FACTORS INFLUENCING HEALTH CARE WORKERS’ PERFORMANCE IN PUBLIC HEALTH FACILITIES IN THE DEVOLVED SYSTEM OF GOVERNMENT: A CASE OF EMBAKASI EAST SUB-COUNTY, NAIROBI COUNTY

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A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF MANAGEMENT AND LEADERSHIP IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF DEGREE OF BACHELOR OF COMMERCE OF THE MANAGEMENT UNIVERSITY OF AFRICA

AUGUST, 2018
DECLARATION

Student’s Declaration

“This research project is my original work and has not been presented for a degree in any other university”.

Signature……………………………………… Date……………………………………

Therese Paul Odundo Atieno
BCOM/5/00027/3/2015

Supervisor’s Declaration

“This project has been submitted for examination with my approval as University Supervisor”.

Signature……………………………………… Date……………………………………

Isabella Sile
Management University Africa
DEDICATION
This work is dedicated to my lovely family for their unwavering support throughout the study. I wish to particularly single out my dear husband Geoffrey Owino Ochieng’ and my daughter Georgina Gift.
ACKNOWLEDGEMENT

Special thanks go to God Almighty, for he endowed me with wisdom, strength and perseverance while undertaking this research project. I would also like to acknowledge the great support provided by my supervisor, Ms. Isabella Sile, other lecturers from the Management University of Africa, my entire family and friends for your moral support and encouragement which made it possible for me to finalize this thesis, in particular. May the Lord the giver of all wisdom and knowledge, continue to bless you all.
ABSTRACT
Success in delivery of better health services from public and private institutions has been seen as a global challenge. In Kenya, as in other countries in sub-Saharan Africa, the Human Resources for Health crisis have become a major challenge for health service delivery and for achieving the health-related goals. There are few studies that have been done focusing on factors contributing to poor performance in health service delivery in the public health sector in Kenya, but none has focused on the factors that influence performance of the health care workers in these facilities, specifically. This study therefore sought to fill the literature gap by using the County Health Service delivery structure and to find out specific factors that influence the performance of the health care workers in the Nairobi City County and Embakasi East Sub County, in particular. The study was guided by specific objectives that focused on: investigating the effects of resource allocation, staff training, recognition programs and employee participation on health worker performance in Embakasi East Sub-County. The research specifically targeted health care workers from selected public health facilities in the Sub-County and the Sub County Public Health Officers. A descriptive study approach was used. The sample size was all the six public health facilities in Embakasi East Sub-County. The study further purposively sampled ten (10) key informants from each of the public health care facilities and collected data from this sample using self-administered questionnaires as the main data collection tool. Statistical data analysis was carried out using SPSS version 17.0 and data was presented in graphs, tables and discussions. The study found out that training, staff recognition and staff participation are important aspects for improving the capacity and motivation of health care workers. The study also identified commendable efforts in training of health workers as a way to improve competence. There are few activities focused on staff recognition and in improving staff participation in decision making. In achieving improvement of these components the County Government system should be able to improve the performance of the health workers and assist in strengthening the health care service provision in the country. Public health officials should also continuously conduct organizational systems studies in order to identify weaknesses and loopholes as well as put measures in place to seal those loopholes and subsequently enhance performance, especially in reference to resource allocation. Public health facilities must also strive to build a strong ethical culture through proper selection systems, leadership by example and effective performance management systems to ensure and enhance performance.
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### ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>FBOs</td>
<td>Faith-Based Organizations</td>
</tr>
<tr>
<td>HRH</td>
<td>Human Resources for Health</td>
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<tr>
<td>KACC</td>
<td>Kenya Anti-Corruption Commission</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NHSSP</td>
<td>National Health Sector Strategic Plan</td>
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<td>WHO</td>
<td>World Health Organization</td>
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OPERATIONAL DEFINITION OF TERMS

Essential Healthcare provision: The diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings as provided by clinicians (WHO, 2014).

Healthcare Information: Data, information and knowledge that clinicians use to support their decisions and actions for improved patient outcomes (McCormack and Ash, 2012).

Performance: In this study performance being the accomplishment of set tasks will be limited to the structural, organizational, and behavioral and process variables being achieved (UNCTAD, 2012).

Policy makers: all individuals and bodies charged with the responsibility of formulating policies that guide the operations of the health sector in Kenya (Cardy, 2011).
CHAPTER ONE:  
INTRODUCTION

1.0 Introduction

The chapter will introduce the topic under study and will include the background of the study, problem statement, and objectives of the study, research questions, and significance of the study, limitations and scope of the study.

1.1 Background of the Study

Success in delivery of better health services from public and private institutions has been seen as a worldwide and global challenge. Health-related goals such as improving the quality of services delivered are highly regarded globally, nationally and locally. According to WHO (2006) human resources are the foundation of a health system and a key prerequisite to improving health outcomes. They are the lifeblood of health care systems and therefore need a living wage, good support and on-going training especially those in isolated and under-resourced areas. In recent years, the situation of human resources for health (HRH) in many sub-Saharan African countries has been commonly described as "the crisis in human resources for health" (Liese & Dussault, 2004; Chen, 2004; Smith & Henderson-Amdrade, 2006).

In Kenya, as in other countries in sub-Saharan Africa, the HRH crisis has become a major challenge for health service delivery and for achieving the health-related Millennium Development Goals (RoK, 2004; GoK, 2005). Health services are made available through a network of both public and private institutions with over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities. The public health sector consists of the national referral hospitals, provincial general hospitals, district hospitals, health centers, and dispensaries (Republic of Kenya, 2011).

The level of experience of doctors and the density of their distribution have been shown to correlate with positive outcomes in chronic ailments (Chen, 2004). According to Chen (2004) workers best initiate cutting-edge quality improvements of health care because they are in unique positions of identifying opportunities for innovation. Workers are very important within the health systems since they can either assist in the effective use of resources or be wasteful (WHO, 2006).

Health workers in this way are recognized as an essential component for overcoming diseases and ensuring effective delivery of global health. This is in the backdrop of non-functioning health systems that are present in many countries especially those that have the fewest health workers per population, increasing the global disease burden and. Human resource functions
and departments in the health systems in developing countries have been under funded for decades due to harsh economic policies like structural adjustment programmes. The result of this has been an increase in chronic diseases such as the HIV pandemic, weak institutional capacity and the failure of donors to invest in recurrent expenditures like staff salaries. This chronic under-investment has led to collapsing health systems, appalling and unsafe working conditions for health professionals and unfair distribution of health professionals between rich and poor countries (Gbary and Sambo, 2006).

According to Hegar (2011) the process by which management of any organization brings the employees into contact with the organization in such a way that the objectives of both groups are achieved is human relations. First, human relations imply a concern for the people/employees. However, some managers are so interested in pleasing their people that they never get the work done while others are overly concerned with the work and spend very little time trying to understand the psychological and sociological aspects of the job. An effective manager balances concerns for people and work. Second, the effective manager realizes that human relations are important at all levels of the organization, but the way the ideas are applied is not always the same. The situation dictates the right way to use human relations ideas.

Shuit (2003) notes that one way in which highly successful organizations especially service oriented are developing their human resources is by helping employees cope with both their work demands and family responsibilities. In turn, the firms are finding that these efforts are leading to greater employee commitment in both small and large organizations.

Kenya’s centralized approach to health care systems decision making, had long been blamed for, among others, regional disparities in the distribution of health services, inequities in resource allocations, and unequal access to quality health services, with resultant regional differentials in the indicators of health and economic transformation (Ndavi, Ogola, Kizito & Johnson, 2008). The Kenya Ministry of Health’s commitment to address the inherent constraints in the health sector have included deliberate decentralization efforts aimed at strengthening the effective implementation of activities at the local levels, while fostering closer coordination and collaboration amongst the line ministries, donors, organizations and other stakeholders (Republic of Kenya, 2011).

KPMG (2013) explains that guidance for the health sector in the devolved government is provided through the Kenya Health Policy 2012 – 2030. The Kenya Health Policy 2012 – 2030 provides that at the national level, health leadership is provided by the Ministry of Health (MOH) with the key mandates being development of national policy, provision of
technical support, monitoring quality and standards in health services provision, provision of guidelines on tariffs for health services and conducting studies required for administrative or management purposes. According to the KPMG (2013) the Kenya Health Policy 2012 – 2030 proposes the formation of County health departments at the County Government Level. The role of the departments is to create and provide an enabling institutional and management structure responsible for coordinating and managing the delivery of healthcare mandates and services at the County level.

In the Kenyan health sector, the government through the MOH controls and runs about 52% while the private sector, the mission organizations and the Local County Governments run the remaining 48%. The public sector controls about 79% of the health centers, 92% of the sub-health centers, and 60% of the dispensaries. The NGO sector is dominant in health clinics, maternity and nursing homes controlling 94% of the total while also controlling 86% of the medical centers in the country (Republic of Kenya, 2011).

The under-financing of the health sector from the Kenyan government has resulted in dependency on finances from multilateral and bilateral donors. This has further resulted in a loss of localized ability to ensure an adequate level of healthcare for the population. In 2002, more than 16% of the total expenditure on healthcare originated from donors. Other factors that reduce the ability of the health care system to effectively deliver include: inefficient utilization of resources, the increasing burden of diseases and the rapid population growth (Luoma, 2010). According to WHO (2000) the health care system in a given country can also affect health outcomes necessitating that governments to intervene extensively in the health care sector through financing and providing health services to try to address market failures, deal with information asymmetries, capture positive spillovers in health service provision and promote equity. The poor quality health care delivery especially in Kenya has also been attributed to gaps in knowledge and skills compounded by broader system failure and low staff numbers. The need to tackle the gaps in Human Resources for Health (HRH), as an essential part of strengthening health system was also emphasized in the 2006 World Health Report (WHO, 2006).

1.2 Statement of the Problem

The study sets out to find out to what factors influence the performance of health workers in Kenya’s Devolved County Government system making them not to deliver healthcare services effectively. Public health facilities in Kenya are in dire need of funding to rehabilitate, re-design, equip and staff them to ensure effective and efficient service delivery
to Kenyans (Maureen, 2005). According to WHO (2006) tackling inadequate Human Resources for Health (HRH) is an essential part of strengthening health systems. Traditionally, the focus in low-income settings among those expected to lead such units has been on macro-level issues related to workforce training, recruitment, retention, skill mix and distribution, yet it is increasingly recognized that human relations is a major mediator and moderator of effectiveness of health care (International Journal on Management Review, 2004). There are few studies that had been done focusing on factors contributing to poor performance in health service delivery in the public health sector in Kenya, but none has focused on the factors that influencing performance the health workers in these facilities, specifically. This study therefore seeks to fill the local literature gap by using the County Health Service delivery structure and to find out what factors influence the performance of the health workers in the Nairobi City County and specifically, Embakasi East Sub County.

1.3 Objectives

1.3.1 General Objective

The main objective of carrying out this research is to evaluate the factors that affect the performance of health workers in public health facilities within the County system in Kenya. The following are the specific objectives;

1.3.2 Specific Objectives

i. To investigate the effect of resource allocation on the performance of health workers in Embakasi East Sub-County.

ii. To determine the effect of staff training on the performance of health workers in Embakasi East Sub-County.

iii. To identify the effects of recognition programs on health worker performance in Embakasi East Sub-County.

iv. To identify the effects of employee participation on health worker performance in Embakasi East Sub-County.

1.4 Research Questions

The research endeavored to answer the following questions:

i. What are the effects of resource allocation on the performance of health workers in Embakasi East Sub-County?

ii. What effect does staff training have on the performance of health workers in Embakasi East Sub-County?

iii. What are the effects of recognition programs on health worker performance in Embakasi East Sub-County?
iv. What are the effects of employee participation on health worker performance in Embakasi East Sub-County?

1.5 Significance of the study

Significance of a study refers to the relevance of the study in terms of academic contributions and practical use that might be made of the findings (Oso & Onen, 2009). The study will make recommendations on the influencing factors affecting the performance of health workers in the County Government system. Undeniably such relations and the recommendations made could inform policy formulations in the various counties in the country in general because they are originated through valid research data.

The study’s findings will relate the different aspects of health measurement with health workers delivery to understand their individual contributions to the relationship. Findings of this study will also serve as an academic tool that will instruct and inform readers on the reasons that contribute to poor health delivery by health workers. The findings in this study should contribute to body of knowledge that could be referred to as relevant material in reference to health provisions requirements of Vision 2030 and the MDGs.

1.6 Limitations of the study

The researcher may encounter the following problems in carrying out this study. Administering of questionnaires may be difficult since the respondents may happen to be busy in their daily routines. Therefore it may take a lot of time to obtain the information. The top managers may be uneasy and therefore delay the completion of the research project as it will be intended. There may be low responses due to negative attitude therefore the researcher may need to take a letter from the institution and explain the objectives of the study and assure them that any information given will be treated with confidence since the study will be purely for academic purposes only.

1.7 Scope of the study

This research will base its findings on health facilities in Nairobi County and in specific Embakasi East Sub-County. The study will focus on public hospitals in the County and specifically on employees of the hospitals who will be the study’s respondents. The study will be undertaken between the months of February and August 2018.

1.8 Chapter Summary

This chapter provides the background of the study explaining the importance of health worker performance in enhancing the health system. The chapter identifies the performance of health workers as a key component for enhancing the delivery of health services in the public health system. The chapter explained the study’s significance as being informative to
all stakeholders in the health system that are able to use the information from the study in building effectiveness in health workers. The chapter has also provided the objectives that will guide the research on the introduced topic, the research questions that the researcher intends to answer which include answering the extent of influence of resources allocation, training, reward systems and employee participation on performance of the health workers in the public health sector. The chapter has identified Nairobi County and in specific the Embakasi East Sub-County as the scope of the study which is envisaged to be undertaken within 4 months.
CHAPTER TWO: 
LITERATURE REVIEW

2.0 Introduction
This chapter will discuss the literature obtained, its contents, and the relevance of this literature to the study.

2.1 Theoretical Review
The main theoretical perspectives that relate to the factors that affect performance of workers are the content or need theory, Herzberg’s and Vrooms theory of motivation. The theories are discussed in this section for the benefit of understanding the underlying issues that are common among all employees.

2.1.1 Content/Need Theories
Content or need theories are concerned with the identification of people’s needs and their relative strengths. The theories also assess the goals that are pursued in order to satisfy these needs. Content theories in this regard place emphasis on the nature of needs and what motivates an individual to pursue these needs. The main focus is on the question of what arouses, sustains and regulates goal directed behaviour i.e., the particular things that motivate people. Content theories such as Maslow’s theory of hierarchy and Herzberg’s theory attempt to explain those specific things that actually motivate the individual at work.

The literature on content/need theory reveals that the majority of research pertaining to motivation, and its relationship to management of leisure services, has been conducted in the public and nonprofit sectors using Herzberg’s (1959, 1987) two-factor motivator hygiene theory. According to Eddington, Hudson, & Lankford (2000), the chief proponents of much of this research have been Larry Neal (1984) and his associates at the University of Oregon.

2.1.2 Herzberg’s Theory of Motivation
Herzberg’s theory postulated that factors in the workplace causing positive attitudes towards one's job were different than the factors that generated negative attitudes. According to Herzberg (1987) there are 16 factors related to either job satisfaction or job dissatisfaction whereby five of these are strong determinates of job satisfaction. The identified factors tend to be intrinsic in nature and are labeled as motivators while the remaining eleven factors are associated with job dissatisfaction.

According to Herzberg (1959, 1987) the factors that are associated with job dissatisfaction are those which, if present, serve to motivate the individual to superior effort and performance. These factors are related to the job content of work. They are ‘motivators’ or
growth factors. Motivation factors include: achievement, increased responsibility, challenging work, recognition for achievements, growth and development.

2.1.3 Vroom’s Theory of Motivation
Vroom’s (1964) work into motivation argues that crucial to motivation at work is the perception of a link between effort and reward. Perceiving this link could be thought of as a process in which individuals calculated first whether there was a connection between effort and reward and then the probability (valences) would follow from high performance (instrumentality.) The motivational force of a job can therefore be calculated if the expectancy, instrumentality and valence values are known. The individual’s abilities, traits, role perceptions and opportunities attenuate the motivational force.

2.2 Empirical Literature Review
Empirical review is study that is based on observed and measured occurrences and develops knowledge from actual experience rather than from theory or belief. This section will therefore review past studies that relate to the topic under study.

2.2.1 Resource Allocation and Performance of health workers
According to Obonyo (1997) on attaining independence in 1963, the Government of Kenya committed itself to providing “free” health services as part of its development strategy to alleviate poverty and improve the welfare and productivity of the nation. Obonyo (1997) points out that various constraints made it impossible for the government to continue financing increased demands for healthcare. Inefficiencies and inequities characterized the delivery system due to poor management and inappropriate pricing of services. In reaction to this healthcare policy reforms have been adopted as a strategy of supplementing government budget to revitalize healthcare delivery systems. The most notable health reforms the government adopted included decentralization and cost sharing.

According to Mwaniki and Dulo (2008) the focus of improved healthcare services delivery is the need to increase the cost effectiveness and efficiency of resource allocation and use. This entails attracting and retaining qualified personnel with the right skills and attitudes towards work. The Kenya Health Policy Framework (KHPF) outlines the need to establish staffing norms that define an appropriate mix of personnel, operations and maintenance inputs at all levels in order to obtain optimal performance and efficiency. The focus of KHPF was to ensure that all health professionals underwent reorientation, retraining and redeployment so as to meet the manpower demand and resource availability, particularly at the central level.
The Ministry of Health’s Norms and Standards for Health Service Delivery (MoH Kenya 2006) uses population-based parameters to define norms for establishing various types and levels of health facilities as shown in Table 2.1:

Table 2.1: Summary of Health Facility Norms

<table>
<thead>
<tr>
<th>Facility Levels</th>
<th>Type of facility</th>
<th>Population Catchment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Community Health Units</td>
<td>5,000</td>
</tr>
<tr>
<td>Level 2</td>
<td>Dispensaries</td>
<td>10,000 to 15,000</td>
</tr>
<tr>
<td>Level 3</td>
<td>Health Centers</td>
<td>30,000 to 40,000</td>
</tr>
<tr>
<td>Level 4</td>
<td>District (Primary) Hospital</td>
<td>100,000 to 200,000</td>
</tr>
<tr>
<td>Level 5</td>
<td>Provincial or Regional Referral Hospital</td>
<td>Up to 1,000,000</td>
</tr>
<tr>
<td>Level 6</td>
<td>National Referral Hospital</td>
<td>Unlimited</td>
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However, the Kenya Service Provision Assessment Survey 2004 (NCAPD 2005) shows that the average population coverage per health facility significantly exceeds these norms. The report also indicates that government and faith-based organizations (FBO) health facilities experience higher workload compared to private-for-profit health facilities.

According to the Ministry of Medical Services (2008) more health facilities will be required to meet the aspirations in the National Health Sector Strategic Plan (NHSSP) II. With the current population estimated to be 40 million, the estimated needs are 7,600 Community Health Units, 3,800 Dispensaries, 1,267 Health Centres, 380 Primary Hospitals and 38 Secondary Hospitals (MoH Kenya 2006 p.6). This will have significant staffing implications for nurses.

The Report on Human Resource Mapping and Verification Exercise (MoH Kenya 2007a) shows that in 2004 the MoH had 2,156 health facilities served by a workforce of 35,643 staff including nurses, doctors, clinical officers and community health workers. The Report on Human Resource Mapping and Verification Exercise (MoH Kenya 2007a) showed that Nyanza and North Eastern provinces had the lowest staffing ratios. While the emergency recruitment programme has significantly improved the Nyanza situation, the North Eastern Province shortage remains more or less unresolved.
The emergency recruitment in the province was small and not well structured. This has not demonstrated any significant impact in alleviating nurses’ shortage. Besides, the province appears to have some unique situation that requires further investigation. It is still too early to demonstrate the impact of this improvement in nursing workforce on health indicators in Nyanza. The Report provides both national and provincial health workers staffing ratios per 100,000 populations in 2004. (MoH Nursing Database December 2008) According to MoH (2007b) the Norms and Standards for Health Service defines staffing needs as the relationship between annual workload and the standard workload for the staff cadre at the defined level of care. Workload is defined as volume of work involved in delivering health services that can be accomplished during the course of one year by a competent and motivated health worker working to acceptable professional standards. Since the 1980s the Ministry of Health has used staffing norms related to bed capacity to assess workforce needs in health facilities. For example, in-patient areas have been staffed using official or available bed space as the benchmark at a ratio of one nurse to six in-patients beds per shift. This gives an average of four nursing contact hours per 24 hour-period. However, most of the time hospital wards are congested beyond the official bed capacity, lowering the available nursing time per patient considerably.

2.2.2 Staff Training and Health Worker Performance

Training is the planned effort to facilitate employee of the job related behaviour in order to improve employee performance. According to Beach (1995) training is the organized procedure by which people learn work knowledge and skills for a definite purpose. It is expected that trainees acquire new manipulative skills, technical knowledge and attitudes to apply on the jobs such as to aid in the achievement of the organization growth and objectives. Beach (1995) observed that training had tangible benefits to both employees and organization in determining effectiveness and efficiency of an establishment.

According to Mullins (1996) the purpose of training is to improve knowledge, skills and to change attitude. This can lead to many potential benefits for both individuals and the organization. It is therefore a key element to improve organizational performance. Training increases the level of individuals’ organizational competence and helps to reconcile the gaps between what should happen and what is happening between desired targets as standards and actual level of work performance.

According to the MoH (2007b) under the Vision 2030 Strategy, the government recognizes that Kenya’s main potential lies on its people; their creativity, work ethic, education, health
status and entrepreneurial skills. The immediate challenge identified in Kenya’s transformation to 2030 is how to meet the human resource requirement for a rapidly changing and more diverse economy. Towards this end, the Government has adopted various intervention measures in Human Resource Management and development. To ensure significant and consistent results, the human resource will be managed, rewarded and steered to develop global competitiveness.

According to KACC (2010) in their health care report regarding human resource management in the public health system, despite the deliberate efforts to enhance capacity of health professionals a number of challenges were identified including absenteeism of personnel from duty, inadequate qualified personnel, procrastination in the form of lateness and laxity in the medical personnel, poor systems for performance management, multiple codes of conduct for health personnel and ambiguous terms and conditions of employment for some health personnel.

2.2.3 Recognition programmes and Health Worker Performance

One of the most powerful motivators is recognition. Recognition needs are linked to esteem needs in Maslow’s (1954) hierarchy of needs. Maslow defined them as the need to have a stable firmly based high evaluation of oneself (self-esteem) and to have the respect of others (prestige). These needs are classified into two subsidiary sets; one is the desire for achievement, adequacy, confidence in the face of the world and for independence and freedom. Secondly the desire for reputation or status defined as respect or esteem from other people and manifested by recognition, attention, importance or appreciation. Belief in the motivational value of recognition is supported by the research by Herzberg (1966, 1987) which identified recognition as an important ‘satisfier’. He argued that recognizing people for what they achieve makes them feel good and therefore helps enlist their engagement. Recognition is a form of feedback that lets people know that they have done well and therefore provides positive reinforcement. Brand et al (1982) found out from their research that a feedback programme in the US government agency that involved public recognition brought about an increase in productivity of 26 to 149% in different sections.

Non-financial recognition is a method of identifying either individual employees or teams for particular praise or acknowledgement. Rose (1998) defines it as ‘…a non-cash award given in recognition of a high level of accomplishment or performance such as customer care or support to colleagues, which is not dependent on achievement of a pre-determined target’. It is worth noting however that the concept of non-financial recognition does not necessarily
mean that the recognition provided should have no financial value, but it simply means that whatever is given should not be just money.

A report by IDS (2002) contends that it is the act of recognition itself and the esteem it gives to employees that is the heart of the motivation provided by non-financial recognition. This method is likely to be considerably more memorable than a cash award which is simply subsumed into an employee’s salary. Silverman (2004) observed that employee’s expectations are much higher these days and they want to do things as well as have things. In this way then non-financial recognition schemes provide employee with something tangible that they can remember: a special day out or a great meal can instill much more positive effect than a sum of money paid into a bank account, net of tax and national insurance.

Organization can also offer a degree of choice for their employees if the scheme allows their participation in the selection of the recognition item.

There is a wide variety of ways in which non-financial recognition can work in practice. These schemes range from informal and impromptu to more formal structured schemes.

Informal non-financial recognition may concern the acknowledgement of the employees’ efforts by: the manager saying thank you; the manager writing formally to record thanks; public appreciation of the efforts in a team meeting, in an organizational newsletter or at a special dinner and; Declaring the individual ‘employee of the month or year’. (Silverman, 2004)

Alternatively, the employee may be given a chance to enjoy a ‘present’ of some kind away from the office. This can be achieved by providing: retail or travel voucher; use of creation facilities; meals for the individual and partner; theater or cinema tickets; reserved parking; Domestic goods, etc.

Types of recognition are many and varied. According to a study by IDS (1999), there is no standard approach to non-financial recognition as schemes vary with the size and sector of the employer, and the objectives of the approach. The IDS report however argues that the most influential factor determining the nature of the scheme is organizational culture as it dictates which form of recognition will be most appropriate. The following non-financial recognition schemes are widely used:

Praise at the most fundamental level, non-financial recognition can be as simple as personal acknowledgement by managers to employees that they have performed well. One of the most effective forms of recognition is praise. When an employee has done the work well and has met or even exceeded the targets, it is always good to appreciate them by words such as “that was pretty good, thank you” (Armstrong, 1994). This type of praise goes a long way in
making this employee view himself as an important asset in the organization. Other forms of recognition include long service awards, status symbols, sabbaticals, work-related trips all of which can be part of total reward process. Such praise can be give privately during the cause of work or in a performance review meeting. Public praise can even be rewarding. Praise must be genuine and saved for real achievement defined recognition as a key part of the value set of the organization and can be reinforced by many managerial practices (Armstrong and Murlis 1994)

Voucher schemes are particular liked because they give employees a certain element of choice. However unlike a cash award, vouchers cannot be absorbed into the employee’s salary and quickly forgotten. Vouchers can also be seen as a double reward, that is, one reward when they receive the voucher and another when they spend it. When deciding on the voucher scheme to adopt, organizations should aim to suit individual taste and provide enough choice to do this. Additionally the organization must take account of the utility of the voucher, e.g. the time frame employees have to use their vouchers and the employees' ability to spend it (for example whether there is a branch/store in the local vicinity (Silverman, 2004).

2.2.4 Employee Participation and Health Worker Performance

Employee participation in general terms refers to the participation of non-managerial employees in the decision making processes an organization (Cole, 2002). The British Institute of Management (1977) described participation as the practice in which employees take part in management decisions and it is based on the assumption of a community of interest between employer and employee in furthering the long term prospects of the enterprise and those working in it.

Cole continues to argue that the important reason for encouraging greater employee participation in decision making, even if only through increased consultation, is that it can lead to improved efficiency and effectiveness in delivering good and services to customers. Participation not only increases employees’ contribution to problem-analysis but also enhances their ability to make important operational decisions, resulting to increased employee commitment and motivation. This he continues is likely to lead to better product service quality and enhanced customer satisfaction.

Hackett (1979) says that employee participation means that the decisions which are arrived at are formulated jointly by employers and employees and are agreed on by both. This participation in management decision-making can occur at various levels. Employee can participate in evaluating their jobs. This can be through agreement.
Armstrong (2009) has coined a new term to stand for employee participation as employee voice. According to Boxall and Purcell (2003) employee voice is a term increasingly used to cover a whole variety of processes and structures which enable, and sometimes empower employees, directly or indirectly, to contribute to decision making in the firm. Employee voice can be seen as “the ability of employees to influence the actions of the employer” (Millward et al 2000). The concept covers the provision of opportunities for employees to register discontent and modify the power of management. It embraces involvement and more specifically participation. Armstrong (2009) says that involvement means that management allows the employees to discuss with it issues that affect them but management retains the right to manage. It is primarily a management-driven concept. Participation is about employees playing a greater part in the decision making process. It is therefore much closer to the concept of employee voice system, that is, arrangements for ensuring the employees are given the opportunity to influence management decisions and to contribute to the improvement of organizational performance.

Samal et al (2011) refer to employee participation as participative management which he says is a process in which influence is shared among individuals who are otherwise hierarchically unequal. It is a system which encourages employees to participate in the process of making decisions that directly affect their work lives. Participative management is utilized to improve work practices, productivity and organizational performance. Generally participation encourages persons to play main roles in organizations and conveys their messages to the manager. Roots of participative management could be founded in democratic, socialistic, neoclassic and humanistic theories of the management. “Participation” is one of the main elements of democratic theory and by effort to create participative management; we mean the effort to present democratic meanings. Democracy causes the managers and the employees to participate in decision-making. Participative management is an active process in which the supervisor and the employee try to solve problems. According to Jagitsingh (1991) participative management could be regarded as an element by which the employees engage with their jobs.

Employee participation is considered as a combination of different tools designed to increase employee input of various degree in managerial decision making like organizational commitment, reduction of employee intention to turnover and absenteeism, increase in productivity and motivation (Komal et al, 2011). Singh (2009) in his study stated that in current dynamic working environment and severe competition, organizations are required to adopt techniques which are flexible, adaptive and competitive due to the competitive
pressures and rapidly changing market conditions. Organizations are realizing that their employees are the most important asset and that their future depends on more involvement of the employees in generating new ideas. The involvement of employees can help in many ways to organizations looking for creativity, changes in behaviors at work and in workplace decision making.

Strauss (2006) said that participation is a process that allows employees to exercise some control over their work and the conditions under which they work. It encourages employees to participate in the process of making decisions, which have a direct impact on work environment. He continues to say that substantial employee participation in management is vital for cross-functional integration and efficient working. Employee participation is a method where, a large number of subordinates share a degree of decision-making power with their superiors. Participation can be helpful in developing plans for implementing goals. For this reason managers need to include subordinates in goal setting and in subsequent planning of how to achieve the goals.

2.3 Summary of Research Gaps

The literature indicates the importance of healthcare workers noting that healthcare provision may not possess the same structure as other markets where the laws of demand and supply apply. The government in this way is an essential component in ensuring that public healthcare is well delivered. Surveys done on the Kenyan health system show that the Kenyan system is in need of reforms that can ensure health workers perform at their optimal. The government is important in ensuring this through provision of services, financing of services, regulation of private service provision or a combination of these. In as much as training has been considered a vital element in improving performance rates in health workers, the literature reviewed by the study is not adequate in indicating the current level of training in public health sector. Information reviewed on the importance of recognition indicates that it provides an intrinsic motivation value to employees and can be used to improve the motivation of health workers to perform better in their duties. There are various ways of recognition identified by the literature, however, it is not clear on the recognition practices applied by public health facilities whether there is a policy that can guide this.

The literature also identifies employee participation as an essential part of allowing employees interrelate with the systems of the sector and at the same time ensure that the processes within the working area are well articulated. Employee participation is also identified as a way of improving intrinsic motivation but the literature is not able to identify
to what extent the public health sector allows employees to participate in its processes and decisions.

The literature review also shows that job design assists in establishing procedures, rules and boundaries for staff to follow. This process is undertaken so as to reduce ambiguity in the workplace. The literature shows that management is able to determine performance outcomes when they create the correct job design and tools that workers use. The study therefore aims at assessing how this factors that have been perceived to improve performance relate to the public health sector and the extent to which they are applied.

2.4 Conceptual Framework

Miles and Huberman (1994) explain the conceptual framework as either a graphical or narrative presentation that explains the key factors of the study and the presumed relationship among the variables. The relationship between these variables assists the researcher to understand the form that the study will take in reference to the methodology.

![Conceptual Framework Diagram](image)

**Figure 2.1: Conceptual Framework**

Source; Author (2018)

2.5. Operationalization of variables

2.5.1. Resource allocation

There are various factors that are continuously taking significant amount of time and resources from individuals in turn affecting the employees’ development and potential. The environment in which employees are living and working is rapidly changing and employers or organizations must be able to develop an environment that is healthy and conducive to changes in the environment by allocating the resources available effectively.
2.5.2. Training
This refers to development of the capacity and capability of the organization’s employees and it has a fundamental impact on efficiency, effectiveness, morale and profitability of an organization. High performing organizations increasingly pay close attention to the validity of their recruitment practices and are becoming equally vigilant about developing their employees in order to ensure they achieve optimum performance both in the present and the future.

2.5.3. Recognition
This refers to a positive recognition system for positive work output from employees. The recognition may in form of a bonus or other financial compensation or recognition before other employees. Rewarding employees and performance are complimentary as one leads to another.

2.5.4. Employee Participation
This relates to the level to which the organization through its employees is able to fulfill its goals and objectives. The participation of the employee factors in the level of motivation the employee will have and finally reflects on the performance. The performance of the health workers in relation to the job effectiveness will be measured by the level of patient satisfaction and overall health performance.

2.6 Chapter Summary
The chapter has discussed the literature obtained in reference to the objectives of the study, summarizing contents from different authors on the same topic and analyzing the relevance of this literature to the current study.

The study has identified that there is a literature gap in regards to the factors that influence the performance of health workers in the public health care system and therefore finds the need to embark on the current study.
CHAPTER THREE:
RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction
This chapter focuses on the method of research design which was used in this study. It presents the target population, the data collection instruments and procedures and how the data was analyzed.

3.1 Research Design:
Research design deals with the ways in which data are gathered from subjects. According to De Vos (1998) a research design is a blueprint for how the research study is conducted. Polit and Beck (2004) indicate that selecting a good research design is guided by whether the design does the best possible job of providing trustworthy answers to the research question.

This study used a descriptive approach. The design was selected because of the ease with which the researcher could obtain the respondents’ opinions thus describing their views in relation to the factors that influence the performance of public health facilities within the Embakasi East Sub-County.

3.2 Target Population
The study was carried out in Embakasi East Sub-County in the Nairobi City County. Embakasi is situated in the East of the Central Business District. As a residential estate, it houses mostly lower middle income citizens, with part of it inhabited by some middle to upper middleclass families. The Sub County has a population of 27 health facilities (Afya360, 2017) whereby 6 of the health facilities are Public while the other 22 are privately owned.

The research specifically targeted health care workers from selected public health facilities in Embakasi East Sub-County and the Sub County Public Health Officers.

3.3 Sample Size and Sampling Technique
Sampling is that part of statistical practice concerned with the selection of an unbiased or random subset of individual observations within a population of individuals intended to yield some knowledge about the population of concern, especially for the purposes of making fair generalization of results back to the population from which they were chosen (Kirakowski, 1998).

In order to get accurate and reliable data and taking in consideration the target population, the researcher will adopt the census approach so as to achieve a representative sample. According to Lodico, et al (2010) a census sampling is part of non-random sampling that can be applied
in research where the realistic population is not too large and is used when obtaining data from one location or area to which data cannot be generalized from other areas or locations.

The sample size of the study was the 6 public health facilities in Embakasi East Sub-County. The study further purposively sampled ten (10) key informants from each of the public health care facilities shown in Table 3.1. The area of study was mapped and ten respondents selected from each of the public health units used to enhance representation of the respondents.

In addition, two (2) County Health Service officials were interviewed to ascertain their take on the issues researched on.

**Table 3.1: Sample Size**

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embakasi Health Centre</td>
<td>10</td>
</tr>
<tr>
<td>KDF Garrison Health Centre</td>
<td>10</td>
</tr>
<tr>
<td>GSU Training School Health Centre</td>
<td>10</td>
</tr>
<tr>
<td>JKIA Health Centre</td>
<td>10</td>
</tr>
<tr>
<td>Mihango Health Centre</td>
<td>10</td>
</tr>
<tr>
<td>APTC Embakasi Health Centre</td>
<td>10</td>
</tr>
<tr>
<td>Sub County Public Health Officials or other senior officials (Key Informant Interviews)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
</tr>
</tbody>
</table>

Source: Author (2018)

**3.4 Research Instruments**

The study used self-administered questionnaires as the main data collection tools. The questionnaires were structured and self-administered to the health facility respondents. In addition, there were face to face interviews for the key informants.

**3.5 Pilot Study**

The questionnaires were pretested at a private health facility of the same level as the public facilities selected in order to assess its feasibility and validity. These tools were then adjusted accordingly based on pre-test findings. For the pretest, 10 ANC clients were selected and were not included in the final study. Since there were only 2 midwives and one Manager in
each health centre, 2 midwives and 2 health center heads were chosen from other Wards. The
questionnaires were reevaluated by appropriate experts and the needed amendments done.

3.5.1 Validity
For the validity, the instruments were developed to address the study objectives. Validity was
ensured through appropriate training of recruited data collectors to ensure that standardization
of data collection, process and procedures are used.

3.5.2 Reliability
The tools were prepared to ensure that they addressed the specific questions relating to the
study objectives. The data collectors were well trained on importance of data reliability. This
was assured by administering the same questions twice over a period of time to a group of
respondents and evaluating the response from the first and the second time which was
correlated and stable over time.

3.6 Data Collection Procedure
Polit and Beck (2004) describe data collection as gathering of information needed to address
the research problem. Data collection methods can be broadly categorized into primary
research where the information is being collected for the first time or secondary research
where the researchers rely on information that already exists (Polit and Beck, 2004). It is
more convenient to use secondary data at the beginning of the study at the literature review
stage and then conduct primary research (Erickson & Wiendersheim-Paul, 2001). This is the
approach that was taken by this study.

3.7 Data Analysis and Presentation
This research is descriptive in nature and thus descriptive statistics that include percentages
and frequencies were calculated. Statistical data analysis was carried out using scientific
programmes in statistics such as SPSS version 17.0 for data collected from the self-
administered questionnaires. The data is presented in graphs, tables and discussions of the
analysis.

3.8 Ethical Considerations
Ethical clearance for the study was obtained from the Research Committee of the University
while the legal permission was also sought and acquired from the County and sub-County
health office. Consent was obtained from each respondent through verbal consent after
which they signed the Informed Consent Form before the interview.

3.9 Chapter Summary
This chapter aimed at discussing on the methods of research design which was used, the
target population, data collection instruments and procedures and how the data was analyzed.
CHAPTER FOUR:  
DATA ANALYSIS AND INTERPRETATION OF FINDINGS

4.0 Introduction  
The researcher used a structured questionnaire which was distributed randomly to healthcare workers from the 6 public health facilities in Embakasi East Sub-County in the Nairobi City County. This chapter, therefore, presents the results of the data collections, the analysis as well as the interpretation of the findings, based on the set objectives and research questions. In presentation of the data, the researcher has used pie charts and frequency tables.

4.1 Presentation of Research Findings

4.1.1 Response Rate  
Table 4.1: Analysis of the response rate

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returned</td>
<td>56</td>
</tr>
<tr>
<td>Not returned</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

Source; Author (2018)  
A total of 62 questionnaires were administered to health workers from public hospitals in Embakasi East. The numbers of questionnaires returned, correctly filled and accepted by the researcher were 56 in number (90% of the administered questionnaires). According to Babbie (2008) a response rate of above 50 % is allowed for analysis, hence a rate of 90% is allowed for analysis.
4.2.2 Demographic Characteristics

Figure 4.1: Gender of the respondents

Source; Author (2018)

From the findings 54% of the respondents were females while 46% were male an indication that the disparity of the gender of the employees at the public hospitals is not big.

Table 4.2: Cadre of the respondents

<table>
<thead>
<tr>
<th>Cadre</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Indicated</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>Psychologist</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>Nurse</td>
<td>16</td>
<td>28.6</td>
</tr>
<tr>
<td>KRCHN</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Technologist</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>MOH</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>CHEWs</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>PHO</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>HTC</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>RCO</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Support staff</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>SNO</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source; Author (2018)
The data collected shows that the research was able to receive information from the majority of cadres within the hospitals as indicated in table 4.2. Nurses were the largest group at 29% which is in tandem with the fact that nurses make up the majority of healthcare workers in most hospitals.

**Figure 4.2:** Period worked in Healthcare Facilities

*Source; Author (2018)*

From the findings presented in figure 4.2, 50% of the respondents had been working in their respective health facilities for less than 5 years while 29% had worked for more than 10 years and 21% between 5 and 10 years.

**Figure 4.3:** Respondent part of the management committee

*Source; Author (2018)*

From the findings, the respondents were mostly made of non-committee members (75%) while 25% of the sampled respondents were in the management committee. This indicates
that there is a good representation of individuals who have the knowledge of medical operations as well as administrative operations of the healthcare facilities.

4.1.2 Resource allocation and performance of health workers

This study sought to understand the influence the health facility’s resource allocation strategies affected the performance of the healthcare workers.

**Table 4.3:** Perception of health facility ability to effectively allocate resources

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30</td>
<td>53.6</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>46.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source; Author (2018)*

When asked whether they believed that the health facilities within the Embakasi East Sub-County are able to effectively allocate the available resources to improve the performance of health workers, 54% said yes while 46% said no. The respondents in agreement further explained that the management was capable to handle such issues, staff had received training, and that the management committees were able to understand the needs of the health facilities. The respondents that said the facilities do not have the ability to allocate resources well explained that so far some of the commodities were not available due to the lack of management inability, there are delays in releasing money from the national to county government hence delays in allocation and that there was too much bureaucracy.

![Frequency of evaluation of allocation](image)

*Figure 4.4:* Frequency of evaluation of allocation

*Source; Author (2018)*
The data collected indicated that majority of the health facilities as indicated by 34% of the respondents reviewed their allocation of resources annually meaning that budgetary allocations for commodities was fixed for a year before changes would be made. The data also shows that 27% of the respondents said that their facility evaluated the allocation quarterly while some were not aware, 25% said it was done monthly while 14% indicated a weekly evaluation.

![Adequacy of policies](chart.png)

**Figure 4.5: Adequacy of policies in resource allocation**

**Source; Author (2018)**

The data collected also focused on the adequacy of the institutions’ policies in resource allocation and found that in regards to enhancing the performance of health workers, majority of the respondents (63%) indicated that the set policies were not adequate. This was caused by lack of accountability, lack of willingness to follow procedures and lack of focus on the health workers progress in education and carrier development. the 37% of respondents who indicated that it was adequate supported their response by indicating that allocation was always done and that they were focused on the facilities’ capabilities. Having adequate policies for resource allocation is paramount to improving health services delivery as indicated by Mwaniki and Dulo (2008) and hence majority of the facilities are not able to enhance their delivery of health services.

When asked how the County Government would ensure that the available resources in the health facilities were effectively allocated and utilized, the respondents indicated that it should ensure the continuity of education sponsorships for medical staff, ensure timely promotion of staff based on merit, undertake an evaluation of facility needs since the
different facilities have different needs and ensure that they follow a bottom-up approach in implementation.

4.1.3 Staff training and health worker performance
This study wanted to gather information on the extent to which staff training was undertaken and its impact on the performance of health workers.

![Figure 4.6: Awareness of staff training](source; Author (2018))

When asked whether they were aware of any staff training taking place in their health facilities previously, majority of the respondents (79%) indicated yes while 21% said they were not aware. This indicates that majority of health facilities are in the process of enhancing the delivery of health services as explained by Mullins (1996) who find that training is essential for improving knowledge, skills and changing staff attitudes which can lead to many potential benefits for both individuals and the organization.

**Table 4.4: Major aspect focused in training**

<table>
<thead>
<tr>
<th>Focus of training</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing health information</td>
<td>26</td>
<td>46.4</td>
</tr>
<tr>
<td>Providing medicines</td>
<td>17</td>
<td>30.4</td>
</tr>
<tr>
<td>Referring patients to health facilities</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>Reacting to distress calls</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source; Author (2018)*

From the findings presented in table 4.4, 46% of the respondents indicated that the trainings that they have received have mainly focused on the aspect of health workers providing health information. A significant portion also indicated providing medicines (30%) while 13% indicated trainings were focused on referring patients to health facilities and 11% reacting to
distress calls. This illustrates that different cadres within the health facilities have been trained.

![County efforts](image)

**Figure 4.7**: County Government efforts in enhancing staff training

**Source; Author (2018)**

When asked what the county government had done so far to ensure that staff from the healthcare facilities in Embakasi East are trained, majority of the respondents (52%) indicated the increase in the number of trainings. This illustrates that the County government is working to strengthen health care services since training has been identified as an important component for increasing individual and organization competence (Mullins, 1996). However, a significant portion of the respondents (21%) share the opinion that the County government has done nothing indicating that there still exists gaps in ensuring adequate training. The data also shows that 16% indicated that the county government has improved resources while 9% said it has increased the number of training institutions.

**Table 4.5**: Health workers adequately trained in Embakasi East Sub-County

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>Agree</td>
<td>32</td>
<td>57.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>15</td>
<td>26.8</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Source; Author (2018)**

When asked whether they felt the health workers in Embakasi East Sub-County were adequately trained to cater for the growing needs of the population, the majority of the
respondents were in agreement, 57% indicating they agree and 13% indicating they strongly agree. This coincides with the report by MoH (2007b) that the government has put up strategies to meet the human resource requirements for a rapidly changing and more diverse environment.

4.1.4 Recognition on performance of health workers

The study sought to understand whether there existed recognition programs in the health facilities in Embakasi East and the effect they had on performance of health workers.

Table 4.6: Extent to which health facilities have recognition activities

<table>
<thead>
<tr>
<th>Response on extent</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great extent</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>Moderate extent</td>
<td>24</td>
<td>42.9</td>
</tr>
<tr>
<td>Little extent</td>
<td>15</td>
<td>26.8</td>
</tr>
<tr>
<td>No extent</td>
<td>14</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Author (2018)*

On whether there were activities focused on recognizing the staff within the health facilities, 43% said that they existed at a moderate extent, 5% said to a great extent while 27% indicated a little extent and 25% said not extent. This illustrates that the health facilities in Embakasi East have little activities that are focused on recognizing health workers illustrating a gap in strategies aimed at enhancing motivation. A report by IDS (2002) indicates that the act of recognition itself and the esteem it gives to employees is at the heart of the motivation.

Table 4.7: Role of Recognition in Health Systems

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps in motivating the staff</td>
<td>21</td>
<td>37.5</td>
</tr>
<tr>
<td>Helps in assessment of operations</td>
<td>9</td>
<td>16.1</td>
</tr>
<tr>
<td>Helps in improving effectiveness</td>
<td>12</td>
<td>21.4</td>
</tr>
<tr>
<td>For promotions</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>Has no role</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Author (2018)*

The data presented in table 4.7 indicates that majority of the respondents (38%) share the opinion that recognition helps in motivating staff, 21% indicated that it helps in improving
effectiveness, 16% said it helps in assessment of operations and 11% for promotions. Only 13% of the respondents indicated that it had no role which illustrates that majority of the respondents were aware of the effect of staff recognition.

4.1.5 Employee participation and performance Organizational ethics has an effect on the performance of the organization

The researcher sought to understand how participation was enabled in public health facilities in Embakasi East Sub-County and the effects of employee participation on health worker performance.

![Extent of participation effect](Image)

**Figure 4.8:** Extent of effect of staff participation in decision-making

*Source; Author (2018)*

The data collected in regard to the extent to which the level of staff participation in decision and operations of the health facilities affects their performance indicates that majority of the respondents (41%) were of the opinion that it was to a moderate extent, 38% said to a great extent while 14% said a little extent of effect and 7% indicated no extent of effect.
When asked the ways that the health facilities they worked in had ensured that staff are able to participate at all levels of operations the majority of the respondents (39%) through the provision of regular meetings, 36% said through providing feedback mechanisms while 23% indicated they did not assist. Samal et al (2011) indicate that participation is utilized to improve work practices, productivity and organizational performance. This means that majority of the health facilities have applied the required strategies to ensure that they strengthen health care services.

Table 4.8: Aspects to be changed to improve participation

<table>
<thead>
<tr>
<th>Aspects</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved relations with authority</td>
<td>11</td>
<td>19.6</td>
</tr>
<tr>
<td>Flexibility of reporting structure</td>
<td>13</td>
<td>23.2</td>
</tr>
<tr>
<td>Assessment Process</td>
<td>15</td>
<td>26.8</td>
</tr>
<tr>
<td>Performance Standards</td>
<td>17</td>
<td>30.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

When asked what they thought should be changed in the Sub-County health system so as to improve employee participation, the respondents indicated performance standards (30%), assessment process (27%). Flexibility of reporting structure (23%) and improving relations with authority (20%). This indicates that health workers are aware of the gaps that are in the health system in regards to staff participation.
4.2 Limitations of the Study
The study was limited by the following factors:
Lack of generalization – the study was focused on the public health facilities which may operate differently from health facilities owned privately and thus the findings of this study may not be fully generalized to the entire health system.
Lack of full disclosure - these refers to the lack of commitment from the staff picked to be respondents as they might have seen it as giving away the company’s information. Some of the respondents choose not to give fully true information and therefore jeopardizing the findings of the study.

4.3 Chapter Summary
This chapter aimed at presenting the findings of the data collection process and the discussions and interpretation of the findings. The chapter has described the response rate as being 90% and therefore adequate for analysis. The chapter analyzed the demographic information of the respondents chosen for the study and key findings according to the study’s objectives.
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction
This study was conducted to evaluate the factors that affect the performance of health workers in public healthcare facilities within the County system in Kenya. The target population for this study was employees of selected public health facilities in Embakasi East Sub-County. The sample population was 62 employees, the responses received were 56, which resulted to a 90% response of the sent out questionnaires and this was more than 50% acceptable percentage for analysis according to Mugenda and Mugenda (2003).

5.1 Summary of Findings
From the findings, 46% were males while females were 54%. The respondent’s cadre was composed of the different cadres in the health facilities but most of the respondents were nurses and the other cadres were represented by 2 to 5 respondents. This was an indication that the respondents were aware of the different operations of the health facilities. The majority of the respondents had been working for their respective health facility for less than 5 years and out of the 56 respondents, 14 were in the management committee.

5.1.1 Effect of resource allocation on the performance of health workers
In regard to understanding the influence the health facility’s resource allocation strategies and how they affect the performance of the health workers, the study found that majority of respondents believed that the health facilities within the Embakasi East Sub-County are able to effectively allocate the available resources to improve the performance of health workers. The management of the health facilities was considered capable to handle such issues, staff had received training, and that the management committees were able to understand the needs of the health facilities. The study also found that majority of the health facilities reviewed the allocation of resources annually and monthly meaning that budgetary allocations for commodities was fixed for a minimum duration of one month and maximum of a year before changes would be made. The policies in resource allocation were found to be inadequate in enhancing performance of health workers. The study also found that in order to ensure that the available resources in the health facilities were effectively allocated and utilized the County Government should ensure the continuity of education sponsorships for medical staff, ensure timely promotion of staff based on merit, undertake an evaluation of facility needs since the different facilities have different needs and ensure that they follow a bottom-up approach in implementation.
5.1.2 Effect of staff training on the performance of healthcare workers
In regards to the extent to which staff training was undertaken and its impact on the performance of health workers, the study found that majority of the health facilities had previously undertaken training for their staff. The most focused on aspects of the training were on health workers providing health information, providing medicines and referring patients to health facilities. This illustrates that different cadres within the healthcare facilities have been trained.

The study also found out that the county government had increased the number of trainings, increased resources and training institutions so as to ensure that staff from the health facilities in Embakasi East is trained. This resulted in a majority view that staff was adequately trained in Embakasi East.

5.1.3 Effects of recognition programs on health worker performance
In regards to understanding whether there existed recognition programs in the health facilities in Embakasi East and the effect they had on performance of health workers, the study found out that most facilities had little activities focused on staff recognition even though it is considered an important aspect of motivation. The study found out that majority of the health workers was aware of the importance of staff recognition in improving performance.

5.1.4 Effects of employee participation on health worker performance
In regards to understanding how participation was enabled in public health facilities in Embakasi East Sub-County and the effects of employee participation on health worker performance, the study found out that majority of the respondents were of the opinion that participation had a moderate to great extent of effect on their performance. This indicates that the health facilities should invest in enabling staff participation. The study also found that the health facilities had taken action to ensure that staffs are able to participate at all levels of operations such as the provision of regular meetings and providing feedback mechanisms. The study as well found out that in order to the Sub-County health system to improve employee participation, the health facilities should change their performance standards, assessment process, flexibility of reporting structure and improving relations with authority.

5.2 Conclusion
The study sought to evaluate the factors that affect the performance of health workers in public health facilities within the County system in Kenya, specifically focusing on the Embakasi East Sub-County within Nairobi County. The study has found that training, staff recognition and staff participation are important aspects of improving the capacity and motivation of health workers. In achieving an improvement of these components the county
government system should be able to improve the performance of the health workers and assist in strengthening the health care service provision in the country. The gaps that need to be filled through the Ministry of Health include the recognition of staff and resource allocation.

5.3 Recommendations

The following recommendations are founded upon the findings of this study. Public health officials should continuously conduct organizational systems studies in order to identify weaknesses and loopholes and put measures in place to seal those loopholes and subsequently enhance performance especially in reference to resource allocation.

Conflict of interest situations are rampant and it is important for each employee to recognize, minimize and avoid it as it negatively impacts on organizational performance. At board level organizations must avoid appointing family and friends and base promotions on merit and performance of employees. Not doing so takes away the oversight protections that the board should provide company shareholders.

Formal standard setting documents namely; codes of conduct and ethics policies should not only be formulated but also rigorously disseminated to ensure that they are internalized by employees and the management.

Public health facilities must build a strong ethical culture through proper selection systems, leadership by example and effective performance management systems to ensure and enhance performance.
REFERENCES


APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

My name is Therese Paul Odundo Atieno, a student the Management University of Africa. I am doing research as part of my studies on factors that affect the performance of health workers in public health facilities within the County system in Kenya. The purpose of this study is to fill the local literature gap by using the County Health Service delivery structure and to find out what factors influence the performance of the health workers in the Nairobi City County and specifically, Embakasi East Sub County.

You have been selected to assist in the research by responding to the questionnaire intended for this research. The information you will provide will be treated with utmost confidentiality and will be used for the purpose of this research only.
APPENDIX II: QUESTIONNAIRE

The following questionnaire aims at collecting data to facilitate research into the factors affecting the performance of health workers in County Governments.

Your kind participation will go a long way in providing useful information required to complete this research. The information provided will be treated with strict confidence and will only be used for the purpose of the research.

Part One: Background Information

1. Sex
   Male { } Female { }

2. What is your cadre?

3. How long have you worked in the institution?
   a) 0-5yr   b) 5-10yrs   c) above 10 yrs

4. What is your core duty in this institution?

5. Are you in the management committee of the institution?
   a) Yes   b) No

Part Two: Resource Allocation on Performance of Health Workers

1. Do you believe that the health facilities within the Embakasi East Sub-County are able to effectively allocate the available resources to improve the performance of health workers and why?
   Yes { } No { }

   Why?
   1. ...........................................................
   2. ...........................................................
   3. ...........................................................

2. How regularly does your health facility evaluate the allocation of resources?
   Daily { } Weekly { } Monthly { } Annually { } other............

3. Do you think that the policies regarding your resource allocation are adequate to enhance performance of health workers?
   Yes { } No { }

   Reasons (optional)?
   i. ...........................................................
   ii. ...........................................................
   iii. ...........................................................

4. In your own opinion how can the County Government ensure that the available resources in health facilities are efficiently allocated and utilized to improve health worker performance?
Part Three: Staff Training on Health Worker Performance

4. Are you aware of staff training that have previously been done on staff at your health facility?
   Yes {  } No {  }

5. Which aspect of your operations are you mostly trained on?
   Providing Health Information {  } Providing medicines {  }
   Referring patients to health facilities {  } Reacting to distress calls {  }
   Others {  } 1. ......................................................
   2. ......................................................
   3. ......................................................

6. What has the County Government done to ensure that staff is adequately trained?
   Increased number of trainings {  } Increased number of training institutions {  }
   Improved resources {  } Nothing {  }
   Others {  } 1. ......................................................
   2. ......................................................
   3. ......................................................

7. Would you agree that the health workers present in the Embakasi East Sub-County are adequately trained to cater for the growing health needs of the population?
   Strongly Agree {  } Agree {  } Disagree {  }
   Strongly disagree {  }
   Reasons:
   1. ......................................................
   2. ......................................................
   3. ......................................................

Part Four: Recognition on Performance of Health Workers

8. To what extent does your health facility have activities that are focused on recognizing its staff?
   {  } Great Extent {  } Moderate extent
   {  } Little Extent {  } No extent
9. Please name some of the recognition practices that are taken up?

________________________________________________________________________
________________________________________________________________________

10. What is the major role of the recognition and especially for the Sub-County Health System?

{   } Helps in motivating the staff {   } Helps in assessment of operations
{   } Helps in improving effectiveness {   } For promotions
{   } Has no role

Part Five: Employee Participation on Performance of Health Workers

11. To what extent does your participation in decisions and operations of the health facility affect your performance?

{   } Great Extent       {   } Moderate extent
{   } Little Extent      {   } No extent

12. In what ways does the health facility ensure that staff is able to participate at all levels of its operations?

{   } Providing feedback mechanisms
{   } Provides regular meeting for all staff
{   } Provides Counseling services
{   } Does not assist

13. In your own opinion what should be changed in the Sub-County Health System to improve employee participation?

{   } Improved relations with authority {   } Flexibility of reporting structure
{   } Assessment process {   } Performance standards

Other:________________________________________________________________________

THANK YOU FOR YOUR PARTICIPATION.
APPENDIX III: INFORMED CONSENT

CONSENT FORM

I have been invited to participate in a study on factors that affect the performance of health workers in public health facilities within the County system in Kenya. I have been made aware of the relevance of the information that I will provide and I have had the opportunity to ask questions about it, and any questions that I will be asked I will answer them to the best of my knowledge. I consent voluntarily to be a participant in this study.

Signature or initials of Participant _________________

Date __________________________

  Day/month/year