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Career Development Initiatives as Strategic Buffers: Examining the Influence on Organizational Resilience in Kenya's Public Referral Hospitals

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Abstract

Organizational resilience in healthcare depends not only on infrastructure and systems but also on the capacity, adaptability, and retention of healthcare workers. This study examined the influence of career development initiatives on organizational resilience among Level 4 and Level 5 public hospitals in Kenya. The study was anchored in Conservation of Resources Theory and Strategic Human Resource Management Theory. A positivist philosophy and descriptive correlational cross-sectional design were adopted. Stratified random sampling was used, and 307 valid responses from healthcare workers were analyzed using Pearson correlation and multiple regression in SPSS Version 28. The findings showed a statistically significant moderate positive relationship between career development initiatives and organizational resilience ($r = .444$, $p < .01$). Regression results further revealed that career development initiatives had a positive and statistically significant effect on organizational resilience ($\beta = .463$, $p < .001$), while the full model explained 53.1% of the variance in organizational resilience. The findings indicate that structured mentorship, continuous professional training, and transparent promotion pathways strengthen staff adaptability, service continuity, innovation, and workforce retention during disruptions. The study concludes that career development should be treated as a strategic resilience-building mechanism rather than a routine human resource function. It recommends that public hospitals institutionalize equitable training, mentorship, and career advancement frameworks to enhance organizational resilience in Kenya's referral hospital system.

Keywords: *Career Development Initiatives, Organizational Resilience, Public Referral Hospitals, Healthcare Workforce, Conservation of Resources Theory, Kenya*

1.0 Background to the Study

The resilience of healthcare systems has emerged as one of the most consequential concerns in global health governance, particularly in the aftermath of the COVID-19 pandemic, which exposed deep structural vulnerabilities across both high-income and low-income health systems

(Vanhaecht et al., 2021). Organizational resilience, defined as the capacity of an institution to anticipate disruptions, absorb operational shocks, adapt to changing conditions, and sustain service delivery, has increasingly been recognized not merely as an infrastructural or logistical challenge, but fundamentally as a workforce challenge (Chen et al., 2021). This reframing shifts analytical attention from buildings, equipment, and supply chains toward the human capital systems that animate institutional function, including how organizations invest in, develop, and sustain their people during periods of prolonged operational stress (Beuren et al., 2022).

In sub-Saharan Africa this aspect of resilience is particularly weak. Issues of human resource management, lack of skilled staff, burnout, and inefficiency in human resource management continue to plague health systems in the region and hamper the sustainability of institutional support programs (Adjei, 2024). The issue isn't just about the number of doctors and nurses or about providing more resources, it's about institutional investment in building professional capacity, providing meaningful pathways to growth and continuing to motivate workers who are already motivated and working in a high-demand, low-resource context (Rehder et al., 2021). In the absence of investment, workforce instability feeds into itself, with skilled workforce leaving institutions with no viable future, thereby further eroding the human resource base resilient systems rely on (Moller et al., 2024).

This is clearly evident in the public healthcare system in Kenya with regard to level 4 and level 5 hospitals. The devolved health services according to the Constitution of Kenya (2010) has led to disparities in resources, personnel, and HRM systems across counties (Muthuri et al., 2021). The hospitals are strategically located in the National Referral system, and are key points of linkage between community based services and specialist services to millions of Kenyans (Ministry of Health Kenya, 2022). However, many are under-resourced in terms of professional development infrastructure, lack institutionalization of strategies for career growth that could support workforce commitment and ensure institutionalization of knowledge over time (Bosire et al., 2021).

Career development is a practice that includes clear promotion systems, leadership development, continuous professional development and structured mentorship, which is one of the most theoretically and empirically sound ways that an organization can create resilience from within. Hobfoll (1989) bases his argument on Conservation of Resources Theory, which conceptualizes resource caravans as a bundle of personal, social and professional resources that buffer individuals and organizations from the depleting effects of stress and disruption. Career development programs operate exactly like this type of resource investment by helping health care professionals develop competencies, confidence and institutional belonging that allow them to stay engaged, adaptable and effective in the face of stress (Cavanaugh et al., 2022). Theory of Strategic Human Resource Management also sees such investments less as a kind of "welfare" and more as a form of institutional capacity that affects the durability and adaptability of the institution in times of crisis (Smithwick et al., 2023).

This theoretical stance is increasingly supported by empirical evidence, but there are still many unmet needs in the health care landscape in sub-Saharan Africa. In high-income countries, there has been well-documented evidence of strong linkage between career development investment and capacity to adapt, retain workforce members, and respond to crises (Lovejoy et al., 2021; Shanafelt et al., 2021). In Kenya, equivalent data from public referral hospitals is sparse, uncoordinated and weak, and not well anchored in health system policies (Mcilongo, 2021). This gap is significant: policy recommendations drawn from western institutional frameworks might not fully consider

the structural realities, funding limitations, differences in devolution, and cultural contexts that influence the design, access, and experience of career development programs in Kenyan public hospitals (Kumar et al., 2021). The study's gap is to fill the void of empirical data and contextual details simultaneously, making career development programs relevant for the operational context of Level 4 and Level 5 hospitals and assessing their impact on measurable organizational resilience outcomes.

1.1 Statement of the Problem

Organizational resilience in Kenya's public healthcare system has become an urgent institutional priority, yet the human capital foundations upon which resilience depends remain structurally neglected within Level 4 and Level 5 hospitals (Chen et al., 2021). Despite growing recognition that workforce stability and professional development are central to institutional adaptability, many of these facilities continue to operate without coherent, adequately resourced career development frameworks that would otherwise equip staff to sustain service delivery during periods of disruption (Muthuri et al., 2021). The consequences of this neglect are visible in persistent patterns of staff attrition, diminished institutional knowledge, and reduced capacity to respond effectively to operational shocks, outcomes that directly compromise the resilience function these hospitals are expected to perform (Bosire et al., 2021).

The problem is further compounded by the devolved governance structure within which Level 4 and Level 5 hospitals now operate. Transfer of health services management to county governments has introduced marked disparities in how human resource development is prioritized, funded, and implemented across counties, with many facilities reporting fragmented mentorship structures, limited training budgets, and opaque promotion pathways that undermine professional motivation and long-term workforce commitment (Muthuri et al., 2021). These structural inconsistencies mean that even where career development programs nominally exist, their reach, quality, and organizational impact vary considerably, making it difficult to establish a coherent institutional response to workforce-related resilience challenges (Kumar et al., 2021).

Empirically, the relationship between career development initiatives and organizational resilience in Kenya's public referral hospitals remains insufficiently examined. While studies from high-income settings have established career development as a significant driver of workforce adaptability and institutional continuity, the evidence base from sub-Saharan African public healthcare contexts is thin, fragmented, and largely disconnected from resilience frameworks (Mcilongo, 2021). Most existing Kenyan studies have focused on career development in relation to job satisfaction or turnover intention, stopping short of examining how professional growth investments translate into the broader institutional capacity to absorb, adapt, and recover from disruptions (Rehder et al., 2021). This empirical gap leaves hospital managers, county health departments, and national health policy actors without the contextually grounded evidence needed to design targeted, effective interventions.

It is against this backdrop that the present study investigates the influence of career development initiatives on organizational resilience in Kenya's Level 4 and Level 5 public hospitals, contributing both theoretical insight and empirically grounded practical recommendations to an area of growing policy significance.

1.2 Purpose of the Study

The study examined how career development initiatives influence organizational resilience in Kenya's Level 4 and Level 5 public hospitals.

1.3 Scope of the Study

The study was limited to Level 4 and Level 5 public and private hospitals in Kenya, using a cross-sectional survey of 307 healthcare workers to examine how mentorship, training, and promotion pathways influence organizational resilience.

2.0 Theoretical Review

This study was anchored in Conservation of Resources Theory and Strategic Human Resource Management Theory. The two theories are suitable because they explain career development initiatives as mechanisms through which hospitals build professional resources, strengthen employee capacity, and align human resource practices with institutional resilience goals. In the healthcare context, organizational resilience depends heavily on the ability of staff to adapt, sustain service delivery, retain institutional knowledge, and respond effectively during disruption. This makes career development theoretically relevant because mentorship, professional training, leadership development, and promotion pathways can strengthen both individual capability and organizational continuity (Hobfoll, 1989; Chen et al., 2021; Beuren et al., 2022).

Conservation of Resources Theory, developed by Hobfoll (1989), argues that individuals seek to acquire, protect, and retain valued resources, including skills, confidence, social support, professional status, and institutional support. The theory further explains that stress and poor performance emerge when such resources are threatened, lost, or insufficiently replenished. In this study, career development initiatives are treated as resource-generating practices because they provide healthcare workers with knowledge, mentorship networks, professional confidence, and opportunities for career progression. These resources can help staff cope with heavy workloads, adjust to operational disruptions, and remain committed to service delivery during periods of institutional pressure (Hobfoll, 1989; Rehder et al., 2021; Cavanaugh et al., 2022).

Nonetheless, Conservation of Resources Theory has limitations when applied to Kenya's devolved public hospital system. The theory explains why resource-building matters, but it does not fully explain how public institutions acquire and distribute those resources under conditions of limited funding, staffing shortages, and county-level inequalities. Studies on Kenya's devolved health system show that human resource management is shaped by county governments, with challenges related to funding flows, staffing levels, skill mix, contractual arrangements, incentives, and supervision (Waithaka et al., 2022). Therefore, while COR Theory supports the argument that career development strengthens resilience, it must be interpreted within the reality that many Level 4 and Level 5 public hospitals may lack consistent budgets, stable staffing structures, and managerial autonomy to implement career development equitably (Waithaka et al., 2021; Tsofa et al., 2021).

Strategic Human Resource Management Theory complements COR Theory by explaining career development as a strategic organizational investment rather than a routine staff welfare activity. SHRM Theory argues that human resource practices create stronger institutional outcomes when they are deliberately aligned with organizational goals and long-term performance needs. In public hospitals, this means that training, mentorship, promotion systems, and leadership development

should not be treated as isolated administrative practices, but as strategic tools for improving staff retention, service continuity, adaptability, and institutional learning. Empirical work on SHRM and organizational resilience shows that strategic human resource practices can strengthen organizational capacity to withstand disruption and sustain performance under pressure (Mihail & Kloutsiniotis, 2022; Beuren et al., 2022).

Nevertheless, SHRM Theory also has contextual limitations. It often assumes that organizations have stable leadership, adequate resources, and sufficient managerial discretion to align human resource practices with strategic goals. This assumption may not fully hold in Kenya's devolved public health sector, where hospitals are affected by county-level budgeting decisions, uneven human resource capacity, fragmented financing arrangements, and policy implementation gaps. Evidence from Kenya shows that devolution created opportunities for localized decision-making, but it also introduced challenges related to inadequate funds, understaffing, and uneven management capacity across counties (Nyikuri et al., 2020; Tsofa et al., 2021; Waithaka et al., 2022). This means that strategic career development may be desirable in theory, but its implementation depends on county financing, hospital governance, leadership commitment, and institutional capacity.

Taken together, Conservation of Resources Theory and Strategic Human Resource Management Theory provide a strong basis for examining career development initiatives as strategic buffers of organizational resilience. COR Theory explains the individual and collective resource-building logic through which career development equips healthcare workers to cope with disruption, while SHRM Theory explains why these practices should be embedded into hospital strategy and resilience planning. Nonetheless, the two theories should not be applied uncritically. Their explanatory power is strongest when combined with contextual awareness of Kenya's devolved health system, where funding disparities, staffing shortages, county-level governance differences, and weak implementation capacity may influence whether career development initiatives actually translate into stronger organizational resilience.

Methods

A positivist research philosophy was adopted, which assumes that the relationship between career development initiatives and organizational resilience is an objective phenomenon, measurable, and can be studied empirically with systematic empirical methods (Creswell & Creswell, 2018). In keeping with this philosophical perspective, a descriptive correlational cross sectional research design was used, which allowed the study to determine the descriptive nature, direction, and level of correlation between the career development programs and the outcomes of organizational resilience at a specific time (Kothari, 2004). The study was designed to inform statistically valid findings about the process of workforce development and institutional resilience in a large and geographically dispersed population of public referral hospitals in Kenya.

The target population consisted of 20,066 health workers from Level 4 and Level 5 public and private hospitals all over Kenya as classified by Ministry of Health Kenya 2022. Stratified random sampling was used to get the proportionality in the level of the hospitals and the occupational cadres, with a sample size of 377 obtained by applying Yamane's (1967) formula. The number of 307 was adequate for an inferential statistical analysis because it translates to an 81.4 per cent return rate, which is regarded as good (Mugenda & Mugenda, 2003). The data were gathered with structured questionnaires containing five-point Likert scale items that operationalized career development initiatives on three different aspects: mentorship and supervisory support, continuous

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professional training, and promotion and advancement paths, while organizational resilience was measured on 4 aspects that are linked to the service continuity, staff adaptability, innovation, and retention of the organization during disruptions.

A sequential analytical process was used in the quantitative data analysis, which comprised of descriptive data, diagnostic tests, Pearson correlation analysis, and multiple regression analyses using SPSS Version 28 software. All assumptions of ordinary least squares regression (OLS) were tested for the data before inferential testing was conducted, including tests for multicollinearity, heteroskedasticity, and normality (Field, 2018). Cronbach's alpha was used to assess the reliability of the career development subscale, and factor analysis was used to assess the construct validity. Qualitative responses to the open-ended questions on the questionnaire were analyzed thematically to give more context to the quantitative results and to help interpret the barriers and facilitators for the implementation of career development in public referral hospitals in Kenya.

Results

The study analyzed the collected data to establish how career development initiatives relate to and influence organizational resilience in Level 4 and Level 5 public hospitals in Kenya. The results are presented through demographic profiles, descriptive statistics, correlation analysis, regression analysis, and hypothesis testing.

Demographic Profile of Respondents

A total of 307 healthcare workers drawn from Level 4 and Level 5 public and private hospitals across Kenya provided valid responses, representing an 81.4 percent response rate from the original target of 377. The demographic profile of respondents, summarized in Table 1, reveals a predominantly female sample, with women constituting 59.6 percent of respondents and men accounting for 40.4 percent. This gender distribution reflects the broader composition of the healthcare workforce in Kenya, where women are disproportionately represented particularly across nursing and allied health professional cadres (Ministry of Health Kenya, 2022).

The majority of respondents fell within the 31 to 40 years age bracket, comprising 41.4 percent of the sample, followed by those below 30 years at 29.3 percent and those aged 41 to 50 years at 20.8 percent. This distribution indicates a workforce that is largely in the mid-career phase, possessing sufficient institutional exposure to meaningfully assess organizational practices while remaining engaged with professional development pathways (Cavanaugh et al., 2022). In terms of academic qualification, the largest proportion held a bachelor's degree (43.3%), followed by diploma holders (30.9%), with master's degree holders constituting 11.4 percent of the sample. This educational profile suggests a workforce with the cognitive and professional capacity to critically evaluate career development frameworks and their relationship to institutional resilience (Smithwick et al., 2023).

Table 1: Demographic Profile of Respondents

Characteristic	Category	Frequency	Percentage (%)
Gender	Female	183	59.6
	Male	124	40.4
Age Bracket	Below 30 years	90	29.3
	31-40 years	127	41.4

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Characteristic	Category	Frequency	Percentage (%)
	41-50 years	64	20.8
	51-60 years	18	5.9
Academic Qualification	Certificate	35	11.4
	Diploma	95	30.9
	Bachelor's Degree	133	43.3
	Master's Degree	35	11.4
Work Experience	Less than 5 years	67	21.8
	5-10 years	161	52.4
	11-15 years	53	17.3
Job Role	Medical Officer	19	6.2
	Clinical Officer	71	23.1
	Nurse	118	38.4
	Support Staff	75	24.4
	Administrator	24	7.8
Total		**307**	**100.0**

Source: Research Data, 2026

With respect to work experience, 52.4 percent of respondents reported between 5 and 10 years of service in their current hospital, with 21.8 percent reporting less than five years and 17.3 percent between 11 and 15 years. This distribution reflects a workforce with substantial institutional memory and accumulated adaptive capacity, characteristics that are theoretically relevant to organizational resilience under the Conservation of Resources framework (Hobfoll, 1989). Nurses comprised the largest occupational category (38.4%), followed by support staff (24.4%) and clinical officers (23.1%), with administrators (7.8%) and medical officers (6.2%) representing smaller but strategically significant proportions. The diversity of roles represented strengthens the generalizability of findings across functional levels within the hospital system.

Descriptive Analysis

The five dimensions of career development that were assessed in each of the hospitals included were: how often training and development opportunities are available, whether mentorship programs are available, how clear it is that promotion processes are transparent, whether hospitals actively encourage professional certifications, and whether professional growth is part of performance evaluations. The answers were collected on a 5 point likert scale from strongly disagree (1) to strongly agree (5). Overall, the results in Table 2 show generally positive perceptions of career development provisions, with item-level means ranging from 3.42 to 3.79 and an overall average mean of 3.51 (SD = 1.25).

The item with the highest mean score was on transparent promotion processes (M = 3.79, SD = 1.33), indicating that respondents found promotion processes to be fairly transparent and structured. From SHRM perspective this finding is important because transparent advancement systems are linked to long-term employee motivation, mitigating employee turnover, which is the core element of the institution's resilience (Smithwick et al., 2023). The mean rate of training and development opportunities, and of discussing career growth during appraisal, were 3.45 each; and the mean rate for encouragement to pursue professional certifications was 3.43. The relatively high standard deviations across these items (mentorship programs: SD = 1.54; professional

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certifications: SD = 1.41) suggest some variation in perceptions, signaling inconsistencies in the availability and quality of mentorship and professional certification programs between institutions and departments (Mcilongo, 2021).

These patterns are confirmed by the qualitative responses to the open-ended items in the questionnaire. In-service training and Continuous Medical Education (CME) sessions were often the most common means of professional development, with respondents also reporting that mentorship was mostly informal and inconsistent. The challenges encountered were typified as low institutional funding, excess workload, lack of clarity on promotion criteria and unequal access to development opportunities among the departments and cadres. In interviews with these qualitative findings, it was noted that although career development structures exist in both Level 4 and Level 5 hospitals, gaps in implementation limit their impact on the capability of the workforce and their institutional resilience, and this cannot be fully captured through quantitative data (Rehder et al., 2021).

Table 2: Descriptive Statistics on Career Development Initiatives

Statement	SD (%)	D (%)	N (%)	A (%)	Mean	Std. Dev.
Regular training and development opportunities.	1 (0.3%)	91 (29.6%)	0 (0.0%)	199 (64.8%)	3.45	0.98
Mentorship programs available for career advancement.	76 (24.8%)	16 (5.2%)	0 (0.0%)	133 (43.3%)	3.42	1.54
Promotion based on transparent and structured processes.	10 (3.3%)	82 (26.8%)	0 (0.0%)	83 (27.1%)	3.79	1.33
Staff encouraged to pursue professional certifications.	55 (17.9%)	37 (12.1%)	0 (0.0%)	152 (49.5%)	3.43	1.41
Career growth discussed during performance appraisals.	34 (11.1%)	57 (18.6%)	0 (0.0%)	166 (54.2%)	3.45	1.27
Average (Career Development Initiatives)					**3.51**	**1.25**

Source: Research Data, 2026

Correlation Analysis

Pearson correlation analysis was conducted to establish the nature, direction, and strength of bivariate relationships between the study variables prior to regression modeling. The results, presented in Table 3, reveal that career development initiatives exhibited a statistically significant moderate positive correlation with organizational resilience ($r = 0.444$, $p < 0.01$), representing the

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strongest bivariate association among the three well-being program components. This finding suggests that hospitals in which career development is more robustly implemented tend to demonstrate higher levels of organizational resilience, as measured across service continuity, staff adaptability, innovation, and retention during disruptions (Chen et al., 2021).

Employee support mechanisms also recorded a significant moderate positive correlation with organizational resilience ($r = 0.440$, $p < 0.01$), while work-life balance programs showed a weaker but statistically significant positive association ($r = 0.304$, $p < 0.01$). Notably, organizational culture yielded a weak and statistically insignificant bivariate correlation with organizational resilience ($r = 0.099$, $p = 0.082$), a finding that anticipates the moderation analysis results discussed subsequently. Importantly, the low inter-correlations among the three predictor variables confirm their conceptual and statistical independence, with career development initiatives and employee support mechanisms recording a near-zero correlation ($r = 0.012$), and all predictor inter-correlations well below the multicollinearity threshold (Field, 2018). These results validate the inclusion of all three predictors in the regression model without risk of coefficient inflation or instability.

Table 3: Pearson Correlation Analysis

Variable	Org. Resilience	Emp. Support	Career Dev.	Work-Life Bal.	Org. Culture
Organizational Resilience	1.000	.440**	.444**	.304**	0.099
Employee Support Mechanisms	.440**	1.000	0.012	-0.103	-0.045
Career Development Initiatives	.444**	0.012	1.000	-0.064	-0.052
Work-Life Balance	.304**	-0.103	-0.064	1.000	.144*
Organizational Culture	0.099	-0.045	-0.052	.144*	1.000

*** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). Source: Research Data, 2026*

Regression Analysis

Multiple regression analysis was employed to examine the combined and individual influence of the three well-being program components on organizational resilience while controlling for the effects of the other predictors in the model. This approach is consistent with the study's objective of establishing the magnitude, direction, and statistical significance of each predictor's contribution to resilience outcomes, and is methodologically appropriate given the composite variable structure and sample size of 307 (Kothari, 2004). Prior to regression, diagnostic tests confirmed the absence of multicollinearity (VIF < 2 for all predictors), homoscedasticity (Glejser test, all $p > 0.05$), and

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non-normality (Shapiro-Wilk, all $p > 0.05$), thereby validating the parametric assumptions underlying the model (Field, 2018).

The model summary, presented in Table 4, indicates that the three predictors collectively produced a multiple correlation coefficient of $R = 0.728$, with an R-square value of 0.531 and an adjusted R-square of 0.526. This signifies that employee support mechanisms, career development initiatives, and work-life balance programs jointly account for 53.1 percent of the variance in organizational resilience among Level 4 and Level 5 hospitals in Kenya, a level of explanatory power that is considered strong within organizational research contexts (Field, 2018). The standard error of the estimate (0.26173) further confirms the model's predictive accuracy.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	.728	.531	.526	.26173

a. Predictors: (Constant), Work-Life Balance, Career Development Initiatives, Employee Support Mechanisms. Source: Research Data, 2026

The ANOVA results, presented in Table 5, confirm the overall statistical significance of the regression model. The F-statistic of 114.133 ($p = 0.000$) indicates that the model provides a significantly better fit to the data than a null model, and that the three predictors collectively explain a statistically meaningful proportion of variance in organizational resilience (Mugenda and Mugenda, 2003).

Table 5: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	23.455	3	7.818	114.133	.000
Residual	20.756	303	.069		
Total	44.212	306			

a. Dependent Variable: Organizational Resilience. b. Predictors: (Constant), Work-Life Balance, Career Development Initiatives, Employee Support Mechanisms. Source: Research Data, 2026

The regression coefficients, presented in Table 6, reveal the individual contribution of each predictor to organizational resilience within the full model. Employee support mechanisms emerged as the strongest predictor ($B = 0.357$, beta = 0.474, $t = 11.969$, $p < 0.001$), followed closely by career development initiatives ($B = 0.335$, beta = 0.463, $t = 11.743$, $p < 0.001$), and work-life balance programs ($B = 0.291$, beta = 0.383, $t = 9.657$, $p < 0.001$). All three predictors were statistically significant at $p < 0.001$, confirming that their independent contributions to resilience are not attributable to sampling error.

The focus of this article is on career development initiatives, whose standardized coefficient of beta = 0.463 indicates a strong and practically significant effect on organizational resilience after controlling for the influence of the other two predictors. This coefficient implies that for every one-unit increase in career development investment, organizational resilience increases by 0.335 units, holding other variables constant. From a Conservation of Resources perspective, this finding is theoretically coherent: career development builds the professional resource reserves that healthcare workers draw upon when absorbing and responding to institutional disruptions (Hobfoll, 1989). The near-equivalent strength of career development and employee support mechanisms in the model further reinforces the argument that professional growth investment should be treated as a core resilience strategy rather than a supplementary human resource activity (Smithwick et al., 2023).

Table 6: Regression Coefficients

Model	B	Std. Error	Beta (β)	t	Sig.
(Constant)	-.183	.193		-.945	.346
Employee Support Mechanisms	.357	.030	.474	11.969	.000
Career Development Initiatives	.335	.029	.463	11.743	.000
Work-Life Balance Programs	.291	.030	.383	9.657	.000

a. Dependent Variable: Organizational Resilience. Source: Research Data, 2026

Hypothesis Testing and Decision

The study tested the following null hypothesis: Career development initiatives have no statistically significant effect on organizational resilience among Level 4 and Level 5 hospitals in Kenya. Based on the regression results presented in Table 6, career development initiatives recorded a t-statistic of 11.743 and a p-value of 0.000, which is well below the 0.05 significance threshold. The null hypothesis is therefore rejected. The study adopts the alternative hypothesis that career development initiatives have a statistically significant positive effect on organizational resilience among Level 4 and Level 5 hospitals in Kenya. This decision is consistent with the bivariate correlation result ($r = 0.444$, $p < 0.01$) and with the theoretical expectations of Conservation of Resources Theory and Strategic Human Resource Management Theory, both of which position professional development investment as a foundational mechanism for building institutional adaptive capacity (Hobfoll, 1989; Smithwick et al., 2023).

Conclusion

The study concludes that career development initiatives play a significant role in strengthening organizational resilience among Level 4 and Level 5 public hospitals in Kenya. The findings confirmed that career development had a moderate positive relationship with organizational resilience and a strong statistically significant predictive effect in the regression model. This means that hospitals with stronger mentorship systems, continuous professional training, transparent

promotion pathways, and support for professional growth are better positioned to sustain service continuity, retain skilled staff, promote adaptability, and respond effectively to disruptions.

The results further demonstrate that career development should not be treated as a routine human resource practice, but as a strategic institutional mechanism for building resilience in the public health sector. By developing employees' skills, confidence, professional networks, and long-term commitment, hospitals create internal resource reserves that can be relied upon during periods of operational pressure. Therefore, strengthening career development structures is essential for improving workforce stability and institutional preparedness in Kenya's public referral hospital system.

Recommendation

Hospital management should institutionalize structured mentorship, continuous professional training, and transparent promotion systems across all staff cadres. County health departments should allocate dedicated budgets for career development to reduce uneven implementation across hospitals. National health policy should embed workforce development indicators into hospital performance, accreditation, and resilience planning frameworks.

References

Adjei, M. (2024). Human resource management in crisis communication within the healthcare sector: A case study of hospitals in Ghana. *Komitmen: Jurnal Ilmiah Manajemen, 5*(2), 40–47.

Beuren, I. M., dos Santos, V., & Theiss, V. (2022). Organizational resilience, job satisfaction and business performance. *International Journal of Productivity and Performance Management, 71*(6), 2262–2279.

Beuren, I. M., dos Santos, V., & Theiss, V. (2022). Organizational resilience, job satisfaction and business performance. *International Journal of Productivity and Performance Management, 71*(6), 2262–2279.

Bosire, R. K. (2021). The moderating role of workers' union activities on the relationship between employee wellness programs and medical employee output at Kenyatta National Hospital (KNH), Kenya. *Scholars Journal of Economic, Business Management, 3*, 88–97.

Cavanaugh, K., Cline, D., Belfer, B., Chang, S., Thoman, E., Pickard, T., & Holladay, C. L. (2022). The positive impact of mentoring on burnout: Organizational research and best practices. *Journal of Interprofessional Education & Practice, 28*, Article 100521.

Cavanaugh, K., Cline, D., Belfer, B., Chang, S., Thoman, E., Pickard, T., & Holladay, C. L. (2022). The positive impact of mentoring on burnout: Organizational research and best practices. *Journal of Interprofessional Education & Practice, 28*, Article 100521.

Chen, R., Xie, Y., & Liu, Y. (2021). Defining, conceptualizing, and measuring organizational resilience: A multiple case study. *Sustainability, 13*(5), Article 2517.

Chen, R., Xie, Y., & Liu, Y. (2021). Defining, conceptualizing, and measuring organizational resilience: A multiple case study. *Sustainability, 13*(5), Article 2517.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). SAGE Publications.

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*(3), 513–524.

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*(3), 513–524.

Kothari, C. R. (2004). *Research methodology: Methods and techniques* (2nd ed.). New Age International.

Kumar, M., Osborn, T. L., Mugo, C., Akbarialiabad, H., Warfa, O., Mbuthia, W. M., & Saxena, S. (2021). A four-component framework toward patient-centered, integrated mental healthcare in Kenya. *Frontiers in Public Health, 9*, Article 756861.

Lovejoy, M., Kelly, E. L., Kubzansky, L. D., & Berkman, L. F. (2021). Work redesign for the 21st century: Promising strategies for enhancing worker well-being. *American Journal of Public Health, 111*(10), 1787–1795.

Mcilongo, M., & Strydom, K. (2021). The significance of mentorship in supporting the career advancement of women in the public sector. *Heliyon, 7*(6), Article e07321.

Mihail, D. M., & Kloutsiniotis, P. V. (2022). A study of the impact of strategic human resource management on organizational resilience. *International Journal of Productivity and Performance Management*.

Ministry of Health Kenya. (2022). *Kenya health sector strategic and investment plan 2018–2023*. Government of Kenya.

Moller, A. B., Welsh, J., Petzold, M., & Siyam, A. (2024). Human resources for health, service coverage, and maternal and perinatal outcomes in Benin, Malawi, Tanzania, and Uganda. *medRxiv*.

Mugenda, O. M., & Mugenda, A. G. (2003). *Research methods: Quantitative and qualitative approaches*. African Centre for Technology Studies.

Muthuri, R. N. D. K., Senkubuge, F., & Hongoro, C. (2021). A cross-sectional study on the pursuit of happiness among healthcare workers in the context of health systems strengthening: The case of Meru County, Kenya. *F1000Research, 10*, Article 163.

Nyikuri, M. M., Tsofa, B., Okoth, P., Barasa, E., & Molyneux, S. (2020). "We are toothless and hanging, but optimistic": Sub county managers' experiences of rapid devolution in coastal Kenya. *International Journal for Equity in Health, 19*, Article 113.

Rehder, K., Adair, K. C., & Sexton, J. B. (2021). The science of healthcare worker burnout: Assessing and improving healthcare worker well-being. *Archives of Pathology & Laboratory Medicine, 145*(9), 1095–1109.

Shanafelt, T., Trockel, M., Rodriguez, A., & Logan, D. (2021). Wellness-centered leadership: Equipping healthcare leaders to cultivate physician well-being and professional fulfillment. *Academic Medicine, 96*(5), 641–651.

Smithwick, J., Young, R., & Chadwick, C. (2023). Strategic human resource management and organizational resilience in healthcare. *Journal of Healthcare Management, 68*(2), 101–118.

Sovold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Munter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: An urgent global public health priority. *Frontiers in Public Health, 9,* Article 679397.

Tsofa, B., Molyneux, S., Goodman, C., & Gilson, L. (2021). Examining health facility financing in Kenya in the context of devolution. *BMC Health Services Research, 21,* Article 1086.

Vanhaecht, K., Seys, D., Bruyneel, L., Cox, B., Kaesemans, G., Cloet, M., & Claes, S. (2021). COVID-19 is having a destructive impact on healthcare workers' mental well-being. *International Journal for Quality in Health Care, 33*(1), Article mzaa158.

Waithaka, D., Tsofa, B., Barasa, E., & Molyneux, S. (2022). Management of human resources for health: Implications for health systems efficiency in Kenya. *BMC Health Services Research, 22*, Article 1046.

Werner, M. J. E., Yamada, A. P. L., Domingos, E. G. N., Leite, L. R., & Pereira, C. R. (2021). Exploring organizational resilience through key performance indicators. *Journal of Industrial and Production Engineering, 38*(1), 51–65.

World Health Organization. (2023). *Global health observatory: Health workforce density*. https://www.who.int/data/gho

Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper & Row.