University College, Langata, Nairobi, Kenya, 15055-00509,<br><b>Telephone number of the Program Leader:</b> +254 733 247 117   |
| <b>Signed by researcher</b> ..... <b>Date</b> .....   |
| <b>Statement to be signed by the participant</b>  |
| I confirm that the organizer has explained fully the nature of the project and the range of activities which I am asked to undertake and that I have received an information sheet. I confirm that I have had adequate opportunity to ask questions about this project. <ul style="list-style-type: none"><li>• I understand that my participation is voluntary and that I may withdraw at any time during the project, without having to give a reason.</li><li>• I agree to take part in this project, by participating in the interviews.</li></ul>  |
| <b>Signed by participant</b> ..... <b>Date</b> .....  |

### **Participant Audio Recording Consent Form**

**Title of Research: Ethical Factors Affecting Employee Response to Change in Faith-based Health Organizations in Nairobi County, Kenya**

**Name of the researcher:** Mose Rodah Bonareri

This study will encompass audio recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio or audio recording or the transcript. Only the research team will be able to listen to the recordings.

The tapes will be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in reporting and presentations of findings of this research. Neither your name nor any other identifying information will be used in reporting the findings of this study.

By signing this form, I am allowing the researcher to audio record me as part of this research. I also understand that this consent for recording is effective until 30<sup>th</sup> September, 2022. On or before that date, the tapes will be destroyed.

Participant's Signature: .....Date:.....

## Appendix B: Interview guide for employees of Faith-based Health Organizations

This interview guide has two parts; part A has demographic information of the participants while part B has in-depth questions on the phenomenon under investigation. There are two interview guides for the leaders and the employees.

### Part A: Demographic Information of Participants

| Demographic Information Form   |   |
|--|---|
| <b>Respondent No. 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24</b> |   |
| Age: [      ]  |   |
| Gender: M  | <input type="checkbox"/> F <input type="checkbox"/>   |
| Education: Primary   | <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate <input type="checkbox"/> |
| Masters  | <input type="checkbox"/> PhD <input type="checkbox"/>   |
| Position: [                      ]   |   |
| Department: [                      ]   |   |
| Period worked in the organization: [      ] years                                    |   |
| INTERVIEW APPOINTMENT <input type="checkbox"/>                                       |   |
| Date, place, and hour of interview.....  |   |

### Part B (I): Interview questions for leaders

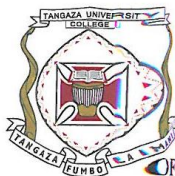
| Ethical Factors influencing Employee Response to Change in Faith-based Organizations in Nairobi County, Kenya                                 |  |   |
|---|--|---|
| Research questions  | Interview questions                                      | Probing Questions   |
| <b>RQ – 1</b><br>How does ethical leadership affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya? | 1. As a change initiator, how do you see change?         | a) What is your general feel about organizational change?   |
|   | 2. What are the common reactions to change by employees? | a) What do you think are the reasons for those reactions?   |
|   | 3. What is the role of a leader in the change process?   | a) What qualities of a leader are useful for in shaping employee response to change?<br><br>b) How does the character of the leader lead to change effectiveness? |

|   |   |   |
|---|---|---|
|   | 4. Which values should you have that support employees in accepting the change?   | a) Which one is the most important? Briefly explain   |
| <b>RQ – 2</b><br>How does employee ethical attitude affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya?      | <p>1. How does the employee value system shape their responses to change initiatives?</p> <p>2. Which fears do the employees have during change?</p> <p>3. What is the role of employees in ethical change management?</p> <p>4. What causes resistance to change among the employees?</p>  | <p>a) Which values are favourable for effective change management?</p> <p>a) How do the fears affect the employees' receptivity of change?</p> <p>a) Which dispositions should the employees have to ensure effective change management?</p> <p>a) Which ones are ethical/unethical?</p>                  |
| <b>RQ – 3</b><br>How does ethical organizational culture affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya? | <p>1. Do you have a code of conduct?</p> <p>2. What ethical dilemmas do you face that are unique to FBHOs during change management?</p> <p>3. How does the hierarchical nature of your organization affect how employees respond to change? If any.</p> <p>5. How does the religious affiliation of your organization affect employee response to change?</p> | <p>a) How often do you refer to it?</p> <p>a) Give examples</p> <p>a) What ethical challenges do you experience that are related to the hierarchy?<br/>b) What suggestions would you give to overcome the challenges?</p> <p>a) What aspects of the religious beliefs encourage or discourage change?</p> |

**Part B (I): Interview questions for employees**

| <b>Ethical Factors influencing Employee Response to Change in Faith-based Organizations in Nairobi County, Kenya</b>                                      |   |  |
|---|---|--|
| <b>Research questions</b>   | <b>Interview questions</b>  | <b>Probing Questions</b>   |
| <b>RQ – 1</b><br>How does ethical leadership affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya?             | 1. As a change recipient, how do you feel generally about change?<br>2. What are your common reactions to change?<br>3. How does the moral awareness of the leader affect your acceptance or resistance to change?<br>4. Which values should a leaders have that are useful during change management? | a) What causes those feelings?   |
|   |   | a) What do you think are the reasons for those reactions?  |
|   |   | a) What qualities of a leader support you during change management?<br>b) How does the character of the leader support you to accept the changes initiated?<br>a) Which one is the most important? Briefly explain |
| <b>RQ – 2</b><br>How does employee ethical attitude affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya?      | 1. How does your value system shape your response to change initiatives?<br>2. Which fears do you have that determines how you respond to change?<br>3. What is your role as an employee in ethical change management?<br>4. What causes resistance to change among the employees?                    | a) Which values do you need to cooperate with the change processes?  |
|   |   | a) How do the fears affect your receptivity of change?   |
|   |   | a) Which dispositions should you have that supports you to accept change?<br>a) Which ones are ethical/unethical?  |
| <b>RQ – 3</b><br>How does ethical organizational culture affect employee response to change in Faith-based Health Organizations in Nairobi County, Kenya? | 1. Which organizational values support employees in adapting to change?<br>2. Do you have a code of conduct?<br>3. Which values have you learnt from the faith of your organization that support you during change?   | a) Which one is the most important?  |
|   |   | a) Are you aware of the existence and contents of the code of conduct?   |
|   |   | a) What aspects of the religious beliefs encourage or discourage change?   |

## Appendix C: Introduction Letter from Tangaza



# TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

OFFICE OF THE DIRECTOR OF RESEARCH & POST-GRADUATE STUDIES

E-mail: [dir.pgsr@tangaza.ac.ke](mailto:dir.pgsr@tangaza.ac.ke) Website: [www.tangaza.ac.ke](http://www.tangaza.ac.ke)

OUR Ref:DPGSR/ER/07/2022

Date: 15<sup>th</sup> July 2022

To The Commission Secretary,  
National Commission for Science, Technology and Innovation  
P.O. Box 30623,  
Nairobi — Kenya.

Dear Sir/Madam,

**Re: Research Permit for Mose Rodah Bonareri**

This is to confirm that the person named in this letter is a student at Tangaza University College (TUC). She is registered in the Centre for Leadership and Management (Reg. No. LM57/0006/2021) and she is pursuing M.A degree in Ethics and Organisational Leadership.

Mose has met all our provisional academic requirements leading to data collection. However, she cannot proceed to the field before getting a Research Permit from the National Commission for Science, Technology and Innovation (NACOSTI). Kindly assist her to process the permit for data collection for her M.A. Thesis.

Thanking you in advance for your cooperation

Yours sincerely,



**Daniel M. Kitonga (Ph.D.)**

Director, Research & Post-Graduate Studies

CC:

Sr. Loretta Brenan – Ag. Programme Leader, M. A. Ethics & Organisational Leadership

## Appendix D: Ethical Clearance from Tangaza



# TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

OFFICE OF THE DIRECTOR OF RESEARCH & POST-GRADUATE STUDIES

E-mail: [dir.pgsr@tangaza.ac.ke](mailto:dir.pgsr@tangaza.ac.ke)

Website: [www.tangaza.ac.ke](http://www.tangaza.ac.ke)

OUR Ref: DPGSR/ER/07/2022

Date: 15<sup>th</sup> July 2022

Mose Rodah Bonareri  
Centre for Leadership and Management  
School of Arts & Social Sciences  
Tangaza University College

Dear Mose,

**RE: ETHICS CLEARANCE FOR MOSE RODAH BONARERI, REG. NO. LM57/00006/2021**

Reference is made to your letter dated 3<sup>rd</sup> July 2022 requesting for ethical clearance of your research proposal to carry out a study on "*Ethical factors affecting employee response to change in faith-based health organizations in Nairobi County, Kenya*".

I am pleased to inform you that, your research proposal has been reviewed and you can now apply for research permit. You are advised to submit your proposal to the National Commission for Science, Technology and Innovation (NACOSTI), for the issuance of a research permit and further guidance before commencing the data collection exercise for your study. You are also advised to adhere to the code of ethics of protection of human subjects during the entire process of your study.

This approval is valid for one year from **15<sup>th</sup> July 2022**.

Please, ensure that after the data analysis and final write up, you submit a soft copy of the thesis to the Director of Research & Post-Graduate Studies – Tangaza University College for records purposes.






Yours sincerely,



**DANIEL M. KITONGA (Ph.D.)**  
*Director, Research & Post-Graduate Studies*  
Tangaza University College

CC: **Sr. Loretta Brenan** – Ag. Programme Leader, M.A. Ethics & Organisational Leadership

## Appendix E: NACOSTI PERMIT

|  |   |
|--|---|
| <br>REPUBLIC OF KENYA   | <br>NATIONAL COMMISSION FOR<br>SCIENCE, TECHNOLOGY & INNOVATION |
| Ref No: 262986   | Date of Issue: 25/July/2022   |
| <b>RESEARCH LICENSE</b>  |   |
|   |   |
| <p>This is to Certify that Sr.. Rodah Bonareri Mose of Tangaza University College, has been licensed to conduct research in Nairobi on the topic: Ethical Factors Affecting Employee Response to Change in Faith-Based Health Organizations in Nairobi County, Kenya for the period ending : 25/July/2023.</p> |   |
| License No: NACOSTI/P/22/19184   |   |
| 262986   |    |
| Applicant Identification Number  | Director General<br>NATIONAL COMMISSION FOR<br>SCIENCE, TECHNOLOGY &<br>INNOVATION  |
|  | Verification QR Code  |
|  |    |
| <p>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</p>   |   |

## Appendix F: Authorization Letters form the Hospitals



ॐ || Shree Swaminarayan Vijaytetram || ॐ  
**SHREE SWAMINARAYAN HOSPITAL**  
(Under Shree Kutch Satsang Swaminarayan Mandir Trust)  
P. O. Box 15977 - 00509 Nairobi, Kenya, Tel: 0711-500400  
E-mail: info@swaminarayanhospital.co.ke

DATE: 27/07/2022

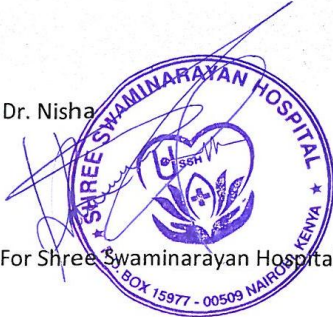
To whom it may concern,

This is to certify that **Sr. RODAH MOSE BONARERI** has been accepted to conduct her research on the topic – *Ethical factors influencing employee response to change in Faith based health organizations* at Shree Swaminarayan Hospital.

Please accord her the necessary assistance and guidance thereafter.

Dr. Nisha

For Shree Swaminarayan Hospital






29 July 2022

To whom it may concern,

**Re: Research at Better Living Hospital-Rodah Bonareri**

This is to confirm that the above named student conducted interviews with our staff on the topic "Ethical factors influencing employee response to change" for academic purpose on July 28, 2022.

BETTER LIVING HOSPITAL  
P. O. Box 48629 - 00100, NAIROBI  
TEL: 2721200/01  
Mob: 0725 011582, 0722 455646  
Info@betterlivinghospital.org  
betterliving tel

  
Dr. Ambrose Nyangao  
Manager/Medical Director

We Treat and God Heals

Jakaya Kikwete Road, P. O. Box 48629-00100 NAIROBI: TEL: 020-2721201: MOBILE MEDICAL - 0722 143758: WARDS (24Hrs) - 0725 011 582:  
Email: sdahealthservice@yahoo.com: DENTAL - 0722-455646: Dental email: sdadentalservices@yahoo.com,  
LIKONI ROAD SDA CLINIC, INDUSTRIAL AREA NAIROBI - 0723-934 620:  
Website: www.betterlivinghospital.or.ke



# COPTIC HOSPITAL

Ngong Road, opposite China Centre, between Kindaruma Lane and Rose Avenue, Nairobi  
P.O. Box: 21570-00505 Tel: +254 711043000 Mobile: +254 732341241 Email: info@coptichospitals.org

---

8<sup>th</sup> August, 2022

Tangaza University College  
Centre for Leadership and Management

Att. H.O.D. ARTS AND SOCIAL SCIENCE

Dear Sir/Madam,

**RE: RESEARCH STUDY INTERVIEW FOR MOSE RODAH BONARERI (LM57/00006/2021)**

I wish to inform you that we have offered the above-mentioned an opportunity to conduct a study interview with us in various departments effective on 8<sup>th</sup> August 2022. The opportunity has been structured to accommodate and empower her appropriately.

We hope that her professional association with us during the study interview will be a rewarding and fulfilling experience.

If you have any questions pertaining to the research study interview, please do not hesitate to contact the Human Resource Department.

Sincerely,



Dr. Sakr  
Medical Director



**Nairobi**  
P. O. Box 960 – 00517 Nairobi  
Tel: +254 207851300, 0777663441,  
0717305204, 0777305204,  
Email: info@stmmh.co.ke

**Rift Valley**  
P. O. Box 224-20116 Gilgil  
Tel: +254 0717305089  
Email: elementaita@stmmh.co.ke

**Our Ref:** STMMH/ADMIN/09/2022

**Your Ref:** TBA

**Dated:** 15/08/2022

**To Catholic University of Eastern Africa  
Tangaza University College  
P.O Box 15055-00509  
Lang'ata  
Nairobi-Kenya.**

Attention: Daniel M. Kitonga(Ph.D)

Dear Sir,

**RE: COLLECTION OF DATA FOR ACADEMIC RESEARCH BY SR. RODAH BONARERI MOSE.**

The above subject matter refers.

We wish to confirm that Sr. Rodah Bonareri Mose came to our facility and requested for permission to collect data as part of her academic research and this was granted.

Further, on 12<sup>th</sup> & 13<sup>th</sup> August 2022, she interviewed six of our staff members from different departments.

We can therefore confirm that she collected data on her research topic "Ethical Factors Influencing Employee Response to Change in Faith-based Health Organizations"

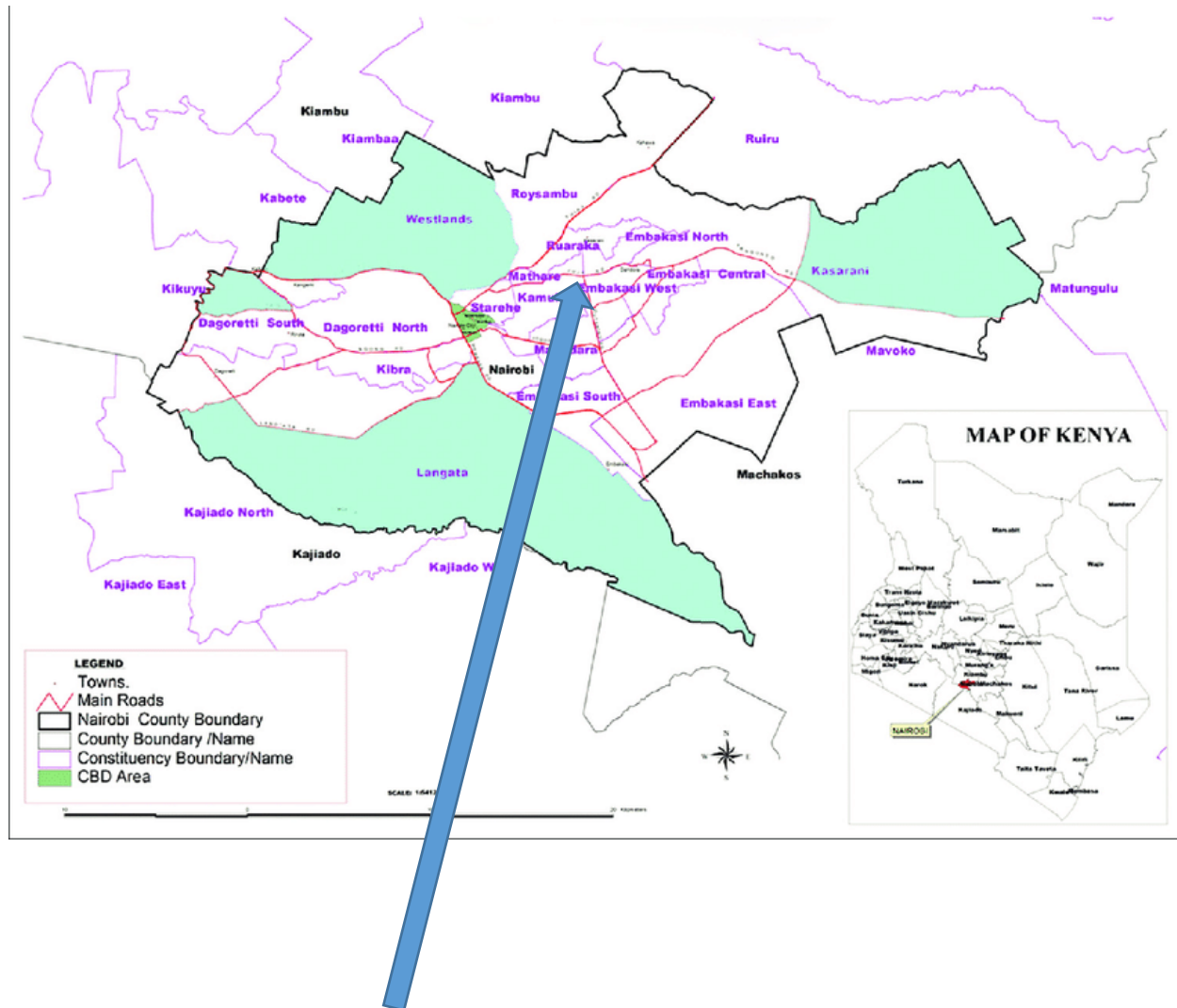
Kind Regards,

**Sr. Elizabeth Nziwa Oyuka,  
Hospital Administrator**





## Appendix H: Location of the study



Nairobi County