



Doctoral Capstone Template V1.2 (September

Aligns to
Capstone Guidebook V1.2 (September 2025)

Changes: *Revision of Guidebook to align to Template*

- *Clarification of optional APA level 3-4 headings*
- *Clarification and shortening of sections*
- *Sorting of format into Template and content into Guide*
- *Incorporation of guidance in program guides and “How to Use” documents*

Student Requirements: Follow the Doctoral Capstone Template V1 (October 2023) or V1.2 (September 2025). These templates contain *format* guidance.

This guidebook explains the *content* of each section. It is aligned to version V1.2. of the capstone template.

Heading Requirements: Headings can be added but not removed.

Template Use: Any version of the template between October 2023 and September 2025 is acceptable if the content is understandable and meets program requirements.

**STRATEGIES EMPLOYED BY HEALTHTECH LEADERS TO LEAD AI-DRIVEN
ORGANIZATIONAL CHANGE**

by

Name

DBA-FX-8750

Name, L.L.M., PhD

Name of Dean

School of Business, Technology, and Health Care Administration

A Capstone Work Presented in Partial Fulfillment Of the Requirements for the Degree

Doctor of Business Administration

Strategy and Innovation

Capella University

Month & year of dean's approval*

© Name, year

Abstract

Research topic

summary*

Research

methodology*

Population and

sample* Data

analysis*

Findings*

Dedication

Acknowledgments

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SECTION 1. PROJECT DESCRIPTION

Overview of the Project

The global health care systems are being shaped by artificial intelligence (AI) through workflow automation, enabling 85–95% diagnostic and risk-prediction accuracy, data-driven operational optimization, and clinical decision support (Fowowe & Anthony, 2025). The AI is gradually being placed in health care strategy as a key innovation capability improving the service delivery outcomes, organizational performance, and efficiency (Kumar, 2025).

Nonetheless, the empirical evidence seems to indicate that not a small fraction of organizations does not achieve the benefits due to the lack of organizational preparedness and limitations in the leadership skills (Aldoseri et al., 2024). Research has proven that failures of nearly 95% of digital transformation projects are related to the mismatch of technological adoption and organizational change potential, such as leadership readiness, process redesign, and workforce readiness (Koczerga, 2024).

The rising need to have the use of accessible and efficient health care delivery is rising to greater heights in the developing HealthTech ecosystem to a point of up to 116 million virtual consultations every year (Chhatre, 2024). Additionally, AI-based diagnostics platforms are producing up to 85-95% sensitivity in diagnosing clinical tasks, and the digital health market is set to grow beyond USD 500 billion by 2030, which indicates a healthy growth in the digital health startups (Chhatre, 2024). Nonetheless, technological adoption has not been matched with the same evolution of the organizational systems. Studies show that in most cases, implementation and adoption of most AI systems occur in the absence of a redesigned workflow, which leads to fragmented operations, role ambiguity, and minimal benefit of innovation (Murire, 2024). This paper examines how the HealthTech leaders in Nigerian digital health care

ecosystem deal with AI-initiated organizational change.

The research is concentrated on the major strategies applied to facilitate the implementation of artificial intelligence in the health care context with the specific reference to enhancing the leadership efficiency, organizational framework and technology adoption. The AI-enabled transformation of health care is a multi-faceted innovation process that should be aligned with organizational preparedness and readiness alongside the leadership capabilities (Aldoseri et al., 2024). The elements have to be managed effectively in order to get performance improvements to sustainability and implementation outcome success. The high correspondence between the leadership practices, organization systems, and digital technologies in the study indicates how leaders could increase adaptability, minimize barriers to implementation and enhance innovation performance in HealthTech organizations undergoing a digital transformation.

The study proposed as a conceptual framework is based on the idea of AI-driven socio-technical change in health care systems, focusing on technology, organizational frameworks, and human capacity interrelationship. The framework is built upon organizational change preparedness and leadership capacity lenses to understand why most HealthTech organizations have not been able to completely cash in on AI-related benefits despite fast adoption (Chianumba et al., 2023). The framework also emphasizes the need to synchronize work processes, skills of the workforce and the decision making process to facilitate sustainable performance that will be achieved. The alignment is explored with the help of a qualitative study on how HealthTech leaders apply the strategies to the AI-driven organizational change in digital health care settings (Tugarin & Husen, 2025).

The proposed project's focus is leadership strategies for AI-driven organizational change

in HealthTech organizations and will consider the topic of misalignment between AI implementation and organizational change capacity in digital health care systems.

Problem Statement and Purpose

The general business problem is that misalignment between AI implementation and organizational change capacity is experienced by HealthTech organizations that are adopting artificial intelligence (AI) technologies, resulting in limited innovation performance outcomes, reductions in operational efficiency, and major workforce disruptions (Aakula et al., 2024).

Fragmented workflow, antiquated information systems, and organizational integration structures are key healthcare service environments that inhibit the implementation of AI.

All these problems persist in hindering effective AI-driven change.

Alignment with the Program

The research is similar to the Capella University Doctor of Business Administration (DBA) program specialization in strategy and innovation, which tackles the modern business issue of organizational change, leadership decision-making, and operational performance in the health care technology industry. The Capella DBA program focuses on using high-level business theory and research in solving real-world organizational problems by application of evidence-based leadership and strategic analysis. The author of the study explores the way in which the leaders of HealthTech cope with AI-enabled organizational change, which is directly related to sustainability in the business, application of innovation, as well as effectiveness of the organization in tricky conditions. The research also offers practical information that can aid business executives in enhancing strategic decision-making, adaptation of the workforce, and organizational performance when launching a digital transformation agenda.

The DBA specialization in strategy and innovation also agrees with the research as it

deals with the response of an organisation to technological disruption and change driven by innovation. The innovation specialization and strategy position the leaders to come up with creative problem-solving ideas, drive strategic change, and guide the organizations in the face of the quickly changing business conditions. The impact of AI in health care should be strategically aligned with the technologies, leadership ability, redesign of the workflow, and organizational processes. Based on the analysis of approaches employed by the leaders of the HealthTech sector to use AI effectively, the research advocates the competencies of specialization in the area of innovation governance, organizational adaptation, and strategic leadership in the technology-oriented sectors.

Purpose Statement

The idea behind the generic qualitative inquiry will be to identify the opinions of leaders in the digital transformation in the HealthTech industry that is struggling with designing and putting effective strategies in place to spearhead AI-based organizational change. Sriharan et al. (2023) denoted that AI usage in health care is a technical change alongside organizational and leadership changes, where workflow, structure, and decision-making processes need to be changed. The population includes HealthTech executives and innovation managers, and other professionals using digital transformation with first-hand experience of using AI technologies in health care delivery settings. The geographic location is de-anonymized and is located in an area of the emerging market in West Africa. Interest phenomenon is AI-led organizational change, as it is experienced using the strategy of leadership, organizational adaptation, and implementation of innovations. Traditionally, case studies, interpretivist qualitative research designs, and thematic analyses have served as the primary methods of health care leadership and digital transformation research to explore the leaders responding to the technological disruption and

reorganization of an organization (Sriharan et al., 2023).. Thus, flexible, in-depth exploration of lived experiences of leaders working in AI-enabled health care settings can be conducted by a generic qualitative inquiry involving HealthTech executives, innovation managers, and professionals in digital transformation in their roles.

Gap in Practice

The practice gap lies in the fact that leaders in the HealthTech sector are not consistently applying the context-sensitive organizational change paradigm to use AI technologies, which leads to a lack of alignment of AI systems with organizational processes (Chhatre, 2024). Implementation of AI is characterized by the use of technologies without the redesign of the organization, its alignment with leadership, or the preparation of the workforce in the current state of practice. The consequence of the includes workflow disruption, lack of clarity of roles, and inadequate reaping of innovation benefits (Murire, 2024). The intended state of practice will focus on well-organized and theoretically motivated change frameworks to align AI implementation with clinical workflow overhaul, development of leadership skills, and organizational preparedness. Recent studies are starting to consider AI as an organizational change procedure, which reveals the obstacles to implementing the technology into practice, including misaligned workflow, readiness of the workforce, regulatory limitations, and issues with the type of data as the factors inhibiting the successful application of the technology in the health care environment. Abdelwanis et al. (2025) revealed that adoption of AI can be a disjointed process, and organizations implement tools without making them part of the clinical workflow or leadership hierarchy. The bridge to the gap can be seen as the reflection of the necessity to ensure better strategic alignment of something like technological innovation with the organizational capacity within the context of the HealthTech setting.

Theoretical Framework

The theoretical model that I would use in the proposed study is the eight-step change model by Kotter. The model of Kotter offers a framework of how to guide the organizational change and is especially applicable to the organizations that introduce complex technological changes like artificial intelligence (Carreño, 2024). The model was developed to support leaders in navigating change on a large scale and has eight inter-related constructs: (a) creating a sense of urgency, (b) building a guiding coalition, (c) forming a strategic vision and initiatives, (d) enlisting a volunteer army, (e) enabling action by removing barriers, (f) generating short-term wins, (g) sustaining acceleration, and (h) instilling change into the organizational culture. The model is a sequential and cyclic process in which leaders enlist organizational support, align the stakeholders, deal with resistance, and institutionalize change in the long run. Alkaabi (2026) elaborated that the necessity of organized change management processes to support successful new technologies implementation and sustainable organizational performance was constantly emphasized by digital transformation and modernization of healthcare. Kotter (1995) model offers a structured perspective of the leader to navigate difficulties that accompany technology integration, workflow reengineering, workforce realignment, and organizational preparedness, within the framework of AI-driven organizational transformation within the HealthTech industry.

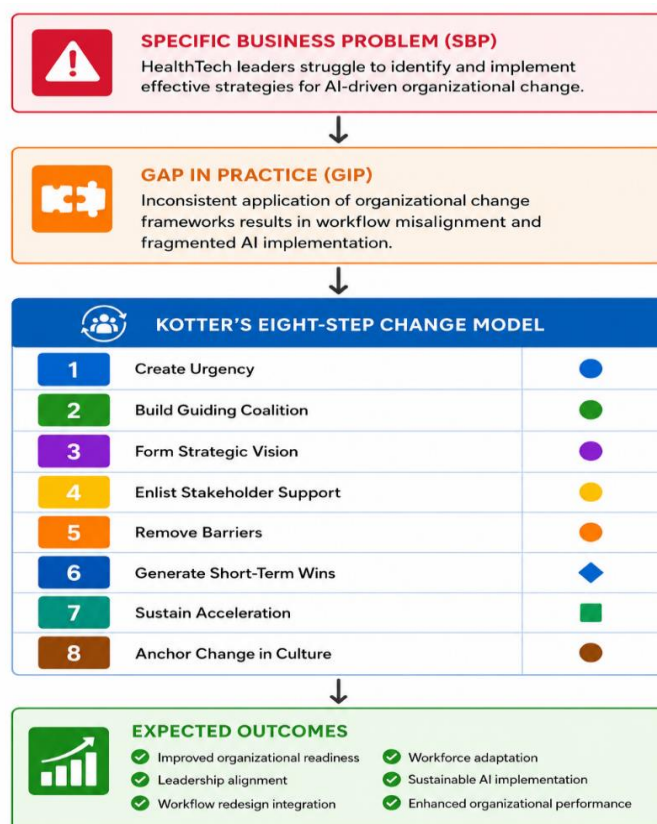
Kotter eight step model of change came into being due to the monumental work of John P. Kotter who was a professor of Harvard Business School and a scholar of change in organization. The framework was initially proposed by Kotter in his 1995 article Kotter (1995), and later elaborated in his 1996 book Kotter (1996). The model was developed based on the observation that most organizational change efforts failed due to misjudgment by their leaders of the human and organizational aspects of change. In the initial model, there were eight critical steps that had to be undertaken in order to effect successful change with the first step being creation of urgency and the last being entrenching new methods in organizational culture (Kotter, 1995). The model has since the introduction been highly used in various industries, including healthcare, information technology, manufacturing and public administration. Scholars have generalized the model to digital transformation, innovation management, and technology implementation projects. Prosci (2024) still showed the applicability of the Kotter framework in guiding organizational reaction to technological disruption where the leadership involvement, stakeholder coordination, and readiness of the workforce play a crucial role in successful results. Alkaabi (2026) discussed the issue of electronic health record modernization and digital innovation programs, which were additionally justified with the necessity of properly designed change management models in helping the organization to implement technology and transform. A suitable theoretical approach to use in the study to research the AI-based organizational change in the HealthTech industry is Kotter model as the framework deals directly with the identified gap in practice and business problem outlined in the research.

The target business issue is the challenges that HealthTech leaders face when determining and deploying powerful strategies towards AI-facilitated organizational change (Mauro et al., 2024). As Abdelwanis et al. (2025) suggested, most healthcare AI initiatives fail because of the lack of organizational preparedness, insufficient change management activities,, and the

mismatch between technological innovation and the process. The constructs in all models of Kotter are aligned with crucial challenges that were observed in the HealthTech environment. The urgency creation is relevant to the necessity to convey the strategic worth of AI adoption. Developing a guiding coalition deals with alignment of leadership and interest of stakeholders. Breaking barriers solves workforce resistance, operational barriers, and infrastructure barriers. Creating short-term wins is useful to establish trust in AI projects, whereas the process of creating acceleration and establishing a support of change long-term integration of AI into organizational processes and culture. Thus, the framework offers a conceptually sound and logical perspective on understanding successful implementation of AI-driven change by leaders in the HealthTech sector.

Figure 1

Kotter's Eight-Step Change Model



Note. *Adapted from Kotter (1995), the Eight-step change model was applied to AI-driven organizational transformation within HealthTech organizations.*

The constructs of Kotter will inform data collection and data analysis in the framework of the generic qualitative inquiry. The eight constructs of the model will be formulated into an interview protocol to conduct the interview and understand the experiences of the participants who have initiated efforts to implement AI. Interview questions will focus on how leaders instilled organizational urgency to adopt AI, and created alliances in the leadership, communicated strategic visions, prepared employees to accept the change, overcame barriers to implementation, measured initial successes, maintained momentum, and institutionalized AI-enabled practices. In analyzing the data, the responses of the participants will be coded and sorted based on the themes that are in line with the constructs of the model. The method will enable the researcher to extract leadership strategies, organizational practices, and situational elements that enable or restrict successful transformation driven by AI. The framework can thus be used as a theoretical prism through which the nature of the organizational change can be discussed and also as an analytical framework through which the views of the participants on the implementation of AI in HealthTech organizations can be interpreted.

Project Context

The project belongs to the HealthTech business sector and is compatible with the DBA strategy and innovation specialization. The project will solve the business issue of poor leadership approaches to handling AI-based organizational change within HealthTech organizations. Change is needed since most HealthTech organizations still face the challenges of misalignment between AI implementation and organizational change capacity, leading to poor performance of innovations, operational inefficiencies, fragmented workflows, and workforce

disruption (Ismail and Karamanlililoglu, 2026). Dasgupta and Shankar (2025) reveal that workflow integration and governance issues in almost 90% of enterprise AI projects resulted in failure to deliver foreseen results. The strategic intent of the project is to determine leadership approaches that enhance organizational preparedness, workflow, and innovation practice in the deployment of AI. The AI technologies have proven a range of 85-95% accuracy in diagnosing and predicting, whereas the market size of the digital health is estimated to surpass USD 500 billion by the year 2030 which means that the successful AI adoption is increasingly becoming a business priority (Hazra and Bora, 2025).

The identified practice gap is the uneven use of formal organizational change models when implementing AI, which leads to incoherent workflows, role ambiguity, and little AI benefits (Chhatre, 2024). The current project discusses leadership approaches that the HealthTech leaders should use to effectively lead the organizational change of AI and reduce the gap. Using Kotter eight-step change model, the project aims to enhance organizational preparedness, stakeholder involvement, redesign of the workflow, and long-term adoption of AI (Carreño, 2024). There is a project necessity as Aldoseri et al. (2024) indicated that organizations often do not achieve the benefits of AI because of insufficient leadership potential and organizational preparedness. In the absence of good leadership and change management techniques, AI deployment still faces disruption of workflow, resistance of employees and ineffective innovation results (Alkaabi, 2026). So, the given project is required to discover effective leadership practices that enhance effective organizational change powered by AI.

Nature of the Project

HealthTech still faces the issue of fast AI adoption via telemedicine, AI-assisted diagnostics, and digital healthcare, but organizations are not ready to convert the investments in

the technology into organizational value (Kassa & Worku, 2025). Obstacles to the implementation of AI are fragmented processes, old information systems, lack of leadership, weak organizational preparedness, ineffective process redesign, and difficulties in adapting personnel (Murire, 2024). The research is consistent with the DBA Strategy and Innovation specialization to accommodate leadership, organizational innovation, strategic transformation, and technology-driven business performance.

Scope

This project is confined to the discussion of the views of HealthTech executives, innovation managers, and digital transformation professionals engaged in the implementation of AI in de-identified HealthTech organisations that are operational. The research is aimed at determining effective leadership practices employed to enhance organizational readiness, redesign workflow, staff engagement, and AI implementation success. Based on the eight-step change model developed by Kotter, the project analyses the leadership practices that would enable successful organizational change driven by AI and does not consider explicit AI technologies and clinical outcomes (Carreño, 2024). Individual semi-structured interviews with experienced leaders in the HealthTech area can offer extensive contextual information on leadership practices, organizational adaptation, and implementation of innovation. The project is highly specific to solve the defined gap in practice related to leadership approaches to AI-based organizational change, and the results can be applied to future leadership practice in HealthTech organizations.

Significance of the Project

The project is important in that it offers evidence-based information on effective leadership approaches that underpin effective AI-based organizational change in HealthTech

organizations. The project resolves the real-life challenge of poor alignment between AI implementation and organizational change capacity, which still decreases the performance of innovations and operational efficiency. The primary beneficiaries of the project are HealthTech executives, innovation managers, and digital transformation managers, and other organizational decision-makers that require implementing AI.

Historical Background and Current Trends

Within the last several years, AI-powered applications such as diagnostic algorithms, predictive analytics, and virtual care apps have facilitated this shift at a faster rate, and created new efficiency opportunities alongside improved patient outcomes alongside complex organizational and leadership issues. Due to this, organizations in the HealthTech sector are becoming more obliged to face large-scale digital transformation, not just in tech capacity but also in terms of leadership capacity and workforce preparedness, and organizational change management. The recent changes highlight the growing importance of the digital leadership, AI readiness, and systematic change management frameworks as the major catalysts of successful AI integration (Ismail and Karamanliloglu, 2026). However, despite accelerated adoption, the gap between introducing the AI and successful implementation of the changes in most organizations remains relatively high, with the latter being unable to streamline its implementation with the process in the organization (McClure and Gerdau, 2026). The changing environment highlights the importance of studying how HealthTech leaders implement AI organizational change and which strategies are most beneficial in ensuring sustainable change.

Historical Background

According to Dong and McIntyre (2014), the second machine age is defining organizational productivity in a novel way of digital intelligence and automation. In the same

vein, Chen and Decary (2020) clarified that AI in healthcare can enhance the decision-making process, clinical accuracy, and operational efficiency when implemented appropriately into the workflows. Snow et al. (2017) also pointed out that digital technologies can only provide value when organizations redesign processes to be smart and connected. The articles underscored that, though AI provides enormous prospects of performance enhancement, its application should be accompanied by organizational restructuring and leader congruence to successfully incorporate technology in the fundamental organizational tasks. According to Spear (2016), the change process in an organization needs the guidance of systematic leadership activities, urgency-creating, and coalition building to help the change persist. Snow et al. (2017) further explained that leadership ability and information-based choices are two factors that are highly dependent on the use of big data and AI in organisations. The studies combined revealed that leadership preparedness is the core of AI-driven change management because the adoption of technological changes does not ensure an organizational change without implemented change management practices. The void shows that there is a necessity to have systematic leadership plans so as to have successful AI-promoted organizational change and sustainable healthcare transformation.

Moreover, the study on AI adoption also identified the presence of fragmented workflows, workforce resistance, governance issues, and the lack of alignment with the organization as the continued obstacles in the successful implementation process. Likewise, Ashraf et al. (2015) have highlighted the importance of defeating these barriers by addressing the issue with leadership involvement, teamwork, and organizational learning. The existing gap in practice, therefore, is the ability to find practical leadership strategies that can be deployed in order to align AI technologies with the processes of organizational change. The project fills that gap by discussing strategies that HealthTech leaders use to effectively guide AI-based

organizational change. According to Chen and Decary (2020), effective AI transformation is centered on the need to have leadership on the technological, strategic, operational, and organizational levels. Chen and Decary (2020) point out that the key of successful AI transformation is primarily rooted in the necessity to possess strategic, operational, and organizational leadership. In a similar manner, the outlined holistic healthcare assessment revealed the process of AI implementation needs to be supported with the assistance of structured change management, rather than technology implementation (Dasgupta and Shankar, 2025). Taken together, the research revealed that implementation success depends on the leadership, communication, stakeholder engagement, and organizational readiness. Related to the findings, the eight steps model by Kotter of change provides a methodological way of approaching change that is mindful of the urgency-creating process, alliances, articulating the vision, and sustaining organizational change when implementing AI.

Synthesis of the Scholarly Literature

Chen and Decary (2020) assert that transforming AI, effectively, revolves around the necessity that the change has technological, strategic, operational, and organizational leadership. Similarly, the given detailed medical review showed that the use of AI must be enabled with the assistance of the structured change management, rather than technology adoption (Dasgupta and Shankar, 2025). Combined, the studies indicated that leadership, communication, stakeholder engagement, and organizational readiness determine implementation success. Relating the findings, the eight-step model of change by Kotter provides a systematic model of change that not only takes note of the urgency creation process, but also alliance building, verbalizing the vision, Synthesis of the Scholarly Literature.

The existing literature on the strategies that leaders in the field of HealthTech use to guide AI-driven organizational change underlines that successful AI adoption should not rely on the technological dominance solely but also on the leadership, organizational readiness, and the change management organization (Mauro et al., 2024). The literature review will be used to synthesize existing evidence on leadership strategies, organizational preparedness, adoption of AI and the change model developed by Kotter and pinpoint the existing gap in practice in relation to context-specific leadership strategies of HealthTech organizations.

The AI has already revolutionized the HealthTech organizations by enhancing the accuracy of diagnoses, automating clinical processes, increasing the efficiency of operations, and aiding evidence-based decision-making (Dasgupta and Shankar, 2025). Although the initial literature mainly focused on the technological potential of AI, the more recent sources depict a remarkable change in the focus of the literature towards the realization of AI implementation as an organizational change process, as opposed to a technological initiative. Ismail and Karamanlioğlu (2026) revealed that the effective implementation of AI is not about the technology in question but rather a leader who can cope with change in the organization. On the same note, McClure and Gerdau (2026) in one of their arguments never ceased to claim that AI implementation is a socio-technical change which necessitated a concurrent change in organizational structures, leadership practices, workforce competencies, and organizational culture. The changing view is one of the most important changes in the literature, as researchers are given greater focus on the ongoing congruency of individuals, processes, and technology during the AI adoption.

Organizational preparedness as a necessary condition of successful implementation of AI is a predominant theme throughout the literature. Companies that are highly digitally mature, exhibit

high executive commitment, and collaborative cultures achieve high success rates in their introduction of AI as compared to those attempting to undertake technological investment alone (Raina et al., 2025). Conversely, poor preparation of leaders, lack of strategic direction, change resistance, and organizational support often serve as determinants of failure in the implementation despite state of the art technological capabilities (Njuru et al., 2025). The uniformity of the results reflects a significant trend towards agreement that organizational preparedness is not limited to technological infrastructure, but by leadership and workforce preparedness, governance, and organizational culture.

Another theme is leadership capability that continues to be one of the most potent factors of successful AI-enhanced organizational change. Orthi et al. (2022) highlighted that the leaders of HealthTech have to go beyond administrative functions of traditional leaders to emerge as transformational leaders, who are able to inspire a collective vision, enable cross-functional teams, and promote lifelong learning. The same was explained by Bornman and Louw (2023), who said that leaders are the agents of change who should be strategic enough to align organizational goals and AI initiatives and to help develop the workforce in the process of its implementation. The review of the literature continually showed that leaders who act to communicate the aim of AI, engage clinicians and employees in decision-making, and overcome fears of job displacement, as well as support the innovation, are able to achieve greater employee acceptance and reduced resistance to change (Alharbi, 2025). Leadership ability is thus not only brought out as management role but also as the main tool of building and maintaining organizational preparedness.

The other theme is the workflow redesign and integration at the organization level. The integration will empower organizations to enhance the efficiency of their operations, patient

outcomes, and organizational performance and maximize the value of AI technologies. The literature is thus growing to suggest workflow redesign as a necessary part of AI implementation and not a subordinate action, as an operation.

The theme of workforce development has become a key theme in the modern research, as well. The recommendations provided by Silva et al. (2024) included continuous professional development based on AI education, training in digital skills, interdisciplinary collaboration, and leadership development as the ways to enhance the competence and confidence of the employees. Along these lines, Zamir (2025) captured continuous mentoring and continuous development of competencies and long-term adaptability of the organisation. In lieu of workforce preparation as a single implementation exercise, recent researches point more towards continuous learning as a way to maintain innovation and organizational resilience. This evolution is indicative of a larger understanding that the ability of humans is as important as the ability of technology in successful AI implementation.

An ongoing debate in the literature is the issue of technology-based and human-based strategy of implementation. Hazra and Bora (2025) further added that congruent AI programs and the establishment of organizational cultures of innovation and collaboration have better long-term organizational impacts. This discussion indicates how the implementation research has evolved overtime in embracing technology-based ideas to have views that are more organizational/leader-based. Another significant trend identified in the literature is AI governance as a factor that becomes more and more significant in the leadership of HealthTech. To achieve ethical, safe, and effective AI deployment, Zamir (2025) emphasizes leadership monitoring during all the steps of AI planning, implementation, monitoring, evaluation, and continuous improvement. Companies that incorporate strategic change management and proper governance systems have a

high organizational preparedness and sustainable capacity than companies that have no established governance systems (Raina et al., 2025). It has, therefore, become strongly linked to governance, accountability of the organization, the implementation of AI ethics, and the ongoing performance assessment.

Lastly, the literature is forming a conceptualization of organizational readiness as dynamic and an ongoing process as opposed to a one-time measurement. This will be a significant advancement in the literature in that it will focus attention on the implementation as a specific project to AI transformation as a continuous organizational ability. Altogether, these themes help to realize that there is an emerging consensus that the use of AI in organizational change should be based on the efforts of leadership, organizational preparedness, the development of the workforce, the redesign of workflows, governance, and never-ending adaptation to make transformational change in the structures of HealthTech organizations sustainable. and keeping the change in an organization when implementing AI.

The recent academic research tends to consistently place AI-driven organizational change as a socio-technical change that necessitates a joint change in technology, leadership, organizational culture, and workforce capabilities, as opposed to implementing technology only. One of the main messages throughout the literature is the correspondence of the model by Kotter with the change of AI to transformation. Tasleem et al. (2023) espoused that the eight-step model proposed by Kotter can be used by healthcare organizations to overcome resistance, spread a common vision, empower employees, and institutionalize AI-based practices. Even though the paper by Alkaabi (2026) contributed to the growing knowledge about the implementation of AI, there is still a major gap regarding the context-specific leadership approaches in HealthTech

organizations, specifically, the creation of digital healthcare ecosystems, especially in developing countries. The gap will provide the rationale behind the proposed study.

The generated literature supports that an effective AI-implemented change in organizations within the HealthTech sector requires the integration of leadership ability, organizational preparedness, strategic governance, worker involvement, and human-focused implementation as opposed to the adoption of the technology. Bornman and Louw (2023) With the improvements, there is still an insight gap in practice that is evident in the literature. In addition, Kulkova et al. (2026) described the methods of resistance surmounted by leaders, workflow redesign, and institutionalization of AI implementation through systematic change models like the eight-step change model by Kotter. The gap is what explains why the proposed qualitative study aims to investigate the approaches that can be used by leaders of HealthTech to spearhead AI-driven change in organizations in the context of the Nigerian digital healthcare ecosystem.

The eight-step model of change presented by Kotter provides the theoretical framework on which the practices of AI-driven organizational change management by HealthTech leaders can be studied. Carreño (2024) saw the framework as one of the most commonly used strategies to govern the complex organizational change, especially in the healthcare environment. The present literature illustrates a good level of congruency between the Kotter model and AI implementation since AI adoption goes beyond the deployment of technology to workforce preparedness, leadership dedication, cultural accommodation, and organizational learning. Indeed, Murire (2024) also pointed out that AI leadership must be able to strike the right balance between technological innovation and human-focused change strategies. The results directly support the problem statement of the study of the challenges of leadership and organizational misalignment in the process of AI implementation. Njuru et al. (2025) repeatedly

underlined that leaders of the HealthTech are the main drivers of developing a common vision, connecting AI efforts with the organizational strategy, encouraging employee acceptance, and integrating innovation into the company culture. The leadership duties align with the concepts of the eight-step model of change, created by Kotter, which proves appropriate as the theoretical framework to analyze AI-driven transformation.

The issue that the paper is designed to solve is that leaders engaged in digital change in the HealthTech sector have a problem with recognizing and deploying efficient strategies to spearhead AI-driven organizational change. Despite the ongoing development of AI technologies, in many cases, its implementation is unsuccessful and leads to a disjointed workflow, resistance to AI technologies among employees, inappropriate use of AI systems, and poor organizational performance. Therefore, the topic of effective leadership in driving organizational transformation has gained relevance in terms of sustainability in the implementation of AI. Though the number of studies has slightly increased in the period between 2022 and 2026, the majority of research is centered on the topics of AI technologies, models of governance, implementation strategies that HealthTech leaders use to handle AI-directed organizational change in particular organizational settings is rather limited.

Using the Kotter Eight-Step Change Model, the research will create practice-centered findings. The study will help fill the gap in the literature by providing the evidence-based leadership practices benefiting AI implementation, organizational performance, and sustainable digital transformation by addressing the specified issue. Literature review predetermines the conceptual framework of the research methodology and creation of the interview questions based on the research purpose and objectives.

Synthesis of the Practitioner Literature

Alignment of the Project with the Literature and Discipline

SECTION 2. PROCESS

Project Questions

Project Design/Method

Stakeholders, Participants, and Target Audience

Role of the Researcher

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Data Analysis

SECTION 3. FINDINGS AND APPLICATION

Relevant Outcomes and Findings

Application and Benefits

Implications

Recommendations for Policy

Recommendations for Practice

Recommendations for Future Work

Conclusion

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APPENDIX