



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

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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*

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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.

Consistency 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. Kottler (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

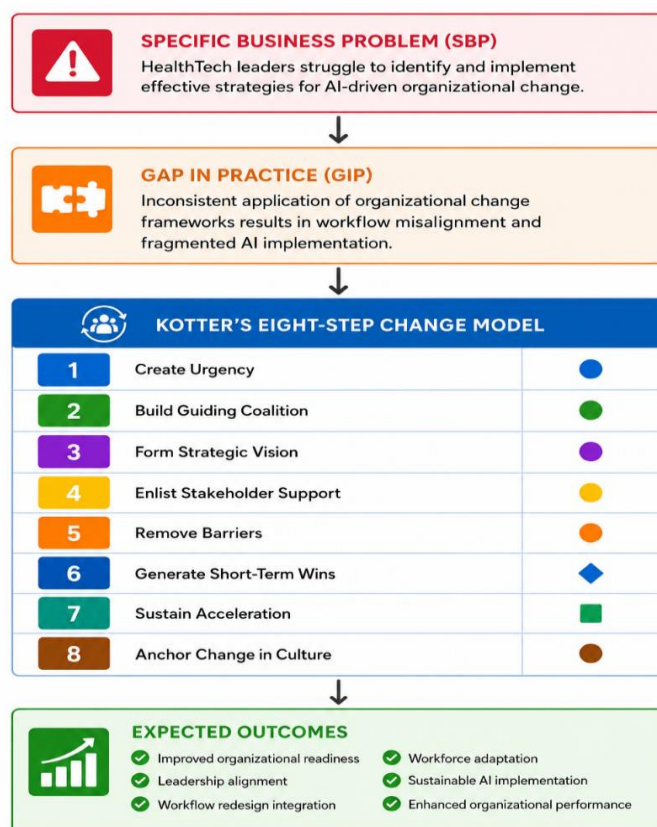
the human and organizational aspects of change. In the initial model, there were eight critical steps that had to be undertaken in order to effect successful change with the first step being creation of urgency and the last being entrenching new methods in organizational culture (Kotter, 1995). The model 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.

Importance 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 Karamaniloglu, 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.

Themes, Debates and Developments

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.

Areas of Agreement, Disagreement, and Conflicting Positions

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.

Effectiveness of Prior Research

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.

Connection of Topic to Theoretical Framework

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.

Connection of Topic to Problem, Gap, and Purpose

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

The academic literature is complemented by the practitioner literature on AI-driven organizational change within the context of the HealthTech field in practice. The next section outlines the problem and practice gap, practice response, the overall theme, the success and failures, areas of agreement, and disagreement, practical implications, expert views and discrepancies between the practitioner and scholarly sources.

Practitioner Perspectives on the Problem and Gap in Practice

The practitioners argue that the adoption of AI is a minor business problem, but that it is necessary to combine the implementation of AI and organisational change capabilities. Deloitte center of health solutions has seen the mismatch over the years, as of late 2025, many of the health systems begin to emerge due to the long-standing adoption obstacles, including lack of adequate technical skills, resistance to change, and inadequate leadership support when scaling-up agentic AI beyond proof-of-concept projects (Deloitte, 2026). The same issue of scaling up from the proof-of-concept stage to production level has emerged as the major barrier to implementing AI in healthcare based on a series of surveys of healthcare operations executives carried out by McKinsey & Company, with about one-fourth of the surveys citing the issue as their main challenge (Niedermann et al., 2025). Ramage (2026) also gave an institutional view of the incompatibility by saying that healthcare organizations around the world have similar issues of governance and workforce despite the massive disparities in AI maturity levels. In the context of the analysis in the current project, there is an additional layer of the gap in the area of infrastructural and financial aspects, as Ceimia (2024) found that in Sub-Saharan Africa, AI-

driven health solutions are mostly represented by telemedicine and reproductive health applications while the wider integration within organizations is still behind. In a similar fashion, Ojo (2025) reported that the funding of Nigerian health technology firms fell after 2023, and it fell considerably below its peak, which restricted the scaling of AI and digital health innovations out of pilot phases by firms.

The evidence clearly showed that unless there is a proper alignment between AI implementation and the ability of an organization to manage change and the governance frameworks required for sustainable infrastructure, healthcare organizations will face challenges with scaling AI.

How Practitioners Have Attempted to Address the Problem and Gap

The practitioners have reacted to the alignment gap mainly using structured change processes, governance models, and phased scaling approach. Prosci (2024), which created the awareness, desire, knowledge, ability, and reinforcement (ADKAR) model, has further adopted the individual-level change process model for AI adoption. The organization claims that the adoption of AI technology must be treated as a change initiative, which needs to build awareness and desire in employees rather than just an implementation project. The practical research of the organization has revealed that middle managers and frontline employees are the ones who are going to resist changes in workflow by AI means (Prosci, 2024.). Similarly, IMA Worldwide (2026) has compared the eight-step process model of Kotter, Prosci's ADKAR process model, and the accelerating implementation methodology model. As IMA Worldwide (2026) argues, although, in its initial phase, the process model developed by Kotter is highly effective in establishing the required urgency and executive coalition, when it comes to the transformation process, the model does not help in maintaining behavioral changes in the subsequent stages. According to Deloitte LLP (2026), 82% of the surveyed health care organizations adopted or

intended to adopt a governance and oversight structure in generative AI, and Ramage (2026) showed how health systems worldwide plan implementation, choose vendors, and engage clinicians based on their different stages of regulatory maturity. Similarly, Niedermann et al. (2025) called for an operating model redesign strategy for those subsectors that lag behind in terms of adoption of AI, like payers, in which case cross-functional "agile pods" consisting of clinical and technical experts can be used as a way of embedding AI into workflow as opposed to adding an additional functionality to existing processes. AUDA-NEPAD (2025) has noted that the African Union launched the continental AI Roadmap from 2025 to 2030 as an effort to manage regional investment, skills training, and partnership between the public and private sector. Collectively, the above practitioner insights indicated that in order to bridge the AI alignment gap in healthcare effectively, a holistic approach involving structured change management, robust governance structures, and scalable models is necessary.

Patterns, Trends, and Themes in the Practitioner Literature

Various themes that appear to be common in the practitioner sources discussed can be identified. The first one is associated with the evolution in the framing from the adoption of AI as an IT issue to AI adoption as a leadership and workforce issue. According to Dyrda (2025a), health systems executives have come to recognize AI governance, workforce redesign, and deployment as primary leader responsibilities rather than IT responsibilities. Finally, the third theme is associated with workforce readiness, which is mentioned in terms of resistance to change, skill gaps, and unclear role definitions (Deloitte, 2025). Fourth, in particular in relation to the existing literature on digital health in Africa and Nigeria, the point has emerged consistently that instability in infrastructure and finance, and not the readiness of leaders to implement changes, limits how much the change management strategies could be implemented (Ojo, 2025). The

reduction of funding and the instability of broadband and electricity infrastructure restrict the scope of the implementation of AI strategies by HealthTech leaders.

Building on Prior Practitioner Work

The practitioner insights provide clear examples of organizations developing off each other's prior work rather than working in silos. The comparative framework by IMA Worldwide (2026) builds on Kotter's eight steps to create an organizational-systems-level methodology that includes a sponsorship and reinforcement architecture. Deloitte (2026) forecast is based on year over year changes from the organization's survey in 2024 and 2025 showing how adoption barriers such as change resistance and leadership buy-in became easier over time. The 2025 global AI maturity research by HIMSS is based on the results of the 2024 forum and the AI adoption benchmarking data provided by Medscape to pinpoint the gaps in AI governance and readiness in 2025, especially the differences in terms of organizational maturity (HIMSS, 2024b; Ramage, 2025). In the African case, the African Union strategy documents and consultations published in 2023 in Digital Health Society underlie the AI roadmap established by the African Union Development Agency (AUDA-NEPAD) (2025) to enable scalable adoption of AI by its member states through regionally coordinated investment, capacity building, and alignment of policies. The fact reveals the significance of a cross-national, integrated strategy to break structural-related and resource-related obstacles to AI-based solutions in African health care systems.

Measurements of Success/Failure in Conquering the Problem

Practitioner exemplification presents a mottled, extremely contingent resolution. First, according to Deloitte (2024), early adopter organisations, organisations using large and well endowed agentic AI systems, projected more than 20% in savings, as compared to 13 percent

among watchers, small and conservative organisations that are not risk takers, highlighting the moderating effect of the ability of the organisation. Likewise, HIMSS (2024a) discovered that almost 86% of surveyed health systems embraced AI in their systems. In comparison, Niedermann et al. (2025) found that at most only 10 percent of the interactions that patients had with conversational agents were not at all reliant on human assistance, which shows that the adoption and maturity levels are still apart. Furthermore, Ojo (2025) disclosed that the amount of funding allocated to health technology companies in Nigeria dropped as high as 54.67 million in 2023 to 18.23 million in 2024, which has hampered a number of organizations to scale through pilots to ongoing operations despite the right leadership approach used. In general, all the examples shown above have shown that the proper leadership strategy alone does not result in the successful implementation of the change with the help of AI when the organization lacks proper preparedness, aligns its resources, and has the ability to execute the changes long-term.

Areas of Agreement, Disagreement, and Conflicting Positions

Both scholarly and practitioner sources emphasize that organizational preparedness is a key factor to the successful implementation of AI in healthcare. It is organizational readiness and not merely technology adoption that has been proved to drive successful projects, with leadership commitment and workforce readiness playing a vital part in this process having been emphasized many times over (Prosci, 2024). Moreover, Martin & Lamb (2025) showed that AI adoption in healthcare is not at the stage of exploration anymore and proceeds toward implementation, governance, and integration (Martin & Lamb, 2025). Nonetheless, the question on which change management model is more effective and how just will be the AI-driven change within the low resource settings is less unanimous. Although it admits that the Kotter model of the change is effective in creating momentum, IMA Worldwide (2026) identifies a weakness in terms of the

adoption at a large scale and that it is not sustainable. The other area of disagreement in the digital health literature of Africa is the issue of equity. Whereas the opportunity to leverage AI to achieve leaps in infrastructure is seen by some practitioners (AUDA-NEPAD, 2025; Ceimia, 2024). While others warn of the danger of increased dependency on technology developed by and data residing in foreign entities in the use of AI in the region. One such observer refers to the phenomenon as 'digital colonization' if the issue is not addressed (UN News, 2024). The findings together highlight the importance of context-related, ethically sound, and region-based methods of AI adoption in West Africa.

Real-Practical Inspirations and Life Stories

For example, the Nigerian firm Helium Health demonstrates that the digitization of electronic medical records can extend to the use of over a million such records, but offer embedded funding to the facilities, the synergizing adoption of technology, not digitization per se (Ojo, 2025). Another example from Nigeria is an AI-powered RxAll scanner, capable of recognizing fake drugs with approximately 95% precision, which shows that the decision of the company's leaders about using the particular kind of AI may be targeted at solving the documented issue in the region, namely, the 30% rate of counterfeit medicines (RxAll, 2025). And lastly, the AI Chestify implementation in 25 Ghanaian health facilities resulted in a 40-percent shortening of the time it took to perform chest X-ray diagnostics, which was made possible by a well-designed workflow around the algorithm (Guest Contributor, 2026). Concerning financing and sustainability, Rwanda and Ghana have started integrating AI diagnostics into their national health insurance reimbursement programs, which is mentioned as the structural element that drives scale by alleviating organizations' reliance on donor-funded pilots (DCI AI Hub, 2026). As to the US, the formation of Accrete Health Partners by Bon

Secours Mercy Health as a distinct holding company in the sphere of digital health functions, as well as the decision of Texas Childrens Hospital to avoid outsourcing its operations but instead to build up its own AI capacity depicts the organizational structure response to the same alignment problem (Dyrda, 2025b). The examples taken altogether provide valuable material on the efficacy and practical considerations of the implementation of AI, in a healthcare environment.

Expert Opinions on the Topic, Problem, and Gap in Practice

The themes that are present in the reports from named practitioner experts parallel some of those in firm-level reports. For example, James Dover, the president and CEO of Avera Health, said that the aspect of AI technology that is the least exploited today is related to the executive leadership decision-making process, which has lagged behind the implementation of AI in clinical practice (Dyrda, 2025a). Nirav Shah, associate chief informatics officer at Endeavor Health, forecasted that a new position of a chief AI officer would become necessary to implement the AI strategy through workforce redesign and savings, an opinion which echoes the importance of leadership capability as a mediator in implementing AI changes discussed above (Dyrda, 2025a). As concerns change management, Prosci (2024) observed that despite the overwhelming majority of change practitioners having moderate at least awareness of AI technology, a comparatively small number utilize AI tools when it comes to change management. When it comes to African policies, the African Union High-Level Panel on Emerging Technologies accentuates that technologies, in particular AI, must be used to transform high-level policy frameworks into practical insights of health leaders and technology leaders (African Union, 2024). According to the regional experts, the lack of leadership skills, rather than technologies, is the bottleneck (AUDA-NEPAD, 2025). In essence, all the findings

showed that despite the advancement in the field of AI technology, it is the actual limitations in terms of leadership capability and decisions made that pose a limitation in the use of AI technology.

Convergence and Divergence between Practitioner and Scholarly Literature

A significant consensus exists between practitioner literature and scholarly works about the fact that the primary determinant of success of AI-driven changes is not algorithm performance but rather organization readiness, ability, and governance. The finding is valid for both the scholarly analysis presented in the project and practitioner literature. Deloitte (2024) and Niedermann et al. (2025) conclude that success of the pilot stage does not always imply success of scaling to an enterprise-wide level. Literature Mathers views frameworks of organizational change like the Kotter framework as quite stable theoretical constructs that are implemented in a new technological environment.

Alignment of the Project with the Literature and Discipline

The review of both literature streams establishes a central point that failures in HealthTech AI implementation stem from leadership and organizational change challenges rather than technological limitations. Indeed, the scholarly synthesis has proven that instead of algorithm's complexity, organization's readiness, leadership capacity, and change management procedures that determine the success of any AI project and that Kotter's eight-steps framework of change management provides a theoretical perspective to analyze how leaders can generate urgency and form coalitions around the implementation of AI (Aakula et al., 2024; Abdelwanis et al., 2025). In turn, the practitioner literature demonstrates that the issue is confirmed by reality and reveals several organizational details, including governance systems, strategies to re-design the workforce, and unique characteristics of certain regions, such as infrastructure problems and

budget volatility in West Africa which have not been covered in peer-reviewed literature (AUDA-NEPAD, 2025; Deloitte, 2026; Ojo, 2025; Ramage, 2026). In examining how the leaders of HealthTech employ the practices of leading change through AI in the particular case, the project seeks to respond directly to the gap in practice recognized in both literatures, namely, the lack of context-specific and leadership-focused research on AI implementation in digital health ecosystems in development (Hozhabri, 2026; McClure & Gerdau, 2026). The project advances existing scholarship by adding to, rather than repeating, prior research and by applying Kotter's framework to a concrete empirical example that professionals are actively revising and questioning. The dual relevance ties the capstone to the DBA Strategy and Innovation specialization while providing scholars with empirically informed insights into leading change in an emerging market and offering practitioners context-appropriate strategies for leading change.

SECTION 2. PROCESS

Project Questions

Project Design/Method

Stakeholders, Participants, and Target Audience

Role of the Researcher

Project Study Protocol

Sample

Data Collection

Ethical Considerations

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