

**RELATIONSHIP BETWEEN EMPLOYEE VOICE STRATEGIES AND  
PERFORMANCE OF PUBLIC HEALTH FACILITIES IN IMENTI NORTH SUB-  
COUNTY, MERU COUNTY, KENYA**

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## DECLARATION AND RECOMMENDATION

### Declaration

I declare that this thesis is my original work and has never been submitted to any other University for any award.

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### Recommendation by Supervisors

We confirm that the work reported in this thesis is carried out by the candidate under our supervision.

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## **DEDICATION**

I dedicate this research work to my loving husband Stephen Kiogora & children Elisha Murithi, Wendy Kinya, and Ian Bundi. You gave me support throughout the study.

## **ACKNOWLEDGEMENT**

My sincere gratitude goes to my supervisors, Mr. Abel Moguche and Dr. Wilson Muema for their professional guidance through the research work. Thanks to all business department lecturers for their wise advice and help. My classmates also encouraged and supported me in carrying out the study work. I thank God for providing me with good health and spirit to enable me to carry out this research. Thank you all supporting abundantly me and may God bless you.

## ABSTRACT

Many public health facilities have experienced employee discontent in the recent past contributing to a decline in the delivery of healthcare services. This was due to delayed salaries, poor working climate, insufficient facilities, and lack of engagement on the part of management to communicate with workers. This study, therefore, sought to establish the relationship between employee voice strategies and performance of public health facilities in Imenti North Sub County, Meru County. The specific objectives were: to determine the relationship between employee involvement, partnership agreements, grievance procedures, and collective bargaining on the performance of public health facilities in Imenti North Sub County. The study was anchored on the following theories: theory of dispute resolution, group theory, two-factor theory, the theory of equity, and goal-setting theory. A correlational research design was employed. The research targeted 470 medical staff in 15 public health facilities in Imenti North Sub-County. The study adopted a stratified random sampling technique. A sample size of 114 staff was used. Questionnaires were applied in the collection of data. Descriptive analysis (frequencies, percentages, and means) was used to describe the attributes of the study constructs. Further, inferential analysis (correlation and regression) was used to establish the connection between the study variable. The findings revealed that employee involvement, partnership agreements, grievance procedures, and collective bargaining positively and significantly influence the performance of public health facilities. The study concluded that employee voice strategies contribute significantly to the enhancement of public health facilities' performance. The research recommended that the hospital management should strengthen employee voice strategies through decision making, delegation of responsibilities, inclusion of compensation issues, staff rights protection, adequate communication, fair hearing, timely response to employees concerns and avoid discrimination. Further, the management should promote clear employee policy on hiring, retention, and firing.

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## **ABBREVIATIONS AND ACRONYMS**

<b>CGHR:</b>	Center for Global Health Research
<b>CSFs:</b>	Critical Success Factors
<b>HIV:</b>	Human Immune Deficiency Virus
<b>HRM:</b>	Human Resource Management
<b>HSIF:</b>	Health Sector Intergovernmental Forum
<b>ISO:</b>	International Standardization Organization
<b>KEMRI:</b>	Kenya Medical Research Institute
<b>KPIs:</b>	Key Performance Indicators
<b>MCH:</b>	Maternal and Child Health
<b>MoH:</b>	Ministry of Health
<b>NACOSTI:</b>	National Commission for Science, Technology, and Innovation
<b>OECD:</b>	Organization for Economic Co-operation and Development
<b>RoK:</b>	Republic of Kenya
<b>SPSS:</b>	Statistical Package for Social Sciences
<b>US:</b>	United States
<b>WHO:</b>	World Health Organization

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Quality service delivery as defined by the International Organization for Standardization (ISO) is a similar term that can be graded as high quality in most situations where the intrinsic feature of service meets the specifications of the customer (Azad & Ahmadi, 2015). Service industries such as hospitals, customer relations, for example, play a critical role in assessing and evaluating the quality of services offered at these facilities and in rating them. Health care quality comes from state-of-the-art equipment, reliable medicines, and a sufficient population of patients, protection, affordability, and consistency in the delivery of services (Tam, 2005). While the health sector's technical excellence is typically defined by the technical precision and feasibility of medical diagnoses and treatments, or by conformity to professional guidelines, the way people receive health care is practical excellence (Nhat & Quy, 2016).

Nutrition, research, and innovation have made more progress globally in the last 50 years (World Health Organisation, 2012). The public system has been strengthened and safety, education, and resources have changed. Public health and socio-economic growth programs have decreased mortality and improved life expectancy. Such improvements were sadly not common. Within and across countries, health inequalities have risen, perhaps due to disparities in the adoption of advanced technology and the disproportionate distribution of existing and re-emerging health issues (Von Schirnding, 2013). The inequality has grown, wallowing in complete misery to a third of the world's population (Taylor & Taylor 2011). As a result of health and development inequality due to preventable illnesses, we lose more

than 11 million infants each year and the hardest cases are where facilities are least available; those who require more care have the least exposure (Gwatkin, Guillot & Henveline, 2010).

### **1.1.1 Organizational Performance**

Organizational performance is defined as the degree of achievement of set goals and objectives of a company or organization based on various organizational parameters (Bray & Konsynski, 2015). In particular, organizational performance measurement and determination varies from one field to another. Armstrong and Baron (2006) note that the success of an entity should often take inputs into account, evaluate activities and outcomes, reflecting on the effects. Once it meets the thresholds of professionalism and achievements, as well as the goals of the strategic plan are reached, the organisation succeeds. Nonetheless, the factors that affect efficiency, performance management systems, and assessment of success can vary depending on each author and particular organization (Amstrong & Baron, 2006).

The U.S. health system faces problems such as inefficiencies, increasing costs and gaps in the quality, access and outcomes of health care. There is strong consensus that the framework needs to be transformed. Without inequalities from one health provider and population to another, a reformed framework will provide better treatment at lower expenses (Martinez, King & Cauchi, 2016). It will reward value over disorganized treatment before amount, quality before quantity and organised delivery. It will also concentrate on patient requirements and protection as top priorities. For decades, health care costs have risen faster than the general economy and continue to increase at a rapid pace following a brief slowdown during the Great Recession (Martinez et al., 2016).

India is home to global innovation and efficiency leaders in health care, such as Narayana Hospitals, known for providing low-cost, high-quality cardiovascular surgery. The All India Institute of Medical Sciences in New Delhi, as well as world-renowned medical teaching institutions (Le, Ehrlich, Venkatesh, Srinivasan, Kolli, Haripriya, 2016). Aravind Eye Care System, which has a high volume of cataract surgery in hospitals. Many Indians receive unacceptably low-quality primary and hospital care at the same time, especially the aged. The rapidly increasing burden of chronic diseases in India makes the low level of treatment highly relevant to health policy (Das & Mohpal, 2016).

China has made noteworthy strides in developing the primary health care sector. However, the scheme also faces difficulties in structural attributes, rewards and regulations, and quality of care, both of which decrease its preparation for care with a growing incidence of chronic non-communicable disease with an ageing fifth of the world's population (Li, Lu, Hu, Cheng, De Maeseneer, Meng & Krumholz, 2017). These concerns include inadequate training and staff skills, the aging and attrition of village doctors, fragmented networks of health information systems, a lack of digital data on daily clinical practice, financial subsidies and incentives that do not encourage cost savings. As China intensifies its health-care reform, it has the ability to create an efficient, cooperative primary health-care framework, obtain information based on experience that can help improvements, and supported by success measures and incentives based on facts (Li et al., 2017).

In many African countries, health indexes are still below estimates, morbidity and mortality rates for mothers and children are high, and life expectancy is poor relative to other areas. The life expectancy and child mortality rates of twenty countries, ten low income rates, and those often high-income countries indicate tremendous inequalities (Mseleku, 2011). The African region had the lowest life expectancy at birth of 53 years, also from the WHO (2010) report, and the Americas region had the lowest life expectancy at birth of 76 years. These

apparently intractable low health indices are attributed to diverse interrelated factors, including insufficient health policy research, disconnection between health policy and implementation; poor health care and budget management; poor quality of services; inequality; and inequalities in the availability of funding and services.

In most African countries, the biggest problem is the low standard of care at any level of the health system, which has gained little attention to a large degree (Adindu, 2012). Therefore, health protection in Africa is a critical problem that implies examining aspects traditionally overlooked in the provision of health care within the continent. At facility and neighborhood levels, the value of health care and life protection makes quality delivery important in the health sector. It is necessary for health protection to provide proper medical facilities, and changing the abysmal state of health in Africa is necessary for fostering human security and sustainable development (Offei, Bannerman & Kyeremeh, 2011). In addition, today, Africans are becoming more informed and less tolerant of the poor performance of governments and the lack of necessities for life, such as health care, education, housing and food, especially in the midst of abundance. Also under extreme review is the quality of such facilities. If it affects economic development, national sustainability, welfare, and national confidence, the availability of quality medical care must be the primary concern of government officials, health policymakers, health administrators, and practitioners.

Nigeria is an economic powerhouse in Africa with a GDP of US\$ 414.5 billion and an economy that has been growing steadily at a rate of 7 percent per annum. Nigeria has made moderate strides, however, in delivering critical health services. Institutional distribution and DPT3 penetration remain very poor at 35.8 and 38.2 percent, and the contraception prevalence rate is just 9.8 percent (NDHS, 2013). While the average catchment area for a PHCC that delivers first-level basic health care is around 7600 persons, on average, PHCCs only see 1.5 patients per day, even though they have > 10 staff (World Bank, 2014). In view



of relatively ample human resources for health, poor performance refers to insufficient transparency and motivation due to the "fundamental problem of the lack of continuity between state and local government in PHCC positions" (Oxford Policy Management, 2011), together with health finance systems whereby no cash flows to health centers.

The health system in Tanzania faces a severe shortage of skilled health workers, exacerbated by the low morale of the few employees available. Lack of effective personnel oversight, inadequate transport and communication networks, and shortages of medicines and medical equipment are other problems facing the health sector (Kwesigabo, Mwangi, Kakoko, Warriner, Mkony, Killewo & Freeman, 2012). The study suggested that the government and other stakeholders take appropriate steps to provide the sector with more financial and human capital while ensuring that they are used efficiently and effectively to enhance the delivery of services.

Despite the efforts made, there is still a need for further strengthening of health institutions and systems in Kenya, particularly at the county level. A lack of consistent, uniform management systems, limited ability to implement adequate health regulations, or to effectively incorporate civil society into the decision-making process are hindering counties (Mulaki & Muchiri, 2019). The lack of health-related activism by county-level civil society groups restricts civil society's capacity to participate actively in the policy process. The poor performance of the Health Sector Intergovernmental Forum (HSIF) hampers successful cooperation between national and county governments. Mulaki and Muchiri (2019) also noted that there is weak implementation of health laws and standards, particularly in the private sector; a lack of clarification in the newly enacted Health Law (2017) regarding the roles and importance of proposed regulatory institutions; and poor coordination and accountability among professional bodies of the health sector.

### **1.1.2 Employee Voice Strategies**

Employee voice reflects how they raise questions, communicate their interests, resolve problems, and bring fundamental leadership to and engage in the work environment. Staff voice is either between the staff and the management whether through worker contribution programs or indirectly via staff representative. Direct staff voice alludes to how much individual workers or groups of workers specifically impact key decisions in the organization. On the other hand, indirect staff voice influences issues facing workers through their representatives such as the unions. Such indirect plans vary from the direct plans in how the effect on the worker is conveyed and like the option. Staff agents usually fill in a broad range of corporate-level options, including venture approach, mechanical transition, and corporate-level technique, as alert or informative channels of impact (Pyman, 2010).

Hirschman (2011) posits that the employee's voice is the ability of employees to be heard by the management of the organization. This is meant to increase the performance not only for employees but for the whole organization. Interaction between management and employees whether positive or negative will influence the performance of the employees in that same direction. Arrangements of these connections regarding the project have been recognized, with staff voice in relation to firm performance. Selection of worker's voice when utilized it in connection to representatives' endeavors can change disappointing work circumstances. This can be an emphasis on declining firms and workers regarding exit and voice.

Employee involvement refers to the level of employee participation that may influence their performance (Cotton, 2010). Ehambaranathan, Samie, and Murugasu (2015) define employee engagement as a method that uses the workforce's capacity and is designed to enhance employee engagement with overall organizational success. Also, Padhi, Panda and Kumar (2015) portray the inclusion of staff as the inspiring state of mind a specialist has towards a

company's values. He also said that the members involved were business-setting and collaborating with partners to improve their performance within the organization.

Partnership agreements refer to the agreements between employees and employers and other stakeholders that may influence performance. The affirmation of staff as a partner is for use by an organization or company that wishes to have the staff as a partner. This understanding puts forward the particular terms of the plan including the exchange of partnership interests and installment for an interest. Having a properly composed confirmation of the worker as a partner will be precious in case of contradictions, false impressions, or case (Wall, 2014).

Grievance procedures refer to procedures of handling employee's disagreements in a manner likely to influence their performance. This may affect the relationship between employers and employee's relationships. The grievance handling system is a gradual procedure that an employee needs to seek to ensure that his grievances are addressed (Francois, 2014). The formal (composed) complaint moves from one level of authority, often that of the organization and union to a more advanced stage. The grievance process can be depicted as a formal correspondence between the workforce and the administration aimed at settling the grievance. Numerous grievance methods are different from one organization to the next, it might comprise of open-door policy or step-ladder policy (Ichniowski, 2012). The former policy includes the abused worker meeting the firm management and physically expressing his dissatisfactions. The latter entails step by step following different systems by the aggrieved staff so to get justice. This approach includes worker confrontation with a grievance they introduce their issues to their immediate senior.

Collective bargaining is the process of solving employee disputes in a manner likely to enhance organizational performance and reduce strikes amongst employees. It is the procedure of negotiation between firm management and staff focused on harmonizing the

needs of both parties in terms of working pay rates, working conditions, benefits, and other elements of staff remuneration (Hunter, 2011).

Australia has a distinctive business climate and the structure of industrial relations and the regulatory context have greatly changed through the years and have gone through different waves of change (Sablok, 2014). The world's largest multinational corporations in Australia have a significant presence that plays an important role in contributing to the economy (McDonnell, Russell, Sablok, Stanton, Burgess & Bartram, 2011). Via a third-party tribunal structure governed by a powerful trade union presence, Australia has a long history of judicial enforcement of work conditions. This distinguishes it from several countries (McDonnell et al., 2011), including other Anglo-Saxon countries.

Employees of most organizations in Nigeria prefer to follow the cultural value of not stepping into the superior domain (Umar & Hassan, 2013). The general assumption is that by giving unsolicited opinions or ideas, the boss should be listened to, not be questioned or inappropriately humiliated. It is a scandalous situation to behave in a manner that reveals that the boss has erred and must therefore be corrected. Silence is, indeed, the order of the day. These values arising from the cultural atmosphere of service, according to John and Manikandan (2019), restrict employees' voice behaviors and compel them to accept silence as a standard. Silence is not only a technique that survives, but also an execution tactic. As such, workers are still hesitant to give positive opinions and suggestions that are capable of enhancing the achievement of the mission.

Developing countries, such as Uganda, have experienced low performance of employees in the health sector (Sendawula, Kimuli, Bananuka & Muganga, 2018) which have been greatly attributed to poor training which limited employee involvement. Health staff are accused of absenteeism and of supplying their clients with care in an untimely manner. Low

productivity, poor customer attitude and poor quality of health care services provided to customers are also present (Sendawula et al., 2018).

In Kenya, workers at the lower and middle levels are not active in decision-making processes in many organizations. This is due to management's concern that this will reveal their vulnerabilities and methods for leadership. Employee engagement, however, contributes to a beneficial effect on efficiency, productivity and can deflect issues that would otherwise erupt (Cherono & Kimutai, 2017). They noted that the major problems associated with employee involvement in decision-making are that employees are afraid of sharing their views during the decision-making process, and that organizational frameworks do not completely increase the participation of employees in decision-making.

### **1.1.3 Health Facilities in Kenya**

In Kenya, health services are delivered through a nationwide network of over 4,700 health facilities, of which about 51 percent are in the public sector scheme. National specialist hospitals, general-area hospitals, neighborhood hospitals, wellness centres, and clinics make up the public health network. As one step down the ladder of the health system, health systems are consolidated from national to state and district level (RoK, 2011). There are also provincial referral clinics at Kenyatta National Hospital in Nairobi and Moi Referral and Eldoret Teaching Hospital. The regional hospitals act as bridges to the closest hospitals. The provincial-level serves as the liaison between the districts and the national central government. We oversee the execution of health policies at the District level, enforce quality requirements and coordinate and track all district health programs at the District level (RoK 2011).

Based on provincial headquarters orders, district hospitals concentrate on delivering health care programs and developing their budget strategies and budget requirements. Multiple

outpatient recovery programs are provided through the health center network (RoK, 2011). Usually, health centers offer preventive and curative care that is often tailored to local needs. Dispensaries are supposed to be the first line of communication in the process for the patient, but in some situations, the first points of contact are health centers or even hospitals. Dispensaries provide increased coverage in preventive health programs, which is the main public policy objective.

Premature deaths and preventable diseases continue to place a heavy toll on populations and their population in Kenya, as with other developed nations in Africa. In these countries, inadequate access to basic health care affects numerous territories, communities, cultures, and social classes (Omondi, 2016). In the recent past, many public hospitals have faced patient disappointment with the inability to deliver treatment due to a reluctance to pay salaries, inadequate working climate, insufficient funding, and lack of dedication to maintaining employee involvement.

#### **1.1.4 Health Facilities in Meru County**

In Meru County, there are about 470 hospitals where 31% are dispensaries and 20% of these dispensaries are public health dispensaries. About 56% of public health dispensaries in Meru County are in the Imenti South sub-county (MoH, 2015). The county boasts of 98% coverage for immunization of children below the age of 5 with all the vital vaccines. This has resulted in the reduction of the mortality rate of children below five years by 26% between the years 2000 and 2012. However, the County is faced with the challenge of HIV/AIDS with its prevalence at 6.3% and that of malaria standing at 15% (MCDP, 2013).

## **1.2 Statement of the Problem**

Quality of devolved healthcare in Kenya has been considerably poor. Gimoi (2017) recorded that on average, most health facilities served between 5000 and 10000 individuals, which is against the estimated 30,000 individuals. There are also occasional strikes by health employees that disrupt the availability of facilities. In fact, the 2016-2017 health workers' strike in the world has disrupted health services for 100 days in public health institutions and this has adversely affected health delivery systems.

In Meru County, despite the fact that Meru County Government has allocated Ksh. 1.7 billion in the financial year 2015/2016, it has been recorded that regular strikes by health staff coupled with a shortage of medical supplies frequently paralyze operations at the Meru Teaching and Referral Hospital and other county health facilities leading to poor delivery of services to patients endangering their lives. Also, with 15 percent of those referred to as Kenyatta coming from Meru, the main county hospitals lack adequate diagnostic and treatment equipment following recent alarming reports of growing cancer cases (Kimanthi, 2015).

Meru County has a dentist-to-patient ratio of 1:14,286 that adversely affects the delivery of this health service to the county population, according to an Oral Report of the Ministry of Health 2015. The study further shows that the condition is compounded by the troubling physician to the patient and the nurses to the patient ratios currently measured at 1:5,882 and 1:1,515 respectively. This leads to the overwork of available health care workers leading to the provision of low-quality health care services, especially in subsectors such as maternal and child health, cancer, and oral health (Changalwa, 2016). The above is a strong indication that Kenya, and particularly Meru County, has a serious performance problem among public hospitals.

Previous studies have attempted to link employees' voice strategies to organizational performance. Sofijanova and Zabijakin-Chatleska (2013) established that employee engagement's successful use is positively connected to perceived organizational performance. Saridakis, Lai and Johnstone (2017) found that employee voice mechanisms had a direct impact on performance. Ngetich (2016) found that the grievance handling process of the company offered legal protection and incentives for employees to address their grievances in a reasonable and orderly manner. However, the reviewed studies were not centered on the connection between employee voice practices and public hospitals' performance. The current research therefore aimed at filling the research void by evaluating the connection between employee voice strategies and performance of public health facilities in Imenti North Sub-County, Meru County, Kenya.

### **1.3 Purpose of the Study**

The purpose of this study was to establish the relationship between employee voice strategies and performance of public health facilities in Imenti North Sub-County, Meru County, Kenya

### **1.4 Objectives of the Study**

- i. To determine the relationship between employee involvement and performance of public health facilities in Imenti North Sub-County.
- ii. To examine the relationship between partnership agreements and performance of public health facilities in Imenti North Sub-County.
- iii. To determine the relationship between grievance procedures and performance of public health facilities in Imenti North Sub-County.
- iv. To establish the relationship between collective bargaining and the performance of public health facilities in Imenti North Sub-County.



## **1.5 Research Hypotheses**

The study was guided by the following null hypotheses:

- i. **H<sub>0</sub>:** There is no significant relationship between employee involvement and performance of public health facilities in Imenti North Sub-County.
- ii. **H<sub>0</sub>:** There is no significant relationship between partnership agreements and performance of public health facilities in Imenti North Sub-County.
- iii. **H<sub>0</sub>:** There is no significant relationship between grievance procedures and performance of public health facilities in Imenti North Sub-County.
- iv. **H<sub>0</sub>:** There is no significant relationship between collective bargaining and the performance of public health facilities in Imenti North Sub-County.

## **1.6 Significance of the Study**

The research may help the county governments to understand how important employees' voice strategies are in enhancing the employee-employer relationship within the county set up. The study may also give guidelines on the employee's voice strategies that the county government can adopt to enhance staff output. The analysis outcome may help other state entities in Kenya that are currently experiencing employee voice strategies problems. This may be demonstrated by addressing the problems that arise due to the employee's voice strategies problems. The ministry of health at the national level will assist devolved units in developing means of ensuring that employee strikes at the county level are minimized. The analysis may also provide a basis for further work by scholars interested in advancing the body of knowledge on the voice and quality of workers in the Kenyan county governments.

## **1.7 Scope of the Study**

This study was aimed at establishing the connection between employee voice strategies and output of health institutions in Imenti North Sub-County, Meru County. The target population

included all 15 public health facilities in the sub-county. The study targeted the medical doctors and nurses working in these health facilities. There were 470 medical employees. This study sampled 114 medical employees. The research was conducted in 2020 and data was gathered during this period.

### **1.8 Limitations of the Study**

Some of the participants were hesitant to provide information because they did not know why the information was needed. To address this concern, the researcher assured them that the information was meant for scholarly work alone. There were also concerns about the safety of the participants. To mitigate this challenge, the researcher assured the participants of utmost confidentiality and anonymity. As such the participants were not required to state their names in the data collection tool

### **1.9 Delimitations of the Study**

The investigation was confined to health institutions in Imenti North Sub-County, Meru County. It only concentrated on four employee voice strategies. These were: employee involvement, partnership agreements, grievance procedures and collective bargaining. There could be other aspects related to staff voice but the analysis was restricted to the above mentioned strategies.

### **1.10 Assumptions of the Study**

The investigation assumed that within the population there were no significant changes that may affect the outcome. It was also expected that all participants would answer the questionnaire honestly and that all public servants in Kenya were represented by the specified population. The participants were expected to give data that met the goals of the report.

### **1.11 Definition of Terms**

**Collective Bargaining-** this refers to the process of solving employee disputes in a manner likely to enhance organizational performance and reduce strikes amongst employees (Hunter, 2011).

**Employee Involvement-** is defined as the level of employee participation that may influence their performance (Cotton, 2010).

**Grievance Procedures-** refers to procedures of handling employee's disagreements in a manner likely to influence their performance (Francois, 2014).

**Organizational Performance-** is identified as a company's or organization's degree of realizing set goals and objectives based on different organizational parameters (Bray & Konsynski, 2015).

**Partnership Agreements-** This refers to the agreements between employees and employers and other stakeholders that may influence performance (Wall, 2014).

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The theoretical analysis, empirical review and conceptual framework are discussed in this section. The theoretical analysis captures the different theories that inform the research. The findings were questioned in the empirical analysis to assess the gaps in knowledge. The conceptual framework outlines the variables that the study explored. The chapter also addressed the deficiencies in the organizational system and research.

#### **2.2 Theoretical Review**

The paper was guided by the following theories: dispute resolution theory, group theory, two-factor theory, the theory of equity, and goal-setting theory.

##### **2.2.1 Theory of Dispute Resolution**

The theory of grievance and conflict resolution suggested a hypothesis of "the nature of dispute processes." There are three standard conflict resolution approaches. Next, the issue can be addressed and ultimately solved by strategies focused on strength, such as strikes, lockouts, or other punitive sanctions. Furthermore, they can be addressed by 'right-oriented solutions' where organizations make a decision-oriented on the law like those stipulated in human rights enactments. Cases of this are given by the complaint procedures, intercession, and mediation activities. Third, the problem may be discussed based on 'interest-oriented strategies' in which individuals try to define and fulfill their needs or desires through collective critical thinking and related structures (Goldberg, 1988).

Accordingly, from this theory, this research has opted for the right-based strategy which includes the practices as intervention, assistance, and joint critical thinking. Since the right-based approach is less costly and complex, the advantages of right-based strategies are that it can address various problems (Menkel-Meadow, 2017). It is further perceived that right-based strategies may not necessarily be optimal or effective, and that dispute-determination mechanism should have been developed to include less costly right-based techniques as reinforcement of right-based strategies.

The hypothesis of the rights-based technique bases the determination system to the rules and standards. Subsequently, it can help firms to address their grievances using their laws and regulations. The hypothesis further assists firms to establish a grievance management approach, procedures, and practices in line with Kenya's laws. The efficient grievance administration can blend the workplace to encourage employees' productivity in the company. In this study, therefore, the theory of dispute resolution helps to link grievance procedures variable to performance.

### **2.2.2 Group Theory**

According to Nwokoye (2008), it is assumed that group theory originated from Arthur Bentley and was expanded by David Truman. It emerged as a reaction to the institutional approach, which emphasizes the institution's formal definition, policy structures, and formal rules regulating interaction patterns and normative relationships within government institutions. The theory aims to describe the social phenomenon with group reference.

The group theory stressed the group as the basic unit in political analysis, rather than the individual or the community. Bentley (1949) writing on group theory, rejected the formalism and static consistency of the hierarchical approach to political study, and stressed the complexity and mechanism as characteristic of the state's operation in his writings. According

to him, society consists of complex processes (actions) and not concrete institutions (structures) or substantive contents (values). No concept exists that is not a representation of social interaction. He assumes that if one is to objectively research politics one will look for significant observable qualities in practice. According to him, conduct is "always and inevitably" a cycle of grouping-never found in a single man himself, it cannot be said by adding men to men (Bentley, 1949).

Group theory examples contend that the form of legislative problems of any general public is eventually determined by the relation between groups within the general public and the opposition between those groups to control the government in the distribution of social assets and the exercise of power (Nwokoye, 2008). Accordingly, each party seeks access to option within the legislature and their achievement is usually determined by factors such as group attachment and affiliation, status, the existence of initiative, and wealth. The entire social structure consists of many groups in a group approach and that each group seeks to maximize its interest. Classes achieve their full importance vis-à - vis other classes. The resources available to the different groups for money, expertise, power control, and organization vary from group to group, and these variations in resource skills help decide the degree to which a group can achieve its goals and interests.

The theory is important to this research as it describes the actions of various groups that make up an organization, their motivation and orientation, and their role in maintaining and improving the organization's success. The principle suggests that a union must not behave in any way inconsistent with management's interest in the process of carrying out its activities. So in this analysis, the principle can be related to the element of collective bargaining.

### **2.2.3 Two-Factor Theory**

Herzberg (1959) introduced the two-factor hypothesis which argues that job satisfaction is affected by the presence of driving variables, but their absence does not contribute to job dissatisfaction. Definitions of motivational variables include devotion, gratitude, success, and responsibility. The hygiene variables that define the work environment, on the other hand, do not produce feelings of enjoyment, but their absence contributes to workplace frustration, and supervision, job stability, and wages are examples (Daft, 2003).

In addition, Herzberg (1959) suggests that the absence of hygiene elements while absent in the work atmosphere may contribute to employee job dissatisfaction because aspects of hygiene avoid employee dissatisfaction. In other words, those conditions do not lead to invention, but a lack of imagination leads to unhappiness. Unlike aspects of hygiene, the encouragement aspects would in turn inspire workers to work hard and enjoy their jobs. To develop intrinsic motivation, these factors include what people do in their jobs and need to be integrated into the workplace (Herzberg, 1984). He also claimed that hygiene variables produced only short-term changes in job performance and attitudes, while motivators are generally specifically linked to the particular tasks given and are linked to positive results in long-term work performance.

In this analysis, the two-factor principle is significant because it emphasizes job motivation factors such as demanding jobs, employee engagement, and involvement, responsibility in achievement, recognition, and career growth opportunities. Thus, the principle makes a prediction that employee involvement increases organization performance.

#### **2.2.4 Theory of Equity**

The theory of equity promotes a philosophy of equality which maintains that every employee in the workforce needs a fair and equitable opportunity to participate in the processes and procedures of the business (Ambrose & Arnaud, 2005). Therefore, justice requires the provision of appropriate remedies by outcomes in situations where the rights are violated (Colquitt, et al., 2005). Individuals would receive similar care and remedies in such cases. However, not necessarily the treatment has to be the same (Colquitt, 2001). Also, the specific participants are treated with respect, kindness, and privacy by an equitable system. The provision of protections, such as the right to petition a neutral party or person, and openness to halt unfair or unsuccessful decision-making and increase accountability are also included in Justice (Huczynski & Buchanan, 2007).

Equity principle is based on understanding how human beings aim to achieve equity and justice in mutual or give-and-take relationships. As a mechanism theory, equity theory explores how inequity emotions influence a person's incentive to act or behave in a particular manner. It also helps to recognize individual social interactions with outputs such as job development, recognition, and career advancement when assessing their inputs such as work commitment, time spent on work, skills, and abilities (Kreitner & Kinicki, 2008). Adam (1963) argues that equity principle states that an employee measures his / her job (inputs) against what he gets (outputs) and contrasts the ratio of inputs and outputs of a particular worker. As such, specific problems emerge when the staff makes a connection and perceives some form of injustice (inequity). In the case of perceived inequality, one of the approaches workers follows to restore equity is to change the actions or attitudes of their inputs (Bagraim, 2007).



For this research, the idea is significant because it promotes the notion of equality, which claims that any individual in the workplace must have a fair and equitable opportunity to engage in the operations of the organisation. This is why it supports cooperation between employers and employees. The theory helps to link partnership agreements to organization output.

### **2.2.5 Goal-Setting Theory**

The theory suggests a direct relationship between the interpretation of concrete and observable objectives and success was the first to be introduced in this analysis. When management knows what they are looking for, they will be roused to put more energy, which will improve output (Locke & Latham, 2002). The authors advanced the theory, stressing the objective environment and protection of selection rights as a justification for staff success. Locke and Latham (2002) further argue that taking responsibility for the outcome involves allowing individuals the ability to have a positive impact on their results and the capacity to act. It ensures that individuals need to be authorized by their superiors to move freely and efficiently on issues without first asking for consent. Selection rights require workers to be more actively included in decision-making on issues affecting their jobs.

It indicates that employees have a say in characterizing the right KPIs and directing following their duties the establishment of Crucial Success Factors (CSFs). As suggested by Armstrong and Baron (2006), employees are destined to achieve or surpass output targets when allowed to settle with the expert on choices and take care of issues associated with the results for which they are responsible. A company's performance goal portrays a shared duty among all its workers who each have a stake in the prosperity of the association.

The underlying staff strengthening is the administration's perspective of its workers as resources that are equipped for adding to the development of their particular associations as

opposed to expenses to be borne by the associations. Individuals and teams' contributions are a starting point for listing the results they are responsible for (Locke & Latham, 2002; Armstrong & Baron, 2006). The theory supports the organizational performance variable in this research.

### **2.3 Empirical Review**

Periodically, it is important to change the 'area of acceptance' within which management can use its authority to direct work for employees to the changing needs of organizations. Wibberley and Saundry (2016) focused on the uncodified elements of the work of employees, such as those generally the topic of 'psychological contracts, and considers the role of the individual voice of employees in the adaptation process and how it relates to more familiar types of the collective voice of employees. It is argued that the process can be analyzed as a form of integrative negotiation, and Walton and McKersie's framework is applied. Employee voice enters this process by taking into account both parties' respective goals and preferences. The dimension of employee voice can be very weak when management arbitrarily sets new work goals and priorities, and they can be strong when both parties' changing interests are completely taken into account. The study concludes that the collective voice of employees can help strengthen integrative negotiation at the individual level.

Southard (2010) found that the level of engagement of workers directly affects an organization's quality of service. Highly dedicated workers support a company. By comparing employee engagement data at the hospital work-unit level to individual data on patient satisfaction, the study tests this concept, thus determining whether these variables are related. The results show that when satisfaction is measured by a simple measure, the degree of employee engagement within the work unit influences patient satisfaction. Nonetheless, this is not the case when the degree of employee engagement is associated with a nuanced

measure of patient satisfaction. The outcome of this paper provides insight into the environmental impact on customer satisfaction of committed employees. Knowing how work-unit engagement affects different levels of customer satisfaction provides insight to establish practical customer satisfaction organizational objectives that are useful for hospital management as well as the wider public administration domain.

Gachie (2016) examined factors influencing the work satisfaction of health workers in public hospitals in Kiambu County. The research focused on working conditions, job requirements, remuneration, and prospects for career development. The study also found a lateral association between working conditions and work satisfaction for health workers. Findings revealed a significant and supportive relationship between job description for health workers and work satisfaction. There has been a strong and supportive correlation between remuneration and job satisfaction for health workers. It was also discovered that incentives for personal advancement affected the job satisfaction of health workers. It was concluded based on the analysis that there was a correlation between working conditions and the work satisfaction of health workers.

### **2.3.1 Employee Involvement and Organizational Performance**

Sofijanova and Zabijakin-Chatleska (2013) analyzed the effect of staff participation on organizational performance. Information was gathered from a review of 36 organizations located in Bulgaria. The examination discoveries indicated that staff participation had a direct influence on firm performance. Furthermore, staff involvement and strengthening programs have a significant association with performance. The reviewed research concentrated on manufacturing companies while the current analysis concentrated on facilities for healthcare. Moreover, a conceptual difference exists since the research was carried out in Bulgaria while this analysis was carried out in Kenya.

An investigation by Lodahl and Kejner (2011) found that representatives who are exceptionally associated with their occupations are also actively engaged with their associations. Nonetheless, research by Etzioni (2013) proposed three unique kinds of contributions which are moral, calculative, and alternative. As he would see it, people are ethically included if they acknowledge and relate to hierarchical objectives. Calculatively included is the point at which the people see a trade concurrence with the association, and alternatively included is the point at which they have antagonistic emotions and connections to their associations, however, are compelled to stay because of an absence of choices or a behavioral consistency framework that powers them to remain.

An examination by Cotton (2010) found that it is imperative to see the ethical inclusion of staff which incorporates distinguishing proof procedures. If people are ethically included and relate to firm objectives it will make them more liable to share thoughts, qualities, and standards with other individuals from the gathering. Therefore, they would inculcate a culture. Staff involvement is a participative procedure that uses the whole limit of specialists and is intended to spur worker responsibility regarding the company's achievement. Also, the involvement of workers is understood as an assortment of procedures aimed at achieving the objective of giving the worker some mixture of data, impact, and/or impetus.

Albrook (2010) performed a study and found that employee engagement is a cynical mechanism to encourage employees to do what has been chosen by manipulating them into believing they have a say in the cycle of simple leadership when they are told in clear fact to do what has only been chosen. Imran, Rehman, Aslam and Bilal (2016) reiterated this in their analyses that, in decreasing worker accounts of authoritative reform skepticism, a complex approach of affiliation assumes a critical role as an arbitrator. The authors also argue that OCC-concerned human professionals should urge their line managers to acquire a participatory style of data sharing management, an association in simple leadership,

particularly in those work environments where participants are likely to recognize the open possibilities for participation.

Apostolou (2010) additionally contend against the idea of worker contribution in basic leadership that, it is as an exercise in futility, bringing down of proficiency and debilitating the adequacy of administration. These imply that when participative basic leadership happens in a team, it brings preferences however not overlooking that it represents a few hindrances as well. Inclusion of workers can be anything from social weights to conformity with team supremacy, where one person assumes charge of the gathering and pressures others to take their point of view. Time may be a challenge for proposals coming from different people. Conceivable negative results of participative basic leadership are high costs, wastefulness, uncertainty, and inadequacy.

Mildred (2016) examined the impact of staff contribution on execution at the KMRI in Kisumu. A descriptive technique was employed. Findings showed that employee participation influences organizations' performance. The research concluded that it is important to involve employees in a firm's activities since this serves as an incentive for improved productivity. The reviewed study only focused on one institution and therefore presented a methodological gap. The proposed study will focus on several health institutions in Meru County.

### **2.3.2 Partnership Agreements and Organizational Performance**

Saridakis, Lai and Johnstone (2017) in their paper surveyed the results of partnership in the work environment between British firms and laborers. The investigation discoveries recommended that HR aspects related with coordinate (non-union based) partnership working, for example, representative voice systems - characterized as immediate assignment based support, and enhanced upwards and downwards correspondence amongst

administration and representatives – can convey shared increases for both the representatives and businesses. Nonetheless, some practices related to association, for example, abnormal amounts of employment adaptability assertions and group preparation methods are observed to be contrarily connected with business-related dispositions and performance.

Ireland is extraordinary among Anglo-American nations in having a national design for the lead of work relations (Sadovnikova & Pujari, 2017). Differently named social partnership, new social settlements, concentrated tripartite pay dealing; the foundations of the national association have assumed a key part in managing and deciding the states of work. The primary such understanding was marked in 1987 and, from that point forward, there has been a progression of agreements, coming full circle in the latest agreement, towards 2016, which was concurred between the Irish Congress of Trade Unions, the main managers' association, the Irish Business and Employers' Confederation, and the legislature in 2006. Ireland is currently near having had twenty-one years of social partnership.

A study by Wall (2014) observed that activity in proposing the improvement of working environment partnership was a protective stance despite expanding employers hostility, especially from among US multinational organizations, towards union association, and the apparent risk postured by the interest – for managers and representatives alike of new human resources, it was dreaded, might bring about the consumption of individuals' sense of duty regarding union portrayal and, thus, to the underestimation of aggregate bargaining. It was likewise an endeavor to combine and extend the social organization procedure to guarantee that, where unions had been conceded acknowledgment, their essence and impact could be all the more safely established This illustrated a critical move in union introductions; not exclusively was it an endeavor to introduce an 'enunciated' or 'coordinated' arrangement of worker representation.

McKersie (2010) recommended that administration ought to set out on a fabulous social examination where key partnerships combined with present-day HRM frameworks in a setting of solid exchange unions and driving outside multinationals may 'cement another model of modern relations. Further, Brandt and Whitford (2017) observed that Ireland had seen the across the board development and dispersion of an assortment of supposed 'shared generation' strategies intended to advance representative contribution and watchfulness through group working and joint-critical thinking gatherings. The sense, at that point, that Irish modern relations, structures of work association and atmosphere of business relations were on the cusp of another first light was additionally supported in an assessment of crafted by the NCP, and which indicated the NCP's exceptionally significant early accomplishment in advancing and propelling the benefits of work environment organization courses of action.

### **2.3.3 Grievance Procedures and Organizational Performance**

Melchades (2013) evaluated the manners by which the grievance administration strategy, techniques, and practices improve work performance in firms. The research results showed that grievances have been jumped out at the two chose associations. The research suggested to all firms to prioritize the grievance administration frameworks for the great soundness of the associations.

Mohanasundaram and Saranya (2013) observed that organizations are composed of individuals and run by individuals in an investigation into worker complaints at Dharmapuri District Co-operative Sugar Mills Limited, and further argued that organizations may not be present in the absence of individuals. The money, currency, materials, and machinery of the people is collected, coordinated, and used through individual efforts. Collective human efforts play a crucial role in the productive use of goods and monetary capital, while at the same time helping to achieve common objectives. Attaining organizational goals is heavily

focused on common human endeavors. Consequently, it is important to promote and sustain employee satisfaction with a grievance handling mechanism in enhancing productivity with its work environments (Saundry et al., 2014).

In her research on the management of employee complaints by employers (Cristina & Aure, 2011) observed that procedures play an important role in creating a collection of codes and rules that assist in the conduct of employment relationships, in addition to representing organizational resources that are used by employees to solve different daily problems. It is normal for large establishments to have specific procedures that address a wide range of issues such as, union acknowledgment, specific representation, negotiation, and problem settling techniques, consulting processes, resolving grievances measures, dismissal measures, corrective measures, performance appraisal practices. Many nations have laws that involve the presence of various procedures. This study addresses a single procedure that involves the forming and solving worker grievances processes that were applied in particular Romanian organizations.

In his research, Ngetich (2016) described how perceived dispute management influences the quality of workers in the publishing sector. The exploratory research model was adopted. Results indicated that the agency had a system for addressing complaints efficiently and effectively. Further, the grievance handling mechanism of the organization provided legal protection and avenues for employees to present their problems in an orderly and peaceful manner. It also strengthened the view of the organization's workers for justice and equality. The study proposed a timely and efficient complaint resolution system to provide a constructive means of reducing job stress and concerns and thus resolving disputes in the workplace without a work stoppage. The report also suggested the timely treatment of complaints to help reduce the detrimental effects of complaint management on the quality of



employees. The report creates a contextual difference as it focuses on the publishing segment while this study focused on the health segment.

#### **2.3.4 Collective Bargaining and Organizational Performance**

According to Aluchio (2012), in a sensible time, the protocol is for the union to address its complaints about administration in writing. Therefore, collective bargaining is a mechanism initiated by the union, and if members do not structure groups and allow companies to negotiate with them, negotiations may never take place. The process along these lines blocks the company from making any one-sided move by altering the condition that first needs compromise (Hunter, 2011). Aggregate bargaining takes place between a group of arrangements made up of representatives of the firm and the union. The report shows that on the company side, the board of directors selects the party responsible for collective bargaining. On the members' side, respondents suggested that shop stewards had meetings with all persons at first to discuss their requests.

All sides should have willingness to 'give and take' under the protocol at the negotiating table, cooperation and reasonableness thinking. Cole (2012) clarifies that the purpose of the procedure is to build a workable relationship with the administration, based on reciprocal respect, in which unmistakable benefits are acknowledged on the same terms and not simply on the instinct of the administration, as far as employee representatives are concerned. Management staff, on the other hand, sees agreements as one strategy to achieve business goals interacting with compensation and leading representative relationships. Collective bargaining is, along these lines, a discerning process in which, despite the usual zeal of sides, advancing to certainties and reasoning accommodates conflicting interests (Bendix, 2011).

Gatchalian (2011) indicates that without anybody "losing face," feeling ashamed and uncomfortable or crying, the talks are concluded. Accordingly, the collective bargaining

process is meant to be equitable and legitimate and to take place in a situation of trust, with the overall goal of achieving a workable compromise between the parties. Therefore, the mechanism of collective bargaining is supposed to affect the state of international relations. Existing literature reveals that the collective negotiation process impacts the nature of modern relations. Nonetheless, the literature has constrained academic commitment to modern relations from growing countries and all the more so the African continent.

Research by Condrey (2010) found that workers' issues amid the negotiations process build their inspiration because of interest. This causes the businesses to have a superior association with the workers as they can comprehend the workers better and they can likewise counsel with the agent of the union and talk about their issues too. The supervisors likewise have a superior grasp at administration because of the way that the union official has the duty of smooth running of operations, after the request of the union is satisfied. The management can likewise take assistance from the union officials with a certain final objective to control turmoil in the workplace because of the way that the union official has been chosen by the representatives and thus the official has a specific level of control on the other union individuals too (Tanui, 2018).

Research by Omole (2013) poses the issue of the interesting highlights of contemporary relationships in developing nations as compared to training in developed countries. Public relations practice in the public section has been planned in the developed states according to private area training. The reverse in the developing nations was the situation particularly with Nigeria where the mechanical relationship system in the private segment of the economy was generated by training in the benefit of the general population. The record for the pattern, he expresses that negotiating for more by employees rose first in the division in developed nations and its law and techniques are settled.

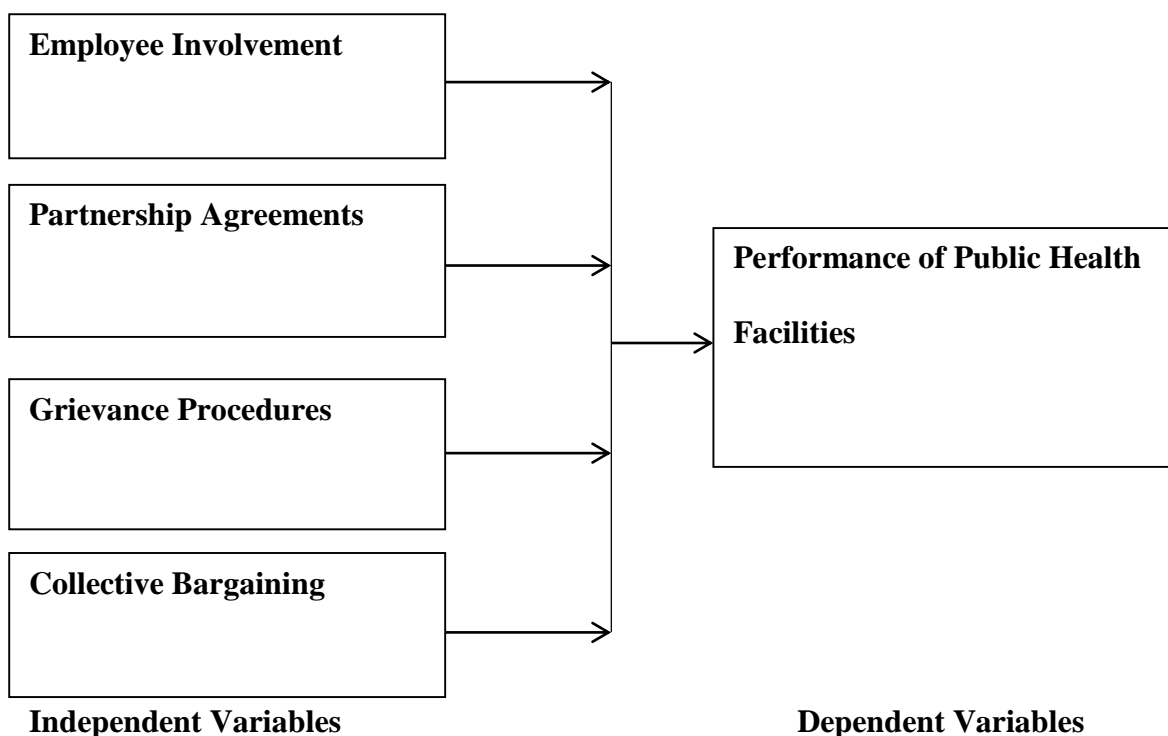
Yoder (2011) found that collective negotiation is viewed as the center of the mechanical relations framework. It is a self-governing arrangement of making work rules amongst businesses. It is a procedure of a group in industrial relations making a proposition to the next, of talking about, condemning, clarifying, investigating the importance and the impacts of the recommendations; of looking to secure their acknowledgment. It incorporates making counter propositions or adjustments for comparable assessment.

## 2.4 Conceptual Framework

Figure 2.1 is a figurative representation of the variables explored by this study.

**Figure 2.1**

### *Conceptual Framework*



### 2.4.1 Explanation of Constructs

Employee involvement is defined as the level of employee participation that may influence their performance (Cotton, 2010). Ehambaranathan et al. (2015) define employee engagement

as a method that uses the workforce's capacity and is designed to enhance employee engagement with overall organizational success. In addition, Padhi et al. (2015) portray the inclusion of staff as the inspiring state of mind a specialist has towards a company's values. He also said that the members involved were business-setting and collaborating with partners to improve their performance within the organization.

Partnership Agreements refer to the agreements between employees and employers and other stakeholders that may influence performance. The affirmation of staff as a partner is for use by an organization or company that wishes to have the staff as a partner. This understanding puts forward the particular terms of the plan including the exchange of partnership interests and installment for an interest. Having a properly composed confirmation of the worker as a partner will be precious in case of contradictions, false impressions, or case (Wall, 2014).

Grievance Procedures refer to procedures of handling employee's disagreements in a manner likely to influence their performance. This may affect the relationship between employers and employee's relationships. The grievance handling system is a gradual procedure that an employee needs to seek to ensure that his grievances are addressed (Francois, 2014). The formal (composed) complaint moves from one level of authority, often that of the organization and union to a more advanced stage. The grievance process can be depicted as a formal correspondence between the workforce and the administration aimed at settling the grievance. Numerous grievance methods are different from one organization to the next, it might comprise of open-door policy or step-ladder policy (Ichniowski, 2012). The former policy includes the abused worker meeting the firm management and physically expressing his dissatisfactions. The latter entails step by step following different systems by the aggrieved staff so to get justice. This approach includes worker confrontation with a grievance they introduce their issues to their immediate senior.

Collective Bargaining refers to the process of solving employee disputes in a manner likely to enhance organizational performance and reduce strikes amongst employees. It is the procedure of negotiation between firm management and staff focused on harmonizing the needs of both parties in terms of working pay rates, working conditions, benefits, and other elements of staff remuneration (Hunter, 2011).

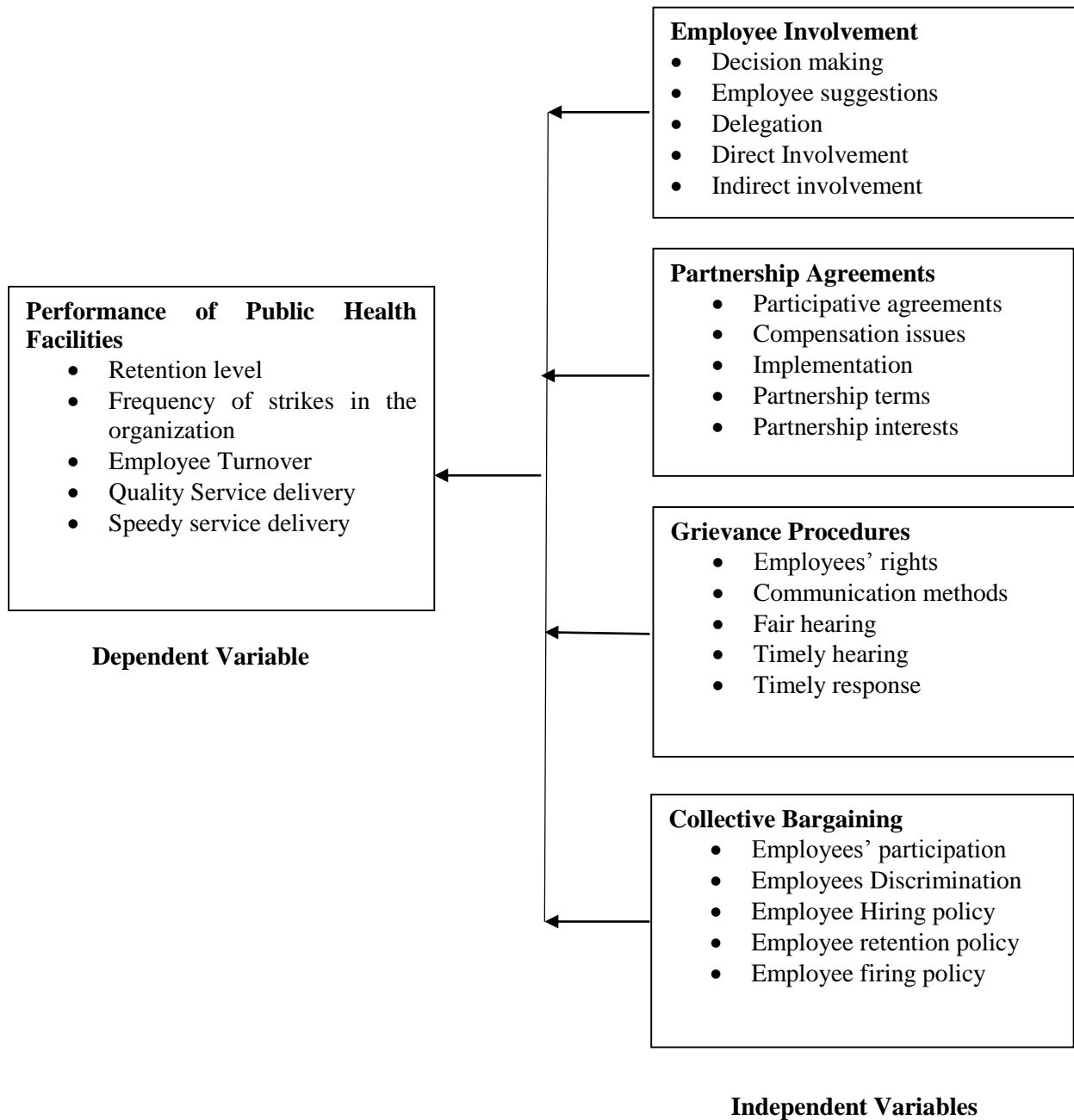
Organizational Performance refers to the degree of realization of set goals and objectives of a company or organization based on various organizational parameters (Bray & Konsynski, 2015). In particular, organizational performance measurement and determination varies from one field to another. Armstrong and Baron (2006) note that the success of an entity should often take inputs into account, evaluate activities and outcomes, reflecting on the effects. Once it meets the thresholds of professionalism and achievements, as well as the goals of the strategic plan are reached, the organisation succeeds. Nonetheless, the factors that affect efficiency, performance management systems, and assessment of success can vary depending on each author and particular organization (Amstrong & Baron, 2006).

## **2.5 Operational Framework**

Figure 2.2 illustrates the operationalization of the study variables and their measurements.

**Figure 2.2**

*Operational Framework*



## **2.6 Summary of the Chapter and Research Gaps**

The chapter discussed the theories underpinning the study including the theory of dispute resolution, group theory, two-factor theory, the theory of equity, and goal-setting theory. It also reviewed the relevant literature informing the variables which are employee involvement, partnership agreements, grievance procedures, and collective bargaining. It likewise, managed the theoretical system which arranges and depicts thoughts critical to the examination and guide associations among them. Further, the chapter outlined the framework showing the independent and dependent variables under investigation.

Analysis of literature on approaches for employee voice and organizational success indicates many study gaps. Sofijanova and Zabijakin-Chatleska (2013) examined the connection between employee engagements in decision-making and problem-solving, as well as perceived organizational performance, in their study. The study shows a contextual disparity in terms of development, while the present study focuses on the health sector. Also, a regional difference occurred as the study was conducted in Bulgaria and not Kenya. Saridakis, Lai, and Johnstone (2017) assessed the results of British firms' and workers' workplace partnerships, thus a contextual void existed.

Further, Ngetich (2016) in his study identified how perceived grievance handling affects employee performance in the publishing industry, thus presenting a contextual gap since it concentrated on the publishing industry. Mohanasundaram and Saranya (2013) also indicate a similar gap.

Mildred (2016) developed a study at the KEMRI on the impact of worker engagement and work satisfaction. The study indicates a methodological gap since it was a case study. The current analysis was a survey and covered several health institutions.

Despite prior research on employee voice strategies, no study concentrated on the connection between employee voice strategies and public health facilities performance in Imenti North Sub-County. Therefore the present research aimed to fill the knowledge void.



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the research methodology employed in carrying out the study. It focuses on research design, study population, sample size and sampling procedure, research tools, instrument validity reliability, data collection procedures, data analysis techniques, and ethical consideration.

#### **3.2 Location of the Study**

This analysis was focused on public hospitals located in Imenti North Sub-county. The choice of Imenti North Sub-County was justified because the Sub-County has the highest number of health facilities in Meru County.

#### **3.3 Research Design**

The plan and process used for the compilation, calculation, and interpretation of data is study design (Schwart & Yanow, 2013). The research design is a guide for conducting an analysis (Etikan & Bala, 2017). A correlational analysis design was used in this study. This design helps the investigator to examine the association between two or more variables. In this study, the design was justified since the researcher sought to analyze the connection between employee voice strategies and hospital productivity.

#### **3.4 Target Population**

The study target population was all staff in all the public hospitals in Meru County. There are 15 public hospitals in Meru County with a total of 470 employees (Ministry of Health, 2017). Therefore, this study's target population was 470 health employees. The choice of health

employees as a unit of observation was justified since they were directly affected by the voice strategies adopted by the hospital management in Meru County. Table 3.1 shows the target population.

**Table 3.1**

*Target Population*

	<b>Public Health Facilities in Meru County</b>	<b>Number of Employees</b>
1	Meru Teaching and Referral Hospital	393
2	Runogone Dispensary	2
3	Gakoromone Dispensary	6
4	GK Prison	3
5	Kinoru Dispensary	13
6	Kiburine Dispensary	9
7	Igoki Dispensary	6
8	Chugu Dispensary	5
9	Rwanyange Dispensary	3
10	Chabuene Dispensary	2
11	Gankere Dispensary	2
12	Kianjuri	3
13	Nthungu Dispensary	2
14	Ndiine Dispensary	2
15	Giaki Dispensary	19
	<b>Total</b>	<b>470</b>

**Source: Ministry of Health (2017)**

### **3.5 Sample Size and Sampling Technique**

A sample is a subset of a population (Kothari, 2010). The following formula was employed in computing the sample size.

$$n = \frac{z^2 p(1-p)}{d^2}$$

Where;

$n$  = sample size

$z$  = the standard normal deviate value for the level of confidence, for instance, 95% level of confidence = 1.96.

$d$  = margin of error or level of precision at 0.08 for CI at 92%

$p$  = proportion to be estimated, Israel (2009) recommends that if one doesn't know the value of  $p$  then you should assume  $p=0.5$

Therefore, the sample size is arrived at as follows:

$$n = \frac{(1.96^2)(0.5)(1-0.5)}{(0.08)^2}$$

$$n = 150$$

Since the population is less than 10,000, the sample size is further adjusted as follows:

$$n_0 = n / (1 + ((n - 1) / N))$$

$$n_0 = 150 / (1 + ((150 - 1) / 470))$$

$$n_0 = 114$$

The sample size was 114 health employees in Imenti North sub-County. The research employed a stratified random sampling technique in selecting the respondents. The hospitals

were classified in 15 strata. Random sampling was applied in the selection of participants from each stratum. Table 3.2 shows the sample distribution.

**Table 3.2**

*Sample Size*

	<b>Public Health Facilities in Meru County</b>	<b>Population</b>	<b>Sample Size</b>
1	Meru Teaching and Referral Hospital	393	94
2	Runogone Dispensary	2	1
3	Gakoromone Dispensary	6	1
4	GK Prison	3	1
5	Kinoru Dispensary	13	3
6	Kiburine Dispensary	9	2
7	Igoki Dispensary	6	1
8	Chugu Dispensary	5	1
9	Rwanyange Dispensary	3	1
10	Chabuene Dispensary	2	1
11	Gankere Dispensary	2	1
12	Kianjuri	3	1
13	Nthungu Dispensary	2	1
14	Ndiine Dispensary	2	1
15	Giaki Dispensary	19	4
	<b>Total</b>	<b>470</b>	<b>114</b>

**Source: Ministry of Health (2017)**

### **3.6 Research Instruments and Data Collection Procedures**

The primary data was gathered through organized questionnaires. The queries were easy, logical, and straightforward for the participants. The approach was the best as it is free from the prejudice that exists in the interview, there was sufficient time to provide well-thought-out answers, ease in reaching participants, and the findings are more accurate and consistent (Saunders, 2010). The researcher collected the data. It was beneficial to the sample for the administration of the questionnaires, as it meant that respondents were reached without any external interference. The researcher used the drop form and later selected it.

### **3.7 Pilot Testing**

A pilot should be checked before using a data-gathering questionnaire. The pilot test aims to refine the questionnaire in such a way that respondents will have no trouble answering the questions and data collection does not occur. This also lets one get a snapshot of the validity of the question and the possible quality of the information to be obtained. For this analysis, the questionnaires were randomly distributed to 10 percent of the sample not included in the main report. For pilot testing, 5-10% of the sample is appropriate (Mugenda & Mugenda, 2003). The results of the pilot study revealed modifications that needed to be made to the questionnaire to enhance its validity.

#### **3.7.1 Reliability of Research Instruments**

Reliability explains that when a study is repeated by another investigator, the outcomes ought to be the same. Also, it should not be subject to bias, observer bias, and should not be subject to any error (Lewis, 2008). Cronbach alpha coefficient was used to assess accuracy where questionnaires from private health facilities in Meru County were issued to medical staff. A threshold of 0.7 and above was applied (Kothari, 2010).

### 3.7.2 Validity of Research Instruments

The questionnaire should be consistent with the research definition. The findings can be used and interpreted correctly when a calculation is accurate and true. The study tested for various aspects of validity by administering the questionnaire to key informants in public health facilities. The instrument was also reviewed by the study supervisor.

### 3.8 Methods of Data Analysis

Descriptive (frequencies, percentages, and means) and inferential (Pearson correlation and regression) were generated using SPSS version 21 software. Additionally, a multiple linear regression model was used to establish the connection between the study variables. The general form of multiple linear regression as follows. Findings from the data were presented using tables.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$$

Where:

Y = Organizational Performance

X<sub>1</sub> = Employee Involvement

X<sub>2</sub> = Partnership Agreements

X<sub>3</sub> = Grievance Procedures

X<sub>4</sub> = Collective Bargaining

β<sub>0</sub> = Constant

β<sub>1</sub>, β<sub>2</sub>, β<sub>3</sub>, β<sub>4</sub> = Coefficient of independent variables

e = Error term of the model

Several regression assumptions were tested. These included the normality test, linearity test, heteroskedasticity test, autocorrelation test, and multicollinearity test. The tests were carried out to ensure that the parameter estimates were accurate and free from bias. Normality tests

were checked using the Kolmogorov-Smirnov test. The linearity test was checked using scatter plots. Heteroskedasticity test was conducted using Levene's test of equality of error variances. The auto-correlation test was checked using Durbin Watson, while a multicollinearity test was conducted using the Variance Inflation Factor (VIF).

### **3.9 Ethical Issues**

The researcher sought permission from the Medical Superintendent in all the health centers involved. The researcher also requested approval from the University. The NACOSTI permit was also obtained. The aim of the investigation was narrated to the participants before completing the questionnaire. Only the willing participants took part in the survey. A cover letter accompanied the questionnaires asking the participants to comply as well as a declaration of privacy.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

This chapter provides the data analysis, presentation, and interpretation of the findings. This study aimed to establish the relationship between employee voice strategies and performance of public health facilities in Imenti North Sub-County.

#### 4.2 Response Rate

This is the outcome as decided by the cooperation of the respondents in sharing their views on the questions posed, which were expressed under various themes.

**Table 4.1**

*Response Rate*

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Returned	90	78.95
Unreturned	24	21.05
<b>Total</b>	<b>114</b>	<b>100</b>

The questionnaires issued were 114, 90 were filled in, and returned correctly. This return saw correctly filled up 78.95 percent, which was sufficient. A response rate above 50 percent is sufficient for research according to Allen (2016).



### 4.3 Reliability Results

The research applied reliability analyses to test the internal consistency. In this case, the Cronbach's alpha was used because it is considered to be a more precise indicator of internal consistency. Data on reliability are reported in Table 4.2.

**Table 4.2**

*Reliability Results*

<b>Variables</b>	<b>Cronbach's Alpha</b>	<b>Number of items</b>	<b>Comment</b>
Employee involvement	0.886	5	Reliable
Grievance procedures	0.756	5	Reliable
Partnership agreements	0.851	5	Reliable
Collective bargaining	0.777	5	Reliable
Performance	0.823	5	Reliable

The results in Table 4.2 reveal that all the constructs had a Cronbach value greater than 0.7. This means that all the constructs' items in the data collection tool were dependable for subsequent analysis.

### 4.4 Demographic Information Results

Table 4.3 summarizes results on the demographic data of the participants. These include gender, age, level of education, and tenure.

**Table 4.3***Socio-Demographic information of the respondents*

<b>Variable</b>	<b>Categories</b>	<b>Frequency</b>	<b>Percent</b>
<b>Gender of the respondents</b>	Female	29	32.2
	Male	61	67.8
<b>Age of the respondents</b>	Below 25 years	10	11.1
	25-30 years	9	10
	31-35 years	17	18.9
	36-40 years	26	28.9
	41-45 years	15	16.7
	46-50 years	8	8.9
	Over 50 Years	5	5.6
<b>Level of education</b>	Secondary education (O level)	0	0
	Diploma	4	4.4
	Degree	35	38.9
	Masters & Above	51	56.7
<b>Tenure of the respondents</b>	Below 6 Months	12	13.3
	6-11 Months	16	17.8
	1- 2 years	18	20
	Over 3 years	44	48.9

Results in Table 4.3 indicates that 61 (67.8%) of the participants are males while 29 (32.2%) of them are female. It was further noted that over 50% of the respondents, that is 64.5% of them are between the age of 31 and 45 years with 28.9% of them being between 36 and 40 years. Results on education indicate that 56.7% of the participants have a master's degree while 38.9% of them have attained a degree. This implies that health employees in the Imenti North sub-county are qualified for their jobs. In the health care system, experience, knowledge, and expertise are paramount, and thus, it requires the healthcare facilities to recruit highly trained and educated staff for better and quality health care services. Furthermore, this is corroborated by the findings that indicate that 48.9% of the employees in the health care facilities have been working in the hospitals for over 3 years, while 20% of them have been in the system for a period between 1 and 2 years.

## 4.5 Descriptive Analysis of the Study Variables

This section presents descriptive results on the study variables including employee involvement, partnership agreements, grievance procedures, collective bargaining, and organization performance.

### 4.5.1 Employee Involvement

The research aimed to establish the connection between employee involvement and performance of public health facilities in Meru County. The participants were asked to state their agreement or otherwise with statements relating to employee involvement. Table 4.4 demonstrates the outcome.

**Table 4.4**

*Descriptive Statistics on Employee Involvement*

Statements	Disagree		Agree	
	F	%	F	%
There is a lot of management interest in decision-making and this increases the efficiency of the company.	36	40	54	60
Employees are given chance to offer suggestion on how to improve their performance	30	33	60	67
There is adequate delegation of responsibilities which motivates employees and this enhances organization performance	27	31	63	70
There is direct involvement of employees in organization activities and this enhances organization performance	28	31	62	69
There is indirect involvement of employees in organization activities and this enhances organization performance	39	44	51	56

The results in Table 4.4 demonstrate that most of the participants agreed with the following claims: there is a lot of staff interest in decision-making and this increases the efficiency of the company (54, 60%); employees are given chance to suggest how to improve their performance (60, 67%); there is an adequate delegation of responsibilities which motivates employees and this enhances organization performance (63, 70%); there is the direct

involvement of employees in organization activities and this enhances organization performance (62, 69%); and there is indirect involvement of employees in organization activities and this enhances organization performance (51, 56%).

The findings concur with Sofijanova and Zabijakin-Chatleska (2013) assertion that staff participation had a direct influence on firm performance. Furthermore, staff involvement and strengthening programs have a substantial correlation with output. Likewise, the examination by Cotton (2010) found that it is imperative to see the ethical inclusion of staff which incorporates distinguishing proof procedures. When people are ethically active and linked to specific goals, they would be more likely to share their opinions, values, and expectations with other gathering individuals. Staff participation is a participatory practice that uses the entire professional cap and is intended to promote employee engagement for the achievement of the company.

#### **4.5.2 Partnership Agreements**

The research goal was to evaluate the connection between partnership agreements and the performance of public health facilities in Meru County. The participants were requested to state whether they agree or disagree with assertions on partnership agreements. Table 4.5 illustrates the findings.

**Table 4.5*****Descriptive Statistics on Partnership Agreements***

<b>Statements</b>	<b>Disagree</b>		<b>Agree</b>	
	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>
The employer- employee partnership agreement is participative where both teams have to agree in order to improve the organization performance	31	34	59	66
All the partnership agreements allow the inclusion of compensation issues to be included for better organization performance	18	20	72	80
There are policies that guides on the implementation of partnership agreement for better organization performance	27	31	63	70
The employer-employee partnership terms are clearly defined in the organization	36	40	54	60
The partnership agreement available takes care of both parties' interests	42	47	48	54

The findings in Table 4.5 indicate that most of the participants agreed that the employer-employee partnership agreement is participative where both teams have to agree to improve the organization performance (59, 66%); all the partnership agreements allow the inclusion of compensation issues to be included for better organization performance (72, 80%); some policies guides on the implementation of the partnership agreement for better organization performance (63, 70%); employer-employee partnership terms are clearly defined in the organization (54, 60%); and the partnership agreement available takes care of both parties' interests (48, 54%).

The results are consistent with the finding (Mohanasundaram & Saranya, 2013) that a dispute management system requires to stimulate and preserve employee happiness for greater productivity in their working environments. This implies that grievance handling approaches are essential in influencing productivity in an organization.

### 4.5.3 Grievance Procedures

The study aimed to determine the connection between grievance procedures and the performance of public health facilities in Meru County. The participants were asked to state whether they agree or disagree with claims on grievance procedures.

**Table 4.6**

*Descriptive Statistics on Grievance Procedures*

Statements	Disagree		Agree	
	F	%	F	%
The employees' rights are protected and respected by the organization at all times	26	29	64	71
There are adequate communication methods which employees can use to air their grievances	25	28	65	72
Employees are accorded fair hearing during grievances procedures in the organization	27	31	63	70
There is timely hearing of employees 'concerns in the organization	31	35	59	65
There is timely response to employees 'concerns by the management	57	64	33	37

The findings in Table 4.6 reveal that majority of the participants with agreed that employees' rights are protected and respected by the organization at all times (64, 71%); there are adequate communication methods which employees can use to air their grievances (65, 72%); employees are accorded fair hearing during grievances procedures in the organization (63, 70%); and there is timely hearing of employees 'concerns in the organization (59, 65%). However, majority of the respondents disagreed that there is a timely response to employees 'concerns by the management (57, 64%).

These outcomes corroborate with Saridakis, Lai and Johnstone (2017) recommendation that HR aspects related with coordinate (non-union based) partnership working, for example, representative voice systems - characterized as immediate assignment based support, and enhanced upwards and downwards correspondence amongst administration and

representatives – can convey shared increases for both the representatives and businesses. Also, Sadovnikova and Pujari (2017) found that social partnership, new social settlements, concentrated tripartite pay dealing, the foundations of the national association have assumed a key part in managing and deciding the states of work. This implies that a partnership agreement is a critical staff voice strategy that is likely to influence organizational outcomes.

#### 4.5.4 Collective Bargaining

The study aimed to assess the connection between collective bargaining and the performance of public health facilities in Meru County. The participants were asked to state whether they agree or disagree with assertions. The outcomes are shown in Table 4.7.

**Table 4.7**

*Descriptive Statistics on Collective Bargaining*

Statements	Disagree		Agree	
	F	%	F	%
Employees participate fully in the collective bargaining agreements	33	37	57	63
There is discrimination of employee during collective bargaining which affects organization performance.	16	18	74	82
Employee policy on hiring is documented during collective bargaining to enhance organization performance	22	25	68	76
Employee policy on retention is documented during collective bargaining to enhance organization performance	22	24	68	75
Employee policy on firing is documented during collective bargaining to enhance organization performance	42	47	48	53

Table 4.7 results reveal that majority of the participants agreed that employees participate fully in the collective bargaining agreements (57, 63%); there is discrimination of employee during collective bargaining which affects organization performance (74, 82%); employee policy on hiring is documented during collective bargaining to enhance organization performance (68, 76%); employee policy on retention is documented during collective

bargaining to enhance organization performance (68, 75%); and employee policy on firing is documented during collective bargaining to enhance organization performance (48, 53%).

These outcomes support Condrey (2010) conclusion that workers' issues amid the negotiations process build their inspiration because of interest. This causes the businesses to have a superior association with the workers as they can comprehend the workers better and they can likewise counsel with the agent of the union and talk about their issues too. The supervisors likewise have a superior grasp at administration because of the way that the union official has the duty of smooth running of operations, after the request of the union is satisfied. Yoder (2011) found that collective negotiation is viewed as the center of the mechanical relations framework. It is a self-governing arrangement of making work rules amongst businesses. This implies that collective bargaining is a critical staff voice strategy that is likely to influence organizational outcomes.

#### 4.5.5 Organizational Performance

The organizational performance was the predictor construct. The participants were asked to state whether they agree or disagree with the assertions on organizational performance.

**Table 4.8**

*Descriptive Statistics on Organizational Performance*

<b>Statements</b>	<b>Disagree</b>		<b>Agree</b>	
	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>
Adoption of employee voice strategies improves the level of employee retention	31	34	59	66
Adoption of employee voice strategies reduces the frequency of strikes in the organization	18	20	72	80
Effective application of employee voice strategies minimizes employee turnover	27	31	63	70
Effective application of employee voice strategies enhances provision of quality services	20	22	70	77
Effective application of employee voice strategies enhances provision of speedy services	41	46	49	54



Table 4.8 findings reveal that majority of the participants agreed that adoption of employee voice strategies improves the level of employee retention (59, 66%); adoption of employee voice strategies reduces the frequency of strikes in the organization (72, 80%); effective application of employee voice strategies minimizes employee turnover (63, 70%); effective application of employee voice strategies enhances the provision of quality services (70, 77%); and effective application of employee voice strategies enhances the provision of speedy services (49, 54%).

The findings agree with Sofijanová and Zabíjakin-Chatleská (2013) indication that staff participation had a direct influence on firm performance. Also, Sadovniková and Pujari (2017) found that social partnership, new social settlements, concentrated tripartite pay dealing, the foundations of the national association have assumed a key part in managing and deciding the states of work. This implies that staff voice strategies play an important role in driving the performance of health institutions.

## **4.6 Hypotheses Testing**

The correlation results were used to test the hypotheses. Prior to hypotheses testing, the following diagnostic tests were conducted on the data: normality test, linearity test, and heteroscedasticity test, autocorrelation test, and multicollinearity tests.

### **4.6.1 Diagnostic Test Results**

#### **Normality Test**

Normality testing in this research was done by the use of the Kolmogorov-Smirnov check because the observations exceeded 50. Kolmogorov-Smirnov test assumes that data is normally distributed when the Asymp. Sig. (2-tailed) is greater than the p-value ( $P > 0.05$ ).

Table 4.9 illustrates the results.

**Table 4.9*****Kolmogorov-Smirnov Test on Normality***

		Employee involvement (X1)	Grievance procedures (X2)	Partnership agreements (X3)	Collective bargaining (X4)	Performance (Y)
N		90	90	90	90	90
Normal Parameters,b	Mean	3.74	3.749	3.867	3.856	3.913
	Std. Deviation	0.494	0.6015	0.4954	0.4616	0.4664
Most Extreme Differences	Absolute	0.088	0.128	0.124	0.126	0.107
	Positive	0.088	0.097	0.083	0.126	0.082
	Negative	-0.082	-0.128	-0.124	-0.103	-0.107
Kolmogorov-Smirnov Z		0.832	1.219	1.179	1.192	1.017
Asymp. Sig. (2-tailed)		0.493	0.102	0.124	0.116	0.253

a Test distribution is Normal.

b Calculated from data.

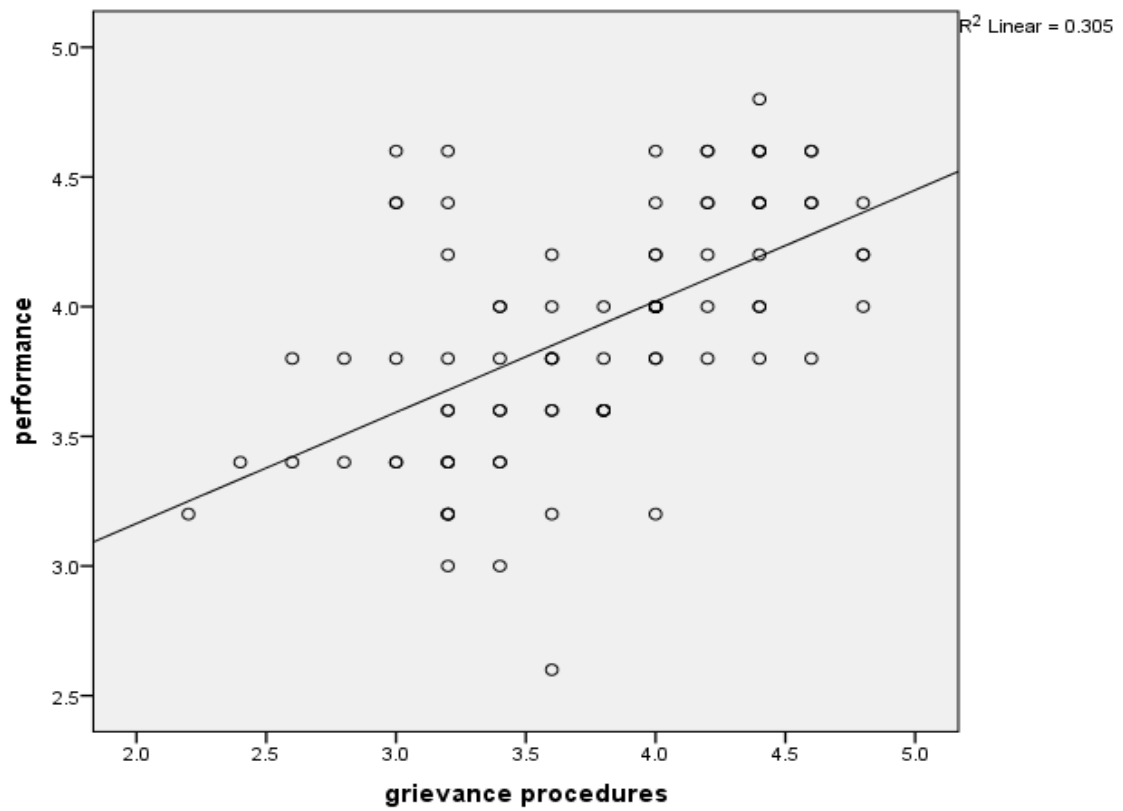
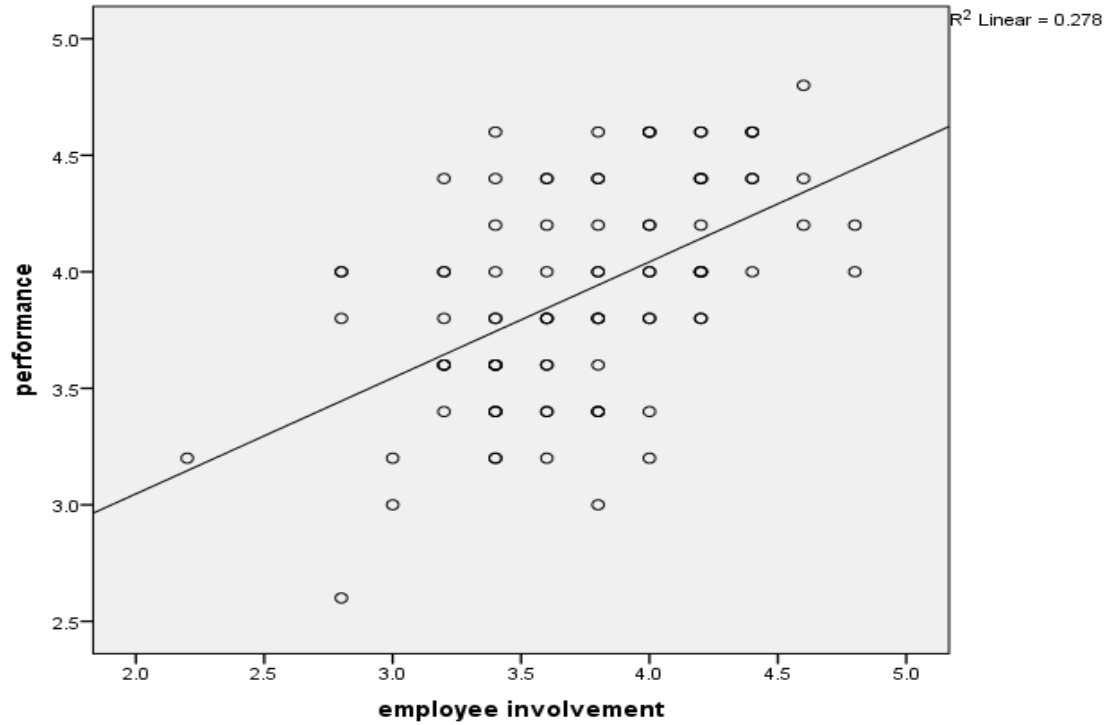
Based on the output of the one-sample Kolmogorov-Smirnov test, the Asymptotic Significant value of all study variables (X1,  $P=0.493$ ; X2,  $P=0.102$ ; X3,  $P=0.124$ ; X4,  $P=0.116$ ; and Y  $P=0.253$ ) are greater than 0.05 which indicated that data was normally distributed.

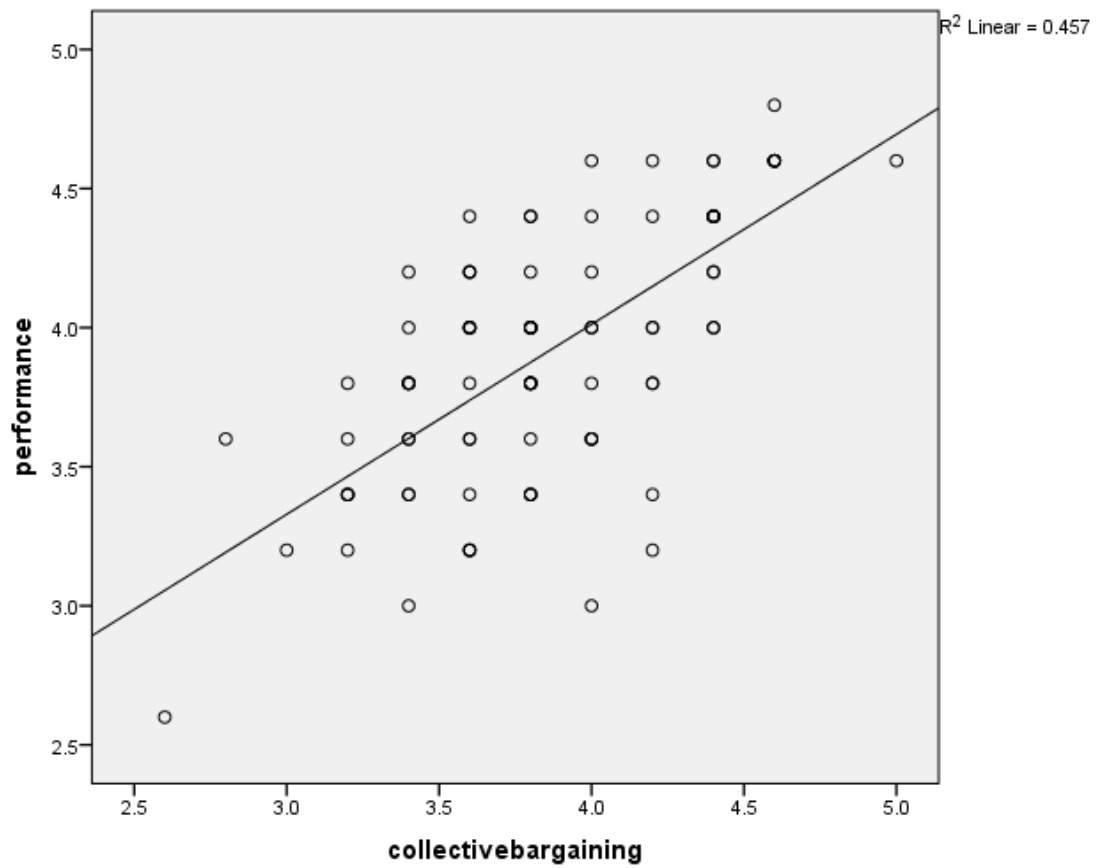
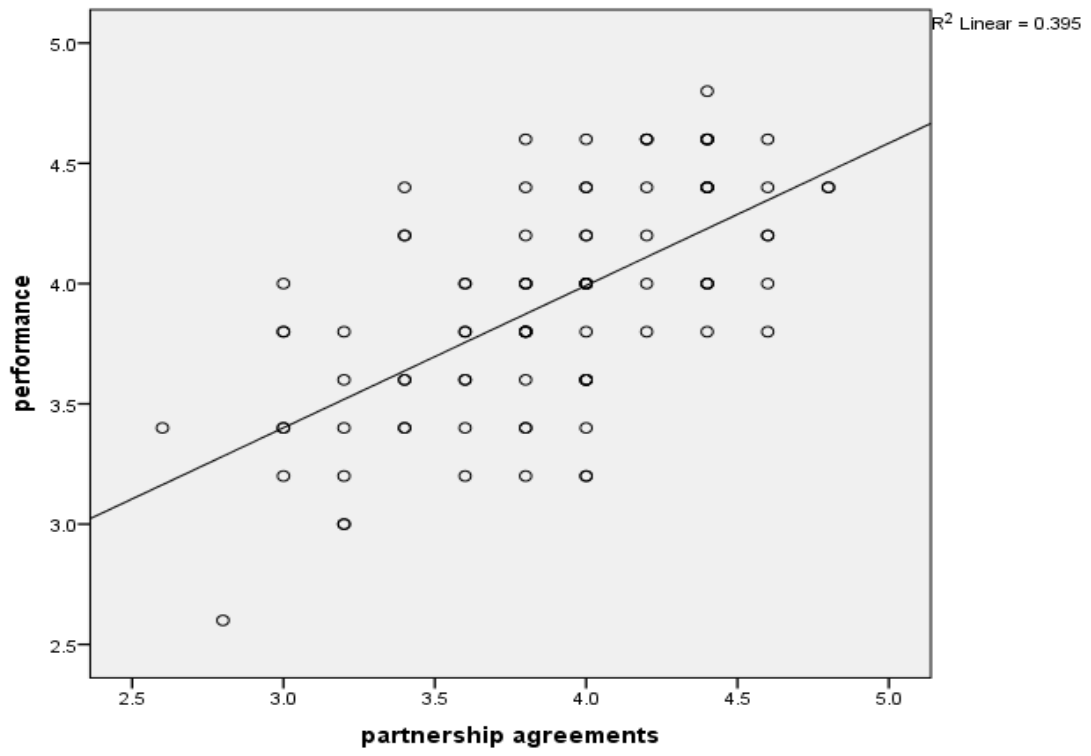
**Linearity Test**

In this study linearity test was conducted using scatter plots. The findings are demonstrated in Figure 4.1.

**Figure 4.1**

*Linearity test: Scatter Plots*





The scatter plots in Figure 4.1 reveal the existence of linear dependence between the independent variables (employee involvement, partnership agreements, grievance procedures, and collective bargaining) and the dependent variable (organizational performance). This is demonstrated by the fit line in each of the plots.

### Heteroskedasticity Test

The heteroskedasticity test was carried out by the use of Levene's test of equality of error variances.

**Table 4.10**

*Test of Heteroskedasticity: Levene's Test of Equality of Error Variances*

Dependent Variable: performance				
	F	df1	df2	Sig.
	1.264	11	78	0.261
	1.525	13	76	0.128
	1.367	11	78	0.205
	2.488	11	78	0.071

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a Design: Intercept X1, X2, X3, X4

The outcome in Table 4.10 indicates that all the p-values for independent variables (X1, X2, X3, and X4) were more than 0.05 and therefore the null hypothesis of the constant variance of error terms was accepted. This implies that the data was homoscedastic.

### Auto-correlation Test

The auto-correlation test was done using Durbin-Watson. The results are shown in Table 4.11.

**Table 4.11**

*Durbin-Watson test of Auto-correlation*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.846 <sup>a</sup>	.715	.702	.2548	2.186

a Predictors: (Constant), collective bargaining, grievance procedures, employee involvement, partnership agreements

b Dependent Variable: performance

Based on findings in Table 4.11, the null hypothesis of no autocorrelation was accepted and thus residuals are not auto-correlated (Durbin-Watson value=2.186).

**Multicollinearity Tests**

The research also tested for multicollinearity between independent variables using VIF. The outcomes are depicted in Table 4.12.

**Table 4.12**

*Multicollinearity test using VIF*

Variables	Tolerance	VIF
Employee involvement	0.746	1.34
Grievance procedures	0.709	1.409
Partnership agreements	0.7	1.429
Collective bargaining	0.751	1.332

Results in Table 4.12 show VIF values less than 10 implying that there was no multicollinearity among the independent variables. This means that the independent variables are not highly correlated.

#### 4.6.2 Correlation Analysis Results

The segment shows outcome on association between independent variables (employee involvement, partnership agreements, grievance procedures, and collective bargaining) and dependent variable (organizational performance).

**Table 4.13**

*Correlation Results; employee voice strategies and organizational performance*

Correlation	Significance	Performance	Employee involvement	Grievance procedures	Partnership agreements	Collective bargaining
		1				
Performance	Sig. (2-tailed)					
		.527*	1			
Employee involvement	Sig. (2-tailed)	0.002				
		.553**	.339**	1		
Grievance procedures	Sig. (2-tailed)	0.001	0.001			
		.628**	.268*	.494**	1	
Partnership agreements	Sig. (2-tailed)	0.000	0.011	0		
		.676*	.441**	.230*	.343**	1
Collective bargaining	Sig. (2-tailed)	0.003	0.000	0.029	0.001	

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

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

The first null hypothesis (H01) projected that there was no relevant association in Meru County between the presence of workers and the efficiency of public health facilities. At 95% trust level, the measured P-value was 0.002, indicating that employee engagement had a favorable and important association with corporate success ( $r = .527$ ) (Table 4.13). Therefore, the null hypothesis was dismissed and settled that there was a substantial association in Meru County between staff attendance and efficiency of public health facilities.

These outcomes are consistent with Zabijakin-Chatleska and Sofijanova (2013) who indicated that staff participation had a direct influence on firm performance. Furthermore,

staff involvement and strengthening programs have a significant association with performance. Likewise, they are consistent with (Mildred, 2016) who indicated that staff participation influences organizations' performance. The research concluded that it is important to involve employees in a firm's activities since this serves as an incentive for improved productivity.

The second null hypothesis (H02) projected that the association between collaboration arrangements and the success of public health facilities in Meru County was not important. At 95 % confidence level, the estimated P-value was 0.000, indicating that alliance relationships had a favorable and meaningful relationship ( $r = .628$ ) with operational success (Table 4.13). Therefore, the null hypothesis was dismissed and resolved that there was an effective association between cooperation arrangements and the success of public health facilities in the county of Meru.

These findings corroborate with Saridakis, Lai and Johnstone (2017) who recommended that HR aspects related with coordinate (non-union based) partnership working, for example, representative voice systems - characterized as immediate assignment based support, and enhanced upwards and downwards correspondence amongst administration and representatives – can convey shared increases for both the representatives and businesses.

The third null hypothesis (H03) projected that no meaningful association occurred in Meru County between grievance procedures and the efficiency of public health facilities. At a 95 percent confidence level, the measured P-value was 0.001, meaning that grievance procedures had a favorable and important relationship ( $r = .553$ ) with operational success (Table 4.13). Therefore, the null hypothesis was dismissed and settled that there was an essential partnership in Meru County between grievance procedures and efficiency of public health facilities.



These results are consistent with Ngetich (2016) who revealed that the grievance handling mechanism of the organization provided legal protection and avenues for employees to present their problems in an orderly and peaceful manner. It also strengthened the view of the organization's workers for justice and equality. The study proposed a timely and efficient complaint resolution system to provide a constructive means of reducing job stress and concerns and thus resolving disputes in the workplace without a work stoppage.

The fourth null hypothesis (H04) projected that no meaningful association occurred in Meru County between collective bargaining and the efficiency of public health facilities. At the 95 percent confidence mark, the measured P-value was 0.003, indicating that collective bargaining had a constructive and important relationship ( $r = .676$ ) with operational success (Table 4.13). Therefore, the null hypothesis was dismissed and determined that there was a substantial association between collective bargaining and public health facilities success in Meru County.

The results support those of Condrey (2010) who found that workers' issues amid the negotiations process build their inspiration because of interest. This causes the businesses to have a superior association with the workers as they can comprehend the workers better and they can likewise counsel with the agent of the union and talk about their issues too. The supervisors likewise have a superior grasp at administration because of the way that the union official has the duty of smooth running of operations, after the request of the union is satisfied.

The  $r$  values of 0.527, 0.553, 0.628, and 0.676 indicate values of greater than 0.5 implying that employee involvement, grievance procedures, partnership agreements, and collective bargaining have a strong positive relationship with organizational performance. This further implies that improvement in employee involvement, grievance procedures, partnership

agreements, and collective bargaining is accompanied by improvement in organizational performance.

#### 4.7 Regression Analysis Results

Regression analyses were conducted to establish the effect of independent variables (employee involvement, partnership agreements, grievance procedures, and collective bargaining) on the dependent variable (organizational performance).

##### 4.7.1 Employee involvement and Organizational Performance

The analysis sought to determine the connection between employee involvement and performance of public health facilities. A univariate regression analysis was done.

**Table 4.14**

*Model Summary: Employee involvement and Organizational Performance*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.527a	0.278	0.27	0.3986

*a Dependent Variable: performance*

*b Predictors: (Constant), employee involvement*

Results in Table 4.14 indicate that the predictor variable, employee involvement explains 28% ( $R^2 = .278$ ) of the total variations in the performance of health institutions. These results confirm the output of the correlation that a strong and important association between staff attendance and the dependent variable.

**Table 4.15**

*ANOVA; Employee involvement and Organizational Performance*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.383	1	5.383	33.883	.000b
	Residual	13.981	88	0.159		

*a Dependent Variable: performance*  
*b Predictors: (Constant), employee involvement*

In Table 4.15, the ANOVA regression model shows a F statistic of 33.883 and a P-value of 0.000. Therefore, the proposed model is statistically important (good fit) in estimating the dependent variable, since the P-value is smaller than the alpha value (  $P < .05$ ).

**Table 4.16**

*Coefficients; Employee involvement and Organizational Performance*

<b>Variable</b>	<b><math>\beta</math></b>	<b>Std. Error</b>	<b>t</b>	<b>Sig.</b>
(Constant)	2.051	0.323	6.358	0.000
Employee involvement	0.498	0.086	5.821	0.000

*a Dependent Variable: performance*

The findings in Table 4.16 indicate that employee involvement and organizational efficiency are directly and meaningfully related ( $\beta=0.498$ ,  $p=0.000$ ). This denotes that staff involvement contributes substantially to the performance of health institutions.

These findings are consistent with Sofijanova and Zabijakin-Chatleska (2013) who indicated that staff participation had a direct influence on firm performance. Furthermore, staff involvement and strengthening programs have a significant association with performance. Likewise, they are consistent with Mildred (2016) who indicated that staff participation influences organizations' performance. The research concluded that it is important to involve employees in a firm's activities since this serves as an incentive for improved productivity.

**4.7.2 Partnership agreements and organizational Performance**

The study aimed to examine the connection between partnership agreements and the performance of public health facilities in Meru County. A univariate regression analysis was done.

**Table 4.17*****Model Summary; Partnership agreements and Organizational Performance***

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.628a	0.395	0.388	0.365

a Dependent Variable: performance

b Predictors: (Constant), partnership agreements

The findings in Table 4.17 show that the predictor variable, partnership agreement explains 40% ( $R^2 = .395$ ) of the total variations in the performance of health institutions. These results confirm the output of the correlation that a direct and meaningful connection between the relationship arrangement and the dependent variable.

**Table 4.18*****ANOVA; Partnership agreements and Organizational Performance***

<b>Model</b>		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1	Regression	7.643	1	7.643	57.385	.000b
	Residual	11.721	88	0.133		
	Total	19.364	89			

a Dependent Variable: performance

b Predictors: (Constant), partnership agreements

In Table 4.18, the ANOVA regression model shows a F statistic of 57.385 and a P-value of 0.000. Therefore, the proposed model is statistically important (good fit) in estimating the dependent variable, since the P-value is smaller than the alpha value ( $P < .05$ ).

**Table 4.19*****Coefficients; Partnership agreements and Organizational Performance***

<b>Variable</b>	<b><math>\beta</math></b>	<b>Std. Error</b>	<b>t</b>	<b>Sig.</b>
(Constant)	1.626	0.304	5.341	0.000
partnership agreements	0.592	0.078	7.575	0.000

a Dependent Variable: performance

The outcome Table 4.19 indicate that partnership agreements and organizational efficiency are directly and meaningfully related ( $\beta=0.592$ ,  $p=0.000$ ). This implies that a partnership agreement contributes substantially to the performance of health institutions.

These findings corroborate with Saridakis, Lai and Johnstone (2017) who recommended that HR aspects related with coordinate (non-union based) partnership working, for example, representative voice systems - characterized as immediate assignment based support, and enhanced upwards and downwards correspondence amongst administration and representatives – can convey shared increases for both the representatives and businesses. Besides, the findings are consistent with Wall (2014) who observed that activity in proposing the improvement of working environment partnership was a protective stance despite expanding employers hostility, especially from among US multinational organizations, towards union association, and the apparent risk postured by the interest – for managers and representatives alike of new human resources, it was dreaded, might bring about the consumption of individuals' sense of duty regarding union portrayal and, thus, to the underestimation of aggregate bargaining.

#### 4.7.3 Grievance procedures and Organizational Performance

The analysis aimed to examine the connection between grievance procedures and the performance of health institutions. A univariate regression analysis was done.

**Table 4.20**

*Model of Summary; Grievance Procedures and Organizational Performance*

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.553a	0.305	0.298	0.3909

*a Dependent Variable: performance*

*b Predictors: (Constant), grievance procedures*

Results in Table 4.20 indicate that the predictor variable, grievance procedures explain 31% ( $R^2 = .305$ ) of the total variations in the performance of health institutions. These results confirm the output of the correlation that there is direct and important relationship between the protocols for grievance and the dependent variable.

**Table 4.21**

*ANOVA; Grievance Procedures and Organizational Performance*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.915	1	5.915	38.699	.000b
	Residual	13.449	88	0.153		
	Total	19.364	89			

*a Dependent Variable: performance*

*b Predictors: (Constant), grievance procedures*

In Table 4.21, the ANOVA regression model shows a F statistic of 38.699 and a P-value of 0.000. Therefore, the proposed model is statistically important (good fit) in estimating the dependent variable, since the P-value is smaller than the alpha value ( $P < .05$ ).

**Table 4.22**

*Coefficients; Grievance Procedures and Organizational Performance*

Variable	$\beta$	Std. Error	t	Sig.
(Constant)	2.307	0.262	8.82	0.000
Grievance procedures	0.429	0.069	6.221	0.000

*a Dependent Variable: performance*

The outcome in Table 4.22 indicates that grievance procedures and organizational efficiency are directly and meaningfully related ( $\beta=0.429$ ,  $P=0.000$ ). This denotes that grievance procedures contribute substantially to the performance of health institutions.

These results are consistent with Ngetich (2016) who revealed that the grievance handling mechanism of the organization provided legal protection and avenues for employees to present their problems in an orderly and peaceful manner. It also strengthened the view of the

organization's workers for justice and equality. The study proposed a timely and efficient complaint resolution system to provide a constructive means of reducing job stress and concerns and thus resolving disputes in the workplace without a work stoppage.

#### 4.7.4 Collective Bargaining and Organizational Performance

The research intended to determine the connection between collective bargaining and the performance of health institutions. A univariate regression analysis was done.

**Table 4.23**

*Model Summary; Collective Bargaining and Organizational Performance*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.676a	0.457	0.451	0.3457

a Dependent Variable: performance

b Predictors: (Constant), collective bargaining

The findings Table 4.23 demonstrate that the predictor variable, collective bargaining explains 46% ( $R^2 = .457$ ) of the total variations in the performance of health institutions. These results confirm the output of the correlation that there is a direct and essential relation between collective bargaining and the dependent variable.

**Table 4.24**

*ANOVA; Collective Bargaining and Organizational Performance*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.849	1	8.849	74.051	.000b
	Residual	10.515	88	0.119		
	Total	19.364	89			

a. Dependent Variable: performance

b. Predictors: (Constant), collective bargaining

In Table 4.24, the ANOVA regression model shows an F test of 74,051 and a P-value of 0,000. Therefore, the proposed model is statistically important (good fit) in estimating the dependent variable, since the P-value is smaller than the alpha value ( $P < .05$ ).

**Table 4.25**

*Coefficients; Collective Bargaining and Organizational Performance*

<b>Variable</b>	<b><math>\beta</math></b>	<b>Std. Error</b>	<b>t</b>	<b>Sig.</b>
(Constant)	1.28	0.308	4.151	0.000
Collective bargaining	0.683	0.079	8.605	0.000

*a Dependent Variable: performance*

The findings in Table 4.25 indicate that collective bargaining and organizational efficiency are directly and meaningfully related ( $\beta=0.683$ ,  $p=0.000$ ). This denotes that collective bargaining contributes substantially to the performance of health institutions.

These findings are consistent with Sofijanova and Zabijakin-Chatleska (2013) who indicated that staff participation had a direct influence on firm performance. Furthermore, staff involvement and strengthening programs have a significant association with performance. Likewise, they are consistent with Mildred (2016) who indicated that staff participation influences organizations' performance. The research concluded that it is important to involve employees in a firm's activities since this serves as an incentive for improved productivity.

#### **4.7.5 Overall Regression Analysis Results**

The main aim of this study was to determine the connection between employee voice strategies and performance of health institutions in Imenti North Sub-County. Having separately established the existence of a direct and substantial influence on all the four predictors (employee involvement, partnership agreements, grievance procedures, collective bargaining) on the dependent variable, it was important to decide how organizational success is affected together by a mixture of the four variables. Therefore, to test the relationship between variables, a multiple linear regression analysis was carried out.



**Table 4.26*****Model Summary; Employee Voice Strategies and Performance***

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.846a	0.715	0.702	0.2548

a Dependent Variable: performance

b Predictors: (Constant), collective bargaining, grievance procedures, employee involvement, partnership agreements

The results in Table 4.26 reveal that 72 percent ( $R^2 = .715$ ) of the overall improvements in the output of health institutions are collectively explained by all four predictor variables in this analysis. As the constant value in Table 4.28 is trivial, the modified R-square was chosen. These findings affirm the association production in Table 4.13 that all predator variables and the dependent variable have a clear and remarkable relationship.

**Table 4.27*****ANOVA: Employee Voice Strategies and Performance***

<b>Model</b>		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1	Regression	13.846	4	3.462	53.324	.000b
	Residual	5.518	85	0.065		
	Total	19.364	89			

a Dependent Variable: performance

b Predictors: (Constant), collective bargaining, grievance procedures, employee involvement, partnership agreements

In Table 4.27, the ANOVA regression model shows a F figure of 53.324 and a P-value of 0.000. Therefore, the proposed model is statistically important (good fit) in estimating the dependent variable, since the P-value is smaller than the alpha value ( $P < .05$ ).

**Table 4.28*****Regression of coefficients: Employee Voice Strategies and Performance***

<b>Variable</b>	<b><math>\beta</math></b>	<b>Std. Error</b>	<b>t</b>	<b>Sig.</b>
(Constant)	-0.231	0.288	-0.801	0.4250
Employee involvement	0.159	0.063	2.516	0.0140
Grievance procedures	0.185	0.053	3.478	0.0010
Partnership agreements	0.296	0.065	4.541	0.0000
Collective bargaining	0.443	0.068	6.565	0.0000

*a Dependent Variable: performance*

There are equivalent (Likert) scales for all predictive variables of staff engagement, arbitration processes, relationship arrangement, and collective bargaining; moreover, the constant value in the model is negligible, hence the use of standardized beta coefficients and, as opposed to unstandardized B coefficients.

Table 4.28 outcome reveals that employee involvement and organizational efficiency are directly and meaningfully related ( $\beta_1=0.169$ ,  $p=0.014$ ). These findings are consistent with Sofijanovna and Zabijakin-Chatleska (2013) who indicated that staff participation had a direct influence on firm performance. Furthermore, staff involvement and strengthening programs have a significant association with performance. Likewise, they are consistent with Mildred (2016) who indicated that staff participation influences organizations' performance. The research concluded that it is important to involve employees in a firm's activities since this serves as an incentive for improved productivity. This implies that employee involvement as a staff voice strategy contributes substantially to the performance of healthcare institutions.

Results also reveal that partnership agreements and organizational efficiency are directly and meaningfully related ( $\beta_2=0.314$ ,  $p=0.000$ ). These findings corroborate with Saridakis, Lai and Johnstone (2017) who recommended that HR aspects related with coordinate (non-union based) partnership working, for example, representative voice systems - characterized as immediate assignment based support, and enhanced upwards and downwards correspondence

amongst administration and representatives – can convey shared increases for both the representatives and businesses. Also, Sadovnikova and Pujari (2017) found that social partnership, new social settlements, concentrated tripartite pay dealing, and the foundations of the national association have assumed a key part in managing and deciding the states of work. Besides, the findings are consistent with Wall (2014) who observed that activity in proposing the improvement of working environment partnership was a protective stance despite expanding employers hostility, especially from among US multinational organizations, towards union association, and the apparent risk postured by the interest – for managers and representatives alike of new human resources, it was dreaded, might bring about the consumption of individuals' sense of duty regarding union portrayal and, thus, to the underestimation of aggregate bargaining. Furthermore, according to McKersie (2010) administration ought to set out on a fabulous social examination where key partnerships combined with present-day HRM frameworks in a setting of solid exchange unions and driving outside multinationals may 'cement another model of modern relations. This implies that partnership agreements as a staff voice strategy contribute substantially to the performance of healthcare institutions.

The results further indicate that grievance procedure and organizational efficiency are directly and meaningfully related ( $\beta_3=0.239$ ,  $p=0.001$ ). These results are consistent with Ngetich (2016) who revealed that the grievance handling mechanism of the organization provided legal protection and avenues for employees to present their problems in an orderly and peaceful manner. It also strengthened the view of the organization's workers for justice and equality. The study proposed a timely and efficient complaint resolution system to provide a constructive means of reducing job stress and concerns and thus resolving disputes in the workplace without a work stoppage. This implies that grievance procedures as a staff voice strategy contribute substantially to the performance of healthcare institutions.

Also, the findings reveal that collective bargaining and organizational efficiency are directly and meaningfully related ( $\beta_4=0.439$ ,  $p=0.000$ ). These findings are consistent with Gatchalian (2011) reveals that the collective negotiation process impacts the nature of modern relations. Nonetheless, the literature has constrained academic commitment to modern relations from growing countries and all the more so the African continent. Likewise, Cole (2012) suggests that management staff view agreements as one strategy to achieve business goals interacting with compensation and leading representative relationships. Collective bargaining is, along these lines, a discerning process in which, despite the usual zeal of sides, advancing to certainties and reasoning accommodates conflicting interests (Bendix, 2011). This implies that collective bargaining as a staff voice strategy contributes substantially to the performance of healthcare institutions.

Below is the complete model.

$$Y = 0.169X_1 + 0.314X_2 + 0.239X_3 + 0.439X_4$$

Where:

**Y is Performance of public health facilities**

$X_1, X_2, X_3, X_4$  = employee involvement, partnership agreements, grievance procedures, and collective bargaining respectively.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

A review, conclusion, and recommendations of the study are given in this chapter. The presentation is performed in accordance with the study's targets. There are also proposed areas for further study. The goal of this research was to develop the relationship between voice techniques for employees and the success of Imenti North Sub-County public health facilities. Centered on research priorities, an analysis of scientific literature was carried out; relevant to this thesis in the previous studies and with regard to organizational efficiency. The reviewed studies revealed that there existed knowledge gaps. The study was guided by dispute resolution theory, group theory, two-factor theory, the theory of equity, and goal-setting theory.

A correlational research design was employed. In all 15 public health institutions in Imenti North Sub-County, the study's target population was 470 medical workers. A stratified random sampling methodology was implemented by the research. They used a sample size of 114. To gather the data, questionnaires were used. To define the properties of the research structures, descriptive analysis (frequencies, ratios, and means) was used. Further, inferential analysis (correlation and regression) was used to establish the connection between the study variable.

## **5.2 Summary**

The main findings of the research were that employee involvement, grievance procedures, partnership agreements, and collective bargaining have a direct and noteworthy relationship with the performance of public health facilities in Meru County, Kenya.

### **5.2.1 Employee Involvement and Organizational Performance**

The research aimed to establish the relationship between the engagement of workers and the success of public health institutions in the sub-county of Imenti North. The participants noted that staff involvement in decision making, organization activities, and delegation of responsibilities enhances organizational performance.

The findings of the correlation study found that there is a substantially beneficial relationship between employee engagement and organizational success. A correlation value of 0.527 and a P-value of 0.000 supported that. The findings of regression showed that employee engagement has a clear and measurable effect on corporate success independently and also when paired with other factors. The null hypothesis, that there is no important association between employee engagement and organizational success, was refuted using the regression results.

### **5.2.2 Partnership Agreements and Organizational Performance**

The study aimed to examine the connection between partnership agreements and the efficiency of public health institutions in Imenti North Sub-County. The majority of the participants noted that the employer-employee partnership agreement is participative; partnership agreements should allow the inclusion of compensation issues, some policies guides on the implementation of the partnership agreement, and employer-employee partnership terms are clearly defined in the organization.

The findings of the correlation study revealed that there is a substantially direct relationship between collaboration agreements and organizational success. A correlation value of 0.628 and a P-value of 0.000 supported that. The findings of regression showed that relationship relationships had a clear and measurable impact on corporate success independently and also when paired with other factors. The null hypothesis, that there is no substantial association between collaboration arrangements and organizational success, was refuted using the regression results.

### **5.2.3 Grievance Procedures and Organizational Performance**

The analysis aimed to evaluate the connection between grievance procedures and the performance of public health institutions in Imenti North Sub-County. The majority of the participants noted that employee rights protection, adequate communication, fair hearing, and timely response to employees' concerns were critical aspects that determine organization performance.

The findings of the correlation study found that there is a strongly positive relationship between procedures for grievance and organizational efficiency. A correlation value of 0.553 and a P-value of 0.000 supported that. The findings of regression showed that grievance processes had a clear and measurable impact on operational success independently and also when paired with other factors. The null hypothesis, that there is no important association between grievance procedures and organizational efficiency, was refuted using the regression results.

#### **5.2.4 Collective Bargaining and Organizational Performance**

The study aimed to assess the connection between collective bargaining and the performance of public health institutions in Imenti North Sub-County. Responses from the participants revealed several key aspects. These are; avoiding discrimination, clear employee policy on hiring, retention, and firing.

The findings of the correlation study revealed that the relationship between collective bargaining and organizational success is strongly positive. A correlation value of 0.676 and a P-value of 0.000 supported that. The findings of regression showed that collective bargaining has a clear and measurable impact on organizational success independently and also when paired with other factors. The null hypothesis, that there is no substantial association between collective bargaining and organizational success, was refuted using the regression results.

#### **5.3 Conclusions**

From the foregoing findings, the study concluded that employee voice strategies have a substantially direct influence on the performance of public health facilities in Imenti North Sub-County. The adoption of these strategies has played a key role in influencing the extent of service delivery and thus the improvement in performance.

It was noted that performance has been improved and this is attributed to the strategies employed in form of employee involvement, partnership agreements, grievance procedures, and collective bargaining. Therefore, it can be concluded that the adoption of employee voice strategies improves the level of employee retention, reduces the frequency of strikes in the organization, minimizes employee turnover, enhances the provision of quality services, and enhances the provision of speedy services. The study further concludes that public hospitals are on the rise to ensure that employees are involved in decision making since it improves



organizations' performance. Employees are given chance to suggest how to improve their performance. Also, a delegation of responsibilities helps motivate employees in hospitals.

The study likewise concludes that partnership agreement ensures positive performance when employees' rights are protected and respected by the organization at all times. In the presence of adequate communication methods, employees are free to air their grievances and they are accorded fair hearing during grievances procedures in the organization. Also, timely hearing and response to the concerns of employees is a big boost to employee performance and this means well for the general efficiency of the health facility.

The research further concludes that the employer-employee partnership agreement is participative where both teams have to agree to improve the organization's performance. Partnership agreements allow the inclusion of compensation issues to be included for better organization performance. These employer-employee relationships offer clear and amicable grievance procedures to both parties and therefore boost the interpersonal relationships within a company/firm and/or health care facility.

Collective bargaining has been found to contribute a large percentage in the performance of public health in Meru County. This implies that the effects of collective bargaining pronounce a big effect on the performance and thus, it can be concluded that for better employee and general organization performance to improve, employees have to participate fully in the collective bargaining agreements. Discrimination of employees during collective bargaining is unhealthy and affects organization performance negatively. Therefore, the element of prejudice and discrimination has to be amended right from the policy level (in the hospitals' by-laws) to the actual practice of collective bargaining.

## **5.4 Recommendations**

The study made several suggestions from the above findings, which are summarized as per each research target.

### **5.4.1 Recommendations on Research Findings**

The results indicated employee involvement had a direct and meaningful influence on organizational efficiency. The hospital management should strengthen aspects related to employee involvement. These are; decision making, organization activities, and delegation of responsibilities. This could results to enhanced performance among health facilities.

From the findings for objective two, partnership agreements had a direct and meaningful influence on organizational performance. The hospital management should strengthen aspects related to partnership agreements including employer-employee partnership agreement and inclusion of compensation issues. This could results to enhanced performance among health facilities.

Based on the outcomes for objective three, grievance procedures had a direct and meaningful influence on organizational performance. The hospital management should strengthen aspects related to grievance procedures such as staff rights protection, adequate communication, fair hearing, and timely response to employees 'concerns. These aspects were found to be critical in determining performance of the health facilities.

From the findings for objective four, collective bargaining had a direct and meaningful influence on organizational performance. The hospital management should strengthen aspects related to collective bargaining such as avoiding discrimination, clear employee policy on hiring, retention, and firing. This will most likely enhance performance of the health facilities. The element of prejudice and discrimination should be avoided. Therefore, the

management of the hospitals needs to engage every stakeholder during formulation, amendment, and enforcement of hospitals' collective bargaining by-laws.

#### **5.4.2 Implications on Policies and Practices**

This study is expected to make substantial contribution to policy and practice in the faculty of human resource.

On policy, the study will guide relevant policy makers including hospital management and ministry of health on what to change or improve in the employer-employee relationship policy. Particular focus should be on all the four employee voice strategies; employee involvement, partnership agreements, grievance procedures and collective bargaining. On employee involvement, the policy should focus on decision making and delegation of responsibilities. On partnership agreements, the policy should focus on inclusion of compensation issues. On grievance procedures, the policy should focus on employee rights protection, adequate communication, fair hearing, and timely response to employees' concerns. Lastly on collective bargaining, the policy should focus on discrimination, hiring, retention, and firing.

On practice, the study informs hospital management on how best to improve the relationship with employees and what measures to take in order to address rising concerns. In particular, the hospital management should strengthen employee voice strategies, that is, employee involvement, partnership agreements, grievance procedures and collective bargaining. This will promote good relation between the hospital administration and the employees and thus enhance performance.

## **5.5 Areas for Further Studies**

The purpose of this study was to establish the relationship between employee voice strategies and performance of public health facilities in Meru County, Kenya. The study, therefore, narrowed its findings to Meru County, Kenya. For comparison purposes, a similar investigation could be carried out in other counties. This would expound on the scope of the study and enable the generalization of findings and ultimately be able to fill the knowledge gaps as the contextual gap. Also, to expand the current study, a moderating /intervening factor/variable such as the internal organizational factors as well as macroeconomic factors as government policies could be incorporated in the research to establish how the study variables are affected by such factors.

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## **APPENDICES**

### **Appendix I: Letter of Introduction**

I am a student of MBA at Kenya Methodist University. I am researching the relationship between employee voice strategies and performance of public hospitals in Imenti North Sub County. The study aims at exploring the influence of the following employee voice strategies: employee involvement, partnership agreements, grievance procedures and collective bargaining on the performance of public hospitals in Imenti North Sub County

Kindly fill up this information and return. Any information obtained for this purpose will be kept strictly confidential and will only be used for academic purposes. Your cooperation will be highly appreciated in this regard.

Thank You!

**Yours truly**

Evelyn Mukiira

## Appendix II: Questionnaire

### SECTION A: GENERAL INFORMATION:

Using a tick (Ö) kindly indicate an option that best describes:

#### 1. Your gender

- a) Male ( )
- b) Female ( )

#### 2. Your age: -

- a) Below 25 years ( )
- b) 25-30 years ( )
- c) 31-35 years ( )
- d) 36-40 years ( )
- e) 41-45 years ( )
- f) 46-50 years ( )
- g) Over 50 years ( )

#### 3. Your level of education: -

- a) Secondary education (O level) ( )
- b) Diploma ( )
- c) Degree ( )
- d) Masters & Above ( )

#### 4. How long have you worked in your organization?

- a) Below 6 Months ( )
- b) 6-11 Months ( )
- c) 1- 2 years ( )
- d) Over 3 years ( )

### SECTION B: EMPLOYEE INVOLVEMENT

#### 5. Do you think employee involvement influence performance of your organization ?

Yes [ ] No [ ]

#### 6. Kindly rate the extent to which employee involvement influences the performance of your organization

Not at all [ ] Small Extent [ ] Moderate Extent [ ] Large Extent [ ]

#### 7. Kindly indicate your agreement or otherwise with the following statements relating to employee involvement in your organization.

- 1. Strongly Disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly Agree

Statements	1	2	3	4	5
There is a lot of employee involvement in decision making and this improve organization performance					
Employees are given chance to suggest how to improve their performance					
There is adequate delegation of responsibilities which motivates employees and this enhances organization performance					
There is the direct involvement of employees in organization activities and this enhances organization performance					
There is indirect involvement of employees in organization activities and this enhances organization performance					

**SECTION C: GRIEVANCE PROCEDURES**

**8. Do you think grievance procedures influence the performance of your organization?**

Yes [ ] No [ ]

**9. Kindly rate the extent to which grievance procedures influence the performance of your organization**

Not at all [ ] Small Extent [ ] Moderate Extent [ ] Large Extent [ ]

**10. Kindly indicate your agreement or otherwise with the following statements relating to grievance procedures in your organization.**

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Statements	1	2	3	4	5
The employees' rights are protected and respected by the organization at all times					
There are adequate communication methods which employees can use to air their grievances					
Employees are accorded fair hearing during grievances procedures in the organization					
There is timely hearing of employees 'concerns in the organization					

There is a timely response to employees 'concerns by the management					
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**SECTION D: PARTNERSHIP AGREEMENTS**

**11. Do you think partnership agreements influence the performance of your organization?**

Yes [ ] No [ ]

**12. Kindly rate the extent to which partnership agreements influence the performance of your organization**

Not at all [ ] Small Extent [ ] Moderate Extent [ ] Large Extent [ ]

13. Kindly indicate your agreement or otherwise with the following statements relating to partnership agreements in your organization.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Statements	1	2	3	4	5
The employer-employee partnership agreement is participative where both teams have to agree to improve the organization performance					
All the partnership agreements allow the inclusion of compensation issues to be included for better organization performance					
Some policies guide on the implementation of the partnership agreement for better organization performance					
The employer-employee partnership terms are clearly defined in the organization					
The partnership agreement available takes care of both parties' interests					

**SECTION E: COLLECTIVE BARGAINING**

**14. Do you think collective bargaining influences the performance of your organization?**

Yes [ ] No [ ]

**15. Kindly rate the extent to which collective bargaining influences the performance of your organization**

Not at all [ ] Small Extent [ ] Moderate Extent [ ] Large Extent [ ]



**16.** Kindly indicate your agreement or otherwise with the following statements relating to collective bargaining in your organization.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

<b>Statements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Employees participate fully in the collective bargaining agreements					
There is discrimination of employees during collective bargaining which affects organizational performance.					
Employee policy on hiring is documented during collective bargaining to enhance organization performance					
Employee policy on retention is documented during collective bargaining to enhance organization performance					
Employee policy on firing is documented during collective bargaining to enhance organization performance					

**SECTION F: PERFORMANCE OF PUBLIC HEALTH FACILITIES**

**17. How would you rate the performance of your organization?**

Poor [ ]      Moderate [ ]      Good [ ]      Excellent [ ]

**18. Kindly indicate your agreement or otherwise with the following statements relating to the performance of your organization**

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

<b>Statements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Adoption of employee voice strategies improves the level of employee retention					
Adoption of employee voice strategies reduces the frequency of strikes in the organization					
Effective application of employee voice strategies minimizes employee turnover					
Effective application of employee voice strategies enhances the provision of quality services					
Effective application of employee voice strategies enhances the provision of speedy services					

**Appendix III: NACOSTI Permit**


**REPUBLIC OF KENYA**  
 National Commission for Science, Technology and Innovation  
**Ref No: SACOSTI/20/5775**

  
**NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION**  
 Date of Issue: 13 July 2020

**RESEARCH LICENSE**



This is to Certify that Ms. Evelyn Kathrine Kingira of Kenya Methodist University, has been licensed to conduct research in Meru on the topic: **Relationship between employee work strategies and performance of public health facilities in Meru county, for the period ending - 13 July 2021.**

**License No: SACOSTI/20/5775**  
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## Appendix IV: Authorization Letter from KeMU

