SUCCESSION PLANNING AND HEALTH SECTOR PERFORMANCE IN THE COUNTY GOVERNMENT OF BUNGOMA, KENYA.

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DECLARATION

This research is my original prepared with no other than the indicated sources and support and has not been presented for a degree in any other university and has not been published anywhere.

Signature…… Date……

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BHR/G/02 – 70447/2022

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance of Masinde Muliro University of Science and Technology a thesis entitled , **"*Succession Planning and Health Sector performance in the County Government of Bungoma, Kenya."***

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DEDICATION

This thesis is dedicated to my beloved parents, Mr. Peter Kamala and Mrs. Mary Akumu, to my brothers, sisters and friends for their continued prayers and financial support. They encouraged me to this point and urged me to keep pursuing my career to higher levels because education is the key to unlock the golden door of freedom.

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ABSTRACT

The employee turnover and the scarcity of a competent workforce pose a critical challenge to the future growth of organizations which compel them to devise strategies to address this situation by either hiring external people for vacant key positions or promoting internal staff to enhance performance. There has never been a research on the aspects of succession planning affecting health sector performance in Bungoma County. The general objective of the research was to establish the effect of Succession Planning and Health Sector performance in the County Government of Bungoma, Kenya guided with the specific objectives;To determine the effect of Career Development Planning, Leadership Development and Talent Development on the Health Sector performance in the County Government of Bungoma. The study was guided by Scharmer's Theory U model as the main theory alongside Human Capital Theory, Social Exchange Theory and Theory on Talent Development. The study adapted a descriptive survey research design. The studys' target population was 240 employees within the ministry of Health in Bungoma County. Simple random sampling and census method was used to select 109 respondents as the sample size of the study. The study incorporated primary data sources collected using closed and open-ended questionnaires and interviews, which were pretested in Turkana County to evaluate validity and reliability. Quantitative data was collected through questionnaires and analyzed using SPSS, while qualitative data from open-ended questions and interviews was subjected to thematic analysis. Data was analysed for both descriptive statistics, including mean, standard deviation, frequencies and percentages, as well as inferential statistics, comprising of Pearson correlation and regression analysis. Data was then presented in Tables. The study's findings indicated that all aspects of succession planning Career Development Planning, Leadership Development and Talent Development had a positive and significant correlation with Leadership Development having a more strong and significant correlation with Health Sector Performance in Bungoma County, Kenya. The study recommended that health sector management should develop a clear framework for succession planning that determines the key leadership and technical positions. It highlighted the need for a clearly specified strategy to make and shape high-potential workers for leadership positions. The managers must also specify the required competencies for every position and make clear career development tracks within the hospital network.

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LIST OF ABBREVIATIONS AND ACRONYMS

ED	Employee Development
ER	Employee Retention
HR	Human Resource
HRM	Human Resource Management
ICT	Information Communication Technology
NACOSTI	National Commission for Science, Technology and Innovation
NGO	Non-governmental Organization
SEM	Structural Equation Modeling
SP	Succession Planning
SPSS	Statistical Package for Social Sciences

OPERATIONAL DEFINITIONS OF KEY TERMS

Career Development Planning: Career development is a structured planning approach that aligns employee career aspirations with the organizational career requirements of a company.

County Government: According to this study, refers to the 47 County Governments constituted in accordance with the Constitution of Kenya, which was enacted on August 27, 2010.

Leadership Development: These exercises enhance the talents, competencies, and self-assurance of leaders. It is also characterized as a prevalent procedure in succession planning, which seeks to cultivate exceptional leaders to assume senior roles as they become available.

Succession Planning: Succession planning is a process that guarantees the sustained successful operation of an organization by developing a framework for the development and replacement of important personnel throughout time.

Talent Development: This term is used to denote the active management systems exploited by firms to identify, develop, capture, nurture, utilize, and grow the talent of workers to the benefit or advantage of the organization and the work team.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

In the contemporary global environment, the intensification of globalization and technological advancement has amplified competitiveness across all sectors, including healthcare. Organizations increasingly rely on highly skilled, motivated, and strategically developed human capital to sustain performance and achieve long-term success (Zafar & Akhtar, 2020). Succession planning has thus emerged as a strategic human resource management practice that ensures leadership continuity, talent retention, and organizational resilience.

Zafar and Akhtar (2020) demonstrated that an effective succession plan is crucial for institutional growth because it provides structured guidance on identifying, developing, and retaining potential leadership candidates within an organization. Their study in Pakistan revealed that good succession planning positively affects organizational growth by 2.5 times through enhanced recruitment precision, improved retention of critical staff, and strategic workforce stability.

Globally, workforce dynamics have shifted significantly due to demographic changes, retirements of aging professionals, and rapid technological shifts. Consequently, organizations face growing pressure to cultivate internal talent capable of assuming leadership responsibilities seamlessly (Sohu, Mirani, Dakhan, & Junejo, 2020). Succession planning involves identifying and preparing prospective managers and executives to fill future leadership gaps while aligning individual career development with organizational goals. It ensures that human capital pipelines are systematically managed through targeted

training, mentoring, and career progression initiatives (Sohu *et al*., 2020). In this sense, succession planning is not merely a replacement exercise; it represents an integrated talent management strategy that incorporates career development planning, leadership development, and talent development (Hassan & Siddiqui, 2020).

According to Hassan and Siddiqui (2020), succession planning and employee retention are mutually reinforcing processes. Poor succession management often results in staff turnover, eroding institutional memory and continuity. Effective succession systems, on the other hand, sustain workforce morale and performance through structured career advancement paths. Similarly, Zhang, Lee, and Zhao (2023) observed that in the absence of structured leadership transition frameworks, organizations face disruptions in decision-making, long-term planning, and strategy implementation. Their research highlighted that integrating talent identification, development, and retention within succession systems enhances innovation, employee commitment, and overall strategic alignment.

Ali and Mehreen (2019) extended this argument through a study in China, illustrating that succession planning fosters personal resource development by strengthening coworker support, job autonomy, and managerial mentorship factors that directly elevate work engagement and productivity. The researchers concluded that succession planning initiatives enhance organizational performance by shaping talent pipelines and reinforcing a performance-oriented culture. This global evidence underscores the strategic importance of succession planning in sustaining institutional performance across diverse sectors, including the health sector, where service delivery and leadership continuity directly influence public welfare outcomes.

Across Africa, succession planning has gained increasing recognition as a key determinant of institutional performance, particularly in public and service-oriented sectors. Pita and Dhurup (2019) emphasized that in South Africa, effective succession planning comprising replacement planning, staff development, and career progression reduces turnover intentions and fosters employee loyalty. Their study found that organizations lacking structured succession systems often experience instability, low morale, and reduced productivity. Furthermore, the research highlighted that sustained top management commitment and the integration of career development initiatives are essential for successful succession implementation.

Similarly, Beryl, Ayodele, Oyo, Michael, Patience, Oluwanifemi, and Omotayo (2020) found that in Nigeria, the competitive business and service environment requires deliberate strategic planning to ensure leadership continuity and performance sustainability. Their findings revealed that organizations without structured succession systems struggle to identify and prepare future leaders, leading to inefficiencies in strategy execution. Olatunji, Kehinde, and Nwachukwu (2017) further asserted that succession planning in Nigeria remains misunderstood, with many organizations failing to align replacement strategies with long-term corporate goals. They emphasized that objective succession management improves worker commitment and organizational efficiency both crucial in sectors that depend heavily on professional expertise, such as healthcare.

In the African health context, Atalla and Elbassal (2023) found that at Alexandria Main University Hospital in Egypt, succession planning serves as a human capital development approach that builds a pool of competent nurses, improving workforce stability and

performance. By integrating career development with succession planning, the hospital mitigated the challenges of nurse shortages and high turnover. The study revealed that nurses exposed to structured career pathways demonstrated higher engagement, confidence, and readiness for leadership roles. The evidence from Egypt illustrates that succession planning directly contributes to improved health service delivery through enhanced leadership preparedness and professional growth.

Within East Africa, succession planning is increasingly recognized as a key strategic management practice necessary for institutional resilience and sectoral performance. Zaam (2018), in a study conducted in Uganda, found that leadership succession is often hindered by ego-related barriers, inadequate mentorship, and limited institutional support. The lack of structured career and leadership development mechanisms weakened organizational succession frameworks, particularly in public institutions. Similarly, Omary (2019) reported from Tanzania that higher education institutions required deliberate efforts to build coaching, mentoring, and talent development cultures to sustain leadership transitions. His findings at the University of Dodoma demonstrated that succession planning significantly improved organizational performance when linked to leadership capability assessments, external talent attraction, and retention incentives. These regional findings emphasize that succession planning thrives where institutions invest in career development, leadership training, and talent retention. The East African experience suggests that performance outcomes are strongest in organizations that integrate human capital development into their succession frameworks. This is especially critical in the health sector, where leadership continuity, skilled workforce availability, and institutional knowledge transfer determine the quality and consistency of healthcare services.

In Kenya, succession planning has transitioned from being viewed merely as a human resource management issue to a core component of institutional strategic management. It is increasingly recognized as essential for enhancing organizational performance, governance, and service delivery (Muema & Odollo, 2020). Their study highlighted that effective succession planning encompasses the replacement of senior leaders while also managing workforce competencies and capabilities across all organizational levels. They noted that for succession planning to succeed, senior management must understand and support its long-term impact on performance. Moreover, establishing clear accountability plans and aligning employee career aspirations with organizational goals enhances engagement and productivity.

Within the public sector, particularly in healthcare, succession planning is integral to maintaining continuous, high-quality service delivery (Mwamkuu, Namusonge, & Nyile, 2024). The health sector faces unique challenges such as workforce shortages, leadership turnover, and the need for specialized managerial skills. Mwamkuu *et al*. (2024) stressed that effective succession planning in healthcare institutions should be complemented by sound corporate governance practices, including accountability, transparent decision-making, and compliance with ethical standards. These principles ensure not only leadership continuity but also sustained institutional performance.

Mucherumuhia and Kagiri (2018) demonstrated that developing a "talent culture" within organizations enhances discussions around employee potential, career growth, and leadership readiness. Their study in Nairobi revealed a significant positive relationship between personnel management, career management, and organizational performance.

Likewise, Lydia and Kiiru (2021) observed that institutions such as the Ministry of ICT, Youth and Innovation face challenges in harnessing talent for improved performance. They recommended establishing structured succession frameworks to retain skilled employees and nurture emerging leaders.

Ocholla (2022) reinforced this by asserting that succession planning entails preparing for leadership transitions to ensure institutional performance continuity. In the health sector, this means facilitating seamless transitions of clinical professionals into managerial and leadership roles. Effective succession frameworks enable hospitals and county health departments to preserve institutional knowledge, foster leadership development, and maintain service efficiency during leadership changes.

In Bungoma County, Kenya, the health sector continues to face human resource constraints, leadership gaps, and inconsistent career development mechanisms. Succession planning remains underdeveloped, with limited structured systems to identify, mentor, and prepare emerging health leaders. Strengthening succession planning anchored in career development, leadership development, and talent management is therefore essential for improving health sector performance. By institutionalizing these practices, the county health system can achieve leadership continuity, enhanced service delivery, and improved staff morale, thereby contributing to the realization of Kenya's Universal Health Coverage (UHC) agenda.

1.1.1 Health Sector performance in Bungoma County, Kenya.

The health sector in Bungoma County, Kenya, has witnessed notable improvements since the onset of devolution, with increased investments in health infrastructure, primary health care, and governance reforms aimed at enhancing service delivery. According to the *Bungoma County Integrated Development Plan (CIDP 2018–2022)*, the county prioritized maternal and child health, communicable disease control, and facility upgrades to strengthen the health system. Despite these efforts, empirical evidence reveals persistent challenges undermining performance.

Bandali *et al*. (2019) observed that although maternal and perinatal death surveillance and response systems improved, gaps in data utilization and feedback mechanisms remain. Similarly, Kisiangani (2020) found that maternal health service utilization in Mt. Elgon Constituency is constrained by cultural norms, long distances to facilities, and economic barriers. Clinical care quality also remains a concern; Masai *et al.* (2021) reported inadequate pre-eclampsia screening services at Bungoma County Referral Hospital, while Wafula, Wesonga, and Wanzala (2021) linked diagnostic errors in obstetric care to adverse maternal outcomes.

Moreover, Wamalwa, Wanzala, and Alala (2021) highlighted low utilization of evidence-based data in annual health planning and budgeting, limiting efficiency and accountability. Issues of accessibility and patient experience persist, as Namusonge *et al*. (2021) found that 42% of women experienced disrespect and abuse during childbirth, while Gitaka *et al*. (2021) revealed limited community knowledge of neonatal danger signs affecting care-seeking behavior.

Although the *International Budget Partnership (2023)* commended Bungoma for strong health budget transparency, the county continues to face shortages of skilled health workers, inequitable resource distribution, and erratic medical supply chains. Overall, while Bungoma County has made commendable progress in expanding access and improving governance in the health sector, studies consistently underscore the need for sustained investment in human resources, evidence-based decision-making, and the promotion of quality, equitable, and respectful health care. Kimani (2017) contends that Counties across the nation have substantial challenges, including capacity deficits, shortages of human resources, inadequate legal and institutional frameworks, widespread corruption, and a deficiency in collaborative relations with the National Government. The interplay of these factors has led to a plateau in healthcare advancement and a decline in some previously achieved advances in critical health measures.

1.2 Statement of the Research Problem

The Constitution of Kenya (2010) guarantees every citizen the right to the highest attainable standard of health, including access to quality healthcare and reproductive health services (Article 43). In alignment with this mandate, the health sector is expected to maintain an efficient, well-staffed, and professionally managed workforce capable of providing continuous, high-quality care. From an organizational standpoint, effective succession planning forms a critical component of this ideal framework by ensuring leadership continuity, employee development, and retention of competent health professionals (Hassan & Siddiqui, 2020). In global and national health systems, succession planning serves as a best practice in institutional performance management, ensuring that organizations are resilient to leadership transitions and talent shortages. Ideally, therefore, Bungoma County's

health sector should demonstrate well-structured succession frameworks anchored on career development planning, leadership development, and talent development, ensuring seamless service delivery, motivated staff, and improved patient outcomes.

However, the real situation in Bungoma County presents a stark contrast to this ideal. Despite the legislative and policy framework supporting human resource development, the health sector continues to grapple with persistent workforce instability, poor leadership succession, and low staff morale. Kimathi (2017) observes that most counties, including Bungoma, face systemic challenges such as limited institutional capacity, human resource shortages, inadequate legal frameworks, and fragmented collaboration with the National Government. These weaknesses have translated into frequent strikes, poor working conditions, and inconsistent service delivery within the devolved health system. Although succession planning is intended to mitigate such disruptions, it has not been effectively institutionalized within the County's health management structures (Ochola, 2022).

Ochola (2022) established that most health managers in county hospitals were inadequately trained for managerial responsibilities, and leadership succession practices were fragmented and uncoordinated. Similarly, the Succession Strategy and Management Policy (2019) in Bungoma County has not achieved its intended objectives, as evidenced by staff stagnation, skill mismatches, high turnover in critical positions, and the recurrent re-employment of retirees and casual workers to fill permanent roles. These issues suggest a breakdown in career development pathways, limited leadership development opportunities, and weak talent retention systems across the health workforce. The result has been an erosion of

institutional capacity, declining motivation among healthcare staff, and reduced service efficiency, which undermines the broader goal of achieving the national Universal Health Coverage (UHC) targets.

Furthermore, while succession planning is widely recognized as vital for institutional performance (Pita & Dhurup, 2019), empirical evidence within the health sector particularly at the county level remains limited. Previous studies such as those by Muema and Odollo (2020), Kitayi (2017), and Mwamkuu, Namusonge, and Nyile (2024) have examined succession planning but mainly focused on ministries and non-governmental organizations rather than county health departments. Their findings, though valuable, cannot be generalized to the devolved healthcare context characterized by distinct governance, human resource, and performance dynamics. Consequently, there exists a contextual and empirical gap concerning how succession planning influences health sector performance in Bungoma County.

In summary, while policy frameworks envision a health system supported by structured leadership and talent development mechanisms, Bungoma County's health sector continues to experience managerial discontinuity, poor succession practices, and low employee retention. The gap lies in the absence of systematic, evidence-based succession planning frameworks linking career development, leadership preparation, and talent management to measurable health sector performance outcomes. This study, therefore, seeks to fill this gap by examining the influence of succession planning on the performance of the health sector in the County Government of Bungoma.

1.3 Objectives of the Study

1.3.1 General objective

The overall objective of this study was to investigate the effect of succession planning on the Health Sector performance in the County Government of Bungoma.

1.3.2 Specific Objectives

i. To determine the effect of Career Development Planning on the Health Sector performance in the County Government of Bungoma.
ii. To investigate the effect of leadership development on the Health Sector performance in the County Government of Bungoma.
iii. To determine the effect of Talent development on the Health Sector performance in the County Government of Bungoma.

1.4 Research Hypotheses

H_{01}: Career Development Planning has no significant effect on the Health Sector performance in the County Government of Bungoma.

H_{02}: Leadership development has no significant effect on the Health Sector performance in the County Government of Bungoma.

H_{03}: Talent development has no significant effect on the Health Sector performance in the County Government of Bungoma.

1.5 Significance of the Study

This study contributes to the literature on succession planning by addressing difficulties within the devolved healthcare sector and enhances the scientific understanding of succession planning methodologies. The findings of the study should be used to critique or affirm the theories that were explored thus adding knowledge to the already existing pool. The current study will be resourceful to the County Government of Bungoma, other 46 Counties and the National Government of the Republic of Kenya since it will aid in shedding light on the difficulties hindering both County and National Governments' performance of the health sector plus suggesting ways in which such obstacles can be addressed.

To the top management of the health care facilities in the County and National governments will be able to draw findings from the study which will aid in decision making especially on matters concerning succession planning within their organizations thus promoting an enabling culture that will aid organizations not only to remain efficient and effective but also to ensure continuity and improvement. The study will be crucial for policymakers by supplying pertinent information that aids the government in developing and executing succession planning practices, thereby enhancing effective healthcare governance. Consequently, this will enable both National and County Governments to reassess their policies to eliminate obstacles, facilitating successful succession planning within healthcare governance.

Failure to conduct this study on succession planning and healthcare performance would mean that persistent challenges such as leadership instability, weak talent management,

limited career progression, and inadequate leadership development in Bungoma County's health sector will remain unresolved. Consequently, the county may continue to face staff turnover, low motivation, and disruptions in health service delivery. Without empirical evidence on how succession planning practices influence performance, policymakers will lack the data needed to strengthen human resource systems. This could ultimately undermine healthcare quality, organizational efficiency, and the attainment of Kenya's Universal Health Coverage (UHC) goals.

1.6 Scope of the Study

The present study concentrated on the overall health sector under the County Government of Bungoma, Kenya, as its geographical area. Bungoma County's Succession Strategy and Management Policy (2019) has encountered numerous challenges regarding succession planning, including staff stagnation, skill mismatches, elevated turnover rates in critical positions, a deficit of pertinent skills and competencies leading to promotion waivers, short-term contracts, reemployment of retirees on a contractual basis, and the hiring of casual workers for permanent roles, all attributed to inadequate succession planning. The study determinants included career development planning, leadership development, and talent development. The target audience consisted of middle and senior-level managers, including Medical Superintendents, Hospital Administrators, Human Resource Officers, Heads of Pharmacy, Heads of Nursing, Health Records Information Officers, Heads of Laboratory, and Heads of Clinical Services within the public health facilities of Sub-County hospitals and the Bungoma Teaching and Referral hospital.

The selection of public health care institutions was based on the intention that the guiding policy text was specifically designed for execution within the public service. The study focused exclusively on Referral and Sub-County Hospitals because to their superior facilities, specialized personnel, and comprehensive public health service delivery. The research was executed in July to October 2024 and aimed at 240 participants.

1.7 Limitations of the study

The study encountered several limitations during data collection in hospitals. Some respondents were hesitant to discuss succession planning due to confidentiality concerns and fear of victimization; this was mitigated by assuring anonymity and confidentiality. Accessing senior administrators proved difficult because of tight schedules and bureaucratic procedures, which was addressed by scheduling appointments in advance and using official introduction letters. Incomplete or inconsistent responses also hindered data verification, prompting the researcher to triangulate data from multiple sources.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A literature review was essential to facilitate a deeper comprehension of the studied themes. This chapter provided a theoretical, conceptual, and empirical survey of the literature on succession planning and performance. This chapter examines the theoretical foundations of the study prior to conducting a paired literature review. The paired review was conducted regarding the essential correlations among variables. This process revealed multiple research gaps in contextual, conceptual, and methodological aspects. The gaps were summarized and organized into a table.

2.2 Theoretical Literature Review

There were three theories in this study which included Human Capital Theory, Social Exchange Theory and Theory on Talent Development that addressed the specific independent variables Career Development Planning, Leadership Development and Talent Development respectively while the Scharmer's Theory U-Model being the overall that guided the study.

2.2.1 Human Capital Theory

The Human Capital Theory, originally advanced by Gary Becker (1964), posits that individuals and organizations invest in education, training, and health as a way of enhancing productivity and future economic returns. Becker viewed human capital as a tangible asset, much like physical capital, which contributes directly to organizational growth and national

development. This notion underscores that the knowledge, skills, and competencies possessed by employees are critical determinants of performance outcomes. Later, Davenport (1999) expanded the theory by identifying human capital as encompassing a range of attributes such as knowledge, skills, talents, behaviors, effort, and time. These components interact to determine an individual's value contribution to the organization. Similarly, Ulrich (1998) argued that employees should no longer be viewed as costs to be minimized but as strategic assets whose development can generate long-term organizational advantage.

In modern organizational contexts, the Human Capital Theory has evolved toward a results-based perspective. Phillips (2005) and more recent scholars such as Manea and Virlanuta (2021) and Kaur and Kaur (2023) note that organizations increasingly emphasize outcome-oriented investments in people, linking employee competencies directly to performance metrics and strategic objectives. This shift reflects a broader paradigm where human capital is recognized as a central element of organizational sustainability, particularly in knowledge-driven sectors like healthcare. Investment in employees' professional development, training, and career growth enhances institutional capacity and continuity, which are vital for effective succession planning.

Despite its wide application, the theory has faced several criticisms. Contemporary researchers such as Sarpong and Osei-Tutu (2022) argue that Human Capital Theory oversimplifies the relationship between education and productivity by assuming a linear and measurable correlation, while ignoring contextual factors such as workplace culture, institutional politics, and socio-economic inequalities. Moreover, Okolie *et al.* (2023)

highlight that the theory inadequately accounts for informal learning, mentorship, and the social capital that significantly shape performance in sectors like healthcare. These limitations suggest the need to complement human capital perspectives with broader organizational and behavioral insights when analyzing workforce dynamics.

The relevance of Human Capital Theory to the present study on succession planning and health sector performance in Bungoma County is significant. Effective succession planning relies heavily on the systematic identification, training, and mentoring of employees to ensure leadership continuity and service efficiency. Through structured career development planning, health institutions can cultivate employees' skills and competencies to prepare them for future leadership roles, thereby minimizing disruptions in service delivery. In this context, Human Capital Theory provides a useful lens for understanding how investment in employee development enhances institutional resilience and long-term performance in the county's healthcare system.

2.2.2 Social Exchange Theory

The Social Exchange Theory, introduced by George Homans in 1961, explains human behavior as a function of reciprocal interactions governed by perceived rewards and costs. Homans proposed that individuals engage in social relationships when the anticipated benefits outweigh the potential costs, and such exchanges are maintained through reinforcement mechanisms rewards that encourage repetition of beneficial behaviors and punishments that discourage unproductive ones. Later contributions by Peter Blau (1964), John Thibaut, and Harold Kelley (1959) expanded the theory to emphasize the role of trust, commitment, and long-term reciprocity in sustaining relationships. Emerson (1976) further

integrated social structure into the theory, arguing that exchange processes occur within broader networks of interdependence and social norms, rather than isolated individual decisions.

In organizational contexts, Social Exchange Theory has become a fundamental framework for understanding employee-employer relationships and leadership dynamics. According to Cropanzano and Mitchell (2005), relationships within organizations function as exchanges in which leaders provide resources such as support, recognition, or career opportunities in return for employee loyalty, effort, and performance. When employees perceive fairness and mutual respect from leaders, they reciprocate with higher organizational commitment, engagement, and productivity. This reciprocity forms the psychological basis for effective leadership development, since potential leaders who feel valued and supported are more likely to internalize organizational values and exhibit positive leadership behaviors.

Recent studies reaffirm this relevance. Eisenberger *et al*. (2021) and Yam *et al.* (2023) found that social exchange processes are central to leadership development programs, as employees' perception of organizational support enhances their motivation to learn, mentor others, and assume leadership roles. Similarly, Atitumpong and Badir (2022) demonstrated that high-quality leader member exchanges foster knowledge sharing and trust, which are critical in developing competent leadership pipelines an essential element of succession planning in healthcare organizations. Within the health sector in Bungoma County, where effective leadership continuity determines service delivery efficiency, the theory underscores the need for reciprocal developmental relationships between senior and

emerging leaders. Such exchanges promote mentorship, build trust, and enhance institutional stability, all of which contribute to improved performance outcomes.

However, Social Exchange Theory is not without criticism. Chernyak-Hai and Rabenu (2021) argue that the theory's constructs are sometimes ambiguous and difficult to operationalize, particularly in complex organizations where multiple, overlapping exchanges occur simultaneously. Kurtessis *et al.* (2022) also note that the theory's reliance on rational cost–benefit assumptions may overlook emotional, cultural, or ethical factors that influence behavior in diverse work environments such as healthcare institutions. Moreover, the theory has been criticized for its limited predictive capacity due to overlapping constructs like trust, reciprocity, and obligation, which may vary across organizational and cultural contexts (Cropanzano *et al*., 2017; Yam *et al*., 2023).

Despite these limitations, Social Exchange Theory remains profoundly relevant to this study. In the context of leadership development and succession planning, it explains how mutual investment in developmental relationships through mentorship, training, and empowerment creates a cycle of reciprocity that strengthens institutional capacity. By fostering positive leader employee exchanges, health institutions in Bungoma County can enhance commitment, transfer knowledge effectively, and ensure continuity in leadership, thereby improving overall health sector performance.

2.2.3 Theory on Talent Development

The Theory of Talent Development, grounded in Abraham Maslow's Hierarchy of Needs (1943), posits that individuals' motivation to learn, grow, and perform is driven by the progressive satisfaction of human needs. Maslow argued that people are motivated by a

hierarchy comprising five categories: physiological, safety, social, esteem, and self-actualization needs. The theory suggests that as lower-order needs are satisfied, individuals naturally seek to fulfill higher-level aspirations related to personal growth and self-fulfillment. In the context of organizations, this progression translates into the design of work environments and development programs that support continuous employee growth, which is central to talent development.

Maslow's framework provides the psychological foundation for understanding how organizations attract, develop, and retain talented employees. When institutions provide conducive working conditions, fair compensation, and job security, they fulfill employees' basic and safety needs. Once these are met, employees seek to satisfy higher-order needs such as belonging, recognition, and self-actualization through challenging assignments, leadership opportunities, and professional learning programs. Modern researchers such as Kumari and Singh (2022) and Kaur and Gupta (2023) reaffirm that effective talent development occurs when organizations create structured opportunities that allow employees to realize their potential, enhance competencies, and align personal growth with organizational goals.

In healthcare institutions, particularly within Bungoma County, the Theory of Talent Development is highly relevant to succession planning and health sector performance. Developing and retaining skilled personnel is essential for ensuring continuity in leadership and service delivery. Health facilities that invest in continuous professional education, mentoring, and performance recognition cultivate a workforce ready to assume critical leadership roles. According to Mugisha *et al.* (2021), talent development anchored in

motivational principles enhances employee commitment, reduces turnover, and strengthens institutional resilience factors that are indispensable for efficient healthcare performance.

Despite its wide applicability, the Theory of Talent Development has been criticized for its linear and individualistic assumptions. Contemporary scholars such as Rahman and Karim (2021) and Ravindra and Jay (2022) argue that talent development is not always sequential as Maslow proposed; instead, employees may pursue different needs concurrently depending on context and culture. Furthermore, the theory does not fully account for organizational, technological, or socio-cultural dynamics that influence learning and development in modern workplaces. Nevertheless, it remains a valuable lens for designing strategic human resource interventions that foster continuous growth and prepare employees for leadership succession.

In this study, the Theory of Talent Development explains how satisfying employees' intrinsic and extrinsic needs through structured learning, career advancement opportunities, and recognition mechanisms contributes to effective succession planning. By nurturing employees' competencies and aligning their aspirations with institutional goals, health organizations in Bungoma County can build a sustainable leadership pipeline and improve overall health sector performance.

2.2.4 Overall Theory That Guided The Study (Scharmer's Theory U-Model)

Scharmer's Theory U Model (Scharmer, 2007) guided this study as the overarching theoretical framework underpinning the relationship between succession planning and health sector performance in Bungoma County. The model conceptualizes leadership transition and organizational transformation as a U-shaped process that facilitates deep learning, shared

vision, and innovative action. Scharmer proposes that effective succession planning is not a one-time event but a structured journey involving five interconnected movements: co-initiating, co-sensing, presencing, co-creating, and co-evolving (Scharmer, 2020). These stages encourage organizations to collectively perceive future possibilities, internalize them and act collaboratively to realize transformational outcomes.

In the context of the health sector, co-initiating involves County leadership engaging stakeholders such as hospital administrators, departmental heads and community representatives to define a shared purpose for leadership continuity. Co-sensing enables the organization to identify gaps in leadership capacity and service delivery through participatory assessments and data-driven insights. The presencing phase represents a reflective stage where leaders envision a restructured, performance-oriented health system anchored on effective talent pipelines. Co-creating then operationalizes these visions through structured succession programs, mentorship and leadership development initiatives, while co-evolving ensures continuous improvement and adaptability of health institutions to emerging challenges (Scharmer, 2023).

By applying this theory, the study acknowledges that succession planning enhances organizational learning, leadership renewal, and service performance, particularly when supported by stakeholder participation and strategic foresight. The model aligns with Bungoma County's devolved governance context, where sustained performance in health institutions depends on the continuity of skilled leadership and effective transfer of institutional knowledge. However, Scharmer's Theory U Model has been critiqued for oversimplifying real-world complexities and lacking empirical grounding in public-sector

dynamics (Jaworski & Scharmer, 2020; Senge *et al*., 2021). Despite this, its emphasis on collaborative learning, reflective leadership, and adaptive systems offers a useful lens for understanding how succession planning can drive improved performance in County health facilities.

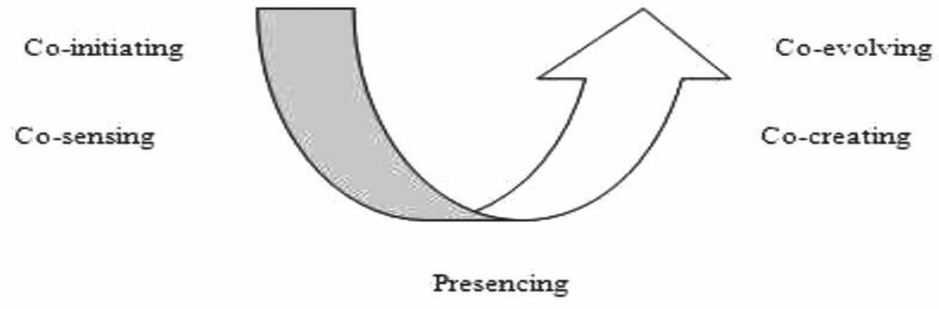

Figure 2. 1: Scharmer's Theory U model.

Source: Scharmer (2007)

The model depicted above illustrates Scharmer's Theory U framework. The model perceives succession planning as commencing from the near future, characterized by a U-shaped idea comprising five process movements, as illustrated in Figure 2.1, which facilitate organizational change (Scharmer, 2007). The Scharmer model delineates processes of movements that are; (1) Co-initiating – in this phase, County Governments, in collaboration with all stakeholders, establishes a shared objective about a forthcoming event. (2) Co-sensing at this second level, County Governments together recognize the prevailing demand across boundaries.

New ideas and innovations arise here through collaborative participation. Presencing is the third stage, during which the leadership of County Governments begins to perceive the future they had envisioned (Scharmer, 2007). County Governments are catalysts for an

anticipated conclusion due to the strategic plan that has laid the foundation for transformation. Furthermore, County Governments' administration neglects unsolved conflict concerns and strives for a more persuasive future. However, the theory is constrained in that the examination of Theory U's historical and philosophical foundations concludes that it plainly fails to sufficiently encapsulate real-world complexity and does not align with widely accepted academic norms.

2.3 Conceptual Review

2.3.1 Career Development Planning

Career development planning is a critical element of succession planning, focusing on systematically preparing employees for future organizational roles. It involves identifying employee potential, nurturing competencies through structured programs, and aligning personal goals with institutional objectives. Effective career development enhances employee engagement, retention, and organizational continuity, especially within health institutions that rely on skilled professionals for sustained service delivery (Alamri & Alshammari, 2022).

2.3.1.1 Training

A structured environment in which individuals get instruction and acquire technical information pertinent to their occupations is termed training (Adula, Kant, & Birbirsa, 2023). It emphasizes training personnel on the operation of certain equipment or the execution of particular tasks to enhance productivity. Training is the process of equipping an individual with the requisite skills to execute their tasks efficiently, competently, and successfully (Amrutha & Geetha, 2020). Employee training is not continuous; instead, it

occurs periodically at scheduled periods. Training is usually conducted by an expert or professional in the pertinent field or occupation (Aguinis, Jensen, & Kraus, 2022).

Organizations gain advantages from training and development by attracting and retaining top personnel, augmenting productivity and income, improving morale and job satisfaction, and elevating overall morale. Moreover, organizations with engaged employees have 41 percent reduced absenteeism and 17 percent increased productivity (Garcia, Huang, & Kwok, 2023). Training seems to positively influence business outcomes by increasing productivity, improving managerial skills, reducing production costs, facilitating profit access, and expanding market reach (Hamouche, 2021).

2.3.1.2 Mentorship and Coaching

Mentoring is an essential element in improving employee performance. Mentoring is an interactive relationship between an experienced individual (mentor) and a novice (mentee) aimed at providing direction, support, and learning opportunities for the mentee. Mentoring enables mentees to gain useful ideas, receive constructive feedback, and broaden their professional networks (Fauzi, 2023). Mentoring is the interaction and guidance provided by more experienced individuals (mentors) to those with less experience (mentees). Mentors have the capacity to inspire and urge mentees to pursue excellence and realize their full potential through their behavior and demeanor (Hindarto, 2021).

Coaching is a structured, solution-oriented approach that promotes awareness, reflection, autonomy, and self-management to foster positive human development and transformation.

A coach facilitates a conversational environment that enables the coachee to reflect, identify solutions, and attain objectives across several life domains (Madden, Green, & Grant, 2020). To achieve this, a coaching framework, coaching approaches, a non-judgmental, objective, and pleasant demeanor, along with a commitment of time, are essential to facilitate the coachee's progress (Grant, 2020). Hafidz and Nurdiansyah (2024) assert that managerial coaching skills are crucial for leadership development, enabling firms to enhance employee views and performance through effective training.

2.3.1.3 Cross Functional Projects

A cross-functional project workflow is a series of work actions involving organizational members from various functions, aimed at accomplishing the tasks necessary to finish a project. It is a workflow that includes all necessary actions prior to the project's completion. Training provides employees with the knowledge and skills necessary to enhance efficiency, innovation, and adaptability in changing work environments. It significantly contributes to health sector performance by ensuring healthcare workers are competent and responsive to emerging challenges (Otoo, Agbanyo, & Larbi-Siaw, 2021)

2.3.2 Leadership Development

Leadership development encompasses initiatives that prepare individuals for key managerial and supervisory positions. It ensures leadership continuity by strengthening competencies in decision-making, communication, and strategic thinking. In the context of health systems, leadership development supports effective governance, resource allocation, and policy implementation, thereby improving institutional performance (Al-Ali, 2023).

2.3.2.1 Performance Reviews

Performance reviews provide a formalized mechanism for assessing and improving employee performance. They link individual performance to organizational goals and identify developmental needs essential for leadership succession. Effective reviews in healthcare promote accountability, enhance motivation, and align human resource outcomes with service quality (Munyua, 2021)..Their principal aim is to inform administrative choices on compensation, bonuses, promotions, or layoffs, and/or to promote professional development and improvement.

Commonly referred to as a performance appraisal or staff evaluation, it can be organized in diverse styles to accurately discern strengths and deficiencies, provide constructive criticism, and establish future objectives. Managers utilize performance feedback to incentivize staff, highlight professional development possibilities, and delineate roles and duties. Employees employ performance feedback as a guiding concept. It aids individuals in recalibrating their efforts towards suitable objectives and modifying their actions accordingly.

2.3.2.2 Leadership Structure

The leadership structure signifies the official hierarchy of roles and responsibilities within an organization. It outlines reporting connections and the assignment and performance of responsibilities. The leadership framework is determined by the organization's leadership and culture, either to uphold prevailing cultural norms or to introduce new ideals and

standards. A well-structured strategy can enhance productivity, communication, and collaboration within the organization (Lydia & Kiiru, 2021).

Leadership acts as the essential force in guiding individuals inside an organization. A leader formulates the organization's vision and mission while cultivating an environment that promotes innovation and growth. The chosen leadership style can directly affect the organization's culture and structure. An authoritarian, top-down method can result in a highly structured, hierarchical organization, while a collaborative approach may lead to a flatter, less rigid structure (Olatunji, Kehinde, & Nwachukwu, 2017). The leadership of an organization profoundly influences its capacity for success by establishing the strategies, objectives, and values that direct its activities. Leaders impact the organizational structure by making decisions and fostering an environment that motivates and empowers individuals to perform at their best (Maguta, 2016). Leadership conditions influence the stability and causal linkages among factors that characterize organizational structure.

2.3.2.3 Networking

Networking facilitates access to economic and non-economic resources, hence allowing for the enhancement and optimization of present profits to yield more valuable company insights (Zane & DeCarolis, 2016). Networking significantly influences and enhances the creative strategies and processes of enterprises (Gao, Shu, Jiang, Gao, & Page, 2017). A network comprises the relationships between a firm's management team, employees, customers, suppliers, competitors, government entities, families, friends, distributors, lenders, and any other parties that facilitate the internalization of its business activities.

Networking is a crucial mechanism for accessing diverse resources and enabling the flow of information. Consequently, the amalgamation of diverse resources inside the Top Management Team (TMT) via networking is a crucial factor in enhancing business performance (Njeru, 2015).

Galkina (2013) posits that networking commences by evaluating the network resources, mostly represented by social connections or 'Who I know.' This will ultimately lead to the establishment of an interactive commitments chain in which participants are self-selected and engaged in effective networks. Furthermore, networks can be categorized into social, vertical, horizontal, and institutional classifications. Relationships with family, friends, and colleagues are categorized as social networks; relationships with customers, suppliers, and distributors are termed vertical networks; relationships with competitors and financial or industry associations are identified as horizontal networks; while relationships with universities, research institutions, and government agencies constitute institutional networks (Galkina, 2013). Networking has been a topic of contention, with arguments suggesting it might enhance business performance by improving access to essential resources necessary for competitive advantage in the market (Galkina, 2013).

2.3.3 Talent Development

Talent development focuses on systematically nurturing the skills, competencies, and potential of employees to prepare them for future leadership roles. It aligns with succession planning by ensuring that talented individuals are continuously developed to fill critical

positions. In healthcare, robust talent development strategies promote innovation, reduce turnover, and sustain high-quality service delivery (Kundu & Mor, 2023).

2.3.3.1 Job Rotation

Job rotation is regarded as a job design strategy that enables employees to acquire skills from other roles and mitigates fatigue caused by repetitive duties. It enhances team efficacy and enables employees to receive promotional opportunities following successful completion of work rotation programs, thereby alleviating job monotony and fatigue. This approach bolsters employee motivation and commitment through task diversification, which is strongly advocated for innovative organizations aiming to cultivate their workforce to fulfill the present and future demands of a dynamic and productive environment (Saravani & Abbasi, 2014).

Job rotation is a systematic reassignment of employees among several positions over a specified timeframe to achieve objectives such as skill acquisition, job autonomy, enhanced motivation, improved performance, and increased production. The process by which an organization's employee acquires work skills through various activities to mitigate job-related burnout (Habiyaremye, Ayebale, & Wayama, 2016). Job rotation is a process when employees are assigned to various positions across different organizational levels; this experience enhances their capacity to assess their competencies inside the organization. It has been utilized to enhance employee engagement and participation in organizational tasks, which are crucial for effective performance (Akbari & Maniei, 2017). Job rotation provides employees with the opportunity to enhance their understanding of corporate objectives, gain broader insights into various fields, establish a strong network of organizational colleagues,

and increase employee competencies. It enhances the employee's competencies and fosters mutual comprehension of their role (Cherotich, Rop, & Bett, 2021).

2.3.3.2 Stretch Assignments

A stretch assignment is a project or endeavor that exceeds your present level of knowledge or expertise. Such projects are designed to "stretch" you developmentally by placing you in a hard position to facilitate learning and growth. Stretch assignments consider an employee's existing capabilities and require them to operate just beyond those boundaries. When effectively planned, stretch assignments push individuals while mitigating the risk of inevitable failure (Korir, Rotich, & Bengar, 2015).

Although stretch assignments possess the capacity to fulfill candidates' talent development requirements and enhance organizational value, their integration into a candidate's development plan can be a formidable undertaking (Akinyi, 2017). Connecting stretch assignments to a succession candidate's developmental requirements offers both the individual and the organization measurable indicators of advancement. Regularly monitoring progress towards development plan objectives fosters concentration on the essential aim of the stretch assignment: refining the candidate's potential for succession (Mutunga, 2020).

2.3.3.3 Recognition and Rewards

A reward is typically a material present bestowed upon an employee by their boss or the management team to commemorate an achievement. Recognition constitutes personal

commendation or appreciation for exemplary performance and may be bestowed by any anyone inside the organization at any moment (Danha, 2023). This may be as straightforward as a written letter, a commendation during a workplace meeting, a social media post, or a personal phone call. Employee awards can effectively motivate individuals to contribute their utmost to the firm. They may also function as a recruitment strategy to incorporate into your employer branding. Recognition can occur regularly and in real-time, allowing individuals to receive appreciation for their accomplishments without delay. Due to its low cost, recognition can be an effort driven by employees (Alrawi, 2017).

The Rewards and Recognition system acknowledges individuals for their performance through intrinsic or extrinsic means. Recognition and Reward exist in a workplace characterized by suitable acknowledgment and appreciation of employees' contributions in a just and prompt manner. This encompasses suitable and consistent financial remuneration, alongside employee or team celebrations, acknowledgment of tenure, and/or milestones achieved (Nkondola, 2019).

2.3.4 Health Sector Performance

Health sector performance reflects the efficiency, effectiveness, and equity of healthcare delivery. It encompasses dimensions such as task completion, customer (patient) satisfaction, and employee attitude. Effective succession planning and workforce development directly influence these performance outcomes by ensuring continuity, motivation, and skill adequacy among health workers (WHO, 2022).

2.3.4.1 Completion of Task

Employee empowerment functions as a mechanism that influences behavior and enhances performance in the workplace. Employees with empowerment demonstrate drive and ingenuity, exert significant effort in their work, and are organically engaged by their tasks, leading to enhanced productivity in the workplace (Malik & Sawar, 2021).

2.3.4.2 Customer Satisfaction

Customer satisfaction orientation is crucial for enhancing sustainable organizational success (Bupu, Sodikin, & Sanchita, 2023). Bupu *et al.* (2023) assert that external customer satisfaction is significantly influenced by tangibles, reliability, empathy, assurance, and responsiveness. They can disclose client problem spots and furnish data-driven ideas on enhancing your product, service, and overall customer experience. Patient satisfaction quantifies the degree of contentment a patient experiences regarding the healthcare received from their physician (Credé, 2018).

The perceived quality of healthcare services and patient satisfaction are critical health indicators for assessing the effectiveness of the healthcare system. The patient is central to the quality agenda of the healthcare system, as addressing patient demands and adhering to established medical standards are essential for providing high-quality medical care. The patient's perceived need, expectations of the healthcare system, and experiences within it contribute to the phenomenon of patient satisfaction (Farooqi & Khan, 2023).

2.3.4.3 Cost reduction

Cost reduction refers to the deliberate and continuous process of lowering operational and administrative expenses without compromising quality, efficiency, or service delivery outcomes. It entails systematic improvements in processes, technology, and management practices to eliminate waste and optimize resource utilization (Akmal, Greatbanks, & Foote, 2020). In healthcare, cost reduction is increasingly linked to Lean management, activity-based costing, and digital transformation initiatives that enhance value for money by streamlining workflows and reducing non-value-added activities (Tlapa *et al*., 2020; Zepeda-Lugo *et al*., 2020). Strategic cost management emphasizes identifying activities that drive expenditures and aligning them with service outcomes, while approaches such as zero-based budgeting (ZBB) and procurement optimization ensure that funds are directed toward priority interventions (OPB, 2020).

However, sustainable cost reduction requires a long-term perspective that safeguards institutional capacity and service quality. Excessive or poorly targeted cuts can undermine workforce morale, disrupt service continuity, and diminish organizational performance. Thus, modern perspectives emphasize value-based cost reduction minimizing costs that do not contribute to desired outcomes while preserving employee development, innovation, and patient welfare (Cooper & Kaplan, 1998; McKinsey & Company, 2020). In County health systems like Bungoma's, effective cost-reduction strategies may include Lean-driven process improvement, digital record management, centralized procurement, and continuous performance monitoring to balance fiscal prudence with health sector efficiency and sustainability.

2.4 Empirical Literature Review

This section reviewed key empirical studies relevant to each construct career development planning, leadership development, and talent development highlighting their findings, contexts, methodologies and gaps that the current study seeked to address.

2.4.1 Career Development Planning and Health Sector Performance

Career development planning has been widely investigated across different contexts, with scholars examining constructs such as training, mentoring, career commitment, job advancement, and learning opportunities as determinants of employee and organizational performance. However, despite the growing body of evidence, inconsistencies remain regarding the mechanisms and contextual effects of career development on performance, particularly in the public health sector of developing economies.

Pronajaya, Anindita, and Pamungkas (2021) investigated the Self-Efficacy Model and Career Development and their impact on employee engagement and nurse performance at Dharmais Cancer Hospital in India. Using an explanatory design and Structural Equation Modeling (SEM), the study revealed that career advancement had no significant influence on nursing performance. The constructs assessed included self-efficacy, career advancement, and engagement. This finding suggests that non-behavioral factors such as motivation and institutional culture might moderate the career development–performance relationship. However, the study's focus on a single hospital in India limits its generalizability. The current study addressed this contextual gap by examining the relationship in Kenya's devolved health system, where career development opportunities differ substantially from those in specialized hospitals.

In Nigeria, Victor, Anna, and Terhile (2023) employed a cross-sectional survey design to explore career education, mentoring, and career commitment as dimensions of career development influencing employee performance in deposit money banks in Makurdi Metropolis. Using multiple regression analysis, the study found that all three constructs had a significant positive effect on employee performance. While the study contributes to understanding how structured mentoring and career education foster performance, it was conducted in the banking sector, which differs fundamentally from the public healthcare context characterized by bureaucratic structures and professional hierarchies. This contextual divergence forms part of the research gap the current study seeked to address.

Similarly, Jaffu (2023) examined the mediating role of career development between training and public procurement professionals' performance in Tanzania using Hayes' Process Macro and CFA-based SEM. The study established that career development significantly mediated the training–performance relationship. The constructs included training quality, professional advancement, and skill utilization. The methodological strength of mediation testing provides insight into career development as a mechanism rather than a direct driver of performance. Nonetheless, in contrast to Jaffu's mediation framework, the present study treated career development as an independent construct, thus addressing a conceptual gap in understanding its direct influence on healthcare performance.

In Egypt, Mohammed, Wahab, and El-Sayed (2020) assessed career growth factors pecifically job-related, personal, and organizational elements and their association with nurse performance in Port Said Governmental Hospitals. Using a descriptive correlational design and stratified random sampling, they found a statistically significant positive link

between career growth and performance. While the study demonstrates the importance of personal and organizational support in improving healthcare outcomes, its focus on Egyptian hospitals limits its relevance to Kenya's decentralized health governance system. The current study therefore fills a geographical and policy-context gap by situating the analysis within Bungoma County's public health facilities.

Hallo and Obuba (2021) examined job advancement, career stability, and learning opportunities as dimensions of career development influencing employee performance in Isiolo County's private health sector. Using a descriptive survey design and a sample of 199 practitioners, they found that career development significantly enhanced performance. However, the study was limited to private facilities and did not account for public sector constraints such as promotion delays and limited training budgets. The current research addressed this contextual gap by focusing on public hospitals and expanding the career development construct to include mentorship, coaching, and cross-functional training.

In Vihiga County, Kenya, Gwadoya and Otsyulah (2023) investigated the relationship between career development strategies and employee performance at Level Five Hospitals. Their study, using a descriptive design and census approach, found that structured career development plans had a significant positive influence on staff performance. Despite its proximity in context, the study's limitation lies in its single-county focus, which constrains generalizability across Kenya's diverse health systems. The current study extended this analysis to Bungoma County, offering comparative insights into how contextual differences shape outcomes.

Lastly, Mwashila (2017) explored career development planning, career progression, and mentorship and their effects on academic staff performance in public universities in Kenya's Coast region. Using a descriptive survey with stratified random sampling, the study found a positive and significant relationship between career development planning and performance. While the study underscores the relevance of professional growth initiatives, its focus on the education sector and pre-devolution context leaves a sectoral and temporal gap. The present research therefore investigated career development within post-devolution healthcare institutions, where human resource policies and operational dynamics have evolved.

In summary, prior studies have utilized diverse constructs such as training, mentorship, job advancement, and learning opportunities, and employed both quantitative and mixed methods to link career development with performance. However, existing research presents inconsistent findings some reporting significant effects (Victor *et al*., 2023; Hallo & Obuba, 2021) and others indicating none (Pronajaya *et al*., 2021). Moreover, most studies are sector-specific (banking, education, or private health) and geographically restricted, creating a contextual and methodological gap regarding how structured career development initiatives influence public health sector performance in devolved Kenyan settings such as Bungoma County.

2.4.2 Leadership Development and Health Sector Performance

Leadership development has gained attention as a strategic enabler of organizational performance, emphasizing constructs such as leadership training, emotional competence, organizational structure, and performance evaluation. Empirical studies reveal mixed

outcomes across sectors and regions, pointing to conceptual, methodological, and contextual gaps that the current study seeked to address in the Kenyan public health sector.

Komarudin, Ilhami, and Achmad (2022) examined the role of leadership in developing public organizations in Indonesia using a qualitative descriptive approach. They identified key constructs including motivation, emotional competence, and professional ethics, concluding that successful leaders inspire subordinates and align ethical behavior with organizational objectives. While insightful, the study's qualitative nature and lack of measurable constructs limit its applicability in determining quantifiable effects on performance. Moreover, the Indonesian public context differs substantially from Kenya's devolved health systems. The current study filled this contextual and methodological gap by applying a quantitative approach to measure how leadership development practices affect performance in Bungoma County health institutions.

Using a desk research approach, Namutebi (2024) analyzed the development and evaluation of leadership training and development programs in Uganda. The study reviewed secondary data from prior research, focusing on constructs such as training design, evaluation mechanisms, and employee outcomes. Findings showed that structured leadership training significantly enhanced staff performance. However, reliance solely on secondary data restricted real-time contextual understanding and causality. The present study therefore addressed this data source gap by utilizing primary survey data from healthcare professionals to derive empirically validated relationships between leadership development and performance.

In Kenya, Mwangi, Gathenya, and Kihoro (2018) investigated the impact of leadership development training on performance of the National Police Service. Constructs examined included knowledge gaps, training curricula, and leadership policy frameworks. Employing stratified and random sampling, their results revealed a positive and significant relationship between leadership development and service performance. Nonetheless, the study was conducted in a disciplined force context characterized by command structures that may not mirror the participatory dynamics of healthcare institutions. The current study thus addressed a sectoral gap by testing leadership development practices in the health sector, where collaboration and emotional intelligence are essential performance drivers.

Karani (2021) explored leadership development and succession planning within faith-based organizations, focusing on constructs such as top management support, organizational structure, resource availability, and organizational culture. The descriptive census design revealed that all constructs significantly influenced leadership development. Despite these insights, the findings may not generalize to public entities where bureaucratic systems and government policies shape leadership pathways. The present study, therefore, bridged this contextual gap by assessing leadership development in public health facilities, which operate under Kenya's devolved governance framework.

Similarly, Wathituni, Onjure, and Mwamba (2021) examined the impact of leadership development programmes on the growth of the Anglican Church Diocese of Butere, Kenya. The constructs evaluated included leadership training, change management, and conflict management models. Findings indicated that leadership development significantly enhanced organizational growth, although leadership training alone had an insignificant effect. The

study's religious context and focus on organizational expansion rather than service performance limit its applicability to the healthcare sector. The current study addressed this conceptual gap by operationalizing leadership development through performance evaluations, leadership structures, and professional networking within the health system.

In a longitudinal study, Niki, Aspasia, George, Anastasios, and Marios (2021) assessed clinical leadership development in the healthcare sector, using constructs such as leadership potential, leadership style, and talent management. The study employed pre- and post-tests with a control group over three years and found significant improvements in leadership capabilities and performance among health professionals. Despite its strong methodological rigor, the study was conducted in a developed country context with well-resourced systems, making it less applicable to Kenya's resource-constrained public health institutions. The current study thus filled this contextual and resource gap by exploring how leadership development operates under limited funding and institutional capacity.

Lastly, Nyamwega (2018) assessed the strategic leadership development training program within the Public Service Commission of Kenya using a mixed-methods convergent parallel design. Constructs included training content, leadership competencies, and service delivery outcomes. Results indicated a strong positive correlation between leadership development and service delivery effectiveness. However, the study was restricted to central government institutions and did not explore decentralized units. The current research bridges this devolution gap by focusing on county-level health departments, where leadership roles are distributed across multiple tiers of management.

In summary, empirical evidence (Mwangi *et al*., 2018; Karani, 2021; Niki *et al*., 2021) generally supports a positive relationship between leadership development and performance, though the magnitude and mechanisms vary across contexts. Many studies emphasize leadership training but neglect constructs such as networking, evaluation systems, and organizational learning, which are critical for sustained performance in health systems. Moreover, past research has predominantly focused on non-health or private sectors and relied heavily on descriptive or qualitative designs. Consequently, there exists a methodological, conceptual, and contextual gap regarding how structured leadership development practices influence public health sector performance in devolved settings like Bungoma County.

2.4.3 Talent Development and Health Sector Performance

Talent development has been recognized as a crucial driver of organizational success, encompassing constructs such as talent acquisition, retention, learning and development, career management, and succession planning. Empirical findings across various sectors and contexts reveal diverse methodological approaches and outcomes, yet few studies have examined these relationships within Kenya's devolved public healthcare system thus presenting significant conceptual, contextual, and methodological gaps that the current study seeked to address.

Aina and Atan (2020) investigated talent development practices and their effects on long-term business success using constructs such as talent acquisition, retention, learning and development, and career management. Surveying 306 managers in real estate firms and employing Structural Equation Modeling (SEM), the study revealed that learning and career

management had significant positive effects on performance, while talent attraction and retention were insignificant. Although the study used robust statistical modeling, it was conducted in the UAE real estate sector, limiting its relevance to the public health sector in Kenya. The current study addressed this contextual gap by focusing on public hospitals, where resource constraints and skill shortages influence how talent development impacts performance outcomes.

In Nigeria, Vivian, Amah, and Oshi (2023) explored talent management and sustainable competitive advantage in manufacturing firms, using constructs such as training, talent retention, and employee responsiveness. A cross-sectional design and SEM analysis showed that talent development components significantly improved competitiveness through cost leadership and organizational responsiveness. However, the cross-sectional design restricted causal inference, and the manufacturing context differs markedly from healthcare. The present research addressed this sectoral and methodological gap by employing a correlational design to test direct relationships between talent development constructs and performance in Bungoma County's health sector.

Dahshan, Keshk, and Dorgham (2018) conducted a descriptive correlational study on talent management and organizational performance among Egyptian nurses at Shebin El-Kom Teaching Hospital and Menoufia University. The constructs examined were talent attraction, retention, and organizational performance, using two standardized questionnaires. Findings revealed a statistically significant relationship between talent management and performance, though satisfaction levels varied by hospital. The study, while health-related, was limited by its focus on private teaching hospitals and lack of attention to succession planning and

structured training frameworks gaps that the present study bridges by incorporating these constructs within Kenya's public healthcare environment.

Within Kenya, Malle, Waiganjo, and Mutua (2023) examined talent development and performance in national referral hospitals, evaluating constructs such as training opportunities, career development programs, and succession plans. Using multi-stage sampling and both qualitative and quantitative methods, the study revealed that effective talent development significantly enhanced hospital performance. Despite its relevance to the healthcare context, the research was limited to national-level facilities, leaving county-level health institutions underexplored. The present study filled this devolution gap by focusing on County public hospitals in Bungoma, where management autonomy and resource allocation differ.

Mwanzi, Wamitu, and Kiama (2017) studied talent development and organizational growth in private hospitals in Nyeri County, using constructs such as workplace environment, talent identification, talent nurturing, and cultural diversity. Results indicated that nurturing and work environment significantly improved organizational growth, while talent identification and cultural diversity were insignificant. However, the study was confined to the private sector, where profit motives drive human resource decisions, unlike in the public sector where service quality is the primary performance measure. The current study addressed this contextual gap by focusing on public healthcare facilities, assessing how developmental initiatives translate into improved service delivery and institutional performance.

Mwangi (2020) examined the impact of talent development on service delivery in the hospitality industry in Nyeri County, Kenya, focusing on learning and development, career

management, retention, and attraction. A cross-sectional design with mixed methods revealed a significant positive relationship between talent development and service quality. Although the study provides insight into the service sector, it fails to account for public sector constraints such as bureaucratic promotion systems and limited funding. The current study extended this line of inquiry to the healthcare sector, where service delivery outcomes directly impact community well-being.

Lastly, Reuben and Merecia (2021) studied talent development strategies and employee performance within the National Police Service in Nairobi County, Kenya, using performance appraisal as the key construct for assessing talent development. Their descriptive survey found a significant positive relationship between performance appraisal and employee performance. However, the study was limited to a security organization with rigid hierarchical structures, unlike the more collaborative environment in health institutions. The current study filled this sectoral gap by applying the concept of talent development to the health workforce, where job rotation, stretch assignments and recognition are critical for performance.

In summary, prior studies (Aina & Atan, 2020; Malle *et al*., 2023; Vivian *et al*., 2023) collectively underscore that talent development enhances organizational performance, though the strength and nature of this effect vary by context, construct, and sector. Methodologically, most studies have employed cross-sectional designs with limited causal analysis, and conceptually, they have focused on isolated dimensions such as training or retention rather than integrated talent systems. Contextually, little is known about how talent development operates in county-level public health institutions within Kenya's devolved

governance framework. Therefore, the current study fills these methodological, conceptual, and contextual gaps by examining how structured talent development initiatives including stretch asiignments, recognition and rewards affect health sector performance in Bungoma County.

2.5 Summary of Gaps

Most previous empirical studies on career development, leadership development, and talent development reveal significant conceptual, methodological, and contextual gaps that limit their applicability to Kenya's devolved health sector. Conceptually, many scholars have treated career development in isolation, focusing mainly on training or promotion opportunities (Pronajaya *et al*., 2021; Hallo & Obuba, 2021), while neglecting vital constructs such as training, mentorship and coaching and cross functional project that enhance long-term staff growth.

Similarly, leadership development studies such as (Mwangi *et al*., 2018; Karani, 2021) have emphasized leadership training and top management support but overlooked constructs like leadership networking, performance reviews and leadership structure that influence institutional performance. Talent development research (Aina & Atan, 2020; Malle *et al*., 2023) has also been fragmented, emphasizing recruitment and retention without integrating mentorship or competency-based pathways. Methodologically, most of these studies employed descriptive or cross-sectional designs (Victor *et al*., 2023; Wathituni *et al*., 2021), relying heavily on self-reported questionnaires, which limits causal interpretation and the robustness of findings.

Contextually, the majority of existing evidence comes from foreign settings such as India (Pronajaya *et al*., 2021), Nigeria (Victor *et al*., 2023), and Indonesia (Komarudin *et al*., 2022), where organizational and governance dynamics differ greatly from those of Kenya's devolved counties. Even Kenyan-based studies have largely focused on sectors such as education (Mwashila, 2017) and the police service (Mwangi *et al*., 2018; Reuben & Merecia, 2021), leaving public healthcare institutions understudied.

Moreover, the few studies conducted in Kenyan health settings (Hallo & Obuba, 2021; Malle *et al*., 2023) have centered on national or private facilities, ignoring county hospitals where resource constraints and leadership practices uniquely affect staff development and performance. These conceptual, methodological, and contextual gaps coupled with inconsistent empirical findings across prior studies underscore the need for the present study, which examines the combined and individual effects of career development, leadership development, and talent development on health sector performance in Bungoma County, Kenya.

Table 2. 1: Summary of Research Gaps

Researcher(s)	Focus of Study	Methodology	Findings	Knowledge Gaps	How Current Study addressed the Gaps
Career Development Planning					
Pronajaya, Anindita, and Pamungkas (2021)	Self-Efficacy Model and Career Development on Increase Employee Engagement and Nurse Performance	the study adopted an explanatory research design. The data analysis technique used the Three-Box Method and SEM (Structural Equation Model) with the AMOS 24 program	results of the study indicated that career development does not affect nurse performance at Dharmais Cancer Hospital in India	sample of 200 respondents that was obtained through the Proportional Systematic Sampling.	The study however in contrast to the present study which was carried out in Kenya differ on geographical aspect, further the present study adopted stratified random sampling in obtaining its sample.
Mohammed, Wahab, and El-Sayed (2020)	Career development among Nursing Staff at Port Said Governmental Hospitals and their performance	Descriptive correlational design was used in this study. Stratified random sampling was done to recruit staff nurses with total number of (274) staff nurses.	There was statistically significant positive correlation between Career development factors and nurses performance at Port Said Governmental Hospitals	The study however was domiciled in Cairo Egypt	The current study was done in Bungoma County, Kenya.
Hallo and Obuba (2021)	Assessment of Career Development on Employee	The study adopted a descriptive survey design that targeted 397 private medical	Career development had a positive and significant effect with perfdprmance	Career development was maeasured through career	the present study measured career development through training, mentorship and coaching and cross

	Performance in Private Health Sector in Isiolo County	practitioners in Isiolo County. Stratified and basic random sampling methods were used to choose the population sample of 199 respondents.	of the privatye health sector in Isiolo County.	growth, career stability and Learning opportunities.	functional projects
Gwadoya and Otsyulah (2023)	Career Development Strategy on Employee Performance of Level Five Hospitals in Kenya - The Case of Vihiga County Referral Hospital.	The study used a descriptive research design. The study employed a census sampling technique where the target population was used in the study.	results indicated that career development strategy has a positive and significant effect on the employee performance of level V hospitals in Vihiga County, Kenya	study adopted a case study	Study adopted stratified random sampling.
Leadership Development					
Mwangi, Gathenya, and Kihoro (2018)	Influence of Leadership Development Training on Performance of the National Police Service in Kenya.	The study henceforth adopted Stratified and simple random sampling technique	The results of the study revealed that Leadership development had a positive and significant relationship with performance of the National Police	The study was however done within the National Police Service while	The present study was done within the Healthcare sector.

			service in Kenya		
Karani (2021)	Leadership Development and Succession Planning of Faith Based Organizations in Kenya: A Case of International Christian Centre (Icc), Nairobi, Kenya.	Descriptive research design was used, while the census survey was used to settle on all 120 employees of ICC.	The study concluded that top management support, organizational structure, resource availability, and organizational culture influence leadership development.	The study was however done within the Faith based organizations	current study that was done among the healthcare sector
Wathituni, Onjure, and Mwamba (2021)	Leadership Development Programmes on the growth of the Anglican Church Diocese of Butere, Kenya.	The study employed a descriptive survey design.	findings revealed that leadership development programmes have significant effect on the growth of Anglican Church Diocese of Butere, Kenya	Study conducted within the church set up	Study was conducted within the health sector
Talent Development					
Malle, Waiganjo, and Mutua (2023)	Talent Development and Performance of	multi-stage sampling technique comprising of purposive, stratified and simple	The study findings indicated that talent development had a positive and	Talent Development was measured through Training	current study measured Talent Development through job rotation, Stretch assignments and

	National Referral Hospitals in Kenya.	random sampling was used.	significant effect on the performance of national referral hospitals in Kenya.	opportunities, Career development programs and Succession plans.	Recognition and Rewards.
Mwanzi, Wamitu, and Kiama (2017)	Influence of Talent Development on Organizational Growth.	The study used purposive sampling method	findings of the study revealed that talent nurturing and workplace environment had positive and significant effect on organizational growth of private hospitals in Kenya in Nyeri County	The study was done in the private hospitals in Nyeri County	Current study was done among Public Hospitals in Bungoma County.
Mwangi (2020)	effects of Talent development on Service Delivery in the Hospitality industry in Nyeri County, Kenya	The study employed a cross-sectional survey design with both qualitative and quantitative technique in data analysis. stratified samplingand purposive sampling in selecting the sample for the study	findings of the study revealed that talent development has a significant and positive influence on organizational service delivery.	The study was done in the hospitatlity industry	The current study was done in the healthcare sector.

2.6 Conceptual Framework

A conceptual framework graphically or diagrammatically illustrates the relationship between study variables, as stated by Mugenda & Mugenda (1999). A conceptual framework is a proposed model that delineates the researched concepts and their interrelations (Mugenda & Mugenda, 1999). The association between the study's dependent and independent variables is illustrated in Figure 2.2. The efficacy of the county government (dependent variable) is assessed through enhanced service delivery, task completion, customer satisfaction, and employee disposition. This can be accomplished via succession planning (independent variable), which encompasses Career Development Planning, Leadership Development, and Talent Development.

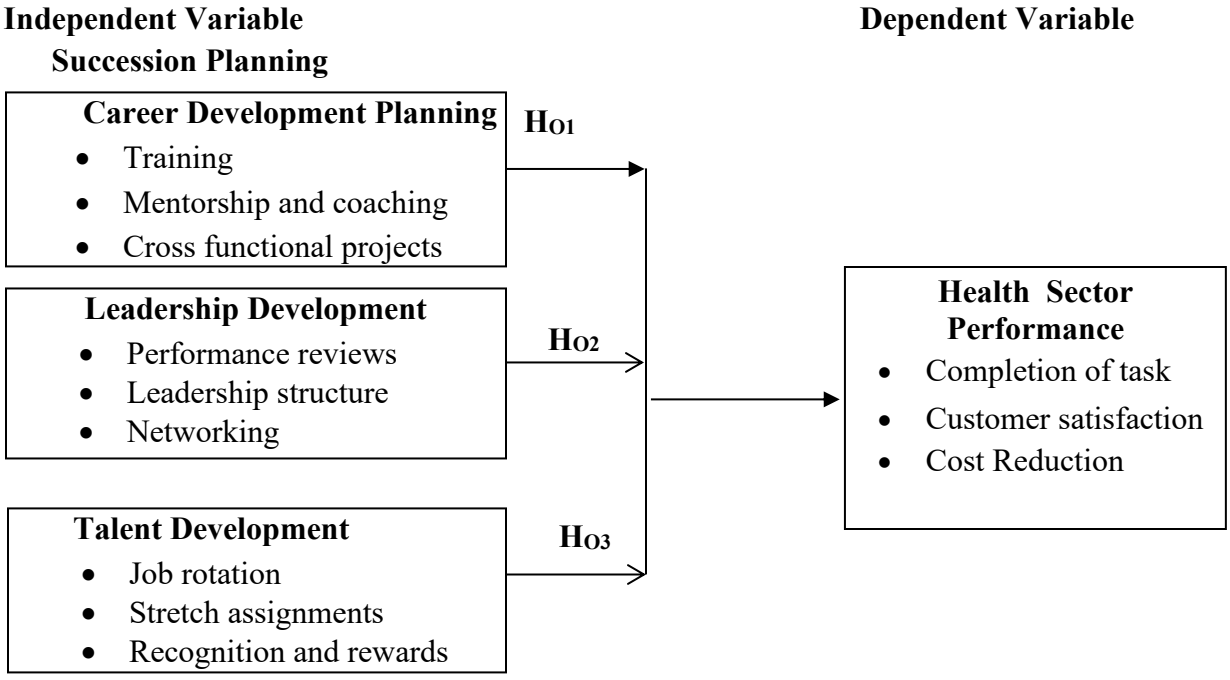

Figure 2. 2: Conceptual Framework

Source: Adopted from various researchers: Kitayi (2017), Mucherumuhia and Kagiri (2018), Ochola (2022), Chriss and Kabano (2023), Akatukunda (2018), Sohu, *et al.* (2020) and Wanje (2022).

According to Kitayi (2017) Succession planning was operationalised through Training and development,Talent recruitment,Talent Retention and Compensation Management. Mucherumuhia and Kagiri (2018) operationalized Succession Planning through talent management strategy, career management strategy, rewards management strategy, training and development strategy. Ochola (2022) operationalized Succession Planning through Career management practices, talent management practices and institutionalization of succession planning policy.

Chriss and Kabano (2023) operationalised Succession Planning through Career development planning, selection and human resource planning and management efficiency and management system. Akatukunda (2018) in her study operationalised Succession Planning through talent identification, capacity building and team leadership. Sohu, *et al* (2020) operationalized Succession Planning through Coaching and mentoring, Training and Development and Performance Management. Wanje (2022) operationalised Sucession Planning through Personnel Development, Leadership Transition, Human Resource Strategies and Financial Planning.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter examines the research methodologies utilized for the study. The research design was clearly addressed concerning design selection. The study encompassed a discourse on the population, sample, sampling processes, data collection techniques, and data processing and presentation methods.

3.2 Research Design

This study utilized a descriptive survey research approach. According to Kumar (2022), a descriptive design is suitable for studies that aim to obtain accurate profiles of events, persons, or situations without manipulating variables. Similarly, Saunders, Lewis, and Thornhill (2019) note that descriptive research helps researchers understand "what is happening" in a given context, which is essential when investigating organizational practices such as succession planning. Descriptive survey research frequently necessitates the acquisition of information through data analysis, surveys, interviews, or observation. The design assists the researcher in delivering precise data descriptions.

3.3 Study Area

The study was conducted within the County Government of Bungoma as displayed in Appendix 7. The County headquaters is situated in the town of Bungoma. Bungoma County is situated longitudinally between 34°20′ and 35°15′ East of the Greenwich Meridian, and latitudinally between 0°28′ and 1°30′ North of the Equator. According to the 2019 Kenya

Population and Housing Census, Bungoma has a population of about 1.67 million people distributed across 12 sub-counties and 45 wards. Bungoma County comprises nine distinct constituencies: Kanduyi, Webuye East, Webuye West, Bumula, Kabuchai, Kimilili, Sirisia, Tongaren, and Mt. Elgon. Health services are delivered through a network of public, private, and faith-based facilities, including the Bungoma County Referral Hospital, which serves as the main referral center. Despite efforts by the county government to enhance healthcare delivery, the sector continues to face challenges such as inadequate staffing, uneven distribution of health workers, and limited succession planning frameworks.

The selection of the study area was predicated on the Succession Strategy and Management Policy of County Government of Bungoma (CGB, 2019) which identified numerous issues within the healthcare sector of Bungoma County, including staff stagnation, skill mismatches, elevated turnover rates particularly among key positions shortages of pertinent skills and competencies leading to exemptions from promotion criteria, short-term contracts, reemployment of retirees on a contractual basis, and the hiring of casual workers for permanent roles. These challenges have been attributed to inadequate succession planning, and no recent or past studies have addressed these issues in Bungoma County.

3.4 Target Population

The word target population refers to the entire group of individuals, objects, or communities that will be examined (Orodho, 2009). A total of 240 employees from 9 Sub-County Hospitals and the County Referral Hospital made up the study's target population.These included: one (1) Chief Executive Committee Member - Health, one (1) Chief Officer -

Health, one (1) Director - Health, one (1) County Nursing Officer, ten (10) Medical Superintendents, ten (10) Hospital Administrators, ten (10) Human Resource Officers, ten (10) Heads of Pharmacy, ten (10) Heads of Nursing, ten (10) Heads of Laboratory, ten (10) Heads of Clinical Services, twenty (20) Heads of Ward Sections from the County Referral Hospital, and one hundred forty-six (146) Heads of Ward Sections from the nine (9) subcounties. The research concentrated exclusively on the Referral and Sub County Hospitals due to their superior facilities, specialized personnel, and diverse range of services available to patients (see Appendixes 4 & 5).

Table 3. 1: Target population of the study

S/N	Categories of Respondents	Bungoma
	Ministry of Health	
1	CECM – Health	1
2	Chief Officer – Health	1
3	County Director – Health	1
4	County Nursing Officer	1
	Sub Total	**04**
	Referral Hospital	
1	Head of Clinical Service	1
2	Head of laboratory	1
3	Head of Nursing	1
4	Head of pharmacy	1
5	Hospital Administrator	1
6	Human Resource Officer	1
7	Medical Superintendent	1
8	Heads of Ward Sections	20
	Sub Total	**27**
	Sub–County Hospitals	
1	Heads of Clinical Services	9
2	Heads of laboratory	9
3	Heads of Nursing	9
4	Heads of Pharmacy	9
5	Hospital Administrators	9
6	Human Resource Officers	9
7	Medical Superintendents	9
8	Heads of Ward Sections	146
9	**Sub Total**	
	TOTAL	**240**

Source: County Human Resource Department (2024)

3.5 Sampling Techniques and Sample Size

A primary purpose of every survey is to achieve results deemed statistically trustworthy. This indicates that there are adequate observations to make definitive conclusions. Sample size generally pertains to the examination of large populations. A minimum sample size of 10% is generally acceptable, provided it does not surpass 1,000 (Piroska, 2022). A population of 240 individuals was divided into multiple groups. The study employed a census method, incorporating 94 respondents. Additionally, 10% of 146 (15) Heads of Ward Sections from the Sub County Hospitals were selected using a simple random sampling technique. To obtain a sample of 15 from a target population of 146 using simple random sampling, each individual in the population was first assigned a unique identification number from 1 to 146. A random number generator found in Excel was then used to produce 15 distinct numbers within this range, ensuring that every member had an equal chance of selection. These randomly generated numbers were matched to the corresponding individuals on the list, forming the final sample of 15 respondents without bias or predetermined grouping resulting in a total sample size of 109 respondents.

The study employed both census and simple random sampling techniques to ensure comprehensive and representative data collection. A census approach was adopted for key health management cadres as these positions were few in number and held critical decision-making and administrative roles directly linked to succession planning and organizational performance. Including all of them (a census) was therefore necessary to capture the full range of strategic insights and avoid sampling error that could arise from excluding any key informants.

Conversely, simple random sampling was applied to the 146 Heads of Ward Sections to ensure equal representation and minimize bias in selecting respondents from this larger group. This technique was appropriate because members of this category were relatively homogenous in function, widely distributed across facilities and large enough that a full census would have been impractical in terms of time and cost. Combining the two approaches therefore enhanced both the validity and reliability of the findings the census capturing perspectives of top-level decision-makers and random sampling providing statistically representative insights from operational-level managers.

A census approach is a statistical method that involves analyzing all members of a population, with the objective of gathering data on all eligible elements within that specific community. Also, the research subject can be examined more thoroughly with the census approach of data collection. Researchers use simple random selection to pick a predetermined number of participants at random from a larger group. All members of the population have the same chance of being selected. Object selection in this sampling approach is based entirely on chance, hence the phrase "method of chance" (Fleetwood, 2017).

3.6 Data Collection Instruments

The study relied on primary sources of data. When a researcher conducts their own surveys and interviews, they are collecting primary data. To gather data for the study, the researcher used a combination of interviews, structured and unstructured questionnaires. In order to collect quantitative data and qualitative information, the study turned to primary sources, correspondingly. A questionnaire comprises a sequence of items developed to systematically

gather information from respondents (Kothari, 2004). The survey questions were articulated clearly, facilitating respondents' comprehension and yielding more informative answers.

The Likert scale questionnaire was organized into five sections: Section I captured respondents' demographic information, Section II-IV measured Succesion Planning Constructs and Section V focused on aspects of Health Sector performance. he interview schedule presented in Appendix 3 was designed to obtain qualitative information from senior health administrators, namely the County Executive Committee Member (CECM) for Health, the Chief Officer for Health, the County Director of Health, and the County Nursing Officer. The instrument was structured around four thematic areas derived directly from the study variables career development, leadership development, talent development, and health sector performance. Each section contained open-ended questions intended to elicit detailed, experience-based responses that would complement the quantitative data collected through questionnaires.

In situations of resource constraints, questionnaires serve as an effective method for gathering both subjective and objective data from a substantial segment of the research population. It is an efficient approach to safeguarding users' personal information. The questionnaire enables interaction with multiple persons who would have been challenging to contact otherwise. It possesses the ability to concurrently safeguard a large assembly. The respondent's identity remained anonymous while completing the questionnaire. Respondents are more inclined to express their ideas due to the assurance of anonymity about their identity. The technique enhances their comfort and permits greater freedom of expression

(Choudhours, 2022). The respondents completed the questionnaires and interviews impartially. The interviews involved comprehensive, individual interactions with the respondents. The researcher assessed the participant's manner and grasp of the research topic and redirected the conversation by posing clarifying questions (See Appendices 2 and 3).

3.7 Data Collection Procedure

The researcher guaranteed the participants that their remarks would remain secret and that the tools employed were solely for research purposes. The study received approval from the University Graduate School, obtained a research authorization from NACOSTI, and acquired permission from the Bungoma County Government to interview respondents. This research employed a total of six seasoned research assistants. The research assistants were educated in the following tasks: itinerary preparation, data entry verification, data sorting and collation, and record management. Subsequent to the respondents completing the questionnaires, the research assistants retrieved them later. The research assistants monitored the data collecting to ensure all questions were answered (see Appendixes 1, 6 &8).

3.8 Pilot Study

According to Cooper and Schindler (2011), the pilot test should be used to find problems with the design and monitoring, and it should also provide information to use as a proxy for choosing the probability sample. Preliminary questionnaire evaluation followed the same procedures as the study or data collection. Even though it was required to include between 10%-30% of the sample, the pilot study used 23% of the total (Mugenda, 2012). This

translated to 25 questionnaires that were administered to respondents utilizing the drop-and-pick method. This ensured a comprehensive response rate. The surveys were delivered equitably to staff in the Turkana County Health Sector. The decision to pilot in Turkana County Government Health sector was informed by the report of the Kenya Institute for Public Policy Research and Analysis (KIPPRA) for the 2023/2024 period.

The report indicated that Turkana County's healthcare service delivery index stands at 44.3%, in contrast to the national average of 58.2%. The validity and reliability of the instruments were rigorously assessed, and the findings from the pilot study proved instrumental in enhancing the data collection tools; for instance, previously excluded information was integrated, and questions that lacked clarity were meticulously rephrased. The pilot study played a significant role in assessing the efficacy of research instruments by measuring the feasibility and acceptability of a strategy intended for implementation in a more extensive study.

3.9 Validity and Reliability of Research Instruments

3.9.1 Validity

Data must be both accurate and truthful. Precise measurements are frequently dependable (Creswell, 2003). Face validity refers to the extent to which a data collection instrument appears on the surface to measure what it is intended to measure. It was determined by giving the instruments to the research supervisors for their opinion and input.

Content validity measures the degree to which an instrument adequately covers the full range or domain of the construct being studied. It ensures that all key dimensions of the

concept are represented in the measurement tool. Content validity was ensured through a logical review and analysis of the research instruments by supervisors to confirm clarity, readability, and comprehensiveness.

Construct validity refers to the extent to which a measurement instrument truly measures the theoretical construct or concept it is intended to measure. It involves assessing whether the relationships among variables behave as expected according to theory. Construct validity was established using factor analysis by comparing the instrument's results with existing theoretical predictions or previous findings. It ensures that the instrument accurately reflects the abstract concept being studied rather than unrelated attributes.

3.9.2 Reliability

The reliability of a research instrument is characterized by the extent to which consistent results are achieved when the instrument is administered multiple times to the same participants (Mugenda & Mugenda, 2003). Reliability testing ascertains the consistency of the observed variables (Kumar, 2000). The Cronbach's alpha formula was employed to calculate internal consistency reliability (Kim & Cha, 2002). This study implemented Gupta's (2004) suggestion to utilize a minimum alpha value of 0.7 for item loadings.

The aim of this research was to verify that the measurements obtained from the data gathering instruments were valid and reliable across many applications. The SPSS statistical software was employed to analyze data from the pilot research to evaluate the instrument's reliability.Historically, academics accepted a reliability coefficient of 0.7 or higher (Carmines & Zeller, 1997); nevertheless, contemporary scholars maintain this threshold at 0.7.

3.10 Data Processing and Analysis

Data analysis refers to the examination of gathered data to derive conclusions (Oso & Onen, 2011; Cooper & Schindler, 2011; Kothari, 2011; Mugenda & Mugenda, 2012; Kombo & Tromp, 2011). Identifying trends, isolating critical variables, detecting outliers, and validating hypotheses constitute the data analysis process. The researcher examined the gathered data to formulate conclusions. The gathered data was encoded, counted, and organized for presentation and analysis. Quantitative reports were generated utilizing tabulations, percentages, and measures of central tendency.

The qualitative data, collected through in-depth interviews and open-ended questions, was examined using a thematic content analysis. On the other hand, the quantitative data was analyzed using the Statistical Program for the Social Sciences (SPSS Version 26). Content analysis is a quantitative, systematic, and objective method for defining the explicit content of communications (Berelson, 1952). The research employed linear regression analysis to ascertain the relationships between each of the independent variables and the ultimate outcome. Using a series of multivariate linear regression models, the study investigated the connection between health sector performance, succession planning, and the County Government of Bungoma.

The Standard Multiple Regression analysis, alongside the Pearson correlation test, was employed to assess the relationship between the independent and dependent variables. The components of an independent variable that demonstrate a significant correlation with the dependent variable are synthesized to create the construct variable, which is a composite

variable (Kothari & Garg, 2014). In this approach, the composite of the construct variable was refined by eliminating components that did not exhibit a statistically significant relationship with the dependent variable.

3.10.1 Descriptive Statistics

The main goal of descriptive statistics is to show the overall trend in the data. Mean, standard deviation, and range were some of the descriptive statistics used by the researcher to define the data. Kothari (2007) states that descriptive statistics were used to create indices and measures that summarize the data. Data sets are typically evaluated for their most representative value by calculating their means, which are statistical indicators of central tendency. It is possible to quantify the dispersion of a distribution from its mean by calculating its standard deviation.

3.10.2 Inferential Statistics

The research utilized inferential statistics, including correlation and regression analyses, to assess null hypotheses. Statistical analysis was conducted using SPSS Version 26, with a significance criterion set at 5% throughout the study.

3.10.2.1 Correlation Analysis

The aim of correlation analysis in scientific study is to assess the degree of linear relationship between two variables and to quantify their link. Correlation analysis can determine the degree to which one variable changes in reaction to fluctuations in another when two variables are related. A strong correlation between two variables signifies a

significant relationship, while a weak correlation suggests only a superficial one. The correlation coefficient, represented as r, is a numerical value between +1 and -1 that quantifies the strength of a linear relationship between two variables in correlation analysis.

3.10.2.2 Multiple Regression Analysis

Lind (2008) asserts that regression analysis is a useful statistical instrument for investigating relationships between one dependent variable and multiple independent variables. Kariuki (2015) asserts that the objective of multiple regression analysis is to amalgamate numerous predictor variables into a singular regression equation. To ascertain the impact of each independent variable on the overall variation of the dependent variable, we conducted a multiple regression analysis. A significance level of 5% was employed in the study. Linyiru (2015) states that if the P value is less than or equal to 0.05, the alternative hypothesis should be accepted whereas the null hypothesis must be rejected.

A standard multiple regression model, which covers both simple linear regression and multiple linear regressions, was used to look into how succession planning affected the performance of the County Government of Bungoma's health sector. In order to determine how different factors affect succession planning, the study used simple linear regression and multiple linear regression, respectively. The study used statistical methods such as R square, F ratio, and significance level to show that there is a connection between the health sector performance metrics within the County Government of Bungoma and the components of succession planning.

3.11 Analytical Model

The study used simple regression and multiple regression models for the objectives of the study.

a) Simple Regression Model

$Y = \beta_o + \beta_1 X_1 + \varepsilon$

Where:

Y = Dependent Variable (health sector performance)

β_0 = the predicted value of internal efficiency if the independent variable is zero

β_1 = rate of increase or decrease of Y for each of change in the independent variable

X = the Independent Variable (succession planning)

ε = other factors that influence the dependent variable that are unobservable or are not part of the study.

b) Multiple Regression Model

$Y = \beta_o + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$

Where:

Y = Health Sector Performance

β_o = Determines the level of fitted lines

β_1, β_2 and β_3 = Slopes of X_1, X_2, X_3

X_1= Career development planning

X_2= Leadership development

X_3= Talent development

ε = Error term

3.12 Diagnostic Tests

Prior to conducting the regression analysis, the subsequent diagnostic tests were executed to mitigate the potential bias arising from the collected data. The research executed the subsequent examinations:

3.12. 1 Multicollinearity

Multicollinearity arises when independent variables exhibit a high degree of correlation with each other. Multicollinearity occurs when there exist significant correlations among the independent variables.This is a significantly critical issue for many regressions. Bryman and Cramer (2014) recommend exercising caution prior to amalgamating analyses using variables with a bivariate correlation of 0.9 or above. Multicollinearity complicates the identification of the distinct impacts of each independent variable on the dependent variable, leading to inflated standard errors for those variables (Yoo, 2014). Eliminate one or more of the correlated independent variables from the regression model to resolve multicollinearity (Cai, Wu, Xu & Zeng, 2017). The potential for multicollinearity was evaluated using a combination of the Variation Inflation Factor and Tolerance Level. Tolerance levels exceeding 0.1 or Variance Inflation Factors below 10 are deemed acceptable.

3.12.2 Normality

The prerequisite for the linear regression model is that the data for both independent and dependent variables must be regularly distributed; therefore, a normality test was conducted in this study (Sounders, 2012; Fuller, 2015). Furthermore, parametric tests presume that sample data originate from normally distributed populations. In SPSS Version 26, histograms were employed to assess the data for normalcy.

3.12.3 Heteroscedasticity

The assumption of homoscedasticity is essential for the proper application of a linear regression model. Homoscedasticity refers to a state in which the error term is uniform across all levels of the independent variables. This research accounted for error variance across the range of independent variables to guarantee uniform responses and superior findings (homoscedasticity). Heteroscedasticity occurs when the variance of the error term fluctuates in relation to the values of the independent variables. The extent to which a violation of the homoscedasticity assumption affects the results is directly related to the level of heteroscedasticity (Gelfand, 2015). Cohen, West, and Aiken (2013) assert that heteroscedasticity arises when responses deviate from normal distribution or when the variance of the error term is inconsistent. The study employed the Breusch-Pagan and Koenker tests to assess heteroscedasticity in the independent variables. If the significant result is below 5%, the test rejects the null hypothesis (Daryanto, 2013).

3.12.4 Linearity

It is crucial that the relationship between the dependent and independent variables displays linearity for linear regression to be used correctly. It is crucial to look for outliers since linear regression is sensitive to their impacts. According to Chatterjee and Hadi (2015), scatter plots are a great way to verify if the assumption of linearity is correct.

3.12.5 Hypothesis Testing

A multiple regression model will be used to evaluate each hypothesis, given they are all based on unique response variables that show a linear association with a set of predictor

variables.The T-test and F-test were utilized to assess the hypotheses. In the realm of scientific inquiry, it is customary to utilize null hypotheses, which are formulated as the inverse of the alternative hypotheses. The alternative hypothesis signifies the rejection of the null hypothesis and the affirmation of an alternative hypothesis (Bali, Gupta, & Gadhi, 2007).

3.13 Observation of Ethical Standards in the Study

The research, involving human subjects, was conducted in complete adherence to relevant ethical requirements. Professionalism in research was upheld due to these ethical issues. The anonymity and dignity of each participant were maintained throughout the investigation. Respect and secrecy were accorded to individuals from whom personal data was gathered. Participating individuals provided their informed permission prior to the commencement of any research activities. No individual was enlisted as a research participant without prior receipt of an informed consent document. They were never coerced nor bribed to partake as research participants. The relevant individuals, organizations, and committees were consulted, and NACOSTI sanctioned the research. Participants were appraised of the study's objectives, methodologies, and possible results before to consenting to participate.

Every research was conducted in accordance with the ethical standards of the respondents, and all authors and sources were appropriately acknowledged. Meticulous attention was devoted to avoiding any occurrences of scientific misconduct, including negligent data gathering methods or fraudulent authorship assertions. The study was conducted expertly, as an objective scientific effort devoid of bias in its methodology, analysis, and interpretation of outcomes.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter delves into the findings of the study, accompanied by a thorough analysis, interpretation, and presentation of the results. The primary objective of the study was to examine the influence of Succession Planning on the performance of the Health Sector within the County Government of Bungoma, Kenya. This chapter elucidates the findings in accordance with the study's defined objectives.

4.2 Response Rate

The objective of evaluating the response rate was to ascertain whether it was adequate for the interpretation and reporting of the results. A sample comprising 109 participants was utilized, from which 105 questionnaires were disseminated. Notably, this distribution excluded the Ministry of Health officials, specifically the CECM – Health, Chief Officer – Health, County Director, and County Nursing Officer, who were engaged solely through interviews. Consequently, from the 105 questionnaires distributed, a response rate of 96.2% was achieved due to the drop and pick method employed, reflecting the completion and return of 101 questionnaires. A non-response rate of 3.8% was observed, corresponding to four questionnaires that were not submitted. Gibson (2017) posits that a response rate of 50 percent or greater is sufficient for the formulation of conclusions. Consequently, as illustrated in Table 4.1, the response rate of 101 (96.2%) personnel from the County Health sector was considered sufficient to yield reliable data.

Table 4. 1: Response Rate

Description	Total	Percentage
Targeted participants		
Referral Hospital	27	25.7%
Sub–County Hospitals	78	74.3%
Total	105	100%
Questionnaires returned (Return rate)		
Referral Hospital	27	25.7%
Sub–County Hospitals	74	70.5%
Total	101	96.2%
Questionnaires not returned		
Sub–County Hospitals	4	3.8%
Response Rate	101	96.2%

Source: Field data (2024)

4.3 Descriptive Statistics of the Sample

The study's data was assessed on Gender, Age, Education, Experience and Designation of the Health staff officials. Incorporating demographic information enhances the reliability, validity, and applicability of research findings thus providing essential context for data interpretation, ensures sample representativeness and helps identify trends that might influence the study outcomes (Pallant, 2020).

4.3.1 Gender Distribution of the Sample

The study sought to establish the respondent's gender as captured in Table 4.2.

Table 4. 2: Gender distribution of the sample

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	43	42.6	42.6	42.6
	Female	58	57.4	57.4	100.0
	Total	101	100.0	100.0	

Source: Field data (2024)

Table 4.2 illustrates that 42.6% (43) of the respondents identified as male, while 57.4% (58) identified as female, indicating a predominance of female participants in the study. This underscores the importance for organizations, such as the Ministry of Health in Bungoma County, to rigorously follow gender parity guidelines in their hiring practices. Consequently, this will guarantee that service delays are mitigated by ensuring an adequate representation of both women and men on staff to address the issues that emerge from gender dynamics.

In Kenya, the health sector has been actively trying to address these issues through initiatives aimed at improving maternal health and gender equity in healthcare provision (Mugisha, 2020). This is significant since scholars such as Eden and Ackermann (2013) identified gender as one of the cultural factors influencing service. Even though the females were the most dominant gender, the analysis shows that the study sought information from a gender balanced viewpoint. Kothari (2004) asserts that a ratio of at least 1:2 in either gender representation in a study is representative enough.

4.3.2 Age Distribution of the Sample

The study sought to establish the respondent's age as captured in Table 4.3.

Table 4. 3: Age Distribution of the Sample

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 25years	1	1.0	1.0	1.0
	25-34 years	27	26.7	26.7	27.7
	35-44 years	42	41.6	41.6	69.3
	45-54 years	19	18.8	18.8	88.1
	above 55 years	12	11.9	11.9	100.0
	Total	101	100.0	100.0	

Source: Field data (2024)

From Table 4.3, it is clearly shown that only 1 of the respondents was below the age of 25 years representing 1% of the study's respondents. There were 27 respondents who were between ages 25-34 representing 26.7% of the respondents, 42 respondents were between ages 35-44 representing 41.6% of the respondets,19 respondents were between ages 45-54 representing 18.8% of the respondents and those who were above age 55 were 12 representing 11.9% of the respondents. Therefore the majority of the respondents were between ages 35-44 representing 41.6% of the respondents. This age bracket represents people who are aspiring to leadership positions within their respective organization and therefore are vital in this study in so far as matters succession planning is concerned. This depicts that people in this age range are typically active, experienced, responsible, and knowledgeable (Kimani, 2015).

4.3.3 Education Level Distribution in the Sample

The respondents represented different levels of academic pursuits and level of completion as displayed in the Table 4.4.

Table 4. 4: Education Level Distribution of the Sample

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diploma/HND	42	41.6	41.6	41.6
	Bachelor's Degree	53	52.5	52.5	94.1
	Master's Degree	5	5.0	5.0	99.0
	PhD	1	1.0	1.0	100.0
	Total	101	100.0	100.0	

Source: Field data (2024)

From Table 4.4 indicates that 41.6% representing (42) of the respondents had a diploma qualification and those that had a degree qualification were 52.5% representing (53) of the respondents. Further, those with a master's degree qualification were 5% representing (5) of the respondents and finally those that had the doctorate degree was only (1) representing 1% of the respondents. The observation that a majority of respondents possess a minimum of a bachelor's degree indicates the success of human capital development initiatives undertaken by the County Government of Bungoma County. This underscores the notion that the quality and effectiveness of service delivery are significantly improved when skilled professionals are accessible.

4.3.4 Length of Service

The study also sought to establish the length of service of the respondents in the County Government of Bungoma Health Sector and the results are as displayed in Table 4.5.

Table 4. 5: Length of service

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 1 year	7	6.9	6.9	6.9
	1-5 years	21	20.8	20.8	27.7
	6-10 years	40	39.6	39.6	67.3
	11-15 years	22	21.8	21.8	89.1
	Over 15 years	11	10.9	10.9	100.0
	Total	101	100.0	100.0	

Source: Field data (2024)

According to Table 4.5, 6.9% of the respondents (7 individuals) possessed less than 1 year of working experience, while 20.8% (21 individuals) had between 1 to 5 years of experience. Furthermore, 39.6% (40 individuals) reported having between 6 to 10 years of experience, 21.8% (22 individuals) had between 11 to 15 years, and 10.9% (11 individuals)

indicated over 15 years of working experience. A significant proportion of the respondents demonstrated an experience level exceeding 6 years. This information provided evidence that most of the respondents had adequate knowledge and experience in their respective areas of work and therefore provided credible information needed for the study. Moreover, the experience of health managers plays a crucial role in the overall performance of health systems. Experienced health managers are better able to make informed decisions, optimize resources, and respond to health crises effectively (Ouma & Kabare, 2017). Studies have demonstrated that healthcare professionals' experience positively correlates with patient satisfaction and health outcomes (Gikonyo *et al*., 2019). However, the lack of specialized training and inadequate managerial experience often hampers the effectiveness of healthcare managers in Kenya, leading to inefficiencies in the system (Mwachiro, 2020).

4.3.5 Job Designation of the Respondents

The study also sought to establish the designation of the staff in the County Government of Bungoma Healthcare sector and the results obtained is as displayed in Table 4.6.

Table 4. 6: Job Designation of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medical Superintendent	10	9.9	9.9	9.9
	Hospital administrator	9	8.9	8.9	18.8
	Human Resource Officer	10	9.9	9.9	28.7
	Head of Pharmacy	11	10.9	10.9	39.6
	Head of Nursing	10	9.9	9.9	49.5
	Head of Laboratory	10	9.9	9.9	59.4
	Head of Clinical Services	9	8.9	8.9	68.3
	Head of Ward Sections	32	31.7	31.7	100.0
	Total	101	100.0	100.0	

Source: Field data (2024)

From Table 4.6, there were 10 Medical Superintendents (9.9%), 9 Hospital Administrators (8.9%), 10 Human Resource officers (9.9%), 11 Head of Pharmacy (10.9%), 10 Head of Nursing (9.9%), 10 Head of Laboratory (9.9%), 9 Head of Clinical Services (8.9%) and 32 Head of Ward Sections(31.7%). The selection of these officers is predicated on their responsibility for managing the hospitals, which inherently grants them a comprehensive understanding of the daily operations within their respective facilities.

4.4 Results on Reliability Test

In order to ensure that the questionnaire items met the internal consistency threshold, a reliability test was conducted. A Chronbach Alpha of 0.7 represents an instrument that has met this condition.

4.4.1 Overall Reliability

The internal consistency values of the items related to their respective constructs were employed to evaluate the reliability of each individual item. The reliability of the construct elements was assessed through the application of Cronbach's Alpha (Chronbach, 1979), a widely recognized measure of internal consistency. The reliability of each construct was assessed across the various scales. Cronbach's alpha measured at 0.813, surpassing the established criterion of 0.7. The data presented in Table 4.7 indicates that the Cronbach's alpha values for the second order variables ranged from 0.784 to 0.841. Consequently, all retained scale items for the research variables were preserved for subsequent analysis, as they satisfied the necessary reliability standards.

Table 4. 7: Overall Reliability

Construct	Cronbach's Alpha Value	No of Items	Decision
Career Development Planning	.795	5	reliable
Leadership Development	.784	5	reliable
Talent Development	.841	5	reliable
Health Sector Performance	.833	5	reliable
Overall	**.813**	**20**	**reliable**

Source: Field Data (2024)

4.5 Validity Test of Research instruments

Validity was investigated to find out whether the instruments for research correctly communicated theoretical notions. The information under examination was evaluated using component analysis for its dimensional and validity of constructs. An exploratory factor analysis was carried out to ascertain the item structure, validity, and scale unidimensional evaluation of the study constructs. An exploratory factor analysis was used to clean up and modify the parameters in order to generate the most relevant number of components. To enhance each construct, principal component analysis (PCA) and the promax rotation algorithm were utilized. Construct elements that have factor loadings higher than 0.4 were kept for subsequent analysis (Hair *et al*., 2011). This study looked at the indicator values of Kaiser-Meyer-Olkin together with Bartlett's test of Sphericity to determine how items could be grouped. The KMO revealed to be over the 0.6 threshold (0.772), and the Bartlett test of Sphericity tested significantly where $p< 0.05$, which is a need for factor analysis, is displayed by Table 4.8.

Table 4. 8: KMO and Bartlett's Test for Sampling Adequacy

KMO and Bartlett's Test		Value
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.772
Bartlett's Test of Sphericity	Approx. Chi-Square	304.847
	Df	24
	Sig.	0.000

Source: Field Data (2024)

4.5.1: Communalities for the Constructs

Low communalities scores suggest that the components of the construct do not align effectively with the derived factor solution and ought to be omitted from subsequent analysis. Table 4.14 shows that the extraction communalities for the retained items assessing Devolved systems health sector performance were all more than 0.5, suggesting that the retained items matched well with other items in the factor solution (Pallant, 2010).

Table 4. 9: Communalities for the constructs

	Initial	Extraction
The performance reviews are done often and are relevant to my assignments	1.000	.575
Leadership trainings exercises are always well organized	1.000	.719
There is a clear leadership structure in our organization that displays the various leadership echelons that an employee can aspire to.	1.000	.735
Networking plays a significant role towards leadership development	1.000	.637
The leadership training methods are very appropriate	1.000	.589
I am able to learn job skills from different parts of the organization as a result of job rotation and relieve exhaustion due to repeated tasks.	1.000	.744
The organization identifies potential talent, develops staffs at the senior and middle level.	1.000	.697
Undertaking tasks that are beyond my level leads to learning and growth.	1.000	.672
Employee rewards can be a greatly impact on their performance.	1.000	.545
Employee are rewarded well for the work that they do	1.000	.726
Employees are able to undertake their duties and tasks assigned within a stipulated timeframe	1.000	.653
Health services are well managed resulting in higher customer satisfaction	1.000	.688
There is reduction of customer complaints due to proper management	1.000	.709
Services are accessible within the estimated cost in the service charter	1.000	.709
Quality of medical care given is in line with the ministry of Health Standards	1.000	.680
There is a well-established career path planning aligned with personal goals and interests in the organization.	1.000	.827
Financial support for learning programs motivates me to perform better at work.	1.000	.802
Every employee has access to training and development opportunities.	1.000	.780
The company offers a career development policy for its employees.	1.000	.693
Coaching and mentorship initiatives exist for the advancement of management skills.	1.000	.551

Extraction Method: Principal Component Analysis.

Source: Field Data (2024)

4.5.2 Total Variance Explained

To determine the number of factors to extract from each construct, the criterion established by Kaiser was employed. Kaiser retained the factors exhibiting eigenvalues of 1.0 or higher. (Hair *et al*., 2011). According to Kaiser's criterion, an addition of five factors was made to the existing total of 20 factors. Table 4.15 illustrates that the four factors accounted for 61.396 percent of the total variance in the study data, which justifies their inclusion in the analysis. The four factors introduced exhibited eigenvalues in the initial solution that were

equal to or exceeded 1.0. Sixty-one point three nine six percent of the variability in the extracted solution was elucidated by the inclusion of these four factors. This indicates that the original eigenvalues' explanations remained intact during the rotation of the Healthcare factor solution in a promax direction (Hair *et al*., 2010).

Table 4. 10: Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	11.596	42.267	42.267	11.596	42.267	42.267	10.113	18.970	18.970
2	1.970	7.890	50.156	1.970	7.890	50.156	8.264	16.978	35.948
3	1.470	6.103	56.259	1.470	6.103	56.259	8.015	14.278	50.226
4	1.199	5.137	61.396	1.199	5.137	61.396	2.212	11.170	61.396
5	.990	4.390	65.787						
6	.987	3.570	69.356						
7	.919	3.282	72.638						
8	.878	3.135	75.773						
9	.807	2.883	78.656						
10	.719	2.568	81.224						
11	.303	2.300	83.524						
12	.266	2.167	85.691						
13	.237	2.064	87.755						
14	.222	2.012	89.767						
15	.198	1.925	91.692						
16	.179	1.859	93.551						
17	.146	1.738	95.289						
18	.113	1.620	96.909						
19	.100	1.577	98.486						
20	.83	1.514	100.000						

Extraction Method: Principal Component Analysis.
Source: Field Data (2024)

4.5.3 Pattern Matrix

Table 4.11 presents a pattern matrix for each construct, showcasing a distinct factor structure along with the relevant cross-loadings. The pattern matrix indicated an association between variables and a factor pattern, with values ranging from 0.427 to 0.759. Consequently, all scale items retained for further analysis satisfied the necessary validity criteria.

Table 4. 11: Pattern Matrix

Item	Career Development Planning	Leadership Development	Talent development	Healthcare Performance
CDP1	.600			
CDP 2	.523			
CDP 3	.612			
CDP 4	.730			
CDP 5	.510			
LD1		.615		
LD 2		.645		
LD 3		.693		
LD 4		.718		
LD 5		.454		
TD1			.599	
TD 2			.626	
TD 3			.652	
TD 4			.427	
TD 5			.535	
HSP1				.759
HSP 2				.727
HSP 3				.599
HSP 4				.703
HSP 5				.712

Extraction Method: Principal Component Analysis.
Rotation Method: Promax with Kaiser Normalization.

4. 6 Descriptive Statistics

Descriptive statistics aims to define and describe the properties of the data set (Mboya, 2019). This entails frequencies, percentages, mean and standard deviation upon which the results were presented. Succession planning which was the independent variable was measured through career development planning, leadership development, Human Resource Management planning and Talent development while the dependent variable was Health Sector performance. Respondents were asked to indicate their levels of agreement ranging from a likert scale of Strongly Disagree, SD (1), Disagree, D (2), Neutral, N (3), Agree, A (4) and Strongly Agree, SA (5).

4.6.1 Career Development Planning

The study sought to establish the impact of career development planning among the Healthcare sector in the County Government of Bungoma and the levels of agreement on statements pertaining it. The responses obtained were captured in Table 4.12.

Table 4. 12: Descriptive results on Career Development Planning

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	S/D
There is a well-established career path planning	2(2%)	6(5.9%)	17(16.8%)	64(63.4%)	12(11.9%)	3.77	.811
Financial support for learning programs motivates.	6(5.9%)	6(5.9%)	17(16.8%)	34(33.7%)	38(37.6%)	3.99	1.150
All employees are afforded opportunities for development through training initiatives.	4(4%)	20(19.8%)	15(14.9%)	47(46.5%)	15(14.9%)	3.49	1.092
The organization maintains a policy focused on the advancement of employee careers.	1(1%)	10(9.9%)	19(18.8%)	55(54.5%)	16(15.8%)	3.74	.879
Coaching and mentorship initiatives exist for the advancement of management skills.	0(0%)	7(6.9%)	17(16.8%)	48(47.5%)	29(28.7%)	3.98	.860

Source: Field Data (2024)

According to the findings presented in Table 4.12, a significant portion of the respondents, totaling 76 individuals, which represents 75.3%, expressed agreement with a mean rating of 3.77 and a standard deviation of 0.811, indicating that there exists a well-defined career path planning that is in harmony with personal goals and interests within the organization. This conclusion aligns with the assertions made by Hallo and Obuba (2021), who posited that fostering employee development for future roles allows organizations to strategically position individuals in roles that resonate with their career aspirations, requirements, and objectives.

Organizations derive significant advantages from training and development, including the ability to attract and retain exceptional talent, elevate productivity and revenue, improve employee morale and job satisfaction, and further enhance overall workplace morale. Also, companies with engaged employees report 41 percent lower absenteeism rates and 17 percent higher production (Garcia, Huang, & Kwok, 2023). An insignificant (7.9%) who represented 8 respondents disagreed while (16.8%) that represented 17 respondents were neutral to this statement.

Moreover, a significant portion of the respondents, 72 in total, representing 71.3%, expressed agreement with a mean rating of 3.99 and a standard deviation of 1.150, indicating that financial support for learning programs enhances their motivation to excel in their professional endeavors. A minor proportion (11.8%), corresponding to 12 respondents, expressed disagreement, while a slightly larger segment (16.8%), representing 17 respondents, maintained a neutral stance regarding this statement. Furthermore, a significant portion of the respondents, 62 in total, representing 61.4%, provided a mean rating of 3.49 with a standard deviation of 1.092, indicating their agreement that all employees are afforded opportunities for growth in training and development. A negligible 23.8%, corresponding to 24 respondents, expressed disagreement, while 14.9%, representing 15 respondents, maintained a neutral stance regarding this statement.

Regarding the inquiry into the organization's stance on employee career development policies, a substantial majority of respondents, numbering 71 and accounting for 70.3%, expressed agreement, yielding a mean rating of 3.74 and a standard deviation of 0.879.

Conversely, a minor segment, comprising 10.9% or 11 respondents, voiced disagreement, while 18.8%, equating to 19 respondents, maintained a neutral position on the matter. In conclusion, concerning the assertion that coaching and mentorship programs exist for management development, a significant majority of the respondents, 77 in total, representing 76.2%, expressed agreement, reflected in a mean rating of 3.98 and a standard deviation of 0.860. Mentoring fosters the attainment of significant knowledge, the delivery of thoughtful feedback, and the enhancement of professional connections for mentees (Fauzi, 2023). A negligible portion (7%) of respondents, amounting to 7 individuals, expressed disagreement, whereas a larger segment (16.8%), representing 17 respondents, maintained a neutral stance regarding this statement.

An interview conducted on County Executive Committee Member (CECM), Chief Officer, County Director and County Nursing officer for health parteing Career Development Planning question on whether their hospital have a personal career plan that is reviewed and if yes how long the review took, specific action plans and steps, the response was that:

"*It is reviewed yearly and quarterly based on need basis*. *We have the mandate to ensure that employee career plan are reviewed periodically to ensure that they achieve growth and progression in their career life."* In specific the CECM Health held that "*i purpose that each employee aspires to progress in his/her career through setting his/her goals towards his/her career and ensuring that he/she achieves them to remain affront.*

Regarding the question whether the leadership do career advisory services that determine competencies and interests of its academic staff, the response was as follows:

The Chief Officer Health responded that "I *advise the County Governor, medical superintendents and directors on the need to ensure employees are skillful and acquire the right knowledge through training and capacity building programmes. Sometimes lack of adequate funding cripples such exercises thus limiting the capacity of the County to continuously ensure that employees are adequately empowered. I would urge that the National Government to release funds on time so as to ensure such programmes are not crippled as they are of immense value towards ensuring quality service delivery."*

Also the respondents were asked if career development influence performance in your Hospital and majority of them were of the opinion that indeed it influences performance of their hospitals although it was coupled with bias.

4.6.2 Leadership Development

The study sought to establish the impact of Leadership Development among the Healthcare sector in the County Government of Bungoma and the levels of agreement on statements pertaining it.The responses obtained were captured in Table 4.13.

Table 4. 13: Descriptive results on Leadership Development

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	S/D
The performance reviews are conducted often	2(2%)	4(4%)	7(6.9%)	64(63.4%)	24(23.8%)	4.03	.806
Leadership trainings exercises are always well organized	2(2%)	12(11.9%)	25(24.8%)	44(43.6%)	18(17.8%)	3.63	.977
There is a clear leadership structure in our organization	1(1%)	5(5%)	7(6.9%)	36(35.6%)	32(51.5%)	4.32	.882
Networking plays a significant role towards leadership development	0(0%)	3(3%)	5(5%)	51(50.5%)	42(41.6%)	4.31	.703
The leadership training methods are very appropriate	1(1%)	11(10.9%)	21(20.8%)	43(42.6%)	25(24.8%)	3.79	.973

Source: Field Data (2024)

The findings presented in Table 4.13 indicate that a significant majority of the respondents, numbering 88 and representing 87.2%, expressed agreement regarding the frequency and relevance of performance reviews to their assignments, as evidenced by a mean rating of 4.03 and a standard deviation of 0.806. Kimathi (2017) demonstrated that managers utilize performance feedback and reviews to inspire employees, emphasize career development opportunities, and elucidate responsibilities and accountability. Their primary function is to guide administrative decisions, including matters related to compensation, bonuses, promotions, or redundancy, as well as to facilitate professional development and enhancement.

A negligible 6% of respondents, equating to 6 individuals, expressed disagreement, while a slightly higher 6.9%, representing 7 respondents, maintained a neutral stance regarding this

statement. Moreover, a significant portion of the respondents, 62 in total, representing 61.4%, expressed agreement with the assertion that leadership training exercises are consistently well organized, as indicated by a mean rating of 3.63 and a standard deviation of 0.977. A minor proportion, specifically 13.9%, corresponding to 14 respondents, expressed disagreement, whereas 24.8%, representing 25 respondents, maintained a neutral stance regarding this statement.

Additionally, a majority of the respondents 68 who constituted (87.1%) with a mean rating of 4.32 and standard deviation of 0.882 also agreed that there is a clear leadership structure in their organization that displays the various leadership echelons that an employee can be developed to aspire. A well-designed structure can enhance efficiency, communication, and collaboration within the organization (Lydia & Kiiru, 2021). Leaders help shape the organizational structure by using their influence to make decisions and create an environment where employees feel motivated and empowered to do their best work (Maguta, 2016). An insignificant (6%) who represented 6 respondents disagreed while (6.9%) that represented 7 respondents were neutral to this statement.

Pertaining the statement as to whether networking plays a significant role towards leadership development, a majority of the respondents 93 who constituted (96.6%) with a mean rating of 4.31 and standard deviation of 0.703 agreed, an insignificant (3%) who represented 3 respondents disagreed while (5%) that represented 5 respondents were neutral to this statement. Finally, regarding the statement that the leadership training methods are very appropriate, a majority of the respondents 68 who constituted (67.4%) with a mean rating of

3.79 and standard deviation of 0.973 agreed, an insignificant (11.9%) who represented 12 respondents disagreed while (20.8%) that represented 21 respondents were neutral to this statement.

From the interview responses, there was a general consensus that the Health Facilities have a well-established Leadership Structure as outlined in the MOH policies procedure and guidelines on the governance of the medical facilities. As regarding the question how key positions in the organization are filled up internally whenever they fall vacant the response was as follows:

"*This is an undertaking by the in charge of the fercilities with clear insructions from the ministry of Health. Those in the lower ranks are promoted to take up positions or even on acting capacity as they work for the right person to replace those who has left*."

Respondents were also asked to give their view as to whether in their opinion Leadership Development influence performance in their Hospital and majority of them opined that the right leadership style can foster a positive work environment, improve job satisfaction, and enhance team performance.

4.6.3 Talent Development

The study sought to establish the impact of Talent Development among the Healthcare sector in the County Government of Bungoma and the levels of agreement on statements pertaining it.The responses obtained were captured in Table 4.14.

Table 4. 14: Descriptive results on Talent Development

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	S/D
I am able to learn job skills from different parts of the organization	3(3%)	3(3%)	2(2%)	68(67.3%)	25(24.8%)	4.08	.808
The organization identifies potential talent and develops staffs	2(2%)	16(15.8%)	10(9.94%)	48(47.5%)	25(24.8%)	3.77	1.057
Undertaking tasks that are beyond my level and skills contributes to learning and growth.	2(2%)	3(3%)	18(17.8%)	45(44.6%)	33(32.7%)	4.03	.900
Employee rewards can be a greatly impact on their performance.	3(3%)	0(0%)	8(7.9%)	36(35.6%)	54(53.5%)	4.37	.869
Employee are rewarded well for the work that they do	9(8.9%)	10(9.9%)	12(11.9%)	55(54.5%)	15(14.9%)	3.56	1.135

Source: Field Data (2024)

The findings presented in Table 4.14 indicate that a significant majority of the respondents, numbering 93 and representing 92.1%, expressed agreement with the statement that they acquired job skills from various sectors of the organization through job rotation, which also alleviated the fatigue associated with repetitive tasks, as evidenced by a mean rating of 4.08 and a standard deviation of 0.808. Job rotation presents an opportunity for employees to deepen their understanding of organizational objectives, gain broader insights into various fields, cultivate a robust network among organizational peers, and enhance employee competencies. It enhances the employee's competencies and fosters a deeper comprehension of their role (Cherotich, Rop, & Bett, 2021). A negligible 6%, corresponding to 6 respondents, expressed disagreement, while 2%, representing 2 respondents, maintained a neutral stance regarding this statement.

Moreover, a significant proportion of the respondents, 73 in total, representing 72.3%, expressed agreement with a mean rating of 3.77 and a standard deviation of 1.057, indicating that the organization effectively identifies potential talent and nurtures staff at both the senior and middle levels. A negligible 17.8%, corresponding to 18 respondents, expressed disagreement, while 9.9%, representing 10 respondents, maintained a neutral stance regarding this statement.

Furthermore, a significant portion of the respondents, 78 in total, representing 77.3%, expressed agreement with a mean rating of 4.03 and a standard deviation of 0.900, indicating that engaging in tasks that exceed their current capabilities and skills fosters both learning and personal development. A negligible 5% of respondents, equating to 5 individuals, expressed disagreement, while 17.8%, representing 18 respondents, maintained a neutral stance regarding this statement.

Regarding the assertion that employee rewards significantly influence performance, a substantial majority of respondents, 90 individuals comprising 89.1%, expressed agreement, reflected in a mean rating of 4.37 and a standard deviation of 0.869. A negligible 3% of respondents, equating to 3 individuals, disagreed, while 7.9%, representing 8 respondents, maintained a neutral stance on the matter. In conclusion, concerning the assertion that employees receive adequate rewards for their contributions, a significant portion of the respondents, specifically 70 individuals representing 69.4%, expressed agreement, reflected in a mean rating of 3.56 and a standard deviation of 1.135. Alrawi (2017) posits that recognition can occur regularly and spontaneously, indicating that individuals need not

await commendation for their accomplishments. Furthermore, due to its low cost, recognition can be initiated by employees themselves. A negligible 18.8%, corresponding to 19 respondents, expressed disagreement, while 11.9%, representing 12 respondents, maintained a neutral stance regarding this statement.

From the interview question concerning the process for identifying and developing talent the response from the County Director Health was that:

"*I start by assessing each employee's current skill set and performance level. I then create a personalized development plan for each employee based on their unique needs and goals. After creating the development plan, I meet with each employee to discuss their goals and determine how we can best achieve those goals together. Next, I use feedback and performance evaluations to track progress and make adjustments to the development plan as needed. Finally, I provide ongoing support and encouragement to help employees reach their goals*."

Regarding the evaluation of an employee's performance during a performance review, the feedback from the interviewees indicated that:

"*First evaluate the employee's goals for the year, then compare their progress against those goals. If they are falling behind on their goals, then ask them why this is happening and how we can work together to overcome any obstacles. Thoughtfully it's important to give employees praise when they do well so as they know they are doing a good job*"

The respondents were queried regarding their views on the impact of talent development on hospital performance. A significant majority concurred that talent development plays a

crucial role in enhancing employee retention rates, identifying and nurturing future leaders, bridging potential skill gaps, promoting continuous learning, and assisting employees in realizing their personal and career aspirations.

4.6.4 Health Sector Performance

The study sought to establish the impact of Health Sector Performance among the Healthcare sector in the County Government of Bungoma and the levels of agreement on statements pertaining it.The responses obtained were captured in Table 4.15.

Table 4. 15: Descriptive results on Health Sector Performance

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	S/D
Employees are able to undertake their duties and tasks	1(1%)	0(0%)	19(18.8%)	59(58.4%)	22(21.8%)	4.00	.707
Health services are well managed	1(1%)	7(6.9%)	30(29.7%)	46(45.5%)	17(16.8%)	3.70	.867
Services offered by your organization are done in accordance	0(0%)	7(6.9%)	30(29.7%)	43(42.6%)	21(20.8%)	3.77	.859
Services are direct and accessible with no undue barriers	4(4%)	5(5%)	32(31.7%)	44(43.6%)	16(15.8%)	3.62	.947
Quality of medical care given is in line with the ministry of Health Standards	1(1%)	2(2%)	16(15.8%)	47(46.5%)	35(34.7%)	4.12	.816

Source: Field Data (2024)

The findings presented in Table 4.15 indicate that a significant majority of the respondents, totaling 81 individuals, which represents 80.2%, expressed agreement with a mean rating of 4.00 and a standard deviation of 0.707 regarding the capability of employees to fulfill their

assigned duties and tasks within the designated timeframe. Malik and Sawar (2021) demonstrated that employees who experience empowerment display a strong sense of determination and creativity, invest significant effort into their tasks, and are intrinsically motivated by the nature of their work, ultimately leading to enhanced productivity within the workplace. A negligible 1% of respondents, equating to one individual, expressed disagreement, while 18.8%, representing 19 respondents, maintained a neutral stance regarding this statement. Moreover, a significant portion of the respondents, 63 in total, representing 62.3%, indicated a mean rating of 3.70 with a standard deviation of 0.867, also concurred that health services are effectively managed, leading to enhanced patient satisfaction.

A negligible 7.9%, equating to 8 respondents, expressed disagreement, while 29.7%, representing 30 respondents, maintained a neutral stance regarding this statement. Furthermore, a significant portion of the respondents, numbering 64, represented 63.4% of the sample, with a mean rating of 3.77 and a standard deviation of 0.859, concurred that the services provided by their organization align with the stipulations outlined in the service charter. A negligible 6.9%, corresponding to 7 respondents, expressed disagreement, while 29.7%, representing 30 respondents, maintained a neutral stance regarding this statement. Regarding the assertion concerning the directness and accessibility of services without undue barriers related to cost, language, culture, or geography, a significant majority of respondents, totaling 60 individuals (59.4%), expressed agreement, reflected in a mean rating of 3.62 and a standard deviation of 0.947.

Conversely, a minor proportion of 9% of respondents, amounting to 93 individuals, disagreed, while 31.7%, representing 32 respondents, maintained a neutral stance on the matter. In conclusion, concerning the assertion that the quality of medical care provided aligns with the standards set by the Ministry of Health, a significant majority of respondents, totaling 82 individuals or 81.2%, expressed agreement, yielding a mean rating of 4.12 and a standard deviation of 0.816. Conversely, a negligible 3% of respondents, amounting to 3 individuals, disagreed, while 15.8%, representing 16 respondents, maintained a neutral stance on the matter. The interview question aimed to ascertain the efficacy of health services management within hospitals, particularly in terms of resource optimization and minimization of waste.

The responses were as follows:

The County Nursing officer responded that "*It's above average although with some wastages' being reported but we have put in mechanisms to address it.*"

In addressing the inquiry concerning the extent to which hospital managers are endowed with the requisite authority to fulfill established objectives and are held accountable for overall performance and outcomes, the reply was that:

"*Yes, hospital managers are given the authority they need to achieve their goals and are held accountable for their performance. This is done by giving employees the authority they need to carry out their responsibilities, establishing clear reporting relationships and job descriptions that include safety and health responsibilities and create arrangements to ensure that employees are held accountable for their actions.*"

Participants were solicited to share their perspectives on potential enhancements to the efficacy of the healthcare sector. The majority of respondents concurred that employing data-driven insights to inform decision-making in healthcare is pivotal for improving patient outcomes and operational efficiency, which fundamentally relies on the utilization of such insights. They further asserted that effective performance management within the healthcare sector relies on the capacity to analyze and interpret data with precision and expedience.

4.7 Diagnostic Tests

When accurately computed, linear regression analysis serves as a strong statistical model. The model analyzes the independent variable to discern patterns that facilitate the prediction of the dependent variable. For linear regression to remain valid in data prediction, it is essential that the model adheres to certain assumptions regarding the data (Hayes, 2015). In this section, a series of diagnostic evaluations are conducted on the data prior to the estimation of the regression model. In order to facilitate data analysis, assessments of multicollinearity, normality, homoscedasticity, and linearity were performed.

4.7.1 Multicollinearity Test

The assessment of multicollinearity within the data was conducted through an examination of the variance inflation factor (VIF) and the corresponding tolerance values. The threshold for tolerance is established at 0.10, while a figure of 10.0 or greater pertains to the Variance Inflation Factor (Pallant, 2010). This indicates that tolerance values ought to be 0.1 or higher, while VIF values should not exceed 10.0. The VIF values presented in Table 4.16 span from 1.378 to 1.956, accompanied by tolerance values exceeding 0.10, indicating the absence of multicollinearity issues within the dataset.

Table 4. 16: Test of Multicollinearity

Model	Collinearity Statistics	
	Tolerance	VIF
Career Development Planning	0.511	1.956
Leadership Development	0.717	1.394
Talent Development	0.726	1.378

a. Dependent Variable: Health Sector Performance

Source: Field Data (2024)

4.7.2 Normality Test

For regression models, it is essential that the test statistic follows a recognized probability distribution, such as the normal distribution, to enable meaningful interpretation. Normality is typically assessed by checking whether residuals follow a normal distribution (Kline, 2010). In SPSS Version 26, histograms were employed to assess the data for normalcy.

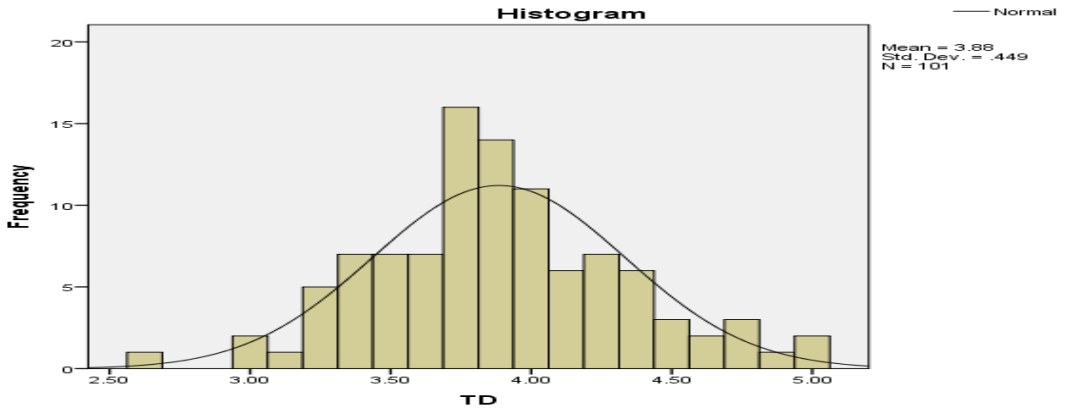

Figure 4. 1: Normality Test: Histogram of observed values against the expected values for Career Development Planning versus Health Care Sector performance.

Figure 4.1 illustrates the normally distributed statistics regarding the prevalence of Career Development Planning and its impact on the performance of the Health sector within the County Government of Bungoma. The phenomenon arises from the histogram's bell-shaped

configuration, wherein the majority of values are densely clustered in the center, while the extremities exhibit a diminished concentration of data points.

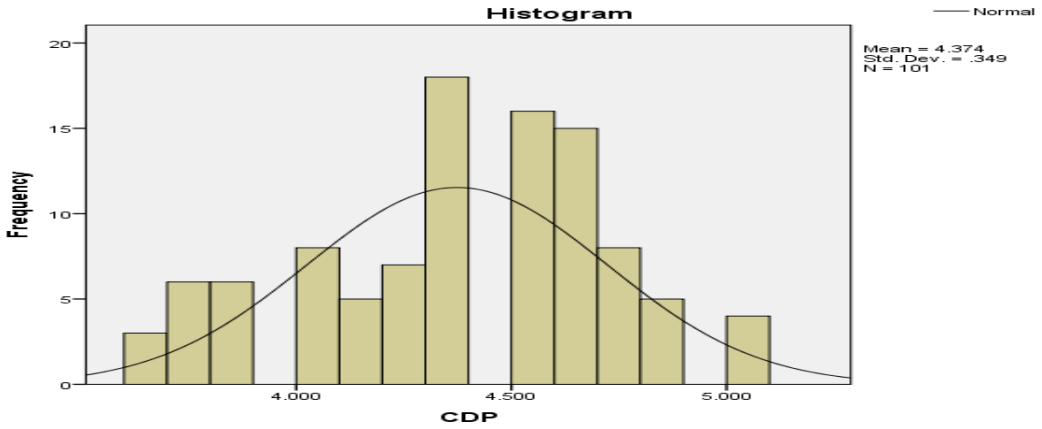

Figure 4. 2: Normality Test: Histogram of observed values against the expected values for Leadership Development versus HealthCare Sector performance.

Figure 4.2 illustrates the normally distributed statistics concerning the prevalence of Leadership Development and its impact on the performance of the Health sector within the County Government of Bungoma. This phenomenon arises from the bell-shaped configuration of the histogram, wherein the preponderance of values is situated centrally, while the extremities exhibit a diminished density of data points.

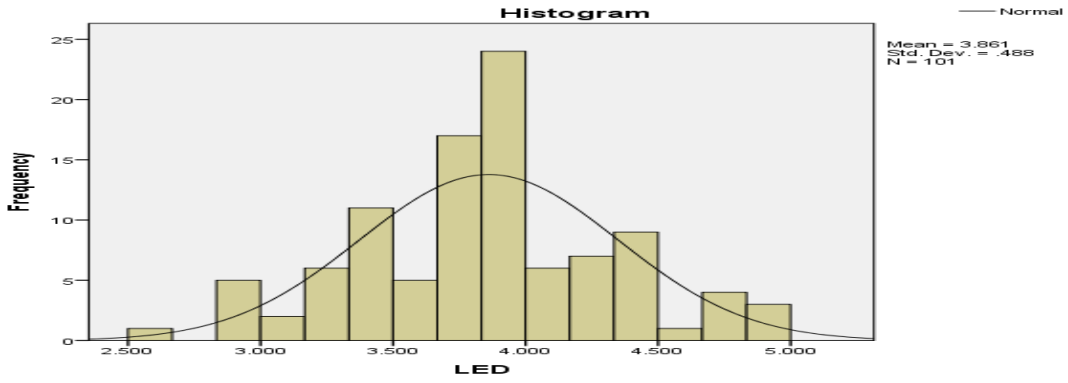

Figure 4. 3: Normality Test: Histogram of observed values against the expected values for Talent Development versus Health Care Sector performance.

Figure 4.3 illustrates the normally distributed statistics regarding the prevalence of Talent Development and its impact on the performance of the Health sector within the County Government of Bungoma. The phenomenon arises from the histogram's bell-shaped configuration, wherein the bulk of values is centralized in the middle, while the extremities exhibit a diminished density of data points.

4.7.3 Linearity Test

In the presence of linearity within a regression framework, the relationship established between the predictor variables and the response variable is characterized by a linear form. Linearity is established solely when the residuals adhere to a normal and homoscedastic distribution. The standardized residuals, referred to as ZRESID in SPSS, were represented along the horizontal x-axis, whereas the Y values were depicted vertically for the purpose of conducting linearity tests. The observations presented in Figures 4.4 to 4.7 substantiate the validity of the linearity assumption, as evidenced by the scatter plot's adherence to a linear trajectory rather than exhibiting a curved pattern.

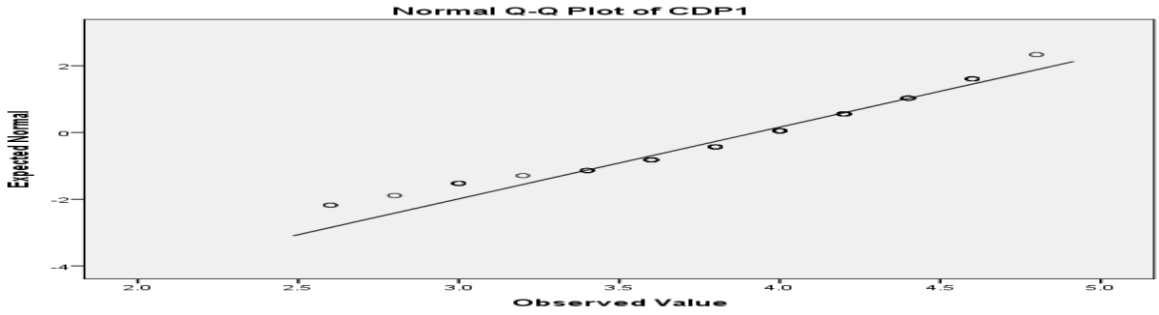

Figure 4. 4: Linearity test of Y Values and Standard Residuals for Career Development planning on Health Sector Performance.

Figure 4.4 illustrates that the majority of the residual points align closely with the diagonal line extending from the bottom left to the top right, suggesting a linear correlation between Career Development Planning and the performance metrics of the healthcare sector.

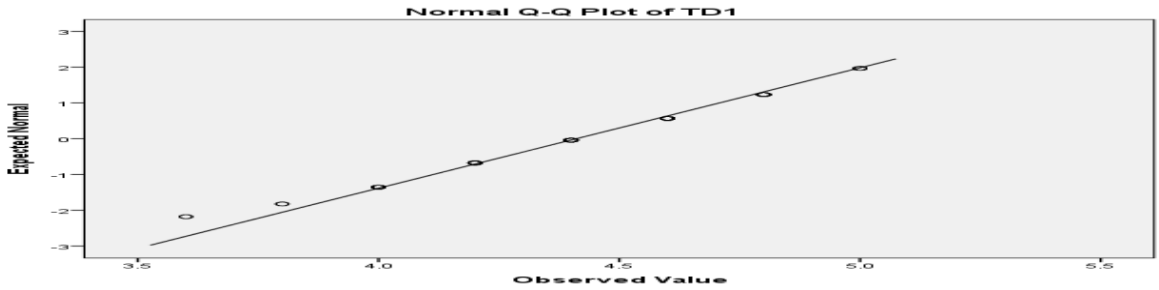

Figure 4. 5: Linearity test of Y Values and Standard Residuals for Leadership Development on Health Sector Performance.

Figure 4.5 illustrates that the majority of the residual points align closely with the diagonal line extending from the bottom left to the top right, suggesting a linear correlation between Leadership Development and the performance metrics of the Healthcare sector.

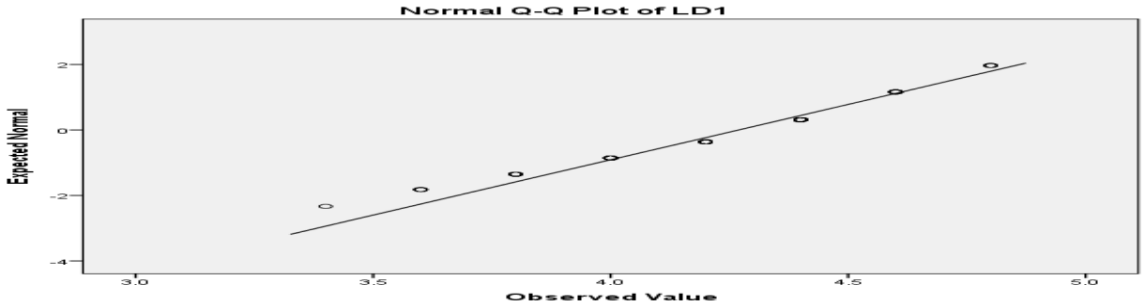

Figure 4. 6: Linearity test of Y Values and Standard Residuals for Talent Development on Health Sector Performance.

Figure 4.6 illustrates that the majority of the residual points align closely with the diagonal line extending from the bottom left to the top right, suggesting a linear correlation between Talent Development and the performance metrics of the Healthcare sector.

4.7.4 Heteroscedasticity Test

Heteroscedasticity emerges when the variance of errors varies across data, leading to an unbiased yet inefficient OLS estimator (Long & Ervin, 2000). The researcher utilized the Breusch-Pagan and Koenker tests to assess heteroscedasticity. The constancy of the variances of the error terms is examined through the application of the Breusch-Pagan and Koenker tests for the null hypothesis. When the substantial outcome is below 5%, the test dismisses the null hypothesis (Daryanto, 2013). The results of the Breusch-Pagan and Koenker tests are presented in Table 4.23. The table indicates that heteroscedasticity was not a concern, as the significant values exceeded 5%.

Table 4. 17: Breusch-Pagan and Koenker test statistics and sig-values

Tests	LM	Sig
BP	1.089	.580
Koenker	1.211	.546

Source: *Field Data* (2024)

4.8 Correlation Analysis

The relationship between the independent variables Career Development Planning, Leadership Development, and Talent Development and the dependent variable, Health Sector Performance, was examined using Pearson's correlation coefficient. They also demonstrated the nature of the relationship and its profound strength.

Table 4. 18: Pearson Correlation matrix

		Career Development Planning	Leadership Development	Talent Development	Health Sector Performance
Career Development Planning	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	101			
Leadership Development	Pearson Correlation	.348**	1		
	Sig. (2-tailed)	.000			
	N	101	101		
Talent Development	Pearson Correlation	.322**	.724**	1	
	Sig. (2-tailed)	.001	.000		
	N	101	101	101	
Health Sector Performance	Pearson Correlation	.482**	.760**	.578**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	101	101	101	101

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Gujarati and Porter (2009) assert that the correlation coefficient between two variables is considered high if it exceeds 0.9. All independent variables exhibited positive and statistically significant associations ($p \leq 0.05$) with Health Sector Performance. Table 4.18 indicates a positive linear correlation between Career Development Planning and Health Sector Performance, with a r value of 0.482 (48.2%). Similarly, Leadership Development exhibits a strong positive correlation with Health Sector Performance, reflected by a r value of 0.760 (76%). Additionally, Talent Development demonstrates a strong positive linear relationship with Health Sector Performance, evidenced by a r value of 0.578 (57.8%).

4.9 Hypothesis Testing

4.9.1 Test of the relationship between Carrer Development planning and Health Sector Performance

The study sought to determine the linear relationship between Career Development Planning and Health Sector Performance in Bungoma County. This was hypothesized as follows:

$H0_1$: *Career Development Planning has no significant effect on the health sector performance in the County Government of Bungoma.*

To evaluate this hypothesis, the subsequent model was applied. $Y = \beta_0 + \beta_1 X_1 + \varepsilon$, where Y represents the dependent variable of health sector performance, β_0 denotes the rate of change in Y corresponding to variations in the independent variable X_1, which is Career Development Planning, and ε signifies the error term.

Table 4.19 presents the model summary for the linear regression study examining the relationship between Career Development Planning and Health Sector Performance. A strong and positive linear correlation exists between Career Development Planning and Health Sector Performance, indicated by a r value of 48.2% (0.482). Career Development Planning accounts for 23.2% of Health sector performance, indicated by a R^2 value of 0.232. This indicates that unmeasured factors not included in the model constitute the remaining 76.8% of Health Sector Performance.

Table 4. 19: Model Summary for Career Development Planning and Health Sector Performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.482[a]	.232	.224	.22789	.232	29.881	1	99	.000

a. Predictors: (Constant), Career Development Planning

Table 4.20 displays the goodness of fit of the model in explaining variance in the dependent variable.

Table 4. 20: ANOVA Between Career Development Planning and Health Sector Performance

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.552	1	1.552	29.881	.000[b]
	Residual	5.141	99	.052		
	Total	6.693	100			

a. Dependent Variable: Health Sector Performance

b. Predictors: (Constant), Career Development Planning

The F test yielded a result of F (1, 99) = 29.881, $p<0.05$ indicating that the model explains the variation in the dependent variable. This also depicts that Career Development Planning is a useful predictor of Health Sector Performance.

The regression coefficients between Career Development Planning and Health Sector Performance are displayed in Table 4.21. The relationship between Career Development Planning and Health Sector performance is positive and significant as the p value 0.000 is less than the significant level 0.05.Due to this finding, the null hypothesis that stated Career Development Planning has no significant effect on the Health Sector Performance in the

County Government of Bungoma was hereby rejected. In particular, Health Sector Performance will increase by 39.5% for every unit increase in Career Development Planning as captured in the regression model obtanined as $Y= 2.230+ 0.395X_1$

Table 4. 21: Regression Coefficients between Career Development Planning and Health Sector Performance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.230	.320		6.969	.000
	Career Development Planning	.395	.072	.482	5.466	.000

a. Dependent Variable: Health Sector Performance

This findings are in agreement with those of Hallo and Obuba (2021) who established that Career development planning had a positive and significant effect with performance of the private health sector in Isiolo County. Similar findings were also registered by Mwashila (2017) who found out that Career development planning had a positive and significant association with the performance of Kenyan Public Universities in Coast Region. However Pronajaya *et al*. (2021) findings are in contradiction with this finding as they established that career development does not affect nurse performance at Dharmais Cancer Hospital in India. Nevertheless Career Development Planning fosters employee growth, enhances job satisfaction, and ensures leadership continuity. Organizations that implement Career Development Plans are likely to retain top talent, boost productivity, and achieve long-term success.

4.9.2 Test of the relationship between Leadership Development and Health Sector Performance

The study sought to determine the linear relationship between Leadership Development and Health Sector Performance in Bungoma County. This was hypothesized as follows:

H_{02}: *Leadership Development has no significant effect on the health sector performance in the County Government of Bungoma.*

To investigate this hypothesis, the subsequent model was applied. $Y = \beta_0 + \beta_2 X_2 + \varepsilon$, where Y represents the dependent variable pertaining to health sector performance. Here, β_0 denotes the rate of change in Y (health sector performance) corresponding to variations in the independent variable, X_2, which signifies Leadership Development. The term ε accounts for the error in the model.

The summary of the model pertaining to the linear regression analysis conducted between Leadership Development and Health Sector Performance is presented in Table 4.22. A strong and positive linear correlation is evident between Leadership Development and Health Sector Performance, indicated by a r value of 76% (0.760). The changes in Leadership Development account for 57.8% of the variance observed in the performance of the Health sector, as indicated by an R^2 value of 0.578. This indicates that other umeasured factors not included in the model contribute to the residual 42.2% of the Health Sector Performance.

Table 4. 22: Model Summary for Leadership Development and Health Sector Performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2	Sig. F Change
1	.760[a]	.578	.574	.16895	.578	135.481	1	99	.000

a. Predictors: (Constant), Leadership Development

Table 4.23 displays the goodness of fit of the model in explaining variance in the dependent variable.

Table 4. 23: ANOVA between Leadership development and Health Sector Performance

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.867	1	3.867	135.481	.000[b]
	Residual	2.826	99	.029		
	Total	6.693	100			

a. Dependent Variable: Health Sector Performance

b. Predictors: (Constant), Leadership Development

The F test produced a result of F (1, 99) = 135.481, $p<0.05$, suggesting that the model accounts for the variation in the dependent variable. This further illustrates that the cultivation of leadership skills serves as a significant indicator of performance within the health sector.

The regression coefficients correlating Leadership Development with Health Sector Performance are presented in Table 4.23. The correlation observed between Leadership Development and the performance of the Health Sector is both positive and statistically significant, given that the p-value of 0.000 is below the established significance threshold of 0.05. Specifically, the performance of the health sector is projected to rise by 76.5% with each unit increase in leadership development, as indicated by the derived regression model.

$Y= 0.662+ 0.765X_2$

Based on these findings the second null hypothesis that stated Leadership Development has no significant effect on the health sector performance in the County Government of Bungoma is thereby rejected.

Table 4. 24: Regression Coefficients between Leadership Development and Health Sector Performance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.662	.285		2.324	.022
	LD	.765	.066	.760	11.640	.000

a. Dependent Variable: Health Sector Performance

The findings of this study align with the results presented by Mwangi, Gathenya, and Kihoro (2018), which indicated a positive and significant correlation between leadership development and the performance of the National Police Service in Kenya. Comparable findings were reported by Nyamwega (2018), who demonstrated that the Leadership Development Training program exhibited a positive and significant correlation with effective service delivery within the public service commission. Furthermore, enhancing the

leadership and management capabilities of health teams, by employing collaborative strategies centered on specific challenges, leads to better outcomes in health service delivery.

4.9.3 Test of the relationship between Talent Development and Health Sector Performance

The study sought to determine the linear relationship between Talent Development and Health Sector Performance in Bungoma County. This was hypothesized as follows:

$H0_3$: *Talent Development has no significant effect on the health sector performance in the County Government of Bungoma.*

To investigate this hypothesis, the subsequent model was applied. $Y = \beta_0 + \beta_3 X_3 + \varepsilon$, where Y represents the dependent variable of health sector performance. Here, β_0 indicates the rate of change in Y (health sector performance) corresponding to variations in the independent variable. X_3 serves as the independent variable, denoting Talent Development, while ε signifies the error term.

The summary of the model pertaining to the linear regression analysis between Talent Development with Health Sector Performance is presented in Table 4.25. A strong and positive linear correlation is observed between Talent Development and Health Sector Performance, indicated by a r value of 57.8% (0.578). The changes in Talent Development account for 33.5% of the performance within the Health sector, as indicated by an R^2 value of 0.335. This indicates that other umeasured factors not included in the model account for the remaining 66.5% of the Health Sector Performance.

Table 4. 25: Model Summary for Talent Development and Health Sector Performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.578[a]	.335	.328	.21209	.335	49.787	1	99	.000

a. Predictors: (Constant), Talent Development

Table 4.26 displays the goodness of fit of the model in explaining variance in the dependent variable.

Table 4. 26: ANOVA between Talent Development and Health Sector Performance

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.240	1	2.240	49.787	.000[b]
	Residual	4.453	99	.045		
	Total	6.693	100			

a. Dependent Variable: Health Sector Performance

b. Predictors: (Constant), Talent Development

The F test produced a result of F (1, 99) = 49.787, $p<0.05$, suggesting that the model accounts for the variation in the dependent variable. This further illustrates that Talent Development serves as a valuable indicator of Health Sector Performance.

The regression coefficients correlating Talent Development with Health Sector Performance are presented in Table 4.27. The correlation between talent development and the performance of the Health Sector is both positive and significant, evidenced by a p-value of 0.000, which is below the threshold of 0.05 for significance. Specifically, the performance

of the health sector is projected to rise by 62.1% with each unit increase in talent development, as indicated by the regression model.

$Y= 1.269+ 0.621X_3$

Based on these findings the fourth null hypothesis that stated Talent Development has no significant effect on the health sector performance in the County Government of Bungoma is thereby rejected.

Table 4. 27: Regression Coefficients between Talent Development and Health Sector Performance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.269	.384		3.305	.001
	Talent Development	.621	.088	.578	7.056	.000

a. Dependent Variable: Health Sector Performance

The results presented in Table 4.27 align with the findings of the study conducted by Malle, Waiganjo, and Mutua (2023), which demonstrated that talent development exerts a positive and significant influence on the performance of national referral hospitals in Kenya. The research conducted by Mwangi (2020) yielded analogous findings, demonstrating that talent development exerts a substantial and affirmative impact on the efficacy of organizational service delivery. Reuben and Merecia (2021) found a noteworthy positive and significant correlation between Talent Development Strategies and Employee Performance. Consequently, the cultivation of talent plays a crucial role in shaping the efficacy of

healthcare performance. Enhancing the competencies and expertise of healthcare professionals can result in better outcomes for both patients and healthcare organizations.

4.9.5 Overall objective

This study aimed to determine the linear relationship that exists between Succession Planning and the performance of the health sector within the County Government of Bungoma, Kenya. To investigate this objective, the subsequent multiple regression model was employed. $Y= \beta_0 + \beta_1X_1+ \beta_2X_2+ \beta_3X_3+ \varepsilon$. In this equation, Y denotes the aggregate mean score for Health Sector Performance. The symbol α represents the constant, while β_1, β_2, and β_3 signify the regression coefficients associated with the independent variables. The variables X_1, X_2, and X_3 represents Career Development Planning, Leadership Development, and Talent Development, respectively. Lastly, ε indicates the error term.

The summary of the model pertaining to the linear regression analysis involving Succession Planning, which encompasses Career Development Planning, Leadership Development, Talent Development, and Health Sector Performance, is presented in Table 4.28. A strong and affirmative linear correlation is evident between Succession Planning encompassing Career Development Planning, Leadership Development, and Talent Development and Health Sector Performance, as indicated by a r value of 79.6% (0.796). The modifications in Succession Planning, encompassing Career Development Planning, Leadership Development, and Talent Development, account for 63.4% of performance within the health sector, as indicated by an R^2 value of 0.634. This illustrates that additional unquantified

elements not included in the model contribute to the residual 36.6% of the Health Sector Performance.

Table 4. 28: Model Summary for Succession Planning and Health Sector Performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.796[a]	.634	.619	.15811	.634	41.610	3	97	.000

a. Predictors: (Constant), Career Development Planning, Leadership Development, Talent Development

Table 4.29 displays the goodness of fit of the model in explaining variance in the dependent variable.

Table 4. 29: ANOVA between Succession Planning and Health Sector Performance

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.245	3	1.415	56.600	.000[b]
	Residual	2.448	97	.025		
	Total	6.693	100			

a. Dependent Variable: Health Sector Performance

b. Predictors: (Constant), Career Development Planning, Leadership Development,Talent Development

The F test produced a result of F (3, 97) = 56.600, $p<0.05$, suggesting that the model accounts for the variation in the dependent variable. This further illustrates that Succession Planning, encompassing Career Development Planning, Leadership Development, and Talent Development, serves as a significant predictor of performance within the Health Sector.

The regression coefficients correlating Succession Planning—encompassing Career Development Planning, Leadership Development, and Talent Development—with Health Sector Performance are presented in Table 4.30. The correlation among Career Development Planning, Leadership Development, and Talent Development in relation to Health Sector performance is both positive and significant, as evidenced by the p values for these three independent variables being 0.000, which is below the threshold of 0.05 for significance. Specifically, the performance of the Health Sector is projected to rise by 32.1%, 12.9%, and 19.4% for each unit increase in Career Development Planning, Leadership Development, and Talent Development, respectively, as illustrated in the subsequent regression model:

$Y= 1.371+ 0.321X_1 +0.129X_2 ++0.194X_3$

Table 4. 30: Regression Coefficients between Succession Planning and Health Sector Performance

Model		Coefficients[a] Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.371	.244		5.610	.000
	Career Development Planning	.321	.049	.334	6.502	.000
	Leadership Development	.129	.052	.242	2.497	.014
	Talent Development	.194	.041	.205	4.747	.000

a. Dependent Variable: Health Sector Performance

Hassan and Siddiqui (2020) assert that succession planning is a proactive strategy that ensures turnover does not negatively impact organizations. Furthermore, they suggest that succession planning significantly influences the working environment, work-life policies,

and career development. Moreover, they identified a noteworthy and substantial relationship between succession planning and the retention of employees. Strategic succession planning is essential for maintaining the continuous provision of superior healthcare services (Mwamkuu, Namusonge, & Nyile, 2024). Furthermore, Mwamkuu *et al*. (2024) demonstrated that succession planning is positively and significantly correlated with the quality of healthcare services in public sector hospitals in Kenya.

The data presented in Table 4.30 indicates that succession planning within public hospitals serves as an essential strategy for facilitating smooth leadership transitions and ensuring the ongoing provision of healthcare services. It has a direct impact on organizational performance by reducing disruptions, preserving institutional knowledge, and promoting effective leadership. Public hospitals frequently encounter distinct challenges, including limitations in resources and intricate stakeholder dynamics, thereby rendering systematic succession planning crucial for sustaining performance and attaining operational excellence.

Table 4. 31: Hypothesis Testing

Table 4.31 outlines the methodology that was used to examine the three hypotheses.

	Hypothesis Statement	Hypothesis Testing	Model	Implication for findings
I	H_{01}: Career Development Planning has no significant effect on the health sector performance in the County Government of Bungoma.	$H_{01}: \beta_1 = 0$ $H_{0A}: \beta_1 \neq 0$ Reject H_{01} if $\beta_1 \neq 0$ and P value ≤ 0.05 otherwise fail to reject H_{01} if $\beta_1 = 0$ and P value $> \alpha$ $\alpha = 0.05$	$Y = \beta_0 + \beta_1 X_1 + \varepsilon$	H_{01} rejected
ii	H_{02}: Leadership development has no significant effect on the health sector performance in the County Government of Bungoma.	$H_{02}: \beta_2 = 0$ $H_{OA}: \beta_2 \neq 0$ Reject H_{02} if $\beta_2 \neq$ and P value ≤ 0.05 otherwise fail to reject H_{02} if $\beta_2 = 0$ and P value $> \alpha$ $\alpha = 0.05$	$Y=\beta_0+ \beta_2X_2+\varepsilon$	H_{02} rejected
Iii	H_{03}: Talent development has no significant effect on the health sector performance in the County Government of Bungoma.	$H_{03}: \beta_3 = 0$ $H_{0A}: \beta_3 \neq 0$ Reject H_{03} if $\beta_3 = 0$ and P value ≤ 0.05 otherwise fail to reject H_{03} if $\beta_3 = 0$ and P Value $> \alpha$; $\alpha = 0.05$	$Y=\beta_0+ \beta_3X_3+\varepsilon$	H_{03} rejected

Source: Author Computation (2025)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the major findings of this study and also provides conclusions, managerial recommendations, policy recommendations, contributions to new knowledge, theoretical implication and suggestions on areas for further studies based on the findings of the study.

5.2 Summary of Major Findings

The general objective of this study was to establish the effect of Succession Planning and Health Sector Performance in the County Government of Bungoma, Kenya. This study was directed by specific objectives aimed at assessing the impact of Career Development Planning on the performance of the Health Sector within the County Government of Bungoma; examining the influence of leadership development on the Health Sector performance in the same governmental context; and evaluating the effect of Talent development on the performance of the Health Sector in the County Government of Bungoma.

5.2.1 Succession planning and Health Sector Performance in the County Government of Bungoma

The general objective of the research was to ascertain the impact of succession planning on the performance of the health sector within the County Government of Bungoma. Analytical and inferential statistical techniques were employed to examine the results of this research

objective. The findings revealed that succession planning exerted a considerable impact on the performance of the health sector within the County Government of Bungoma. An analysis of correlation was conducted to determine the nature of the relationship between succession planning and the performance of the health sector within the County Government of Bungoma.

The research revealed that succession planning exhibited a Pearson correlation of 0.796, or 79.6%, signifying a strong positive correlation with the performance of the health sector. The findings from the regression analysis indicated that succession planning accounted for 63.4% of the variation in the performance of the health sector (dependent variable). The remaining 36.6% of the variation may be elucidated by alternative dynamics pertaining to health sector performance within the County Government of Bungoma. The findings thus suggest that succession planning is positively correlated with the performance of the health sector within the County Government of Bungoma.

5.2.2 Career Development Planning and Health Sector Performance in the County Government of Bungoma

The first specific objective of the study was to ascertain the impact of career development planning on the performance of the health sector within the County Government of Bungoma. Descriptive and inferential statistical methodologies were employed to analyse the findings of this research objective. The findings demonstrated that the planning of career development exerted a considerable impact on the performance of the health sector within the County Government of Bungoma. An analysis of correlation was conducted to determine

the nature of the relationship between career development planning and the performance of the health sector within the County Government of Bungoma. The research revealed that career development planning exhibited a Pearson correlation of 0.482, indicating a moderate positive correlation of 48.2% with the performance of the health sector.

The findings from the regression analysis indicated that career development planning accounted for 23.2% (0.232) of the variation in the performance of the health sector (dependent variable). The remaining 76.8% of the variation may be elucidated by alternative dynamics pertaining to health sector performance within the County Government of Bungoma. The findings thus suggest that career development planning is positively correlated with the performance of the health sector within the County Government of Bungoma.

5.2.3 Leadership Development and Health Sector Performance in the County Government of Bungoma

The second specific objective of this research was to determine the influence of leadership development on the performance of the health sector within the County Government of Bungoma. The factors considered in the assessment of leadership development included performance evaluations, organizational leadership frameworks, and networking opportunities. The results and findings of this research objective were analyzed utilizing both descriptive and inferential statistical methods.

The findings revealed that the advancement of leadership capabilities exerted a considerable influence on the performance of the health sector within the County Government of Bungoma. An analysis of correlation was conducted to determine the nature of the relationship between leadership development and the performance of the health sector within the County Government of Bungoma. The results revealed a Pearson correlation of 0.760 (76%) for leadership development, signifying a strong positive correlation with health sector performance.

The findings from the regression analysis indicated that leadership development accounted for 57.8% of the variance in health sector performance. Another 42.2% of the variation may be elucidated by other factors pertaining to the performance of the health sector. The findings thus indicate that the development of leadership has yielded a notably positive impact on the performance of the health sector within the County Government of Bungoma.

5.2.4 Talent Development and Health Sector Performance in the County Government of Bungoma

The third specific objective of this study was to observe the impact of talent development on the performance of the health sector within the County Government of Bungoma. The factors considered in the realm of talent development included job rotation, stretch assignments, recognition and rewards, as well as career management. The analysis of the results and findings pertaining to this research objective was conducted utilizing both descriptive and inferential statistical methods. The findings revealed that the cultivation of

talent exerted a considerable influence on the performance of the health sector within the County Government of Bungoma.

A correlation analysis was conducted to determine the nature of the relationship between talent development and the performance of the health sector within the County Government of Bungoma. The results revealed that talent development exhibited a Pearson correlation of (0.578) 57.8%, signifying a strong positive correlation with the performance of the health sector. The findings from the regression analysis indicated that talent development accounted for 33.5% of the variation in health sector performance. The residual 66.5% of the variation may be explained by additional factors pertaining to the performance of the health sector. The findings thus indicate that the cultivation of talent has yielded a notably beneficial impact on the performance of the health sector within the County Government of Bungoma.

5.3 Conclusions

The study set out to examine the influence of succession planning on the performance of the health sector within the County Government of Bungoma, focusing on four key objectives: to determine the effect of career development planning, leadership development, and talent development on performance, and to establish the overall influence of succession planning practices on health sector performance.

Based on the findings and in reference to the first objective, the study concludes that career development planning has a significant positive effect on the performance of the health sector in Bungoma County. This implies that when organizations adopt structured career

development strategies, employees become more engaged, motivated and skilled which in turn enhances overall service delivery and organizational productivity. Career development initiatives enable health workers to improve their competencies and align their personal growth with institutional objectives leading to improved health sector performance.

In relation to leadership development and in reference to the second objective, the study established that cultivating leadership capabilities among employees substantially contributes to improved performance in the health sector. Leadership development creates a conducive work environment, promotes employee participation and builds managerial capacity to steer the organization towards achieving its strategic goals. The County Government of Bungoma therefore stands to benefit significantly from institutionalizing leadership development programs that foster visionary, accountable and transformational leaders capable of driving health sector reforms and improving service outcomes.

In reference to the third objective, the findings further reveal that talent development exerts a positive and statistically significant influence on performance within the health sector. When employees' talents are properly identified, nurtured and aligned with organizational needs, efficiency and service quality improve markedly. Effective talent management encompassing talent attraction, retention and continuous learning strengthens institutional stability and competitiveness enabling the health sector to meet dynamic healthcare demands.

Finally in reference to the general objective, the regression results affirm that career development planning, leadership development and talent development collectively contribute to the overall success of succession planning, which in turn enhances

performance in the health sector. The study therefore concludes that a comprehensive succession planning framework is essential for ensuring continuity, institutional stability and sustainable service delivery in the County Government of Bungoma. By systematically developing employees' skills, leadership potential and talents, the County can strengthen its health systems, improve operational efficiency and ensure effective service delivery to the community.

5.4 Recommendations

Succession Planning is a key aspect not only in enhancing performance but also in building mutual respect with stakeholders. This study provides the following recommendations for management of the health care in the county governments and national government, scholars, critiquing theories, and creating new knowledge:

5.4.1 Managerial Recommendations

Regarding Succession Planning and Health sector performance in Bungoma County Kenya**,** managers of the Health sector institutions are encouraged to establish a clear succession plan framework through identifying critical leadership and technical positions within the healthcare system. They should establish a formal succession planning process to identify and develop future leaders within the organization. Ensure high-potential employees are prepared for advancement into senior roles. They should also outline the skills, knowledge, and experience required for each role and develop clear pathways for career advancement within the hospital system. In addition managers should monitor and evaluate Succession Plans via regular reviews which should be done periodically to assess the effectiveness of

succession plans and adapt plans to address changes in the healthcare environment, such as technological advancements or policy shifts.

Regarding Career Development planning and Health sector performance, managers should assess current workforce skills and goals by ensuring they conduct skills gap analysis to understand employee competencies and create individualized career plans aligned with organizational goals. They should also provide training and development opportunities by offering access to certification programs, workshops, and continuing education tailored to health sector needs and use online learning platforms for flexible and scalable training. Managers may also implement performance appraisals and feedback systems by conducting regular performance reviews with constructive feedback and use 360-degree feedback to provide comprehensive insights into strengths and areas of improvement.

Regarding Leadership Development, managers may identify core leadership competencies needed for leadership in their specific organization or industry. They may also develop or adopt a leadership framework that aligns with their company's culture, values, and goals. They should ensure that they implement a structured leadership development program which can be through creating a leadership development curriculum that includes training on key leadership skills, case studies, and real-world application exercises. This can be a combination of classroom training, workshops, online learning, and mentorship programs.

Regarding Talent Development, managers are duty bound to ensure that they foster talent development by ensuring that they promote and support training programs by investing in

continuous professional development through workshops, certifications, and advanced training in healthcare management. In addition, carry out mentorship programmes by pairing experienced leaders with emerging talent to transfer knowledge and skills and also to carry out job rotation by allowing staff to gain experience in different departments thus broadening their expertise. They should also assess current and future talent needs through conducting a skills gap analysis to identify areas where employees need development and align talent development initiatives with the organization's strategic objectives and emerging industry trends.

5.4.2 Policy Recommendations

Concerning succession planning and Health sector performance, both the leadership of County Government of Bungoma and by extension the National Government leadership should ensure that they develop a comprehensive succession framework by establishing a clear policy for identifying and grooming leaders within the health sector. The framework should include mentorship programs, regular training, and professional development for health workers and ensure that it is implemented to its later. To address the challenges of poor service delivery in the hospitals orchestrated by funding challenges, the County Government should increase Health Sector funding by advocating for higher budgetary allocation to the health sector to improve infrastructure, staffing, and medical supplies and also enhance partnerships with the private sector and NGOs to supplement funding.

The County Government of Bungoma in addressing Career development planning should structure career pathways by developing a well-defined career pathway for health

professionals, including clinicians, nurses, allied health professionals, and administrative staff. They should create competency-based career ladders and offer clear guidelines for progression tied to training, experience, and performance evaluations. In addressing leadership development, the County Government should institutionalize leadership training programs through developing structured leadership training programs tailored to healthcare professionals at all levels. They should also partner with universities, NGOs, and international organizations to provide certifications in health leadership and management, incorporate soft skills training such as communication, conflict resolution, and team management.

In addressing Talent Development, there should be a deliberate effort to invest in education and training Programs by ensuring an expand access to Healthcare Education through increased funding and support for medical, nursing, and allied health education. This may include expanding medical school spots, providing scholarships, and creating incentives for students to enter underserved specialties and also to support interdisciplinary training by promoting collaborative training across different healthcare disciplines (doctors, nurses, pharmacists, etc.) to improve teamwork and communication in clinical settings.

5.5 Contribution to New Knowledge

A research study on Succession Planning in the health sector holds significant value for creating new knowledge in several ways having looked at the three variables that entailed Career Development planning, Leadership Development and Talent Development. This study uncovers links between succession planning and Health Sector performance since

there exists positive and significant correlation. This study contributes towards sector-specific frameworks, tools, and methodologies for effective succession planning which would thereafter contribute towards improved patient care, operational efficiency, and staff retention in the health sector. Further, the study findings help to inform policymakers on how to integrate succession planning into both National and County health strategies, ensuring a resilient and responsive health system. The study findings also help to explore innovative approaches to identify and develop future leaders, considering the sector's specific demands.

5.6 Theoretical Implication

Theoritical implication sought to establish the relationship between Succession Planning and Health sector performance. Succession planning was conceptualized through Career Development Planning, Leadership Development and Talent Development all of which had a positive and significant relationship with Health Sector performance. The theories that underpinned the study were Human Capital Theory, Social Exchange Theory and the Theory on Talent Attraction.

Human Capital Theory emphasizes the value of investing in people through education, training and skill development to enhance their productivity and efficiency. When applied to succession planning and health sector performance, the theory carries several theoretical implications. Succession planning in the health sector focuses on identifying, developing, and retaining talented individuals to ensure continuity in leadership and service delivery whereas Human Capital Theory posits that individuals with higher education, specialized

skills, and training are more productive, which aligns with the need for a well prepared health workforce to sustain sector performance.

The application of Social Exchange Theory (SET) in succession planning and health sector performance offers several theoretical implications. SET focuses on the dynamics of reciprocal relationships and the costs and benefits involved in social interactions. Social Exchange Theory emphasizes mutual exchange and trust, which significantly impacts succession planning in organizations, including the health sector. Successful succession planning often involves mentoring relationships where senior leaders transfer knowledge to their successors from the study findings where it was established that Succession Planning has positive and significant correlation with Health Sector performance, SET implies that these relationships will thrive if both parties perceive the exchange as fair and beneficial mentors gain fulfillment and recognition, while mentees gain skills and career advancement. By integrating Social Exchange Theory into succession planning and health sector practices, organizations can enhance relational dynamics, foster commitment, and ensure long-term sustainability and high performance. This theoretical lens emphasizes the importance of mutual benefits and trust, making it highly relevant for addressing leadership and performance challenges in the health sector.

Lastly, the theory of Talent Development has several theoretical implications for succession planning and performance in the health sector. Talent development theory emphasizes aligning individual growth trajectories with organizational objectives. In the health sector, succession planning informed by talent development theory can focus on preparing leaders

who align with the specific needs of the sector, such as improving patient care quality, managing healthcare reforms, or adapting to technological advancements. Integrating talent development theory into succession planning can also enhance leadership continuity, adaptability, and equity in the health sector. By aligning individual development with organizational needs, healthcare institutions can improve performance and resilience, ultimately benefiting patient care and public health outcomes.

5.7 Areas for Further Research

The study assumed a direct relationship between Sucession Planning and Health Sector Performance. Future studies should consider a moderator or mediating variable to establish a moderating or mediating effect. Succession Planning as operationalized through Career Development Planning, Leadership Development and Talent Development explained only 63.4% of variance in Health Sector Performance. Future studies could explore other remaining umeasured factors not included in this study. In the same breath the study was conducted in Bungoma County Health Sector, therefore future studies can be done to compare the effectiveness of Succession Planning Practices in Bungoma County with the neighboring Counties.

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APPENDICES

APPENDIX 1: INTRODUCTION LETTER

KAMALA MALOBA PAUL

BHR/G/02 –70447/2022

MMUST,

P.O. BOX 190-50100,

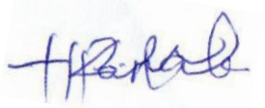
KAKAMEGA

Dear Respondent,

RE: DATA COLLECTION

I am a Masters Student at Masinde Muliro University of Science and Technology (MMUST) Undertaking a Master's in Business Administration (Human Resource Management Option). Currently, I am conducting a research on the **Succession Planning and Performance of the Health Sector in the County Government of Bungoma, Kenya** as a partial fulfillment of the requirements for the conferment of this degree. Your Institution has been selected to participate in this study**.** You have been chosen as one of the resourceful respondent and I would like to request you to apportion some of your precious time to respond to the attached Instrument. However, any information obtained from you shall be treated with utmost confidentiality.

Thanking you in advance for your co-operation.



Paul Maloba Kamala

APPENDIX 2: QUESTIONNAIRE

This Questionnare has been divided into six sections that include questions on a likert scale about the Background information of respondents and questions pertaining the measures of the independent and dependent variables under this study.

SECTION I: BACKGROUND INFORMATION

A. Indicate your Gender: Male [ ] Female [ ]

B. What is your age?

Code	Years	Tick (√) as Appropriate
B.1	Below 25years	
B.2	25-34 years	
B.3	35-44 years	
B.4	45-54 years	
B.5	above 55years	

C. What is your highest level of education?

Code	Level of Education	Tick (√) as Appropriate
C.1	Diploma/HND	
C.2	Bachelor's Degree	
C.3	Master's Degree	
C.4	PhD	

D. How long have you worked in this Department?

Code	Years of Service	Tick (√) as Appropriate
D.1	Below 1 year	
D.2	1-5 years	
D.3	6-10 years	
D.4	11-15 years	
D.5	Over 15years	

E. What is your current designation? Tick [√] as appropriate

Designation	**Tick (√) as Appropriate**
Medical Superintendent	
Hospital administrator	
Human Resource Officer	
Head of Pharmacy	
Head of Nursing	
Head of Laboratory	
Head of Clinical Services	
Heads of Ward Sections	

SECTION II: CAREER DEVELOPMENT PLANNING AND PERFORMANCE OF THE HEALTH SECTOR IN THE COUNTY GOVERNMENT OF BUNGOMA.

F. The following set of statements is pertinent to career development planning on the performance of the health sector. Using the scale: 1= Strongly disagree; 2= Disagree; 3= Neutral; 4 = Agree; 5= Strongly agree; indicate the extent to which your department has experienced the following:

	Career development planning	**5**	**4**	**3**	**2**	**1**
1	There is a well-established career path planning aligned with personal goals and interests in the organization.					
2	Financial support for learning programs motivates me to perform better at work.					
3	All employees are given growth opportunities in training and development					
4	The organization has a policy of employee career development					

5	There are coaching and mentorship programs for management development					

6. In your opinion does career development influence performance in your Hospital?

……

……

SECTION III: LEADERSHIP DEVELOPMENT AND PERFORMANCE OF THE HEALTH SECTOR IN THE COUNTY GOVERNMENT OF BUNGOMA.

G. The following set of statements is pertinent to leadership development on the performance of the health sector in the County government of Bungoma. Using the scale: 1= Strongly disagree; 2= Disagree; 3= Neutral; 4 = Agree; 5= Strongly agree; indicate the extent to which your department has experienced the following:

	Leadership Development	**5**	**4**	**3**	**2**	**1**
1	The performance reviews are conducted often and are relevant to my assignments					
2	Leadership trainings exercises are always well organized					
3	There is a clear leadership structure in our organization that displays the various leadership echelons that an employee can be developed to aspire.					
4	Networking plays a significant role towards leadership development					
5	The leadership training methods are very appropriate					

6. In your opinion does Leadership Development influence performance in your Hospital?

……

……..…

SECTION IV: TALENT DEVELOPMENT AND PERFORMANCE OF THE HEALTH SECTOR IN THE COUNTY GOVERNMENT OF BUNGOMA.

H. Please tick (√) the most appropriate response for each of the questions: **1** Strongly Disagree **SD**, **2** Disagree **D**, **3** Neutral **N, 4** Agree **A**, **5** Strongly agree **SA**

	Talent Development	**5**	**4**	**3**	**2**	**1**
1	I am able to learn job skills from different parts of the organization as a result of job rotation and relieve exhaustion due to repeated tasks.					
2	The organization identifies potential talent and develops staffs at the senior and middle level.					
3	Undertaking tasks that are beyond my level and skills contributes to learning and growth.					
4	Employee rewards can be a greatly impact on their performance.					
5	Employee are rewarded well for the work that they do					

6. In your opinion does Talent Development influence performance in your Hospital?

……

……

SECTION V: HEALTH SECTOR PERFORMANCE

In this section please tick (√) the most appropriate response for each of the questions , where Please tick (√) the most appropriate response for each of the questions: **1** Strongly Disagree **SD**, **2** Disagree **D**, **3** Neutral **N, 4** Agree **A**, **5** Strongly agree **SA**

Health Sector						
		5	**4**	**3**	**2**	**1**
1	Employees are able to undertake their duties and tasks assigned within a stipulated timeframe					
2	Health services are well managed resulting in higher customer satisfaction					
3	Services offered by your organization are done in accordance with the service charter requirements					
4	Services are direct and accessible with no undue barriers of cost, language, culture, or geography					
5	Quality of medical care given is in line with the ministry of Health Standards					

6. What can be done to improve performance of the healthcare sector offered by the hospital?

APPENDIX 3: INTERVIEW SCHEDULE FOR COUNTY EXECUTIVE COMMITTEE MEMBER (CECM), CHIEF OFFICER, COUNTY DIRECTOR AND COUNTY NURSING OFFICER FOR HEALTH

(a) Career development and performance of the health sector

(i) Does your hospital have a personal career plan that is reviewed and if yes how long does the review take with which specific action plans, steps?

(ii) How does the leadership do career advisory services that determine competencies and interests of its academic staff?

(b) Leadership development and performance of the health sector

(i) Does the hospital have a clearly documented policy on leadership development?

(ii) How are key positions in the organization filled up internally whenever they fall vacant?

(c) Talent Development and performance of Health sector

(i) What is your process for identifying and developing talent?

(ii) How would you assess an employee's performance during a performance review?

(d) Performance of the Healthcare Sector

i) Are the health services in Hospitals well managed with a minimum wastage of resources?

ii) Are the Hospital Managers allocated the necessary authority to achieve planned objectives and held accountable for overall performance and results?

APPENDIX 4: LIST OF COUNTY AND SUB COUNTY HOSPITALS IN BUNGOMA

FACILITY	COUNTY	SUB-COUNTY
1.Bungoma County Referral Hospital	Bungoma	**Kanduyi**
2. Bumula Sub-County Hospital	Bungoma	**Bumula**
3. Cheptais Sub-County Hospital	Bungoma	**Sirisia**
4. Chwele Sub-County Hospital	Bungoma	**Kabuchai**
5. Kimilili Sub-County Hospital	Bungoma	**Kimilili**
6. Mt.Elgon Sub-County Hospital	Bungoma	**Mt.Elgon**
7. Naitiri Sub-County Hospital	Bungoma	**Tongaren**
8. Sirisia Sub-County Hospital	Bungoma	**Sirisia**
9. Webuye Sub-County Hospital	Bungoma	**Webuye West**

Source: *Ministry of Health (2025)*

APPENDIX 5: LIST OF COUNTY AND SUB COUNTY HOSPITAL WARDS IN BUNGOMA

FACILITY	WARDS
Bungoma County Referral Hospital	Male Surgical
	Female Surgical
	Male medical
	Female medical
	Pediatric
	Labour and Delivery
	Amenity
	Intensive Care Unit
	Emergency department
	Oncology
	Orthopedic
	Rehabilitation
	Maternity
Sub County Hospitals	Male Surgical
	Female Surgical
	Male medical
	Female medical
	Pediatric
	Emergency department
	Maternity

Source: *Ministry of Health (2025)*

APPENDIX 6: AUTHORITY TO COLLECT DATA FROM COUNTY REFERRAL AND SUB COUNTY HOSPITALS OF BUNGOMA.

COUNTY GOVERNMENT OF BUNGOMA

OFFICE OF THE COUNTY SECRETARY AND HEAD OF PUBLIC SERVICE

Telephone: 0725-393939
Email: countysecretary@bungoma.go.ke

Municipal Building
P.O Box 437-50200
BUNGOMA

Our Ref: CG/BGM/CS/GEN/VOL.V (118)

DATE: 27th September, 2024

MEDICAL SUPERINTENDENT:

1. Bungoma County Referral Hospital
2. All Sub-County Hospitals

RE: AUTHORITY TO COLLECT DATA FOR RESEARCH PURPOSE BY PAUL MALOBA KAMALA –BHR/G/02-70447/2022

The person named herein is a student at Masinde Muliro University of Science and Technology pursuing **MASTERS OF SCIENCE** in Human Resource Management.

As a requirement for the conferment of this degree, the researcher is to collect data in the Department of Health under the topic: '**SUCCESSION PLANNING AND HEALTH SECTOR PERFORMANCE IN THE COUNTY GOVERNMENT OF BUNGOMA, KENYA'**

Authority is hereby granted for him to access the County Health facilities to carry out the research before **26th October, 2024**.

Thank you.

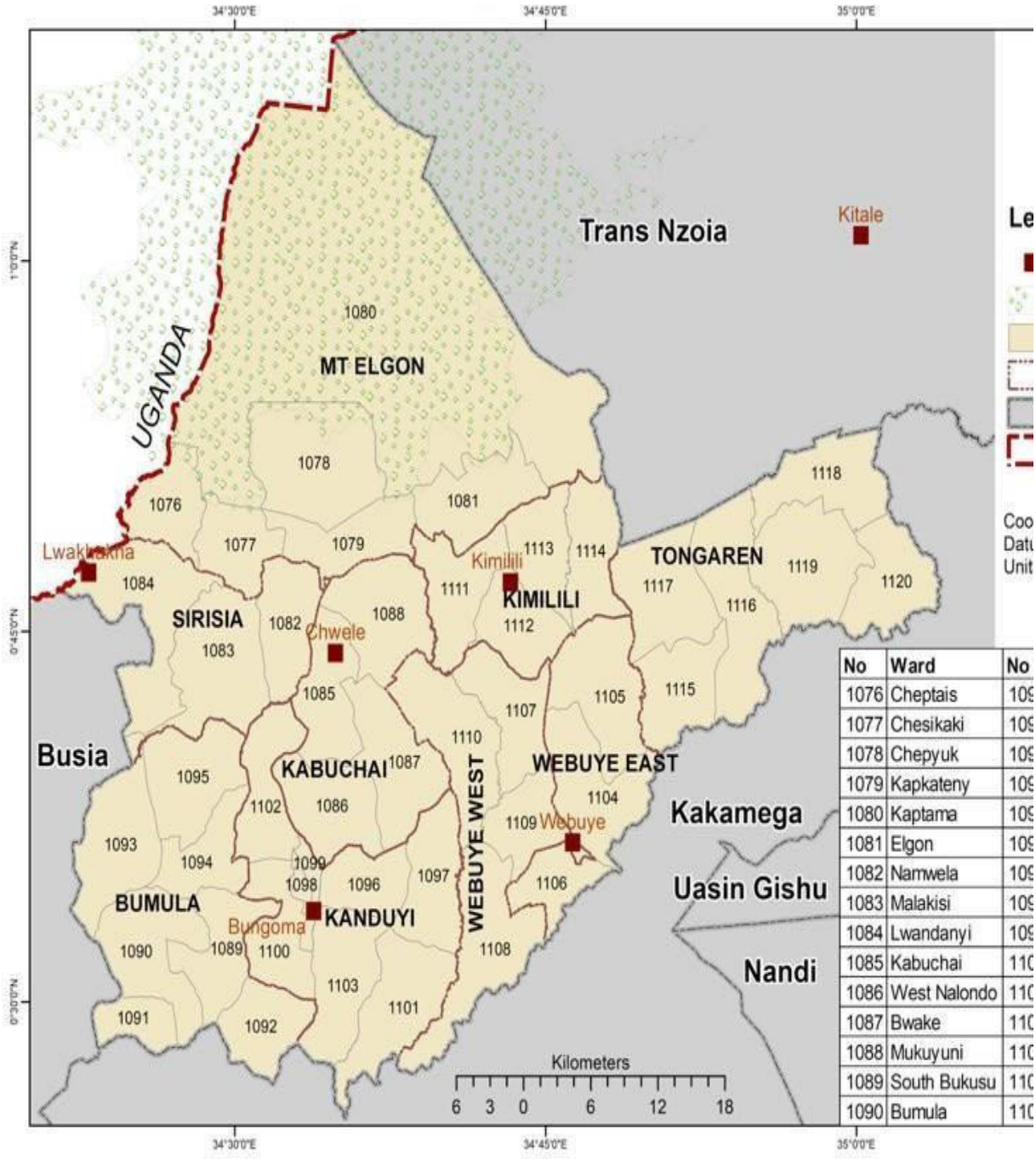
William M. Nasong'o

COUNTY SECRETARY & HEAD OF PUBLIC SERVICE

CC.

- CECM-Health & Sanitation
- Chief Officer-Health & Sanitation

APPENDIX 7: MAP OF BUNGOMA COUNTY, KENYA



No	Ward	No
1076	Cheptais	109
1077	Chesikaki	109
1078	Chepyuk	109
1079	Kapkateny	109
1080	Kaptama	109
1081	Elgon	109
1082	Namwela	109
1083	Malakisi	109
1084	Lwandanyi	109
1085	Kabuchai	110
1086	West Nalondo	110
1087	Bwake	110
1088	Mukuyuni	110
1089	South Bukusu	110
1090	Bumula	110

Source: ***KNBS (2019)***

APPENDIX 8: RESEARCH LICENSE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **467987**

Date of Issue: **26/September/2024**

RESEARCH LICENSE

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