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**EFFECT OF SUCCESSION PLANNING STRATEGIES ON ORGANIZATIONAL
PERFORMANCE IN THE PRIVATE HEALTHCARE INSTITUTIONS WITHIN
RUARAKA SUB-COUNTY, NAIROBI COUNTY, KENYA**

By

NAOMI JESANG KIRUI

ADM. NO: 111804

**A RESEARCH PROPOSAL SUBMITTED TO THE SCHOOL OF BUSINESS IN
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE MASTER'S
DEGREE OF BUSINESS ADMINISTRATION IN HEALTHCARE MANAGEMENT
STRATHMORE UNIVERSITY**



JUNE, 2026

DECLARATION

I hereby declare that this research report is my original work and has not been submitted to any other institution for academic purposes or the award of any degree. Any materials from other sources have been duly acknowledged.

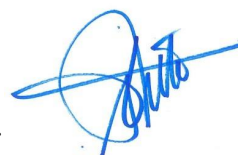
NAOMI JESANG KIRUI

Signature.....

Date.....14/05/2026.....

Supervisor

I confirm that I have checked this research report and that its contents are in accordance with the institution's research guidelines.

Signature



Date...15/05/2026.....

STRATHMORE UNIVERSITY

ACKNOWLEDGEMENT

I begin with appreciating my dear husband Enock, my children Ian, Jasmin, Joselyn, Joyleen and my extended family for their moral support and motivation during my intensive study period. I also thank all my friends for their continued long-term support. May God reward you all richly. A special mention to my supervisor Dr. Acosta who worked tirelessly to provide the necessary guidance in all aspects of my research project. May God's richest blessings be upon all who assisted in the research. I would also like to thank my classmates, who encouraged me and gave me positive criticism. Above all, I give glory and honour to the Almighty God for His grace, provision, and favor throughout this academic journey. Without Him, this achievement would not have been possible.



DEDICATION

I dedicate this research report to my family, whose love and support have been a constant source of strength throughout my studies.

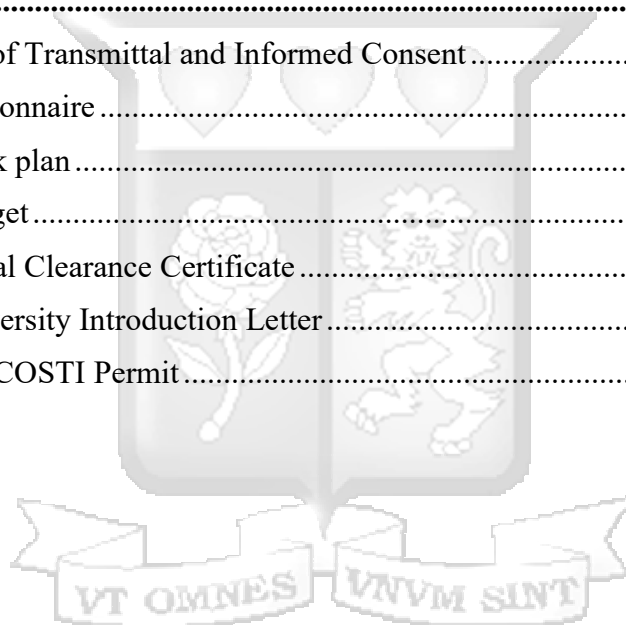


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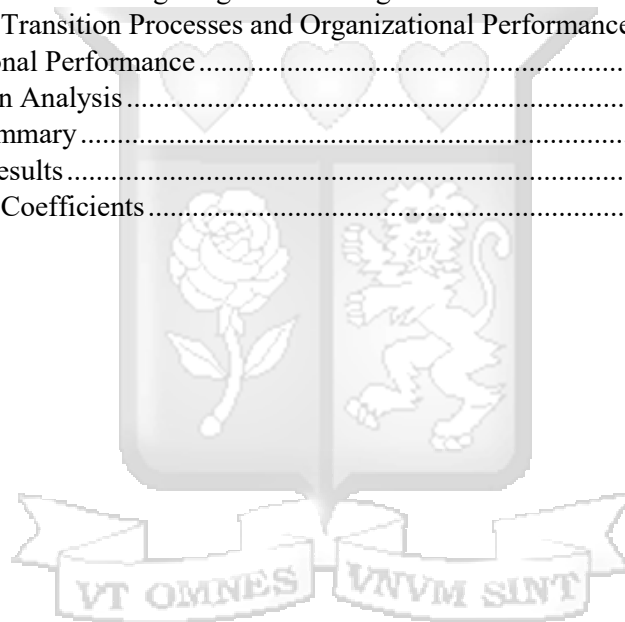
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OPERATIONAL DEFINITION OF TERMS

Challenges to Succession Planning: This refers to the barriers or difficulties faced by institutions in developing or implementing succession plans. It includes issues such as lack of leadership commitment, limited resources, resistance to change, and lack of qualified internal candidates. In this study, it was measured by the extent to which challenges such as inadequate leadership support, limited financial or human resources, resistance from senior staff, and a shortage of qualified internal candidates were reported by respondents.

Implementation of Succession Planning: This refers to the extent to which succession planning strategies are practically applied within healthcare institutions. It is assessed by how frequently succession plans are executed, monitored, and revised. In this study, it was measured by determining how often succession plans were put into action, how leadership transitions were managed, whether monitoring and feedback systems were in place, and staff familiarity with the planning process.

Leadership Development Practices: These include structured efforts such as training, mentoring, coaching, and career development programs that prepare employees for future leadership roles. In this study, they were measured by the availability of leadership development initiatives, variety of training offered, participation rates among staff, and how these programs were linked to promotion or succession decisions.

Organizational Performance: Organizational performance in this context refers to measurable outcomes that indicate the effectiveness of healthcare institutions, such as employee retention, leadership stability, and continuity of service delivery. In this study, it was evaluated using indicators such as the smoothness of leadership transitions, retention rates of key staff, stability of leadership teams, quality and consistency of service delivery, and continuity in operations during leadership changes.

Private Healthcare Institutions: These are healthcare facilities in Ruaraka Sub-County that are owned, managed, and funded privately, and not by the government. This term is limited to hospitals, clinics, and health centers offering medical services under private ownership. In this study, they were identified and classified by their ownership type (family-owned or corporate), size (small, medium, or large), and the range of services they offered.

Succession Planning Policies: Refer to official documents, frameworks, or guidelines that govern how succession planning is carried out in an institution. In this study, it was evaluated based on whether the policy exists, its comprehensiveness, the clarity of roles and responsibilities outlined within the policy, and the extent to which it was communicated and applied across departments.

Succession Planning Strategies: These are the specific approaches adopted by healthcare institutions to ensure leadership continuity, such as mentoring programs, leadership training, internal promotions, or talent identification systems. In this study, this was measured by the types of strategies used, how formally they were structured, their level of integration into organizational planning, and how often they were implemented.

Succession Planning: Refers to the deliberate and strategic process by which private healthcare institutions identify, develop, and prepare employees to fill key leadership positions when they become vacant. In this study, it was assessed through indicators such as the existence of a formal succession plan, frequency of reviewing or updating the plan, documentation procedures, and alignment of the plan with institutional goals for continuity of the business.

ABSTRACT

Succession planning is a strategic imperative for ensuring leadership continuity and sustaining organizational performance, particularly within private healthcare institutions where leadership transitions directly influence service delivery, staff productivity, and operational stability. Despite its recognized importance, succession planning remains inconsistently implemented across many healthcare settings, with limited empirical evidence from private healthcare institutions in Kenya. This study examined the relationship between succession planning strategies and organizational performance in private healthcare institutions in Ruaraka Sub-County, Nairobi County, Kenya.

The study was guided by four objectives: to examine the association between identification of potential successors and organizational performance; to determine the association between leadership development programs and organizational performance; to establish the association between mentorship and coaching programs and organizational performance; and to assess the association between leadership transition processes and organizational performance. The study was anchored on Human Capital Theory and the Resource-Based View, which collectively explain how investments in leadership development create strategic organizational capabilities.

A descriptive cross-sectional research design guided by the positivist research philosophy was adopted. The target population comprised 60 private healthcare institutions in Ruaraka Sub-County that had been operational for at least three years. A sample of 140 respondents, including hospital administrators, departmental heads, human resource officers, and supervisory staff, was selected using purposive and stratified sampling techniques. Structured questionnaires were used to collect primary data, with all constructs measured using a five-point Likert scale. Data were analyzed using descriptive statistics (means, standard deviations, frequencies) and inferential statistics (Pearson correlation and multiple linear regression). Cronbach's Alpha coefficients for all constructs ranged from 0.793 to 0.871, indicating satisfactory internal consistency.

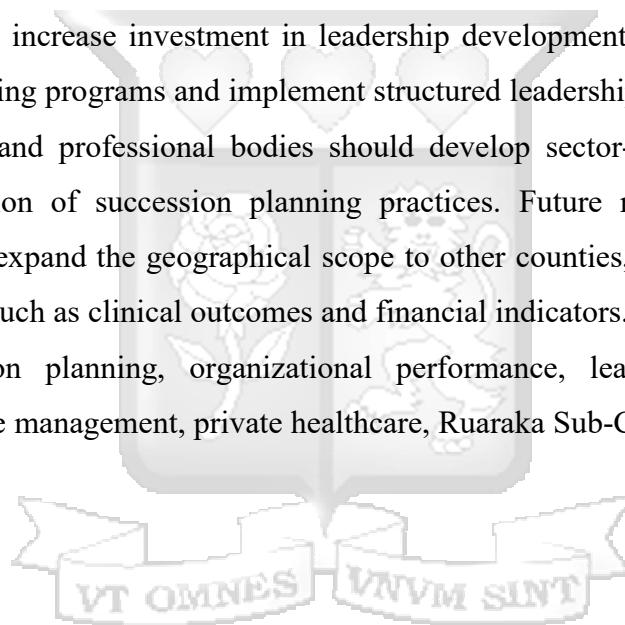
The findings revealed that all four succession planning strategies were positively and significantly associated with organizational performance. Leadership development programs recorded the strongest correlation ($r = 0.746$, $p < 0.01$), followed by leadership transition processes ($r = 0.714$, $p < 0.01$), identification of potential successors ($r = 0.701$, $p < 0.01$), and mentorship and coaching programs ($r = 0.689$, $p < 0.01$). The multiple regression model was statistically significant ($F = 62.044$, $p < 0.001$) and explained 67.4% of the variation in

organizational performance ($R^2 = 0.674$). Leadership development programs emerged as the most influential predictor ($\beta = 0.318$, $p < 0.001$), followed by leadership transition processes ($\beta = 0.287$, $p < 0.001$), identification of successors ($\beta = 0.241$, $p < 0.01$) and mentorship and coaching programs ($\beta = 0.196$, $p < 0.01$).

The study concludes that effective succession planning practices are essential for strengthening organizational sustainability and performance within private healthcare institutions. Institutions that systematically identify potential successors, invest in leadership development, formalize mentorship programs and implement structured transition processes demonstrate higher levels of leadership continuity, service quality, operational efficiency and staff productivity.

The study recommends that private healthcare institutions establish formal succession planning frameworks, increase investment in leadership development initiatives, strengthen mentorship and coaching programs and implement structured leadership transition procedures. Regulatory agencies and professional bodies should develop sector-specific guidelines to encourage the adoption of succession planning practices. Future research should adopt longitudinal designs, expand the geographical scope to other counties, and include objective performance metrics such as clinical outcomes and financial indicators.

Keywords: Succession planning, organizational performance, leadership development, mentorship, healthcare management, private healthcare, Ruaraka Sub-County, Kenya



CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Succession planning has emerged as a cornerstone of strategic management, especially in sectors where leadership transitions have a direct bearing on operational performance, service continuity, and long-term sustainability. Globally, organizations are increasingly recognizing the need to institutionalize structured succession plans as a means of ensuring leadership continuity, reducing operational disruptions and driving strategic adaptability. According to Lewis and Wright (2022), organizations with robust succession planning frameworks are more likely to experience smooth transitions, improved decision-making, and enhanced financial performance. Johnson et al. (2021) further emphasize that formal succession strategies support long-term strategic growth and leadership stability.

Despite this growing recognition, scholars continue to debate the extent to which succession planning contributes to organizational performance. While some studies associate structured succession planning with improved institutional outcomes, others suggest that the effectiveness of succession initiatives depends on factors such as organizational commitment, leadership development investments, and the existence of formal implementation frameworks. These differing perspectives suggest that succession planning should not be viewed merely as a replacement strategy, but rather as a broader organizational process that integrates talent identification, leadership development, mentorship, and transition management. In the healthcare sector, the stakes are particularly high. Leadership transitions must address both operational efficiency and clinical excellence, requiring successors who possess a blend of medical, managerial, and policy competencies. As Anderson and Patel (2022) note, healthcare succession planning must go beyond role replacement to include leadership development programs, mentoring, and strategic knowledge transfer. In contrast, the absence of succession plans often results in disrupted service delivery, increased patient complaints, low staff morale, and even financial instability (Smith & Lee, 2023). The ability to strategically adapt during leadership changes, especially in response to evolving health sector demands and regulatory shifts, depends significantly on how well succession is planned and executed (Jones & Taylor, 2021). These observations suggest that the success of healthcare institutions increasingly depends on their ability to develop sustainable leadership pipelines rather than relying on reactive replacement approaches when vacancies arise.

Across Africa, empirical studies underscore the significance of succession planning in strengthening healthcare systems. In South Africa, Mothapo and Botha (2020) found that private hospitals with structured succession frameworks reported improved leadership continuity, staff retention, and service efficiency. In Ghana, Mensah and Agyemang (2019) observed that leadership mentorship and internal promotion programs enhanced organizational performance, though inconsistent monitoring limited their long-term impact. Similarly, Alabi et al. (2018) in Nigeria highlighted that informal approaches to succession planning such as peer mentoring were common, yet the absence of formal policies often led to leadership gaps and reduced institutional resilience. In Uganda, Nuwagaba and Turyakira (2021) emphasized the role of succession planning in grooming future healthcare leaders and maintaining service delivery, but noted that budget constraints and weak institutional frameworks remained key barriers. These studies collectively reveal that while succession planning contributes significantly to organizational performance in African healthcare institutions, its effectiveness depends on structured implementation, supportive policies, and strategic alignment. Although these studies collectively demonstrate the value of succession planning, they also reveal significant inconsistencies in implementation across African healthcare systems. Most institutions continue to rely on informal leadership replacement practices, limited leadership development opportunities, and weak succession policies. Consequently, while succession planning is widely acknowledged as beneficial, there remains limited agreement regarding which succession planning strategies are most critical in enhancing organizational performance. This creates uncertainty regarding the mechanisms through which succession planning contributes to organizational success within healthcare institutions.

In Kenya, studies demonstrate a strong link between structured succession planning and organizational performance. Kamau and Njoroge (2022) found that private hospitals in Kenya with formal succession systems achieved greater employee retention, leadership continuity, and operational efficiency. Mwangi et al. (2023) reported similar results in Nairobi County, where succession planning improved decision-making speed and patient satisfaction. However, many healthcare institutions across Kenya still face challenges due to resource constraints, lack of policy alignment, weak internal leadership pipelines, and minimal investment in leadership development programs. The Kenyan private health sector plays a critical role in the national healthcare ecosystem, accounting for approximately 40% of health service delivery (Ministry of Health, 2023). As competition within the healthcare industry

intensifies, leadership continuity has become an increasingly important determinant of organizational sustainability and performance. Nevertheless, evidence suggests that many private healthcare institutions still struggle to institutionalize succession planning practices, exposing them to leadership gaps, operational inefficiencies, and disruptions in service delivery. Within this context, succession planning becomes vital not only for organizational performance but also for ensuring uninterrupted care, investor confidence, and staff stability. Yet, Wambugu (2023) reports that around 60% of private health facilities in Nairobi including those in Ruaraka Sub-County, struggle with leadership transitions. Factors such as ownership structure (e.g., family-owned vs. corporate-run), institutional size, and inadequate responses to regulatory changes further complicate succession efforts.

Ruaraka Sub-County presents a unique and relevant context for examining succession planning because it hosts a high concentration of private healthcare institutions serving diverse residential and industrial populations. The sub-county is characterized by increasing demand for healthcare services, high competition for skilled healthcare professionals, and rising expectations regarding service quality and operational efficiency. These conditions place significant pressure on healthcare institutions to maintain leadership continuity and organizational stability. However, despite the strategic importance of succession planning in such environments, limited empirical evidence exists on how specific succession planning strategies are associated with organizational performance within private healthcare institutions in Ruaraka Sub-County. However, despite the vital role these institutions play in meeting healthcare demands, little is known about how they prepare future leaders or whether succession strategies influence performance outcomes. The challenges observed within these facilities such as high staff turnover, intense competition for skilled personnel, and reliance on informal replacement mechanisms further highlight the need to investigate succession planning comprehensively. It is against this backdrop that the study sought to examine the effect of succession planning strategies on organizational performance within private healthcare institutions in Ruaraka Sub-County.

1.1.1 Succession Planning Strategies

Succession planning strategies refer to the intentional and systematic processes through which organizations identify, develop, and prepare individuals to assume key leadership and critical positions (Afiouni, 2020). Modern scholarship defines succession planning as a

proactive, future-oriented practice designed to ensure leadership continuity, preserve institutional knowledge, and sustain long-term organizational performance (Collins & McMullen, 2022). Unlike traditional replacement planning, which focuses merely on appointing a successor when a vacancy arises, succession planning is a comprehensive developmental strategy that integrates talent identification, leadership training, mentorship, and structured transition mechanisms (Sharma, Chrisman, & Gersick, 2021).

Recent studies emphasize that effective succession planning is grounded in strategic human resource development. It begins with the identification of high-potential employees who demonstrate leadership competencies, technical proficiency, and a readiness for career advancement (Afiouni, 2020). This identification process is crucial in building strong internal leadership pipelines capable of supporting organizational growth and navigating future challenges. Following identification, organizations engage in leadership development initiatives, such as formal training programs, job rotations, talent grooming, and exposure to strategic decision-making processes. These initiatives enhance managerial capability, strengthen leadership confidence, and prepare identified successors for future roles (Al Qudah et al., 2023).

Mentorship and coaching constitute another critical dimension of succession planning. Through structured mentorship, experienced leaders transfer tacit knowledge, institutional values, and operational insights to emerging leaders, thereby enhancing their readiness and adaptability (Ismail & Ghani, 2022). Coaching further supports personal and professional growth by helping potential successors refine their leadership style, improve decision-making, and build interpersonal competencies required for effective leadership in healthcare settings. These relational processes are essential in strengthening successors' capacity to perform effectively once they assume leadership roles.

The final component of succession planning involves transition and handover processes. This dimension focuses on designing orderly and transparent leadership transfer mechanisms that ensure minimal disruption to organizational operations. Structured transitions protect institutional memory, maintain staff morale, and foster stability during leadership changeovers (Bussin & Moore, 2021). Research indicates that poorly managed transitions often result in operational inefficiencies, reduced workforce confidence, and loss of strategic direction, particularly in service-intensive sectors such as healthcare (Kimathi, 2020).

Taken together, these dimensions illustrate that succession planning is a multidimensional strategy that enhances organizational resilience and performance. For this study, four key dimensions are adopted including; identification of successors, leadership development, mentorship and coaching, and transition processes, as guided by contemporary literature and the foundational work of Rothwell (2016). These components provide a robust framework for examining how succession planning influences organizational performance within private healthcare institutions in Ruaraka Sub-County.

1.1.2 Organizational Performance

Organizational performance refers to the extent to which an institution achieves its strategic objectives through the effective and efficient utilization of available resources (Bauer et al., 2021). Contemporary scholars emphasize that performance is a multidimensional construct encompassing both financial and non-financial indicators, thereby capturing the processes, capabilities, and outcomes that shape overall institutional success (Albrecht et al., 2020). In healthcare systems, organizational performance is particularly complex because institutions must concurrently balance clinical effectiveness, patient satisfaction, operational efficiency, and workforce productivity while maintaining high standards of safety and quality. These interdependent dimensions collectively determine the capacity of a healthcare organization to respond to patient needs, deliver consistent and reliable services, and achieve long-term sustainability (Donabedian, 2020; WHO, 2022).

The Balanced Scorecard model developed by Kaplan and Norton (1996) provides a comprehensive framework for assessing organizational performance by integrating financial, customer, internal process, and learning and growth perspectives. This framework is widely applied in healthcare environments because it captures both tangible and intangible drivers of performance, including quality of care, responsiveness to patient needs, innovation capacity, and organizational learning. According to the Balanced Scorecard, non-financial indicators such as service quality, operational workflows, staff competence, and patient satisfaction are as critical as financial metrics in evaluating institutional performance.

Within private healthcare institutions, performance is largely determined by the ability to deliver timely, safe, and patient-centered care. High-performing facilities exhibit efficient resource utilization, coordinated service delivery processes, adherence to clinical standards, and reduced service delays (Muturi & Omondi, 2020). Patient satisfaction is a central

indicator of performance, as it reflects perceptions of the quality of care, communication effectiveness, staff professionalism, and overall experience within the facility (Amina & Muriithi, 2021). Organizational performance in healthcare is also strongly influenced by staff productivity and engagement, given that healthcare delivery is highly dependent on human expertise and teamwork. Effective leadership plays a pivotal role in building this productivity by shaping organizational culture, guiding clinical standards, allocating resources, and ensuring consistency in service delivery.

Leadership continuity is a particularly critical determinant of organizational performance in healthcare institutions. Without stable leadership structures, institutions often experience disruptions in service delivery, reduced staff morale, and weakened patient trust (Kimathi, 2017). Studies show that healthcare facilities with structured leadership development and clear succession pathways are better positioned to maintain consistency in service quality, support staff competence, and enhance strategic execution (Mwangi & Ngugi, 2019). Therefore, organizational performance cannot be divorced from leadership processes, including succession planning, mentorship systems, and transition mechanisms.

Given the nature of private healthcare institutions in Kenya, where competition is intense, skilled staff are limited, and service quality strongly influences patient choice, non-financial indicators offer the most accurate reflection of performance. This study therefore focuses on key indicators such as service quality, operational efficiency, patient satisfaction, and staff productivity. These measures align with contemporary healthcare performance literature and provide a realistic assessment of how leadership continuity through succession planning influences institutional outcomes.

1.1.3 Private Healthcare Institutions in Ruaraka Sub-County

Ruaraka Sub-County in Nairobi City County which is the study area covers Baba Dogo, Korogocho, Lucky Summer, Mathare North, and Utalii wards has a dense, mixed public–private health market, with recent counts showing slightly above 60 health facilities, roughly two-thirds of which are privately owned and operating at lower levels of care that depend heavily on managerial continuity (Nairobi City County Government, 2024). Yet across Kenya’s health system, leadership transitions are often ad hoc. According to the Ministry of Health’s Human Resources for Health (HRH) report, facilities experience average vacancy rates of 13.7% on approved establishments (5.5% on funded posts) and it takes a mean of 7.5

months to fill funded positions, 11 months in public facilities versus about 2 months in private facilities illustrating the bottlenecks that exacerbate disruption when senior managers exit unexpectedly (Ministry of Health, 2020). Furthermore, surveys show that more than 30% of health workers report they are considering leaving their current facility, reflecting persistent retention challenges that often coincide with leadership gaps (Ndung'u & Omondi, 2023). In Nairobi's dynamic policy context, the shift from the National Health Insurance Fund (NHIF) to the Social Health Insurance Fund (SHIF) has created reimbursement and contracting uncertainties for private providers (Wangari, 2024), raising the stakes for structured succession planning to safeguard service continuity, staff morale, and financial stability during leadership changes. Together, these conditions make unstructured leadership handovers a concrete, on-the-ground risk to service reliability and organizational performance in Ruaraka's private health facilities.

These challenges create an environment where organizational performance is highly sensitive to leadership decisions and continuity. The absence of structured succession strategies exposes institutions to operational risks, inconsistencies in service delivery, and reduced capacity to meet patient expectations. Therefore, examining succession planning in Ruaraka's private healthcare institutions provides valuable insights into how leadership continuity can be strengthened to support sustained organizational performance.

1.2 Statement of the Problem

Succession planning is globally recognized as a critical driver of leadership continuity, institutional stability, and organizational performance, particularly in healthcare settings where leadership transitions directly influence service quality, patient safety, and staff productivity. International studies consistently highlight that inadequate succession planning leads to leadership gaps, operational disruptions, reduced staff morale, and compromised quality of care (Kim & Thompson, 2020; Atkinson & van der Meer, 2023). Despite this global recognition, succession planning remains insufficiently implemented across many healthcare systems. In the United States, for instance, nearly 56% of healthcare organizations report lacking formalized succession plans for key leadership positions, resulting in disruptions during leadership transitions and decreased organizational efficiency (ACHE, 2021). Similarly, studies in the United Kingdom and Canada identify persistent challenges such as reliance on informal replacements, limited leadership development, and inconsistent

mentorship structures, which collectively weaken organizational performance (McAlearney et al., 2022).

Regionally, evidence indicates that succession planning in African healthcare institutions remains underdeveloped and inconsistently practiced. Research across South Africa, Ghana, and Nigeria reveals that most health facilities lack structured approaches to identifying and developing future leaders, relying instead on reactive replacement methods when vacancies occur (Adebayo & Otieno, 2020; Mensah, 2021). These gaps have been linked to service delays, low staff motivation, leadership instability, and overall decline in organizational performance. Clearly, although previous studies acknowledge the importance of succession planning, there remains limited consensus regarding how specific succession planning strategies contribute to organizational performance. While some studies emphasize leadership development and mentorship as key drivers of performance improvement, others report weak or insignificant outcomes due to implementation challenges and organizational constraints. These inconsistencies reveal a conceptual gap concerning the specific contribution of identification of successors, leadership development, mentorship and coaching, and leadership transition processes to organizational performance.

In Kenya, the private healthcare sector has expanded significantly in response to rising population needs and increased demand for quality services. Yet research suggests that leadership continuity mechanisms in this sector remain weak. Studies show that many private health institutions in Nairobi operate without structured succession plans, resulting in unplanned leadership exits, loss of institutional memory, inefficient service delivery, and staff turnover driven by unclear career progression pathways (Kimathi, 2020; Wambui, 2021). Empirical findings are also inconsistent, with some studies reporting positive associations between succession planning and organizational performance (Mutisya, Muli & Namusonge, 2019), while others indicate limited influence due to weak implementation, inadequate leadership development initiatives, and ineffective transition structures (Okumu & Simiyu, 2020).

A contextual gap further exists because most existing studies have focused on public healthcare institutions or broader corporate sectors, with limited attention given to private healthcare institutions. Consequently, little empirical evidence exists on succession planning practices within private healthcare facilities operating under unique competitive pressures,

resource limitations, and workforce dynamics. This gap is particularly evident in Ruaraka Sub-County, where private healthcare institutions continue to experience leadership instability, high employee mobility, and increasing demand for quality healthcare services.

A methodological gap is also evident in the existing literature. Most previous studies have employed descriptive research designs that primarily document the existence of succession planning practices without rigorously examining the relationship between specific succession planning strategies and organizational performance indicators. As a result, there is limited empirical evidence on how identification of successors, leadership development programs, mentorship and coaching initiatives, and leadership transition processes are associated with organizational performance outcomes such as service quality, operational efficiency, leadership continuity, and staff productivity.

Therefore, the problem addressed by this study was the limited empirical understanding of how specific succession planning strategies are associated with organizational performance in private healthcare institutions within Ruaraka Sub-County. Addressing this problem is important because ineffective succession planning may undermine leadership continuity, institutional stability, and service delivery within a sector that plays a critical role in healthcare provision. The study therefore sought to examine the relationship between identification of successors, leadership development programs, mentorship and coaching programs, leadership transition processes, and organizational performance in private healthcare institutions in Ruaraka Sub-County, Nairobi County, Kenya.

1.3 Objectives of the Study

The specific objectives of this study were:

- i. To examine the effect of identification of potential successors on organizational performance in private healthcare institutions in Ruaraka Sub-County.
- ii. To determine the effect of leadership development programs on organizational performance in private healthcare institutions in Ruaraka Sub-County.
- iii. To establish the effect of Mentorship and Coaching Programs on organizational performance in private healthcare institutions in Ruaraka Sub-County.
- iv. To assess the effect of leadership transition processes on organizational performance in private healthcare institutions in Ruaraka Sub-County.

1.4 Research Questions

- i. What is the effect of identification of potential successors on organizational performance in private healthcare institutions in Ruaraka Sub-County?
- ii. What is the effect of leadership development programs on organizational performance in private healthcare institutions in Ruaraka Sub-County?
- iii. What is the effect of mentorship and coaching programs on organizational performance in private healthcare institutions in Ruaraka Sub-County?
- iv. What is the effect of leadership transition processes on organizational performance in private healthcare institutions in Ruaraka Sub-County?

1.5 Significance of the Study

This study holds significant value for various stakeholders within the healthcare sector. Its findings will provide meaningful insights and practical recommendations that can enhance leadership stability and overall organizational performance in the private health sector in Ruaraka Sub-County. Given the increasing demand for effective leadership continuity in healthcare organizations, the findings of this study are expected to provide practical, managerial, policy, and academic contributions.

First, private healthcare institutions will benefit from the findings by gaining evidence-based insights on how specific succession planning strategies, including identification of successors, leadership development, mentorship and coaching, and leadership transition processes, can support leadership continuity and organizational performance. Effective succession planning ensures that leadership transitions are smooth, minimizing disruptions in service delivery and enhancing institutional resilience.

Secondly, healthcare managers and administrators will benefit from the study through improved understanding of succession planning practices that can be integrated into human resource management and organizational development strategies. The study's findings will guide managers in identifying and grooming potential successors, thereby reducing uncertainties during leadership transitions and ensuring business continuity.

Moreover, policymakers and regulatory agencies within the healthcare sector will benefit from the study by obtaining empirical evidence that can inform the development of policies, guidelines, and institutional frameworks aimed at promoting leadership continuity and sustainability in private healthcare institutions. The findings may support policy interventions

that encourage healthcare organizations to institutionalize succession planning as part of strategic management and governance practices.

Professional bodies and healthcare sector stakeholders may also benefit from the findings through enhanced understanding of the role of succession planning in strengthening organizational resilience and maintaining quality healthcare services. The study may inform capacity-building initiatives and leadership development programs designed to improve the effectiveness of healthcare management.

Lastly, academics and researchers will find the study valuable in expanding the body of knowledge on succession planning within the healthcare sector. The study contributes to the growing body of knowledge by providing empirical evidence from private healthcare institutions, a context that remains relatively underexplored in existing literature. The research will provide empirical evidence on the relationship between business succession planning and organizational performance, offering a foundation for further studies and strategic improvements in healthcare management.

1.6 Scope of the Study

This study was limited to private healthcare institutions within Ruaraka Sub-County, Nairobi County. The scope of the study was defined in terms of conceptual, geographical, population, and time boundaries.

Conceptually, the study focused on succession planning strategies as the independent variable and organizational performance as the dependent variable. Succession planning strategies were examined through four dimensions: identification of potential successors, leadership development programs, mentorship and coaching programs, and leadership transition processes. Organizational performance was measured using indicators such as leadership continuity, service quality, staff productivity, and operational efficiency.

Geographically, the study was conducted in private healthcare institutions located within Ruaraka Sub-County, Nairobi County. Ruaraka Sub-County was selected because it hosts a growing number of private healthcare institutions operating in a competitive healthcare environment characterized by increasing demand for healthcare services, workforce mobility, and the need for effective leadership continuity. The study excluded healthcare institutions located outside Ruaraka Sub-County.

The study focused on private healthcare institutions because they play a significant role in healthcare service delivery in Kenya and operate under unique organizational, financial, and competitive conditions that require effective succession planning practices. Despite their importance, limited empirical studies have examined succession planning within private healthcare institutions, thereby justifying their selection for the study.

The target population comprised hospital administrators, departmental heads, human resource officers, and supervisory staff involved in leadership, management, and decision-making processes within the selected healthcare institutions. **Only private healthcare institutions that had been operational for at least three years were included in the study to ensure respondents possessed adequate organizational experience and knowledge regarding succession planning practices and organizational performance.

Temporally, the study covered the period between 2020 and 2025. This period was considered appropriate because it captures healthcare sector developments following the COVID-19 pandemic, organizational adjustments, workforce dynamics, and increasing emphasis on leadership continuity and organizational resilience within healthcare institutions.

The defined scope was considered adequate for generating relevant and context-specific findings on the relationship between succession planning strategies and organizational performance in private healthcare institutions within Ruaraka Sub-County.

1.7 Chapter Summary

This chapter presented the background of the study by discussing succession planning and its relevance to organizational performance from global, regional, national, and local perspectives. The statement of the problem identified conceptual, contextual, and methodological gaps that justified the need for the study. The chapter further outlined the study objectives, research questions, significance, and scope. Collectively, these sections established the foundation for examining the relationship between succession planning strategies and organizational performance in private healthcare institutions within Ruaraka Sub-County. The next chapter presents the theoretical and empirical literature underpinning the study, identifies existing knowledge gaps, and develops the conceptual framework that guided the research.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviewed existing literature on the effect of business succession planning strategies on organizational performance in the private health sector. The chapter was organized according to the study objectives covering succession planning, its strategies and policies, leadership development practices, the effectiveness of succession planning, challenges faced by healthcare institutions in implementing succession planning, and how succession planning strategies affect organizational performance. The review also explored theoretical frameworks supporting the study and identifies gaps in the existing literature.

2.2 Theoretical Framework

This study was anchored on two key theories that provide conceptual grounding for understanding the relationship between succession planning strategies and organizational performance: the Resource-Based View (RBV) and the Human Capital Theory (HCT). These theories explained how internal capabilities, leadership competencies, and structured developmental practices collectively shape organizational effectiveness. Consequently, Human Capital Theory serves as the anchoring theory by explaining the development of leadership capabilities, while Resource-Based View Theory complements it by explaining how these capabilities create strategic value and improve organizational performance. Together, the two theories provide the theoretical foundation upon which the study variables and conceptual framework are anchored.

2.2.1 Human Capital Theory

The Human Capital Theory, first introduced by Becker in 1964, posits that the knowledge, skills, and experience of employees constitute valuable resources that can enhance organizational productivity and performance. In essence, the theory suggests that investing in human capital, through training and development, leads to improved outcomes for both individuals and organizations. The Human Capital Theory is particularly relevant in the context of succession planning, where the focus is on developing the next generation of leaders who are equipped with the necessary skills to take on leadership roles (Becker, 1964).

In healthcare, leadership succession planning can be seen as an investment in human capital. As employees acquire more knowledge and experience, they become more capable of contributing to the organization's goals. By structuring succession plans that include mentoring, leadership training, and career development, healthcare institutions ensure that their future leaders are prepared to handle strategic and operational challenges effectively (Rothwell, 2010).

A significant strength of Human Capital Theory is its focus on the long-term benefits of investing in employees. By viewing employees as an organization's most valuable asset, the theory underscores the importance of succession planning as a tool for developing leadership capacity within the workforce (Becker, 1993). This aligns with the concept that well-prepared leaders are better positioned to navigate challenges and enhance organizational performance (Coff, 2010).

The theory also emphasizes the need for continuous learning and development, which is particularly crucial in the healthcare sector, where the landscape is constantly evolving. Investing in human capital ensures that leaders are equipped to adapt to new regulations, technological advancements, and changing patient care demands, thereby improving the overall organizational resilience and efficiency (Becker & Chiswick, 2001).

Despite its strengths, Human Capital Theory has faced criticism for overemphasizing individual skills and training without accounting for external factors that influence organizational outcomes. Critics argue that the theory places too much responsibility on individuals to improve organizational performance, neglecting the role of organizational culture, leadership, and management systems in driving success (Rosen, 2012).

Moreover, Human Capital Theory assumes that investments in human capital will always lead to positive outcomes, which may not always be the case. In practice, not all training and development initiatives are successful, and the impact of human capital investment on organizational performance may depend on how well these initiatives are aligned with organizational goals and strategic priorities (Coff, 2010).

Human Capital Theory was highly relevant to this study as it provides a framework for understanding how succession planning can contribute to organizational performance in healthcare settings. The theory underscored the importance of investing in leadership development through training and mentorship to prepare future leaders for strategic and

operational challenges. In private healthcare institutions in Ruaraka Sub-County, the implementation of structured succession planning ensured that leaders are equipped with the necessary skills and knowledge to manage transitions effectively, thereby improving organizational resilience and performance (Becker & Chiswick, 2001).

2.2.2 Resource-Based View (RBV)

The Resource-Based View (RBV), first articulated by Barney in 1991, argues that an organization's competitive advantage is derived from its resources, particularly those that are valuable, rare, inimitable, and non-substitutable (VRIN). The theory emphasizes that organizations can achieve sustained competitive advantage by utilizing internal resources that are not easily replicated by competitors (Barney, 1991). In the context of succession planning, RBV suggests that leadership and talent within an organization are key strategic resources that can significantly influence long-term success (Grant, 2016). When healthcare institutions invest in identifying and nurturing leadership potential, they effectively create a pool of human capital that is rare and difficult for competitors to imitate. This makes leadership succession a strategic asset that can enhance the organization's ability to adapt to changes, manage challenges and sustain high performance over time.

One of the primary strengths of the RBV is its focus on the internal capabilities of an organization. It highlights the importance of utilizing resources that are not only valuable but also difficult for competitors to acquire or replicate. In the context of private healthcare institutions, this view emphasizes the development of leadership talent as a critical resource that can provide a competitive edge (Barney & Hesterly, 2019).

Furthermore, RBV aligns with the idea that investing in internal talent development, such as through succession planning, fosters long-term organizational sustainability and performance. By leveraging their unique human capital, organizations are better positioned to handle challenges such as leadership turnover, healthcare policy changes, or workforce shortages (Penrose, 1959).

Despite its significant contributions, RBV has been critiqued for its somewhat static nature. Critics argue that it overemphasizes the value of internal resources without fully considering the external environment (Priem & Butler, 2001). The theory has also been criticized for assuming that resources are always valuable and that competitors cannot easily replicate them. However, in the healthcare sector, external factors such as regulatory changes, technological

advancements, and market dynamics can significantly affect an organization's competitive advantage, suggesting that RBV may need to be complemented by other frameworks that account for external influences (Barney & Hesterly, 2019).

Another limitation is RBV's focus on resource acquisition without fully addressing how organizations can create value from these resources. In practice, simply having talented leadership is not enough; organizations must also develop effective management systems and strategic initiatives to harness these resources effectively (Grant, 2016).

In this study, the RBV provided a critical lens through which to understand how private healthcare institutions in Ruaraka Sub-County can develop a competitive advantage through succession planning. By identifying and nurturing leadership talent as a rare and valuable resource, these institutions can enhance their performance and ensure sustained success despite leadership transitions. The implementation of succession planning directly aligned with the RBV, which argues that the development of leadership capacity within the organization can provide a long-term, inimitable advantage (Barney & Hesterly, 2019).

2.3 Empirical Review

This section reviewed recent empirical studies on succession planning strategies and their influence on organizational performance in healthcare institutions. The focus was on the four key strategies used in this study; identification of successors, leadership development, mentorship and coaching, and transition processes. The review highlighted global, regional, and local evidence, showing how each strategy affected service quality, operational efficiency, staff productivity, and leadership continuity. The section also identified persistent gaps in private healthcare settings, providing a basis for the current study in Ruaraka Sub-County.

2.3.1 Identification of Successors and Organizational Performance

Globally, identification of successors has been consistently identified as the foundational step in effective succession planning. Kim and Thompson (2020), in a study conducted across 42 hospitals in the United States and the United Kingdom, examined the effects of structured talent identification frameworks on leadership readiness and organizational stability. Using a mixed-methods design combining survey questionnaires and interviews, the study found that hospitals implementing competency-based successor identification experienced 32% fewer leadership gaps and demonstrated improved service coordination. The findings confirmed

that early identification reduces uncertainty during leadership transitions and supports institutional performance.

Similarly, an evaluation conducted by the European Foundation for Management Quality Assessment (EFMQA, 2021), which adopted a longitudinal quantitative approach in 15 European healthcare facilities, focused on assessing whether predetermined successor pools contributed to operational continuity. The study revealed that institutions with structured identification processes experienced lower disruption during emergency vacancies and sustained higher patient satisfaction scores. The analysis concluded that formal identification increases institutional preparedness and reduces operational risks.

Regionally, however, the practice is far less structured. Bussin and Moore (2021) conducted a qualitative study in eight South African public and private hospitals, employing interviews and document reviews to explore succession preparedness. The study revealed that most facilities lacked formal successor identification criteria, relying instead on ad hoc appointments driven by immediate staffing needs. This delayed identification led to unprepared successors, operational inefficiencies, and increased staff anxiety during leadership changes.

In West Africa, Mensah (2021) used a descriptive survey design in Ghanaian and Nigerian hospitals to examine how informal talent identification affects service delivery. The findings indicated that informal selection often led to favoritism, poor role fit, and decreased staff morale. Institutions that lacked formal identification frameworks experienced prolonged decision-making and frequent service interruptions.

In Kenya, similar challenges persist. Wambui (2021), using a cross-sectional descriptive method in 20 private hospitals in Nairobi, found that most facilities lacked documented policies guiding the identification of potential leaders. As a result, leadership gaps remained unaddressed, contributing to operational delays and declining staff motivation. Conversely, Mutisya et al. (2019) conducted a quantitative study among Kenyan SMEs and reported that structured identification—based on performance appraisals and competency assessments—positively influenced staff retention and institutional stability. Kioko and Mwangi (2024), in a more recent survey of private healthcare institutions in Nairobi County, found that over 60% of hospitals continued to employ informal methods, which contributed to low leadership preparedness and inconsistent service delivery. These varying results underscore a clear

conceptual and contextual gap, demonstrating the need for localized evidence in Ruaraka Sub-County.

2.3.2 Leadership Development and Organizational Performance

Globally, leadership development has been linked to improved performance, particularly within healthcare systems where effective leadership directly impacts clinical and administrative outcomes. Ginter, Duncan, and Swayne (2021) conducted a comparative study across 25 hospitals in Canada and Australia using a quasi-experimental design to assess the effects of targeted leadership development programs. The study focused on interventions such as management training, job rotations, and simulation exercises. Findings showed significant improvements in clinical decision-making, reduced medical errors, and enhanced patient satisfaction following structured leadership development.

A study by Calhoun et al. (2022) employed a longitudinal mixed-methods approach in U.S. healthcare systems to examine whether leadership development pipelines enhanced institutional resilience. The results demonstrated that hospitals with formal leadership development pathways were better equipped to manage crises, had higher staff engagement, and showed improved performance across service delivery indicators.

Regionally, Afiouni (2020) conducted a qualitative assessment in Tanzania and Uganda, using interviews with hospital administrators to explore the role of leadership development in strengthening healthcare governance. The study found that insufficient training budgets and lack of structured development programs undermined leadership pipelines, resulting in staff demotivation and weak operational performance. Similarly, Bussin and Moore (2021) in South Africa reported that leadership development initiatives often lacked alignment with institutional needs, limiting their effectiveness and contributing to leadership shortages.

In Kenya, leadership development remains inconsistent. Kimathi (2020), in a descriptive survey of private hospitals in Nairobi, found that most institutions lacked structured leadership development programs. Training was typically informal, sporadic, and reactive—offered only when leadership gaps emerged. This contributed to unprepared leaders, reduced quality of care, and increased operational disruptions. Okumu and Simiyu (2020), through a mixed-methods study involving 33 healthcare facilities, established that although institutions recognize the importance of leadership development, most programs lacked strategic

alignment, monitoring, and evaluation mechanisms. These results highlight a contextual gap, particularly regarding how leadership development influences performance in private healthcare facilities in Ruaraka Sub-County.

2.3.3 Mentorship and Coaching and Organizational Performance

Globally, mentorship and coaching have emerged as critical tools for preparing future leaders and enhancing performance in healthcare systems. McAlearney et al. (2022) conducted a systematic review of mentorship programs across hospitals in the United States and the Netherlands, examining their impact on leadership readiness and organizational outcomes. The review found that formal mentorship significantly improved knowledge transfer, leadership confidence, and decision-making effectiveness. Using qualitative content analysis, the study concluded that facilities with mentorship programs reported better staff engagement and improved patient care quality.

Similarly, Duffy et al. (2023) conducted a randomized controlled trial in European healthcare organizations to assess the effects of coaching interventions on leadership adaptability. The study found that coached leaders exhibited better emotional intelligence, improved communication, and higher team performance. These findings underscored the role of coaching in accelerating leadership development and enhancing organizational performance.

Regionally, mentorship remains less structured. Adebayo and Otieno (2020) carried out a descriptive survey of Nigerian healthcare institutions, examining the prevalence and effects of mentorship programs. Their findings indicated that lack of formal mentorship contributed to low staff morale, weak leadership pipelines, and high turnover. Bussin and Moore (2021), in South Africa, used semi-structured interviews to identify barriers to effective coaching programs. Respondents cited limited resources, poorly defined structures, and lack of senior leadership commitment as major challenges that resulted in ineffective coaching and unstable leadership transitions.

In Kenya, mentorship within private healthcare institutions remains underdeveloped. Wambui (2021), using a cross-sectional survey design, found that mentorship practices in Nairobi's private healthcare sector were largely informal, inconsistent, and dependent on individual supervisor initiative. This lack of formal structures limited knowledge transfer and contributed to leadership gaps. Mutisya et al. (2019) found that structured mentorship

programs in Kenyan institutions significantly reduced turnover, enhanced staff competency, and improved team cohesion. Kariuki (2022) further reported that mentorship positively influences career progression and organizational performance. However, few studies examine mentorship specifically within Ruaraka's private healthcare institutions, presenting a methodological gap that the current study addresses.

2.3.4 Transition Processes and Organizational Performance

Globally, structured transition processes are essential for effective leadership continuity and enhanced organizational performance. The American College of Healthcare Executives (ACHE, 2021) conducted a descriptive study involving 60 hospitals across Europe and North America, focusing on leadership transition frameworks. Using surveys and transition audits, the study found that hospitals with standardized handover protocols and formal transition guidelines experienced smoother leadership successions, better staff morale, and improved continuity of care. Calderon et al. (2022), using a multi-case study approach in U.S. health systems, reported that structured transition processes preserved institutional memory and reduced operational risks during leadership changes.

Regionally, African institutions face significant challenges in leadership transitions. Mensah (2021) used a mixed-methods approach to analyze transition experiences in Ghanaian healthcare settings. The study found that absence of documentation, lack of role clarity, and poor communication during transitions contributed to operational delays, reduced staff confidence, and compromised patient services. Similarly, Bussin and Moore (2021) in South Africa reported that unplanned leadership transitions often led to strategic misalignment and reduced employee engagement due to unclear handover procedures.

In Kenya, transition processes remain inconsistent, particularly within private healthcare facilities. Kimathi (2020), in a survey of hospitals in Nairobi, found that most leadership transitions were reactive, undocumented, and poorly communicated. These gaps resulted in service delays, staff confusion, and diminished operational performance. Okumu and Simiyu (2020) further observed that lack of formal transition processes in private healthcare institutions often resulted in financial mismanagement and misalignment of institutional goals. Kioko and Mwangi (2024) found that frequent unplanned transitions in Nairobi hospitals led to leadership stress, reduced staff cohesion, and compromised service delivery.

These findings show that transition processes are critical yet under-studied in Ruaraka, presenting a clear contextual and methodological gap.



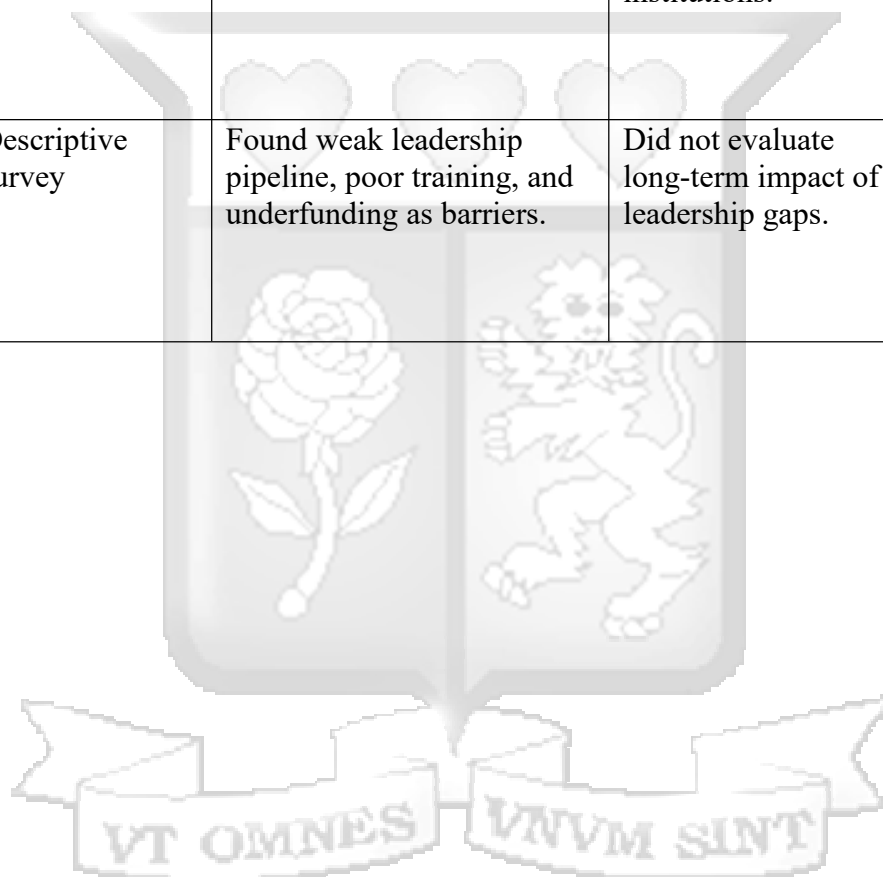
2.4 Research Gaps

Table 2. 1: Research Gaps

Author(s)	Theme / Objective	Methods	Findings	Research Gaps	Focus of Current Study
Madhavaram & Hunt (2020)	To examine how structured succession planning influences organizational performance in healthcare institutions in the U.S.	Mixed-methods: Surveys and interviews with senior healthcare executives	Organizations with formal succession plans experienced smoother leadership transitions, greater employee satisfaction, and enhanced patient care.	Focused on large institutions; lacks context for mid-sized private hospitals in developing countries.	The current study focused on how succession planning affects organizational performance in medium-sized private healthcare institutions in Kenya.
Mothapo & Botha (2020)	To analyze the impact of succession planning on operational performance in private hospitals in Johannesburg, South Africa.	Quantitative: Survey of 150 managers	Found a strong correlation between succession planning and high operational performance; institutions retained top talent and recorded better staff retention and patient care.	Focused mainly on operational performance; did not consider leadership development or strategic alignment.	The current study looked at the combined effects of succession planning on both performance and leadership continuity.
Nuwagaba & Turyakira (2021)	To explore the role of succession planning in enhancing service delivery and grooming leadership in Ugandan public hospitals.	Qualitative: Interviews with hospital administrators	Succession planning enhanced service delivery and leadership grooming, but lacked strong institutional and policy frameworks.	Focused on public hospitals; lacked generalizability to private healthcare settings.	The current study examined how institutional frameworks influence succession planning in private healthcare settings.
Mutisya et al. (2019)	To determine the effect of formal succession planning on organizational resilience in private healthcare facilities in Nairobi, Kenya.	Cross-sectional: Surveys and interviews	Facilities with formal succession plans were more resilient during transitions, with better decision-making and leadership stability.	Geographically generalized in Nairobi.	The current study further narrowed down its analysis to multiple private hospitals within Ruaraka sub-county in Nairobi.
Rothwell (2010)	To identify core succession planning practices in healthcare across the U.S. and U.K.	Comparative case study across institutions	Early leadership identification, mentoring, competency-based evaluations, and structured development were key. Formal practices yielded better leadership outcomes.	Focused on high-resource countries with mature systems; lacks relevance to low-resource contexts.	The current study looked at how practical succession strategies like mentoring and competency-based training apply to Kenyan private healthcare institutions in resource limited areas.
Alabi et al. (2018)	To explore succession practices in healthcare institutions in Lagos, Nigeria.	Quantitative: Surveys from 120 respondents	Informal methods like peer coaching were common, but formal succession policies were rare.	Did not evaluate performance outcomes; focused only on practices.	The current study examined the relationship between succession practices and performance indicators in private hospitals.
Tesfaye & Kassa (2021)	To assess succession planning practices in health institutions in Addis Ababa, Ethiopia.	Quantitative: Structured questionnaires to 130 healthcare managers	Training, mentorship, and internal promotions were widely used but inconsistently implemented.	Lacked insight on how succession planning affects leadership continuity and organizational goals.	The current study focused on how consistent implementation of succession plans influences leadership continuity and institutional objectives.
Omolo (2021)	To investigate succession strategies in Nairobi's private hospitals.	Mixed-methods: 200 managers	Informal methods dominated, with little use of formal leadership assessment tools.	Lacked evaluation of how informal approaches impact leadership stability.	The current study determined the effectiveness of informal versus formal succession planning strategies on leadership continuity in Kenyan private healthcare institutions.
Bauer et al. (2021)	To analyze how succession strategies aligned with development programs influence organizational outcomes.	Mixed-methods: 50 private healthcare facilities in the U.S.	Alignment of succession with development programs improved patient satisfaction and leadership readiness.	Context limited to well-funded systems; applicability in developing settings is unclear.	The current study explored how aligning succession planning with leadership development programs impacts healthcare delivery in private hospitals in Kenya.
Mensah & Agyemang (2019)	To evaluate effectiveness of succession strategies in Ghana's private hospitals.	Quantitative: Surveys and interviews	Strategies like mentorship and promotions were effective but lacked consistent monitoring.	Lacked structured evaluation and feedback mechanisms.	The current study looked at the role of performance monitoring and evaluation in enhancing the effectiveness of succession planning.
Okumu & Simiyu	To assess execution of succession	Mixed-methods	Found poor coordination and lack of integration with	Focused on public sector; ignored	The current study determined how integration

(2020)	planning in public healthcare institutions in Kenya.		broader HR policies.	private sector dynamics.	of succession planning with HR policies affects performance in private healthcare institutions.
Wambui (2021)	To investigate implementation consistency of succession plans in Nairobi private hospitals.	Mixed-methods	Found that while succession plans existed, implementation was weak and lacked institutional support.	Did not evaluate institutionalization of leadership development programs.	The current study evaluated how institutionalizing leadership development supports sustainable succession planning in private healthcare.
Wilson & Hardy (2022)	To identify succession planning challenges in the U.S. and U.K.	Comparative study	Key challenges included resource constraints, poor leadership commitment, and resistance to change.	High-income focus; lacked low-income healthcare contexts.	The current study examined context-specific barriers to succession planning in resource-limited private hospitals in Kenya.
Ssekitoleko et al. (2021)	To explore succession planning barriers in Ugandan hospitals.	Quantitative: Survey of 100 healthcare managers	Inadequate budgets and lack of training programs were major challenges.	Did not explore solutions or strategic mitigation efforts.	The current study focused on identifying actionable strategies to overcome succession planning barriers in Kenyan private healthcare settings.
Mwakalobo & Chacha (2020)	To assess succession barriers in Tanzanian public hospitals.	Mixed-methods: Interviews and surveys	Bureaucratic hiring and insufficient support policies were key issues.	Focused on public sector with limited relevance to private institutions.	The current study determined how internal policy reforms and leadership support can overcome succession challenges in private hospitals.
Kioko & Mwangi (2020)	To identify succession planning challenges in Nairobi's private hospitals.	Descriptive survey	Found weak leadership pipeline, poor training, and underfunding as barriers.	Did not evaluate long-term impact of leadership gaps.	The current study assessed how addressing succession challenges improves long-term leadership continuity and institutional performance.

Source: Researcher (2026)

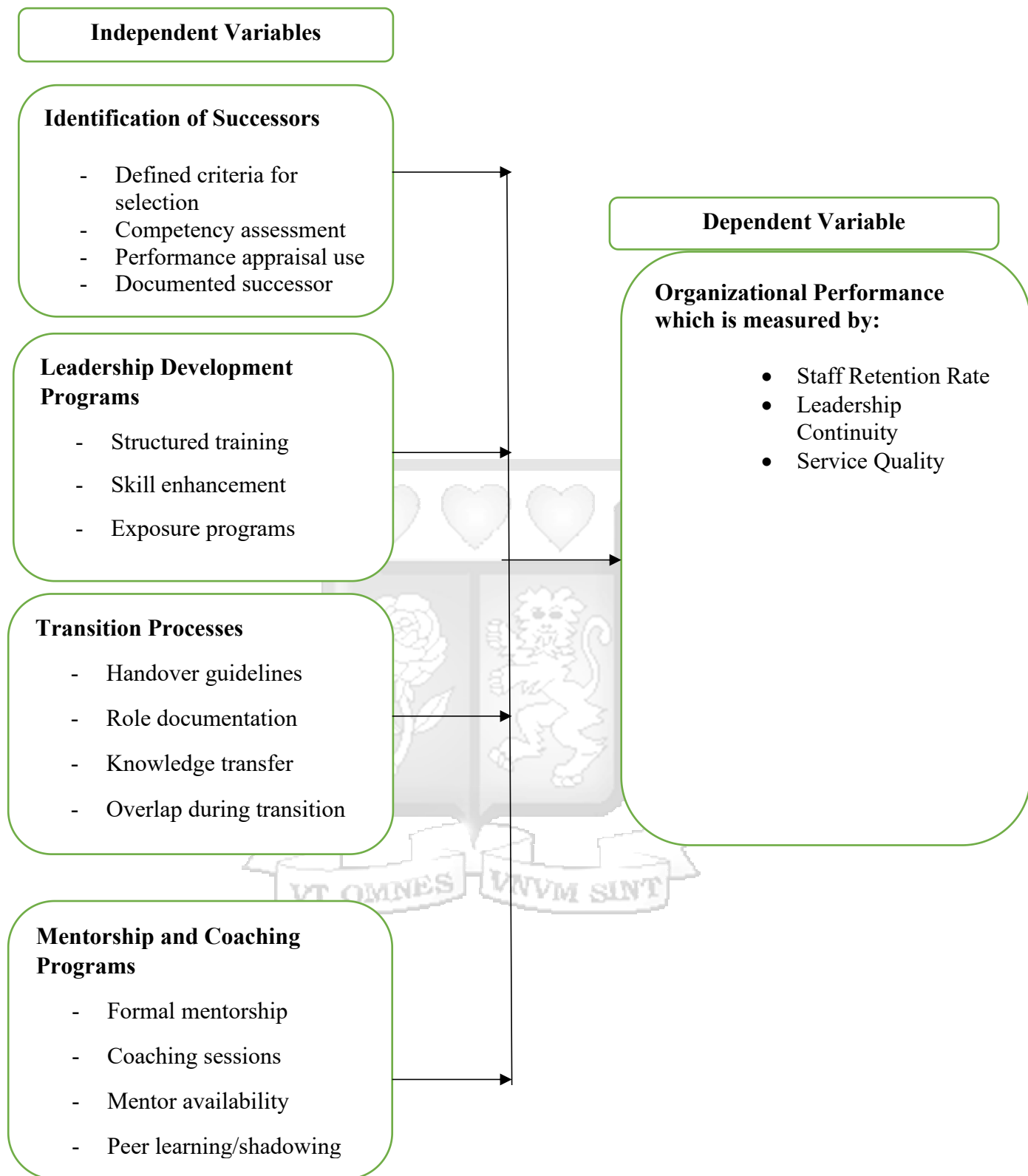


2.5 Conceptual Framework

The conceptual framework guiding this study illustrates the relationship between succession planning strategies and organizational performance within private healthcare institutions in Ruaraka Sub-County. The framework is grounded in the Resource-Based View (RBV), which emphasizes human capital as a strategic asset, and proposes that effective succession planning enhances institutional capability and long-term performance.

In this study, succession planning is conceptualized through four key dimensions: identification of successors, leadership development initiatives, mentorship and coaching, and transition and handover processes. Identification of successors involves selecting high-potential employees using defined criteria and performance assessments. Leadership development focuses on preparing these individuals through structured training, job rotation, and professional development opportunities. Mentorship and coaching facilitate knowledge transfer and leadership growth through supportive relationships and guided learning. Transition and handover processes ensure continuity by providing clear guidelines, documentation, and structured knowledge transfer during leadership changes.

These four succession planning strategies form the independent variables expected to influence the dependent variable organizational performance, measured through service quality, operational efficiency, staff productivity, and leadership continuity. The framework proposes that institutions with structured and well-implemented succession planning strategies are more likely to achieve higher organizational performance compared to those relying on informal or reactive approaches.



Source: Researcher (2026)

Figure 2. 1: Conceptual Framework

2.6 Operationalization and Measurement of Study Variables

The table below presents the operationalization and measurement of the study variables, outlining how each concept has been defined, measured, and categorized for analysis.

Table 2. 2: Operationalization and Measurement of Study Variables

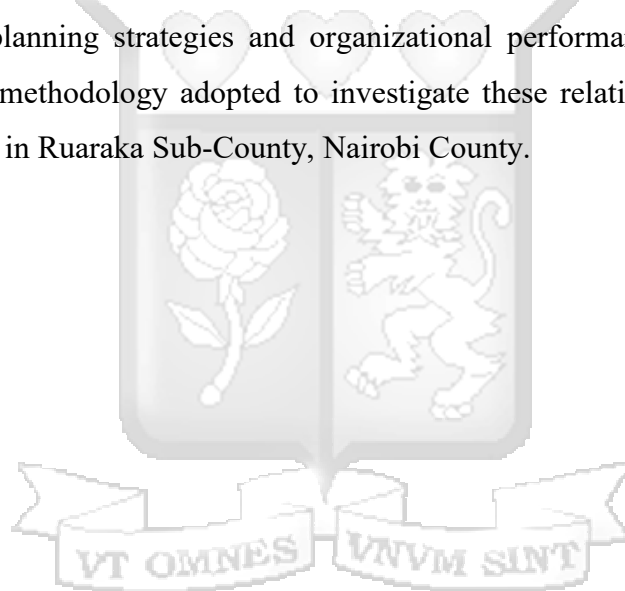
Variable Type	Variable	Conceptual Definition	Operational Indicators / Measurement Items	Scale of Measurement	Questionnaire Section	Supporting Literature
INDEPENDENT VARIABLES	1. Identification of Successors	The systematic process of recognizing and preparing high-potential employees for future leadership roles.	1. Existence of clear criteria for identifying potential successors 2. Regular evaluation of staff for leadership potential 3. Use of merit and competency-based selection 4. Formal documentation of successor lists	Ordinal (Likert Scale 1–5)	Section B	Rothwell (2016); Afiouni (2020)
	2. Leadership Development Programs	Structured initiatives designed to enhance the skills, knowledge, and readiness of potential leaders.	1. Availability of regular leadership training programs 2. Provision of targeted capacity-building for identified successors 3. Use of job rotation or acting appointments for grooming 4. Link between development programs and promotion decisions	Ordinal (Likert Scale 1–5)	Section C	Ginter et al. (2021); Calhoun et al. (2022)
	3. Mentorship & Coaching Programs	Formal or informal systems where experienced leaders guide, support, and develop emerging leaders through personalized interaction.	1. Existence of a structured mentorship program 2. Senior managers mentor junior staff for leadership readiness 3. Use of coaching to improve leadership skills 4. Availability of peer learning/shadowing opportunities	Ordinal (Likert Scale 1–5)	Section D	McAlearney et al. (2022); Duffy et al. (2023)
	4. Leadership Transition Processes	The structured procedures and support systems used during leadership handovers to ensure continuity and minimize disruption.	1. Clearly defined transition procedures 2. Documentation and systematic handover processes 3. Prioritization of internal promotions during transitions 4. Provision of support to new leaders	Ordinal (Likert Scale 1–5)	Section E	ACHE (2021); Calderon et al. (2022)

Variable Type	Variable	Conceptual Definition	Operational Indicators / Measurement Items	Scale of Measurement	Questionnaire Section	Supporting Literature
DEPENDENT VARIABLE	Organizational Performance	The extent to which a healthcare institution achieves its goals in terms of service delivery, staff stability, operational efficiency, and leadership continuity.	1. Leadership continuity – smoothness of transitions, stability in leadership roles 2. Staff retention – turnover rates, employee satisfaction, career progression 3. Service quality – patient satisfaction, service consistency, clinical outcomes 4. Operational efficiency – resource utilization, workflow smoothness, decision-making speed 5. Financial stability – revenue consistency, budget adherence, cost management	Ordinal (Likert Scale 1–5)	Section F	Bauer et al. (2021); Kaplan & Norton (1996)
CONTROL VARIABLES	Facility Size	Number of staff/beds; small (<50 staff), medium (51–100), large (>100)	Categorical classification based on staff count	Nominal	Section A (Q6)	–
	Ownership Type	Family-owned vs. corporate-owned	Categorical classification	Nominal	Section A (Q5)	–
	Years in Operation	Duration the facility has been operational	Years in operation	Ratio	Section A (Q7)	–

Source: Researcher (2026)

2.7 Chapter Summary

This chapter reviewed literature relevant to the study by examining the theoretical, empirical, and conceptual perspectives on succession planning and organizational performance. The chapter discussed Human Capital Theory and Resource-Based View Theory as the theoretical foundations underpinning the study and demonstrated how the two theories collectively explain the development and utilization of leadership talent as a strategic organizational resource. The empirical review examined existing studies on identification of successors, leadership development programs, mentorship and coaching programs, leadership transition processes, and organizational performance. The review highlighted conceptual, contextual, and methodological gaps in the existing literature, thereby justifying the need for the present study. The chapter also presented the conceptual framework illustrating the relationship between succession planning strategies and organizational performance. The next chapter outlines the research methodology adopted to investigate these relationships within private healthcare institutions in Ruaraka Sub-County, Nairobi County.



CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that guided the investigation into the effect of succession planning strategies on organizational performance in private healthcare institutions within Ruaraka Sub-County. It outlined the research design, research philosophy, population of the study, sampling techniques, data collection methods, validity and reliability procedures, data analysis techniques, and ethical considerations.

3.1 Research Philosophy

The study was guided by the positivist research philosophy. Positivism assumes that social phenomena can be objectively observed, measured, and analyzed using scientific methods to generate reliable and generalizable knowledge (Saunders, Lewis & Thornhill, 2019). The philosophy emphasizes the use of structured instruments, quantifiable data, hypothesis testing, and statistical analysis in examining relationships among variables.

The choice of positivism was informed by the nature of the study objectives, which sought to examine the relationship between succession planning strategies and organizational performance using measurable indicators. The study focused on objectively assessing respondents' perceptions regarding identification of successors, leadership development programs, mentorship and coaching programs, leadership transition processes, and organizational performance through standardized questionnaire items. Positivism was therefore considered appropriate because it facilitates the collection of quantifiable data and supports the use of statistical techniques in establishing empirical relationships among study variables.

Alternative paradigms such as interpretivism were considered less suitable because they primarily focus on understanding subjective experiences and meanings rather than measuring relationships among variables. Since the study aimed to generate objective and generalizable findings regarding succession planning practices within private healthcare institutions, the positivist philosophy provided the most appropriate foundation for the research.

3.3 Research Design

This study adopted a descriptive cross-sectional research design. A descriptive cross-sectional design involves collecting data at a single point in time to describe the characteristics of a population and examine relationships among variables without manipulating the study environment (Creswell & Creswell, 2018).

This design was appropriate because the study aimed to assess existing succession planning strategies such as identification of successors, leadership development initiatives, mentorship, and transition processes and determined their effect on organizational performance among private healthcare institutions as they existed at the time of the study. It was cost-effective, allowing for the use of standardized instruments, and enabled the researcher to capture the perceptions of multiple categories of healthcare managers simultaneously (Kothari, 2014).

The descriptive aspect of the design enabled the researcher to obtain information regarding existing succession planning practices and organizational performance as perceived by respondents. The cross-sectional aspect allowed data to be collected from different categories of managers within the selected healthcare institutions at a single point in time, thereby providing a snapshot of prevailing succession planning practices and organizational performance conditions.

The design was further considered suitable because it facilitates the collection of quantitative data using standardized instruments and supports the application of statistical techniques in examining relationships among study variables. Additionally, the design is cost-effective, time-efficient, and appropriate for studies involving large populations distributed across multiple organizations.

However, because data were collected at one point in time, the design does not establish cause-and-effect relationships between variables. Instead, it enables the examination of associations between succession planning strategies and organizational performance. Despite this limitation, the design was considered appropriate for achieving the objectives of the study and generating empirical evidence on succession planning practices within private healthcare institutions.

3.4 Population of the Study

The target population for this study comprised all private healthcare facilities operating within Ruaraka Sub-County and that have been in operation for at least three years within Ruaraka Sub-County. According to the Kenya Master Health Facility Registry (2024), Ruaraka Sub-County hosts 60 private healthcare facilities, including hospitals, medical centers, and clinics. All the 60 facilities had been in operation for the last 3 years, thus they facilities formed the unit of analysis since the study sought to examine how succession planning influenced organizational performance. Within each facility, managers, administrators, and senior staff involved in strategic decision-making served as key informants, as they were directly engaged in leadership transitions and organizational continuity. This population was suitable for the study because these individuals have direct experience and insights into how succession planning influenced organizational performance.

3.5 Sampling Procedures and Sample Size

The study utilized a combination of purposive sampling and stratified sampling. Purposive sampling was used to select private healthcare facilities that meet the inclusion criteria, specifically, those that have operated for at least three years and fall within Ruaraka Sub-County. After selecting the facilities, stratified sampling ensured that respondents represented various leadership levels. The managerial structure within each facility was divided into three strata: top management, middle management, and supervisory level.

From each facility, the study engaged two to three managers, depending on size and role availability. For the 60 facilities, this approach yielded a sample size of 140 respondents, which was adequate for statistical analysis and conforms to recommendations for descriptive cross-sectional studies (Mugenda & Mugenda, 2003). This approach ensured representation across diverse managerial roles while capturing differences in succession planning practices across facilities.

3.6 Data Collection Methods

The study adopted a quantitative approach using structured questionnaires as the primary data collection instrument. The questionnaire gathered information on succession planning strategies and organizational performance and was administered through drop-and-pick methods or emailed to respondents based on preference. The questionnaire consisted of four

sections. The first section collected demographic information. The second measured practices related to the identification of successors. The third assessed leadership development initiatives, mentorship, and coaching. The final section examined transition processes and organizational performance indicators. All items were measured using a five-point Likert scale, ranging from “strongly disagree” to “strongly agree.”

The questionnaire guide is attached in Appendix II.

3.7 Research Quality

Maintaining research quality was a priority to ensure the reliability and validity of the study's findings. For qualitative data, credibility was maintained through triangulation of data sources, including questionnaire responses. Transferability was achieved by providing detailed descriptions of the research context, including the types and sizes of healthcare facilities and the nature of succession planning practices. Dependability was ensured through consistent data collection and analysis procedures. Confirmability was maintained by minimizing researcher bias and maintaining objectivity during data analysis. Independent reviewers verified the analysis to enhance impartiality.

3.7.1 Validity

Validity refers to the degree to which a research instrument accurately measures the concepts it intends to measure (Kothari, 2014). The study employed several forms of validity. Content validity ensured through expert review by supervisors and specialists in healthcare management, who assessed whether the questionnaire items adequately reflected the constructs under investigation. Construct validity was achieved by aligning questionnaire items with theoretical dimensions identified in the literature. Face validity was established during the pilot study, where respondents evaluated the clarity and relevance of the items.

A pilot study involving approximately 10% of the sample (14 respondents) was conducted in a neighboring sub-county, Mathare Sub-county, to test the instrument's adequacy and identify areas for improvement.

3.7.2 Reliability

Reliability refers to the consistency of an instrument in producing stable and dependable results upon repeated use (Mugenda & Mugenda, 2003). The internal consistency of the

questionnaire was assessed using Cronbach's Alpha, with a coefficient of 0.70 or higher considered acceptable for social science research. Items with low reliability were revised or removed to enhance the overall robustness of the instrument. The results found that all study variables recorded Cronbach's Alpha coefficients above the recommended threshold of 0.70, suggesting satisfactory internal consistency and reliability of the research instrument (Cronbach, 1951). The results of the reliability analysis are presented in Table 3.1.

Table 3. 1: Reliability Test Results

Study Variable	Number of Items	Cronbach's Alpha	Interpretation
Identification of Potential Successors	6	0.812	Reliable
Leadership Development Programmes	7	0.845	Reliable
Mentorship and Coaching Programmes	5	0.793	Reliable
Leadership Transition Processes	6	0.824	Reliable
Organizational Performance	8	0.871	Reliable

Source: Researcher (2026)

3.8 Data Analysis

The study employed quantitative data analysis techniques to ensure a comprehensive understanding of the relationship between succession planning strategies and organizational performance. The quantitative data were analyzed using SPSS (version 23). Descriptive statistics such as means, standard deviations, and percentages were used to summarize the characteristics of the sample and the extent of succession planning strategies in private healthcare facilities. For inferential analysis, Pearson's correlation was applied to test the strength and direction of the relationships between succession planning practices and organizational performance. To test predictive relationships, multiple linear regression analysis was employed, with organizational performance as the dependent variable and

succession planning strategies as the independent variables, while controlling for potential moderating factors such as facility size, funding level, and ownership type.

By combining Pearson's correlation and multiple regression, the study generated both statistical evidence and contextual insights. The integration of these results clarified how succession strategies were implemented, their effectiveness in sustaining leadership continuity, and their overall effect on organizational outcomes. Findings were presented through tables, charts, and narrative summaries to enhance clarity and interpretation.

3.9 Ethical Considerations

Ethical considerations were strictly observed throughout the research process. The study obtained authorization from the National Commission for Science, Technology, and Innovation (NACOSTI) and ethical clearance from Strathmore University Ethics Review Committee. The researcher sought permission from the management of the participating healthcare facilities before collecting data.

Participants were fully informed about the purpose and scope of the study, their right to withdraw at any stage, and the measures taken to protect their confidentiality and privacy. Informed consent was obtained from all participants before data collection. The identity of respondents was anonymized to prevent disclosure of sensitive information. Data were stored securely and access was restricted to the research team. No participant was subjected to harm or undue pressure to participate in the study.

The study adhered to the principles of integrity, transparency, and respect for participants' rights. The research findings were reported honestly, and any potential conflicts of interest were disclosed. The researcher ensured that the study's outcomes were shared with the participating healthcare facilities to promote learning and improvement in succession planning practices.

3.10 Chapter Summary

This chapter outlined the methodological framework employed in examining the effect of succession planning strategies on organizational performance in private healthcare institutions within Ruaraka Sub-County. It presented the research design, philosophical orientation, study population, sampling approach, data collection procedures, validity and

reliability safeguards, analytical techniques, and ethical considerations. The selected methods provided a rigorous basis for generating credible, objective, and actionable findings.

CHAPTER FOUR: DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the analysis, interpretation, and discussion of findings on the effect of succession planning strategies on organizational performance in private healthcare institutions within Ruaraka Sub-County. The chapter is organized into sections covering the response rate, demographic characteristics of respondents, descriptive statistics, inferential statistics, and qualitative findings from key informant interviews.

The analysis focused on examining how identification of successors, leadership development programs, mentorship and coaching, and leadership transition processes influence organizational performance in private healthcare institutions. Quantitative data were analyzed using descriptive and inferential statistics. The findings are presented using tables in line with the study objectives.

4.2 Response Rate

A total of 140 respondents were drawn from private healthcare institutions within Ruaraka Sub-County, including hospital administrators, departmental heads, supervisors, and human resource officers. Out of the 140, 126 filled in the questionnaires, thus only 126 questionnaires were successfully completed and returned, representing a response rate of 90%. Table 4.1 presents the response rate of the study.

Table 4. 1: Response Rate

Response Category	Frequency	Percentage (%)
Returned Questionnaires	126	90
Unreturned Questionnaires	14	10
Total	140	100

Source: Researcher (2026)

The response rate of 90% was considered adequate for statistical analysis and interpretation. According to Mugenda and Mugenda (2013), a response rate above 70% is considered excellent for social science research. The high response rate enhanced the reliability and generalizability of the study findings.

4.3 Demographic Characteristics of Respondents

This section presents the demographic information of respondents, including gender, age, education level, managerial position, years of service, and type of healthcare institution. The demographic characteristics were important in understanding the background of respondents and their relevance to the study.

4.3.1 Gender of Respondents

The study sought to determine the gender distribution of respondents.

Table 4. 2: Gender Distribution of Respondents

Gender	Frequency	Percentage (%)
Male	54	42.9
Female	72	57.1
Total	126	100

Source: Researcher (2026)

The findings indicate that majority of the respondents, 57.1%, were female while 42.9% were male. This suggests that women constitute a significant proportion of the workforce and management within private healthcare institutions in Ruaraka Sub-County. The findings reflect the gender composition commonly observed in the healthcare sector, where female employees dominate nursing, administration, and supportive leadership roles.

4.3.2 Age Distribution of Respondents

The study examined the age categories of respondents.

Table 4. 3: Age Distribution of Respondents

Age Bracket	Frequency	Percentage (%)
Below 30 years	18	14.3
31 – 40 years	47	37.3
41 – 50 years	39	31.0
Above 50 years	22	17.4
Total	126	100

Source: Researcher (2026)

The findings show that majority of the respondents (37.3%) were aged between 31 and 40 years, followed by those aged between 41 and 50 years (31%). This implies that most respondents were within active managerial and professional age groups and were therefore likely to possess adequate knowledge and experience regarding succession planning practices and organizational performance.

4.3.3 Highest Level of Education

The study assessed the highest academic qualifications attained by respondents.

Table 4. 4: Level of Education

Education Level	Frequency	Percentage (%)
Diploma	21	16.7
Bachelor's Degree	63	50.0
Master's Degree	36	28.6
Doctorate	6	4.7
Total	126	100

Source: Researcher (2026)

The findings indicate that majority of respondents (50%) possessed bachelor's degrees, while 28.6% had master's degrees. This suggests that most respondents were academically qualified and capable of understanding organizational leadership practices and succession planning processes within healthcare institutions.

4.3.4 Type of Healthcare Institution

The study further assessed the ownership structure of healthcare institutions.

Table 4. 5: Ownership Type of Institution

Ownership Type	Frequency	Percentage (%)
Corporate-Owned	46	36.5
Family-Owned	80	63.5
Total	126	100

Source: Researcher (2026)

The findings show that majority of the healthcare institutions (63.5%) were family-owned while 36.5% were corporate-owned. This implies that formalized management systems and structured succession planning practices were more likely to exist within most institutions covered in the study.

4.3.5 Approximate Number of Staff in the Facility

The study sought to establish the approximate number of staff within the healthcare facilities.

Table 4. 6: Approximate Number of Staff in the Facility

Approximate Number of Staff	Frequency	Percentage (%)
Less than 50	29	23.0
51–100	41	32.5
101–200	36	28.6
Above 200	20	15.9
Total	126	100

Source: Researcher (2026)

The findings indicate that majority of the healthcare facilities (32.5%) had between 51 and 100 staff members, followed by those with 101–200 staff at 28.6%. This suggests that most healthcare institutions included in the study were medium-sized facilities with relatively established workforce structures capable of supporting managerial operations and succession planning practices. The presence of facilities with varying staff sizes enhanced the diversity and representativeness of the study findings.

4.3.8 Duration the Facility Has Been in Operation

The study further examined the duration the healthcare facilities had been operational.

Duration of Operation	Frequency	Percentage (%)
Less than 3 years	14	11.1
3–5 years	27	21.4
6–10 years	39	31.0
More than 10 years	46	36.5
Total	126	100

Source: Researcher (2026)

The findings reveal that majority of the facilities (36.5%) had been in operation for more than 10 years, while 31% had operated for between 6 and 10 years. This implies that most institutions included in the study were well-established and likely to possess structured operational systems, managerial frameworks, and organizational practices relevant to succession planning and institutional performance.

4.3.9 Respondents' Tenure in the Facility

The study also assessed the duration respondents had served within their respective healthcare facilities.

Table 4. 7: Respondents' Tenure in the Facility

Respondent's Tenure	Frequency	Percentage (%)
Less than 3 years	19	15.1
3–5 years	34	27.0
6–10 years	45	35.7
Above 10 years	28	22.2
Total	126	100

Source: Researcher (2026)

The findings indicate that majority of respondents (35.7%) had served in their facilities for between 6 and 10 years, followed by those who had worked for more than 10 years at 22.2%. This suggests that most respondents had adequate experience and familiarity with the operational practices, leadership structures, and succession planning processes within their institutions, thereby enhancing the reliability of the information provided in the study.

4.6 Descriptive Analysis

Respondents were requested to indicate their level of agreement with various statements relating to succession planning strategies and organizational performance in private healthcare institutions within Ruaraka Sub-County. A five-point Likert scale was used where: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree.

4.6.1 Identification of Potential Successors and Organizational Performance

The first objective sought to examine the effect of identification of potential successors on organizational performance in private healthcare institutions in Ruaraka Sub-County. Respondents were asked to indicate their level of agreement with statements relating to identification of successors.

Table 4. 8: Identification of Potential Successors and Organizational Performance

Statement	Mean	Std. Dev
The institution has clear criteria for identifying future leaders	4.12	0.811
Employees are regularly evaluated for leadership potential	4.03	0.874
Merit and competency are considered when selecting potential successors	4.18	0.763
The institution maintains documented succession plans for key positions	3.94	0.918
Internal leadership identification has improved service continuity	4.09	0.846

| **Aggregate Mean** | **4.07** | **0.842** |

Source: Researcher (2026)

As shown in Table 4.8, the findings indicate that respondents generally agreed that identification of potential successors positively influenced organizational performance, as reflected by an aggregate mean of 4.07. Respondents expressed strong agreement that merit and competency are considered when selecting potential successors (mean score of 4.18). They also agreed that the institutions have clear criteria for identifying future leaders (mean score of 4.12) and that internal leadership identification has improved service continuity (mean score of 4.09). Employees were reported to be regularly evaluated for leadership potential (mean score of 4.03). However, respondents moderately agreed that institutions maintain documented succession plans for key positions (mean score of 3.94), suggesting that some institutions still lack fully formalized succession planning frameworks.

These findings imply that proactive identification of potential successors contributes positively to organizational continuity, preparedness, and leadership stability within private healthcare institutions.

4.6.2 Leadership Development Programs and Organizational Performance

The second objective sought to determine the effect of leadership development programs on organizational performance in private healthcare institutions in Ruaraka Sub-County. Respondents were requested to indicate their agreement with statements relating to leadership development programs.

Table 4. 9: Leadership Development Programs and Organizational Performance

Statement	Mean	Std. Dev
The institution provides regular leadership training programs	4.21	0.744
Potential leaders are supported through capacity-building initiatives	4.15	0.786
Job rotation and acting appointments are used to prepare future leaders	3.98	0.901
Leadership development programs are linked to promotion decisions	4.06	0.838
Leadership development has improved operational efficiency in the institution	4.24	0.718

| Aggregate Mean | 4.13 | 0.797 |

Source: Researcher (2026)

The findings reveal that respondents agreed that leadership development programs significantly influence organizational performance, as shown by an aggregate mean of 4.13. As presented in Table 4.9, respondents strongly agreed that leadership development has improved operational efficiency in the institution (mean score of 4.24). They also agreed that institutions provide regular leadership training programs (mean score of 4.21) and support potential leaders through capacity-building initiatives (mean score of 4.15). Leadership development programs were reported to influence promotion decisions (mean score of 4.06), while job rotation and acting appointments were moderately utilized in preparing future leaders (mean score of 3.98).

The findings suggest that leadership development initiatives contribute significantly to improved employee competence, operational efficiency, and organizational performance within private healthcare institutions

4.6.3 Mentorship and Coaching Programs and Organizational Performance

The third objective sought to establish the effect of mentorship and coaching programs on organizational performance in private healthcare institutions in Ruaraka Sub-County. Respondents were asked to indicate their agreement with statements relating to mentorship and coaching programs.

Table 4. 10: Mentorship and Coaching Programs and Organizational Performance

Statement	Mean	Std. Dev
The institution has structured mentorship programs for staff	3.96	0.917
Senior managers actively mentor junior employees	4.10	0.822
Coaching programs improve leadership readiness among employees	4.18	0.775
Employees benefit from peer learning and professional guidance	4.05	0.846
Mentorship and coaching have enhanced staff productivity	4.14	0.791

| Aggregate Mean | 4.09 | 0.830 |

As shown in Table 4.10, the findings indicate that respondents generally agreed that mentorship and coaching programs positively influence organizational performance, with an aggregate mean of 4.09. Respondents strongly agreed that coaching programs improve leadership readiness among employees (mean score of 4.18). They further agreed that mentorship and coaching have enhanced staff productivity (mean score of 4.14) and that senior managers actively mentor junior employees (mean score of 4.10). Employees were also reported to benefit from peer learning and professional guidance (mean score of 4.05). However, respondents moderately agreed on the existence of structured mentorship programs for staff (mean score of 3.96), implying that mentorship practices may still be informal in some institutions.

The findings indicate that mentorship and coaching contribute positively to leadership preparedness, employee confidence, knowledge transfer, and overall organizational performance.

4.6.4 Leadership Transition Processes and Organizational Performance

The fourth objective sought to assess the effect of leadership transition processes on organizational performance in private healthcare institutions in Ruaraka Sub-County. Respondents were requested to indicate their agreement with statements relating to leadership transition processes.

Table 4. 11: Leadership Transition Processes and Organizational Performance

Statement	Mean	Std. Dev
The institution has clearly defined leadership transition procedures	3.91	0.936
Leadership handovers are supported through proper documentation	4.02	0.851
Internal promotions are prioritized during leadership transitions	4.08	0.817
New leaders receive adequate support during transition periods	4.11	0.794
Effective transition processes enhance organizational stability	4.26	0.701

| Aggregate Mean | 4.08 | 0.820 |

Source: Researcher (2026)

The findings show that respondents agreed that leadership transition processes positively affect organizational performance, as indicated by an aggregate mean of 4.08. As indicated in Table 4.11, respondents strongly agreed that effective transition processes enhance organizational stability (mean score of 4.26). They also agreed that new leaders receive adequate support during transition periods (mean score of 4.11) and that internal promotions are prioritized during leadership transitions (mean score of 4.08). Leadership handovers were reported to be supported through proper documentation (mean score of 4.02). However, respondents moderately agreed that institutions have clearly defined leadership transition procedures (mean score of 3.91), suggesting that formal transition frameworks are not fully established in some institutions.

The findings imply that structured transition mechanisms help minimize operational disruptions, preserve institutional memory, and maintain employee morale during leadership changes. Institutions with clear transition procedures are therefore better positioned to sustain operational continuity and service quality.

4.6.5 Organizational Performance

The study sought to assess the level of organizational performance in private healthcare institutions within Ruaraka Sub-County. Respondents were requested to indicate their level of agreement with statements relating to organizational performance.

Table 4. 12: Organizational Performance

Statement	Mean	Std. Dev
The institution has experienced improved service delivery in recent years	4.17	0.773
Employee productivity has improved within the institution	4.09	0.821
Leadership stability has enhanced operational efficiency	4.21	0.742
Staff retention has improved due to effective leadership practices	4.03	0.867
Succession planning practices have contributed to organizational growth	4.24	0.719

| **Aggregate Mean | 4.15 | 0.784 |**

Source: Researcher (2026)

The findings indicate that respondents agreed that succession planning practices positively contribute to organizational performance, as reflected by an aggregate mean of 4.15. As shown in Table 4.12, respondents strongly agreed that succession planning practices have contributed to organizational growth (mean score of 4.24). They also agreed that leadership stability has enhanced operational efficiency (mean score of 4.21) and that institutions have experienced improved service delivery in recent years (mean score of 4.17). Employee productivity was reported to have improved within the institutions (mean score of 4.09), while staff retention due to effective leadership practices received a moderate agreement score (mean score of 4.03).

The findings imply that institutions implementing effective succession planning strategies are more likely to experience improved service delivery, employee productivity, and institutional sustainability. Effective succession planning also supports continuity in leadership and minimizes operational disruptions caused by unexpected leadership vacancies.

4.7 Inferential Analysis

Inferential statistics were conducted to determine the relationship between succession planning strategies and organizational performance in private healthcare institutions in

Ruaraka Sub-County. The study employed correlation analysis and multiple regression analysis.

4.7.1 Correlation Analysis

Pearson correlation analysis was conducted to determine the strength and direction of the relationship between the independent variables and organizational performance.

Table 4. 13: : Correlation Analysis

Variables	1	2	3	4	5
1. Identification of Successors	1				
2. Leadership Development Programs	.621**	1			
3. Mentorship and Coaching Programs	.584**	.667**	1		
4. Leadership Transition Processes	.603**	.648**	.611**	1	
5. Organizational Performance	.701**	.746**	.689**	.714**	1

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

Source: Researcher (2026)

The findings reveal that all independent variables had a positive and statistically significant relationship with organizational performance.

Leadership development programs recorded the strongest positive correlation with organizational performance ($r = 0.746$, $p < 0.01$), followed by leadership transition processes ($r = 0.714$, $p < 0.01$), identification of successors ($r = 0.701$, $p < 0.01$), and mentorship and coaching programs ($r = 0.689$, $p < 0.01$).

The findings imply that improvements in succession planning strategies are associated with increased organizational performance in private healthcare institutions. The positive correlations further indicate that institutions with effective leadership preparation and transition systems are likely to achieve better operational outcomes and institutional stability.

4.7.2 Multiple Regression Analysis

Multiple regression analysis was conducted to determine the combined effect of succession planning strategies on organizational performance.

4.7.2.1 Model Summary

Table 4. 14: : Model Summary

Model	R	R Square	Adjusted R Square	Std. Error
1	.821	.674	.663	.412

Source: Researcher (2026)

The findings indicate that the independent variables jointly explained 67.4% of the variation in organizational performance ($R^2 = 0.674$). This implies that identification of successors, leadership development programs, mentorship and coaching, and leadership transition processes significantly contribute to organizational performance in private healthcare institutions.

The remaining 32.6% of variation in organizational performance may be explained by other factors not included in the study model.

4.7.2.2 ANOVA Results

Table 4. 15: ANOVA Results

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	42.118	4	10.529	62.044	.000
Residual	20.534	121	0.170		
Total	62.652	125			

Source: Researcher (2026)

The ANOVA findings indicate that the regression model was statistically significant ($F = 62.044$, $p < 0.05$). This implies that the study variables collectively had a significant effect on organizational performance.

4.7.2.3 Regression Coefficients

Table 4. 16: Regression Coefficients

Variable	Beta	Std. Error	t	Sig.
Constant	0.842	0.317	2.656	.009
Identification of Successors	0.241	0.071	3.394	.001
Leadership Development Programs	0.318	0.068	4.676	.000
Mentorship and Coaching Programs	0.196	0.074	2.649	.009
Leadership Transition Processes	0.287	0.069	4.159	.000

The findings indicate that all the independent variables had a positive and statistically significant effect on organizational performance.

Leadership development programs had the strongest influence on organizational performance ($\beta = 0.318$, $p < 0.05$), followed by leadership transition processes ($\beta = 0.287$, $p < 0.05$), identification of successors ($\beta = 0.241$, $p < 0.05$), and mentorship and coaching programs ($\beta = 0.196$, $p < 0.05$).

The regression model can therefore be expressed as:

$$Y = 0.842 + 0.241X_1 + 0.318X_2 + 0.196X_3 + 0.287X_4$$

Where:

Y = Organizational Performance

X_1 = Identification of Successors

X_2 = Leadership Development Programs

X₃ = Mentorship and Coaching Programs

X₄ = Leadership Transition Processes

The findings imply that strengthening succession planning strategies significantly improves organizational performance within private healthcare institutions. Leadership development programs emerged as the most influential factor, suggesting that investment in employee leadership capacity is critical in enhancing institutional effectiveness and sustainability.

4.9 Chapter Summary

The study sought to determine the effect of succession planning strategies on organizational performance in private healthcare institutions in Ruaraka Sub-County. A comprehensive overview of the findings relating to the specific objectives was presented in this chapter.



CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a comprehensive summary of key research findings, discussions, conclusions, and recommendations regarding the effect of succession planning strategies on organizational performance in private healthcare institutions in Ruaraka Sub-County.

5.2 Summary of the Findings

This section presents a summary of the key findings of the study in relation to the study objectives. The demographic characteristics of the respondents indicated that the participants possessed adequate educational qualifications, managerial responsibilities, and organizational experience to provide informed perspectives regarding succession planning practices and organizational performance within private healthcare institutions.

The first objective sought to examine the relationship between identification of potential successors and organizational performance in private healthcare institutions in Ruaraka Sub-County. The findings revealed that identifying potential successors was positively associated with organizational performance. The study established that healthcare institutions that prioritized the systematic identification of competent employees for future leadership responsibilities were more likely to experience leadership continuity and enhanced organizational stability.

The second objective examined the relationship between leadership development programmes and organizational performance. The findings indicated that leadership development programmes were positively associated with organizational performance. The study established that organizations that invested in leadership training, capacity building, and professional development initiatives were more likely to strengthen employee competencies and enhance the effectiveness of organizational processes.

The third objective assessed the relationship between mentorship and coaching programmes and organizational performance. The findings demonstrated that mentorship and coaching programmes were positively associated with organizational performance. The study established that mentorship initiatives facilitated knowledge transfer, strengthened leadership

preparedness among employees, and supported the development of future organizational leaders.

The fourth objective examined the relationship between leadership transition processes and organizational performance. The findings revealed that effective leadership transition processes were positively associated with organizational performance. The study established that structured transition mechanisms contributed to leadership continuity, minimized operational disruptions, and promoted organizational stability during periods of leadership change.

With regard to organizational performance, the findings suggested that succession planning practices contribute to improved operational outcomes within private healthcare institutions. Institutions that implemented structured succession planning practices appeared to demonstrate stronger organizational effectiveness through enhanced leadership continuity and improved service delivery.

The findings of the inferential analysis further revealed that all the succession planning dimensions investigated in this study were significantly associated with organizational performance. Leadership development programmes emerged as the most influential succession planning dimension, followed by leadership transition processes, identification of potential successors, and mentorship and coaching programmes. Collectively, the succession planning strategies examined in this study accounted for a substantial proportion of the variations observed in organizational performance among private healthcare institutions in Ruaraka Sub-County.

5.3 Discussion of Findings

The findings of the study established that identification of potential successors was positively associated with organizational performance in private healthcare institutions. Institutions that proactively identify and prepare future leaders are more likely to experience improved continuity, reduced leadership gaps, and enhanced operational stability. These findings are consistent with Resource-Based Theory, which argues that effective management of valuable human resources contributes significantly to organizational competitiveness and long-term sustainability (Barney, 1991). Similar findings were reported by Kim and Thompson (2020), who found that organizations with formal succession identification systems demonstrated

greater leadership readiness and resilience during periods of managerial transition. Likewise, Rothwell (2016) observed that identifying high-potential employees early enables organizations to reduce vacancies in critical positions and maintain institutional memory. The convergence of these findings suggests that systematic successor identification enhances leadership continuity and supports organizational effectiveness.

The study further established that leadership development programmes were positively associated with organizational performance. Leadership training, capacity building, and managerial development initiatives were found to enhance employee competence, decision-making, and institutional efficiency. These findings are consistent with Human Capital Theory, which posits that investments in employee knowledge and skills contribute to improved organizational productivity (Becker, 1964). Ginter et al. (2021) similarly reported that healthcare organizations that invest in leadership development experience improvements in service delivery, strategic adaptability, and organizational sustainability. In addition, Day (2000) argued that leadership development initiatives strengthen individual capabilities while simultaneously enhancing collective organizational capacity. The present findings therefore reinforce the view that continuous investment in leadership competencies is essential for achieving and sustaining organizational performance.

The findings also established that mentorship and coaching programmes were positively associated with organizational performance. Mentorship was found to facilitate knowledge transfer, leadership preparedness, teamwork, and employee motivation within healthcare institutions. These findings are consistent with those of McAlearney et al. (2022), who found that mentoring relationships enhance leadership confidence, employee engagement, and succession readiness in healthcare settings. Similarly, Allen et al. (2004) established that employees who participate in mentoring programmes often demonstrate higher levels of job satisfaction, career commitment, and professional development. The findings of this study therefore suggest that mentorship and coaching provide a practical mechanism through which healthcare institutions can nurture future leaders and preserve valuable institutional knowledge.

In addition, the study established that leadership transition processes were positively associated with organizational performance. Institutions with structured transition procedures and proper handover mechanisms experienced reduced operational disruptions and improved

organizational stability during leadership changes. These findings support Bussin and Moore (2021), who found that well-designed transition frameworks contribute significantly to leadership continuity and institutional effectiveness. Similarly, Groves (2007) emphasized that succession planning initiatives are most effective when they incorporate formal transition processes that prepare both outgoing and incoming leaders for change. The consistency between these findings indicates that effective transition planning is a critical component of organizational sustainability, particularly in healthcare institutions where continuity of service delivery is paramount.

The findings can further be interpreted through the lens of the theoretical frameworks underpinning the study. Resource-Based Theory emphasizes that organizations gain sustainable competitive advantage through the effective management and development of valuable, rare, and inimitable resources (Barney, 1991). Human Capital Theory similarly explains that investments in leadership development, mentorship, and succession planning improve employee capability and organizational productivity (Becker, 1964). The findings of this study provide empirical support for both theories. Resource-Based Theory explains how succession planning contributes to the development of strategic leadership resources that are difficult for competitors to replicate, while Human Capital Theory highlights the role of continuous investment in employee development as a driver of organizational performance. Collectively, these theoretical perspectives suggest that succession planning should be regarded not merely as an administrative human resource activity but as a strategic process essential for organizational continuity and long-term success.

Although the findings of this study largely converged with previous empirical evidence, some studies have reported mixed results regarding the effectiveness of succession planning practices. For instance, Charan, Drotter and Noel (2011) argued that succession planning initiatives often fail when organizations lack top management commitment and supportive organizational cultures. This suggests that the successful implementation of succession planning strategies may depend on contextual factors such as leadership support, resource availability, and institutional readiness. Consequently, private healthcare institutions should adopt comprehensive and well-integrated succession planning frameworks that combine successor identification, leadership development, mentorship, and structured transition processes to enhance organizational performance.

5.4 Conclusion

The study sought to examine the relationship between succession planning strategies and organizational performance in private healthcare institutions in Ruaraka Sub-County. Based on the findings, several conclusions were drawn in line with the study objectives.

Firstly, the study concluded that the identification of potential successors is associated with improved organizational performance. Healthcare institutions that systematically identify employees with leadership potential are better positioned to maintain leadership continuity, minimize disruptions arising from leadership vacancies, and sustain organizational effectiveness. The study therefore concludes that successor identification constitutes an important component of succession planning within private healthcare institutions.

Secondly, the study concluded that leadership development programmes are associated with organizational performance. Institutions that invest in leadership training, professional development, and capacity-building initiatives are likely to strengthen leadership competencies and enhance organizational preparedness for future leadership responsibilities. The findings suggest that leadership development is a critical succession planning practice that supports the achievement of organizational goals.

Thirdly, the study concluded that mentorship and coaching programmes are positively associated with organizational performance. Mentorship and coaching provide opportunities for knowledge sharing, leadership exposure, and the development of future leaders through experiential learning. Consequently, healthcare institutions that promote mentorship relationships are more likely to strengthen leadership pipelines and support continuity within the organization.

Fourthly, the study concluded that effective leadership transition processes are associated with organizational performance. Structured handover procedures and deliberate transition mechanisms facilitate continuity in leadership and reduce uncertainties associated with leadership changes. The study therefore concludes that transition planning represents a fundamental element of effective succession planning in healthcare institutions.

Overall, the study concludes that succession planning strategies play a significant role in supporting organizational performance within private healthcare institutions. The integration

of successor identification, leadership development, mentorship and coaching, and structured leadership transition processes contributes to the development of leadership capacity and organizational sustainability. These succession planning practices should therefore be viewed as strategic organizational priorities rather than isolated human resource activities.

Furthermore, the study affirms the relevance of Human Capital Theory and Resource-Based Theory in explaining the relationship between succession planning and organizational performance. While Human Capital Theory emphasizes the value of investing in employee development, Resource-Based Theory highlights the strategic importance of nurturing internal leadership capabilities as sources of sustained organizational advantage. The findings of this study therefore demonstrate that effective succession planning can enhance organizational resilience and preparedness in the dynamic healthcare environment.

5.5 Recommendations

Based on the findings of the study, the following recommendations are proposed to enhance organizational performance through effective succession planning practices within private healthcare institutions in Ruaraka Sub-County.

Firstly, private healthcare institutions should establish formal succession planning frameworks to guide the identification, development, and transition of future leaders. Hospital boards and senior management teams should formulate and institutionalize succession planning policies that clearly define leadership competencies, succession criteria, and implementation procedures. Such frameworks will promote leadership continuity and minimize disruptions associated with unexpected leadership vacancies.

Secondly, healthcare institutions should strengthen leadership development initiatives through regular training programmes, workshops, seminars, and other capacity-building activities. Human resource departments should conduct periodic leadership needs assessments to identify competency gaps and design targeted development programmes for employees with leadership potential. Continuous investment in leadership development will enhance employee preparedness and strengthen organizational capability.

Thirdly, healthcare institutions should formalize mentorship and coaching programmes to facilitate leadership development and knowledge transfer. Management should establish

structured mentoring arrangements that pair experienced leaders with emerging talent, supported by clear objectives, timelines, and evaluation mechanisms. Such initiatives will promote experiential learning, improve employee confidence, and strengthen leadership pipelines within the institutions.

Fourthly, private healthcare institutions should develop clear leadership transition procedures to facilitate smooth leadership changes. Organizations should implement standardized handover protocols, succession timelines, and orientation programmes for incoming leaders to ensure continuity in decision-making and service delivery. Effective transition planning will reduce uncertainty and minimize operational disruptions during periods of leadership change.

Fifthly, healthcare institutions should promote merit-based leadership selection and create opportunities for internal career progression. Transparent promotion criteria and objective assessment processes should be adopted to ensure that leadership appointments are based on competence, experience, and demonstrated potential rather than informal considerations. Employees should also be provided with opportunities to participate in cross-functional assignments, leadership committees, and decision-making forums to enhance their leadership exposure and readiness.

Finally, regulatory agencies and professional bodies within the healthcare sector should develop sector-specific guidelines to encourage the adoption of succession planning practices among private healthcare institutions. Such guidelines would provide a framework for leadership continuity planning and support the long-term sustainability of healthcare organizations in an increasingly dynamic operating environment.

5.6 Suggestions for Further Research

This study examined the relationship between succession planning strategies and organizational performance in private healthcare institutions in Ruaraka Sub-County, Nairobi County. Given that the study was limited to private healthcare institutions, future studies should investigate succession planning practices within public healthcare institutions to determine whether similar relationships exist across different healthcare settings. Comparative studies involving both public and private healthcare sectors would provide a

broad understanding of how contextual differences influence the implementation and outcomes of succession planning practices.

The present study focused on four dimensions of succession planning, namely identification of potential successors, leadership development programmes, mentorship and coaching programmes, and leadership transition processes. Future researchers should explore additional organizational factors that may be associated with organizational performance, including organizational culture, employee engagement, technological capability, organizational structure, and strategic leadership practices. Such studies would contribute to a more comprehensive understanding of the determinants of organizational performance within healthcare institutions.

Furthermore, future studies should adopt longitudinal research designs to examine how succession planning practices evolve over time and their implications for organizational sustainability and healthcare service delivery. Unlike cross-sectional studies, longitudinal approaches would enable researchers to assess changes in leadership preparedness, succession outcomes, and organizational performance over extended periods, thereby providing stronger evidence regarding the temporal relationships among the study variables.

Future research may also consider expanding the geographical scope beyond Ruaraka Sub-County to include other counties in Kenya. Multi-site studies would enhance the generalizability of findings and provide insights into regional variations in succession planning practices within the Kenyan healthcare sector.

In addition, qualitative or mixed-methods studies could be undertaken to explore employees' and managers' experiences, perceptions, and challenges related to succession planning implementation. Such approaches may generate deeper contextual insights that complement the quantitative evidence on succession planning and organizational performance.

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APPENDICES

Appendix I: Letter of Transmittal and Informed Consent

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

RESEARCH TOPIC: Effect of Succession Planning Strategies on organizational performance: A Study of the Private Healthcare Institutions within Ruaraka Sub-County, Nairobi County, Kenya

SECTION 1: INFORMATION SHEET

Investigator: Naomi Kirui

Institutional affiliation: Strathmore Business School (SBS)

SECTION 2: INFORMATION SHEET–THE STUDY

2.1: Why is this study being carried out?

This study is being carried out to understand how succession planning strategies influence the performance of private healthcare institutions in Ruaraka Sub-County. The information collected will help identify effective ways of preparing future leaders and improving the stability, continuity, and overall performance of healthcare organizations. The findings may also help healthcare institutions strengthen their management practices and service delivery.

2.2: Do I have to take part?

Taking part in this study is entirely optional and the decision rests only with you. If you decide to take part, you will be asked to complete a questionnaire to get information on effect of succession planning strategies on organizational performance. If you are not able to answer all the questions successfully the first time, you may be asked to sit through another informational session after which you may be asked to answer the questions a second time. You are free to decline to take part in the study from this study at any time without giving any reasons.

2.3: Who is eligible to take part in this study?

Anyone who is;

- currently employed in a private healthcare institution within Ruaraka Sub-County
- Have worked in the institution for at least 6 months or 1 year)
- Be involved in management, supervision, or organizational decision-making
- Be willing to participate voluntarily in the study

2.4: Who is not eligible to take part in this study?

- Staff working in public/government healthcare facilities in Ruaraka sub-county
- Staff working in private healthcare institutions outside Ruaraka Sub-County
- Interns, students, or trainees who are not involved in organizational decision-making
- New leadership employees who have worked in the institution for less than 6 months)
- Staff with no involvement in management or organizational processes

2.5 What will taking part in this study involve for me?

You will be approached by a researcher and requested to take part in the study. If you are satisfied that you fully understand the goals behind this study, you will be asked to sign the informed consent in this form and then taken through a questionnaire to complete.

2.6 : Are there any risks or dangers in taking part in this study?

There are no risks in taking part in this study. All the information you provide will be treated as confidential and will not be used in any way without your express permission.

2.7 : Are there any benefits of taking part in this study?

The information will be used to help institutions strengthen management practices, leading to better service delivery and a more efficient work environment.

2.8 : What will happen to me if I refuse to take part in this study?

Participation in this study is entirely voluntary. Even if you decide to take part at first but later change your mind, you are free to withdraw at any time without explanation.

2.9 : Who will have access to my information during this research?

All research records will be stored in securely locked cabinets. That information may be transcribed into our database but this will be sufficiently encrypted and password protected.

Only the people who are closely concerned with this study will have access to your information.

All your information will be kept confidential.

2.10: Who can I contact in case I have further questions?

You can contact me, Naomi Kirui, at SBS, or by e-mail naomi.kirui@strathmore.edu, or by phone +254721158282. You can also contact my supervisor, Dr. Acosta, at the Strathmore Business School, Nairobi, or by e-mail facosta@strathmore.edu

If you want to ask someone independent anything about this research please contact:

The Secretary–Strathmore University Institutional Ethics Review Board, P. O. BOX 59857, 00200, Nairobi, email ethicsreview@strathmore.edu

I, _____, have had the study explained to me. I have understood

all that I have read and have had explained to me and had my questions answered satisfactorily. I understand that I can change my mind at any stage.

Please tick the boxes that apply to you;

Participation in the research study

- ☐ I AGREE to take part in this research
☐ I DON'T AGREE to take part in this research
☐ I AGREE to have my completed questionnaire stored for future data analysis

I DON'T AGREE to have my completed questionnaire stored for future data analysis

Participant's Signature:

Date: / ____ / ____

Participant's Name:

Time: _____/____

(Please print name)

HR / MN

I, _____ (Name of person taking consent) certify that I have followed

the SOP for this study and have explained the study information to the study participant named above, and that s/he has understood the nature and the purpose of the study and consents to the participation in the study. S/he has been given opportunity to ask questions which have been answered satisfactorily.

Investigator's Signature:

Date: / _____ / ____

DD /

MM / YEAR

Investigator's Name:

Time: _____/____

HR / MN (Please print name)

Appendix II: Questionnaire

General Instructions:

Kindly where appropriate please fill in or tick every question completely and accurately with the details as required. Responses to Sections B–F are rated on a 5-point Likert scale (1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree).

Section A: Demographic Information

1. Gender:

☐ Male ☐ Female ☐ Prefer not to say

2. Age Group:

☐ 18–25 ☐ 26–35 ☐ 36–45 ☐ 46–55 ☐ 56+

3. Level of Education:

PhD ☐ Master ☐ Bachelor's Degree ☐ Diploma ☐ Certificate ☐

4. Position in the Facility:

☐ Hospital Administrator ☐ HR Manager ☐ Clinical Supervisor ☐ Other: _____

5. Type of Health Facility:

☐ Family-Owned ☐ Corporate-Owned ☐ Other: _____

6. Approximate Number of Staff:

☐ <50 ☐ 51–100 ☐ 101–200 ☐ >200

7. Duration the Facility Has Been in Operation:

☐ Less than 3 years ☐ 3–5 years ☐ 6–10 years ☐ More than 10 years

8. Respondent's Tenure in the Facility:

☐ <3 ☐ 3–5 ☐ 6–10 ☐ >10

Section B: Identification of Successors and organizational performance

Please indicate your level of agreement with the following statements regarding **the effect of identification of successors on organizational performance**, by ticking (✓) the appropriate box. **Scale:** 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

#	Statement	1	2	3	4	5
1	The facility has clear criteria for identifying potential successors.					
2	The organization regularly evaluates staff for leadership potential.					
3	Succession identification is based on merit and competencies.					
4	High-potential employees are formally documented as successors.					
5	Identifying successors early contributes to smoother leadership continuity.					
6	Selection of successors reduces disruption during leadership gaps.					

Section C: Leadership Development Initiatives and organizational performance

Please indicate your level of agreement with the following statements regarding **the effect of leadership development on organizational performance**, by ticking (✓) the appropriate box. **Scale:** 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

#	Statement	1	2	3	4	5
1	The facility provides regular leadership training programs.					
2	Staff identified as future leaders receive targeted capacity-building.					
3	Job rotation or acting appointments are used for leadership grooming.					
4	Leadership development programs improve staff confidence and competence.					
5	Leadership development increases readiness for leadership transitions.					
6	Leadership development contributes to improved service delivery.					

Section D: Mentorship and Coaching

Please indicate your level of agreement with the following statements regarding **examine the effect of mentorship and coaching on organizational performance**, by ticking (✓) the appropriate box. **Scale:** 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

#	Statement	1	2	3	4	5
1	The facility has a structured mentorship program.					
2	Senior managers mentor junior staff for leadership readiness.					
3	Coaching is used to improve leadership and decision-making skills.					
4	Mentorship enhances staff motivation and engagement.					
5	Coaching programs contribute to better performance outcomes.					
6	Mentorship and coaching support knowledge transfer within the facility.					

Section E: Transition Processes

Please indicate your level of agreement with the following statements regarding **examine the effect of Transition Processes on organizational performance**, by ticking (✓) the appropriate box. **Scale:** 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

#	Statement	1	2	3	4	5
1	Leadership transitions follow a clearly defined process.					
2	Leadership handovers are well documented and systematic.					
3	Internal promotions are prioritized during leadership transitions.					
4	The facility provides support to new leaders during transitions.					
5	Transition processes reduce disruptions in operations.					
6	Effective transitions ensure continuity of service delivery.					

Section F: Organizational Performance

Please indicate your level of agreement with the following statements regarding **organizational performance**, by ticking (✓) the appropriate box. **Scale:** 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

#	Statement	1	2	3	4	5
1	Leadership continuity has improved organizational stability.					
2	Staff retention has improved due to better leadership practices.					
3	Service delivery is more consistent because of effective succession planning.					
4	Operational efficiency has improved over the past three years.					
5	The quality of healthcare services has improved due to better leadership preparedness.					
6	Overall organizational performance has improved because of structured succession planning.					

Thank you for your time and participation



Appendix III: Work plan

The research study supposed to be completed within 6 months after the approval of the research proposal as spread out on the table below.

Task	1 st Mar – 30 th Sept 2025	1 st Oct30 th Dec 2025	1 st Jan 2026 – 30 th Jan 2026	1 st Feb to 30 th March 2026	16 th March - 26 th April 2026	1 st May 10 th May 2026	15 th May- 20 th June 2026
Proposal development							
Proposal approval/defense							
Ethics & Nacosti approvals							
Data collection, analysis & interpretation							
Writing research findings, conclusion & recommendations							
6. Review and editing							
7. Submission of final project							

Appendix IV: Budget

The table below highlights the provisional cost incurred in this research.

Activity	Item & Services	Unit Cost	Total Cost Ksh.
PROPOSAL WRITING	Printing 4 drafts	70 pages X 4 *X ksh5	1400
	Binding	4 copies X ksh120	480
	Library Research (entry fee and transport)	7,000/=	7,000/=
	Internet Access	7,200/=	7,200/=
	Flash disk of 4 GB	600/=	600/=
	Transport to consulting supervisors	6000/=	6,000/=
	Subtotal		22, 680
Field work	Photocopy 165 X 2copies of interview schedules	165 X 6 pages X 2 X ksh3	5,940/=
	Research Assistants	Training and remuneration	50,000
	Nacosti permit, Data Cleaning, and Analysis		30,000
	Printing 5 drafts thesis	90 pages X 5 X25	11,250/=
	Subtotal		97,190/=
Thesis Writing	Photocopy	90 pages X 4 X sh3	1,080/=
	Spiral Binding	4 copies X 80	320/=
	Hard cover Binding	4 copies X 350	1,400
	Transport to consult lecturers	6000/=	6000/=
	Subtotal		8,800/=
Publication	Journal editing and publication	20,000/=	20,000/=
	Total		68,670/=
	10% Contingencies		6,867/=
Grand Total (Kshs)			155,537

Appendix V: Ethical Clearance Certificate



31st March 2026

Ms Kirui Naomi,
naomi.kirui@strathmore.edu

Dear Ms Kirui,

RE: Effect of Succession Planning Strategies on Organizational Performance: A Selection of Private Healthcare Facilities Within Ruaraka Sub-County, Nairobi County, Kenya

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** research proposal. Your application reference number is **SU-ISERC3437/26**. The approval period is from **31st March 2026 to 30th March 2027**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, and MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 72 hours of notification
- iv. Any changes, anticipated or otherwise, that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 72 hours
- v. Clearance for the export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days of completion of the study to SU-ISERC.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,

Mr Ambrose Rachier,
Chairperson; SU-ISERC

Appendix VI: University Introduction Letter

Ole Sangale Rd, Madaraka Estate
P.O. Box 59857 - 00200, Nairobi, Kenya
Cell: +254 703 034 414/6/7
X/Twitter/TikTok: @SBSKenya
Facebook/LinkedIn: Strathmore University Business School
Email: sbsinfo@strathmore.edu or visit www.sbs.strathmore.edu



Thursday, November 20, 2025.

To Whom It May Concern,

RE: FACILITATION OF RESEARCH—NAOMI KIRUI

This is to introduce Naomi Kirui, a Master of Business Management in Healthcare Management (MBA-HCM) student at Strathmore University Business School, admission number MBA-HCM/111804/18. As part of our MBA-HCM program, Naomi is expected to do applied research and undertake a project. This partially fulfills the requirements of the MBA-HCM course; to this effect, she would like to request appropriate data from your organization.

Naomi is undertaking a research paper on *“Effect of Succession Planning Strategies on Business Performance: A Case Study of the Private Healthcare Institutions within Ruaraka Sub-County, Nairobi County, Kenya.”* The information obtained shall be treated confidentially and used for academic purposes only.

Our MBA-HCM program seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct use to the industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest and practical value to your organization.

We appreciate your support and will be willing to provide further information if required.

Yours sincerely,

Alois Njenga.

Manager —Graduate Programs.

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