

**EFFECTS OF WORK ETHICS PRACTICES ON PERFORMANCE OF  
HEALTH WORKERS: A CASE OF COAST GENERAL TEACHING AND  
REFERRAL HOSPITAL**

**MERCY MAPEMBA BRUBA**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE DEGREE  
OF MASTER OF SCIENCE IN HEALTH SYSTEMS MANAGEMENT OF  
KENYA METHODIST UNIVERSITY**

**SEPTEMBER, 2021**

**DECLARATION**

“I declare that this thesis is my original work and has not been presented in any other university”.

Signed

Date: .....

Mercy Mapemba Bruba

HSM-3-0163-1/2017

“This thesis has been submitted for examination with our approval as university supervisors”.

Signed.....

Date.....

Dr. Kezia Njoroge

Department of Health Systems Management

Kenya Methodist University

Signed..... Date: .....

Lillian Muiruri

Department of Health Systems Management

Kenya Methodist University

## **COPY RIGHT**

Mercy Bruba © 2021

All rights reserved. No one is allowed to reproduce, store or transmit this document or part of it by photocopying, electronically or mechanically without permission from the author or KEMU.

## **DEDICATION**

To God and my wonderful family at large especially my husband Abidan

## **ACKNOWLEDGEMENT**

I thank the Almighty God for His unending Love, Grace and Protection. The Coast General Hospital case study was prepared under strict supervision of Dr. Kezia Njoroge and Lilian Muiruri my supervisors and Lecturers Kenya Methodist University Department of Health Systems and Medical Education. I also acknowledge the Kenya Methodist University, Department of Health Systems and Medical Education for giving me a platform in this beautiful world of academia to conduct research about work ethic practices and performance of health workers.

## ABSTRACT

Health systems are weakened by lack of work ethics practices across many parts of the developing world and this slows progress in management of diseases and the global health agenda for access of health care service to all. In line with the WHO six building blocks of health system it is important to ensure work ethics practices are adhered to so as to enhance service delivery. This study aimed at establishing the effects of work ethics practices on performance of health workers at Coast General Teaching and Referral Hospital. The variables reviewed in this study included: accountability, teamwork, commitment and interpersonal relationships and their influence on performance of health workers at Coast General Teaching and Referral Hospital. Social control theory, employee risk triangle theory, job design theory, stress facilitation theory guided development and conduction of this study. Study population for this study were the health workers in Coast General Teaching and Referral Hospital. The paper used Stratified random sampling technique and simple random techniques to come up with a sample size of 219 health workers. Raw information was realized by the use of a questionnaire. SPSS version 25 was employed in the coding and analysis of the data. Multiple regressions and bivariate logistical analyses were employed to this study and helped to evaluate the connection that exists between the study variables. The study found that accountability, teamwork, employee commitment and interpersonal relationships greatly influence the employee performance at Coast General Teaching and Referral Hospital. The independent variables in the study influence 61.1% of the employee performance at the Coast General Teaching and Referral Hospital as represented by the  $R^2$ . At the significance level of 95%, employee commitment and interpersonal relationships has the most influence on performance of the healthcare employees with a significance value of (0.000). Further the significance value of accountability and teamwork was .048 and .037 respectively. The study recommended that the hospital can employ the strategy of using score cards where the daily activities/achievements of the individual health workers will be entered and ranking is done, the hospital management should install a modern system of communication that reduces the movements within the operations halls/wards but allows all the concerned individuals to fully focus on a task and also recommend that the hospital management should empower their workers' commitment by being given the autonomy where the employees can make minor decisions without consulting with the management or supervisors and that the hospital to adopt a horizontal system of leadership with the aim of promoting the relationships between the management and the employees.

## TABLE OF CONTENT

<b>DECLARATION .....</b>	<b>ii</b>
<b>COPY RIGHT .....</b>	<b>iii</b>
<b>DEDICATION .....</b>	<b>iv</b>
<b>ACKNOWLEDGEMENT .....</b>	<b>v</b>
<b>ABSTRACT .....</b>	<b>vi</b>
<b>TABLE OF CONTENT .....</b>	<b>vii</b>
<b>LIST OF TABLES.....</b>	<b>xi</b>
<b>LIST OF FIGURES.....</b>	<b>xii</b>
<b>ABBREVIATIONS .....</b>	<b>xiii</b>
<b>CHAPTER ONE.....</b>	<b>1</b>
<b>INTRODUCTION .....</b>	<b>1</b>
1.1 Background .....	1
1.2 Statement of the Problem .....	5
1.3 Purpose of the Study .....	6
1.4 Objectives.....	6
1.5 Research Questions.....	7
1.6 Justification of the Study.....	7
1.7 Limitations of the Study.....	7
1.8 Delimitation of the Study .....	8
1.9 Significance of the study .....	8

1.10 Assumptions of the Study.....	9
1.11 Operational Definition of Terms .....	9
<b>CHAPTER TWO.....</b>	<b>12</b>
<b>LITERATURE REVIEW .....</b>	<b>12</b>
2.0 Introduction .....	12
2.1 Literature Review .....	12
2.2 Empirical Review .....	12
2.3 Theoretical framework.....	21
2.4 Literature Review Summary.....	26
2.5 Research Gap.....	27
2.6 Conceptual Framework .....	27
<b>CHAPTER THREE.....</b>	<b>29</b>
<b>RESEARCH METHODOLOGY.....</b>	<b>29</b>
3.1 Introduction .....	29
3.2 Research design .....	29
3.3 Target Population.....	29
3.4 Sample Size and Sampling Technique.....	30
3.5 Instrumentation.....	31
3.6 Pre-testing.....	32
3.8 Methods of Data Collection .....	33
3.9 Methods of Data Analysis .....	33



3.10 Ethical Considerations in Research Involving Human Participants .....	34
<b>CHAPTER FOUR .....</b>	<b>35</b>
<b>RESULTS AND DISCUSSION.....</b>	<b>35</b>
4.1 Introduction .....	35
4.2 Pretest Results.....	35
4.3 Response Rate.....	37
4.4 Demographic Information .....	38
4.5 Accountability .....	42
4.6 Team work and Employee Performance .....	47
4.7 Employee Commitment .....	51
4.8 Interpersonal relationships .....	54
4.9 Employee Performance .....	57
4.10 Inferential Statistics .....	59
4.11 Bivariate Logistical Analysis.....	62
<b>CHAPTER FIVE .....</b>	<b>65</b>
<b>SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>65</b>
5.1 Introduction .....	65
5.2 Summary of Findings.....	65
5.3 Conclusions .....	67
5.4 Recommendations.....	68
5.5 Areas for Further Research.....	69

<b>REFERENCES .....</b>	<b>71</b>
<b>APPENDICES .....</b>	<b>79</b>
Appendix I: Informed Consent.....	79
Appendix II: Questionnaire.....	82
Appendix III: Ethical Approval by KeMU .....	88
Appendix IV: Research license by NACOSTI.....	90
Appendix V: Approval to collect data from CGTRH.....	92

## LIST OF TABLES

Table 3.1: Target Population.....	30
Table 3.2: Sample size.....	31
Table 4.3: Pretest Results.....	36
Table 4.4: Summarized Cronbach’s Coefficients .....	37
Table 4.5: Response Rate.....	38
Table 4.6: Respondents Age .....	39
Table 4.7: Duration of service.....	41
Table 4.8: Health Workers upholding Work Ethics .....	41
Table 4.9: Readmission Rates .....	43
Table 4.10: Mortality Rate .....	44
Table 4.11: Employee Accountability .....	45
Table 4.12: Employee Accountability Influence on Performance .....	46
Table 4.13: Team work.....	47
Table 4.14: Transmission of Care .....	48
Table 4.15: Effective Communication.....	49
Table 4.16: Level of Agreement to Statements on Teamwork .....	50
Table 4.17: Teamwork on Performance .....	51
Table 4.18: Employee Commitment.....	52
Table 4.19: Level of Agreement to statements on Employee Commitment.....	53
Table 4.20: Interpersonal Relationships .....	54
Table 4.21: Level of agreement to statements on Interpersonal Relationships .....	55
Table 4.22: Level of Agreement to Statements on Employee Performance.....	58
Table 4.23: Model Summary .....	59
Table 4.24: ANOVA of regression.....	60
Table 4.25: Coefficient of Determination.....	61
Table 4.26: Bivariate Logistical analysis.....	62

## LIST OF FIGURES

Figure 2.1: Fraud Triangle .....	22
Figure 4.1: Respondents Gender .....	38
Figure 4.2: Level of Education.....	40
Figure 4.3: Accountability .....	42
Figure 4.4: Quality of Services .....	44
Figure 4.5: Interpersonal Relationships and Performance.....	56
Figure 4.6: Employee Performance.....	57

## **ABBREVIATIONS**

<b>CGTRH</b>	Coast General Teaching and Referral Hospital
<b>CHWs</b>	Community Health Workers
<b>HRH</b>	Human Resources for Health
<b>MoH</b>	Ministry of Health
<b>NACOSTI</b>	National Commission for Science and Technology innovation
<b>SERC</b>	Science and Ethical Review committee
<b>SPSS</b>	Statistical Package for Social Scientists
<b>SWE</b>	Strong Work Ethics
<b>WWE</b>	Weak Work Ethics

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Health systems are weakened by lack work ethics practices across many parts of the developing world and this slows progress in management of diseases and the global health agenda for access of health care service to all. In line with the WHO six building blocks of health system it is important to ensure work ethics practices are adhered to so as to enhance service delivery. The World Health Organization proclaimed 2006 to 2015 every decade for the health workforce with high accentuation on the presentation of HR for human health (Trevino & Nelson, 2016). However long experts cling to these guidelines, general society is eager to have their expert affiliations make and implement their moral codes.

Healthcare ethics is concerned with ethical issues in the fields of medicine, science, and health care. Ethical norms and their implementation have a lengthy history dating back to the ancient world. In today's world, both medical advancements and obstacles for healthcare practitioners to cope with ethical concerns are rising at the same time (Chadwick & Wilson, 2018). As a result, the unquestionably essential function of bioethics arises. Bioethics in healthcare promotes medical practice awareness and knowledge among healthcare practitioners. Medical practitioners are competent of adhering to ethical norms when working, especially when dealing with difficulties, according to the ethical elements of bioethics. Because ethical tribulations are related to challenges in medical treatment, bioethics can dramatically improve our nation's healthcare system.

Modern bioethics has evolved during the previous four decades primarily as a result of the law's silence, inconsistency, or moral wrongdoing on issues critical to the

biomedical community (Punia et al., 2020). The fast advancement of biotechnology, the legal system's and lawmakers' inability to address new and serious concerns, and the growing liability dilemma have prompted the medical community to seek solutions to some of the most difficult questions that practitioners face on a daily basis (Fowler, 2017). Bioethics in clinical practice is founded on case-based (casuistic) reasoning, which favors patients' autonomy and interests while also taking into account other applicable work ethics principles, such as those enshrined in communal ethics and professional oaths and codes. It is the responsibility of emergency physicians to establish not just each patient's unique values, but also whether the patient adheres to an individualistic or communitarian ethic, wherever feasible. If the patient lacks the capacity to make his or her own decisions, such findings may aid in determining who the most suitable decision makers are.

Clinical morals, which is the sub-part of hard-working attitudes with respect to moral issues in clinical practices, considers mentalist moves toward that are viable in dynamic cycles and practices (Tarima et al., 2014). Four such methodologies are the code of morals, weightiness, principlism and profound quality. Code of morals incorporates practices that are acknowledged as total right or outright off-base. Significance puts the moral choices on the best outcomes. Principlism utilizes moral standards to arrive at the moral choices.

These are resolved as not to hurt, being useful, regard to self-assurance, and equity. Profound quality spotlights on the character of the chief as he/she ponders the conduct (Resick et al., 2013). The guideline of not to hurt methods evading excess acts that may intensify the patient's condition, and the standard of being useful methods thinking about the patient's advantage. Moreover, the standard to regard to self-assurance implies indicating regard on the patient's capacity to take his/her own

choices, giving data, and getting endorsement for arranged intercessions. Lastly, justice means distributing medical service fairly (Ciliberti et al., 2018).

Academic bioethics writings published in the United States address a wide range of issues concerning the legitimacy or illegitimacy of various practices in the life sciences and biomedicine. They make arguments for and against ostensibly ethical dilemmas, or even tragic dilemmas (Montgomery, 2016), in which a decision must be made in which someone will benefit or lose. These judgments typically entail concerns of individual life or death, as well as circumstances involving group health benefits or harms (Campbell, 2017).

Women's health activism, the community health movement, patients' groups against medical negligence, professional groups involved about misconduct and worsening standards in the profession, and sacred and secular groups reacting to the obstacles of new medical systems - bioethics in India has drawn power from disparate but sometimes intersecting movements (Vaswani & Vaswani, 2015). The shape that bioethics has taken in the nation reflects the convergence of these many streams. The Indian Council of Medical Research is responsible for developing, coordinating, and promoting biomedical research in India. They created the first national ethical rules in 1980. They provide a variety of training options, ranging from one day to six months. The committee is working on a core curriculum for bioethics education that will be used in medical schools across the country. Drug development and ethics are extremely crucial in India, especially given that the nation's pharmaceutical sector is growing and many drug trials are being outsourced there. The council is also heavily involved in promoting the formation of ethical review panels.

Bioethics is on the increase in Nigeria as a result of serious concerns (Ewuoso, 2016). These concerns include the need to confront historical flaws in the Nigerian medical



system; to educate scientists and healthcare professionals about standard clinical and laboratory processes; to improve the performance of ethics committees across Nigeria; and to broaden the pool of bioethics professionals who can help from a unique Afrocentric perspective.

Kenya, like many other developing countries, still has serious problems with its healthcare systems. Brain drain to fast-developing nations such as South Africa, Europe, and the Middle East is one of these concerns, leading human employees in the healthcare industry to be outnumbered by the growing patient population. In Kenya, healthcare workers, particularly physicians and nurses, work long shifts with little breaks, receive poor pay, and are not compensated for their labor. These factors frequently lead to a lack of motivation and concentration in most of its qualified young doctors and nurses, as well as strong temptations to seek better-paying jobs in the private sector and in foreign countries that have conveyed a direct or indirect need for such doctors and nurses from many third-world countries.

Motivation of employees, human interaction skills, and performance awards are all in desperate need of improvement in Kenya's healthcare system. This should begin at the educational institutions where medical physicians and clinicians get their professional education. In Kenya, the connection between healthcare professionals and patients is still developing, and most people have been given incorrect medical diagnoses and prescriptions as a result of a lack of appropriate communication.

The health sector in Kenya comprises the public system, which is under the devolved county governments and the private sector. In medical care industry administration quality has gotten a basic in giving patient fulfillment on the grounds. According to recommendation by Human Resources for Health (HRH) Mombasa County

Government should remain officially a Kenya's vision 2030 especially the social pillar, without ensuring that all health workers are ethical and adhere to the stipulated professional code of conduct to ensure maximum productivity and performance.

Against this statement, many contentions have been pointed depending on the type of work moral conduct is anticipated from representatives in the realm of work to keep to the normal activity execution. Exploration confirmations have indicated feeble or carelessness of hard working attitudes (Ghorpade et al., 2006; Meriac et al., 2015; Ntayi, 2005; Tickle et al., 2016). The quality of service of the customer care is significance hence through customer care training the firm is able to boost patient satisfaction from 39% to 71% (Patient Satisfaction Survey, 2014). Furthermore, enhancing quality of service particularly the quality of care that is technical, patients waiting time, clinical service, admissions procedures and discharge is able to enhance improvement in performance of the firm as well as competitive advantage among other healthcare firms (Wamaitha, 2013).

## **1.2 Statement of the Problem**

Ethics and moral difficulties, particularly in the healthcare industry, are important concerns within Kenyan systems and public hospitals in Mombasa County (Njuguna, 2015). Ethical conduct of health workers in Mombasa County has been arousing interests among the public. For instance, the health workers have severally gone on strikes which have been termed unconstitutional by the courts and which have resulted in decline in hospital attendance and deaths. In the 2014 illegal strike for example, outpatient attendance declined by 64.4%, deliveries by 53.5% and special clinics attendance by 74.2% while inpatient deaths increased by 26.3% (Njuguna, 2015).

Public hospitals in Mombasa County have been characterized with low productivity, indiscipline, erosion of work ethics, regulations and procedures, blatant violation of rules, weak control and corruption (Wakaba et al., 2014). This unstable performance and increased reports on unethical conducts by employees of public hospitals in Mombasa and Kenya in general leads to the question of whether there is a relationship between unethical conducts by employees and their individual outputs. The paper hence aimed at investigating the connection that existed between work ethics practices and performance of health workers.

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

The paper aimed at establishing how work ethics practices influence the performance of health workers in the largest hospital in Mombasa County, The CGTRH that is currently a level 6 hospital and over the years has had the brunt of complaints from different clients that seek services there.

### **1.4 Objectives**

#### **1.4.1 General Objective**

To establish the effects of work ethics practices on performance of health workers at CGTRH

#### **1.4.2 Specific Objectives**

- i. To establish the effects of accountability on performance of health workers at CGTRH.
- ii. To determine the effects of team-work on performance of health workers at CGTRH.
- iii. To determine the effect of health worker commitment on performance of health workers at CGTRH.

- iv. To examine the effect of interpersonal relationships on performance of health workers at CGTRH.

### **1.5 Research Questions**

- i. How does accountability affect performance of health workers at CGTRH?
- ii. How does team work affect performance of health workers at CGTRH?
- iii. How does an employee commitment affect performance of health workers at CGTRH?
- iv. How do interpersonal relationships affect performance of health workers at CGTRH?

### **1.6 Justification of the Study**

Ethical practices among health workers play a pivotal role in ensuring strong health systems (HSs). Work ethics practices such as accountability, teamwork, employee commitment and good interpersonal relationships have the potential to bring transformation among health workers (HWs) creating a more motivated and productive health workforce. Such development would lead to improvement of service delivery within the health facilities. In Kenya, this nonmonetary motivation for health professionals is absent, which explains why health staff perform poorly in service delivery (Njuguna, 2015). This necessitates a research utilizing the CGTRH instance to evaluate work ethics practices that impact the performance of health personnel in public hospitals. The study will inform policy maker the best approach to manage persisting unethical practices at CGTRH.

### **1.7 Limitations of the Study**

The respondents were not happy to give out data relating to the subject because of dread of exploitation in case the data is spilled. To limit the impact of this, the analyst guaranteed the respondents that the exploration is intended for scholastic

purposes as it were. The analyst guaranteed the respondents that they won't be defrauded for any data, which they give. They were educated regarding the classification with which the data they gave was dealt with. They were informed that the data they submitted would only be used for academic purposes.

Some of the respondents had busy schedules, which could not give them a space fill and return the questionnaires. The researcher beat this by visiting the hospital during tea, lunch break or during changing over of the afternoon shift, when staff had completed their daily routine. The researcher ensured that the questions constructed in the tool were clear and simple and hence saved time when filling the tool.

The researcher explained the benefits to be derived from the results of this study especially the county government of Mombasa convincing them to participate.

### **1.8 Delimitation of the Study**

The study looked into the impact of work ethics practices on health care professionals' efficiency. The study was carried out in Coast general Teaching and Referral Hospital. Specifically, the study sought to establish how accountability, teamwork, health worker commitment and interpersonal relationships affect the performance of health workers. The findings were generalizable to all level 4 hospitals in the County.

### **1.9 Significance of the study**

The study will significantly help to the County Government of Mombasa, as well as the hospitals' management, in developing policies and regulations as well as improving the existing ones, aimed at improving the work ethics in the county hospitals and other organizations. The study findings will also highlight available strategic approaches which the county government can adopt to improve the performance of health workers.

The national Government will greatly gain from this study by considering installing systems and strategies for execution improvement in general wellbeing offices. The exploration will be vital to general wellbeing offices by recognizing successful methods of improving worker execution in the offices through usage of acknowledged norms of hard working attitudes rehearses. The investigation will be useful to Human Resource Practitioners, as it will assist them with thinking of compelling methodologies to improve representative execution by grasping hard working attitudes rehearses in their particular association.

The study will benefit academicians and scholars helpful for utilization as basis for conducting further research. Scholars and researchers can utilize this research as a basis for engagement and discussions on work ethics practices in organizations both in the National Government and in the devolved system of leadership. The study will contribute in widening knowledge in work ethics in the public sector.

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

- i). The participants are knowledgeable on effect of work ethics practices on performance of health workers.
- ii). The study assumed that the respondent provided honest and responses regarding the objectives of this study.
- iii). The study assumed that the results obtained were representative and generalizable to all the Counties and public hospitals in the country.

#### **1.11 Operational Definition of Terms**

**Accountability:** this is when the health workers know that they will be evaluated for their behavior and how they conduct their duties when at work whether in a responsible manner or not

**Employee commitment:** this is when a worker is attached to their work place with the aim of staying there in the future; they identify themselves with the values and targets held by the hospital and by the will to put in additional input to the success of the hospital.

**Work ethics practices:** this refers to all the decisions made by the health worker guided by the Code of Regulations, placed by the Public Service Commission of Kenya, it offers a guide on how every public officer in this case the health worker should conduct themselves and the correct ways in which are expected to handle the public whom they serve.

**Ethics:** refers to the moral systems that guide people's way of behaviors in work, school, business as well as the leadership. The guidelines determine what is good or bad for the people in dilemmas.

**Health Worker:** A person working in any health facility either as a nurse or a doctor and laboratory technicians, or even medical waste handlers.

**Interpersonal relationships:** this is the engagement that is held internally between different people, groups or hospitals with an aim for them to achieve one specific objective.

**Performance:** Refers to a summary of measures of the quantity of contributions made by the health workers for production of work in the hospitals measured in terms of attendance, quality of service, avoidable mortality rates, post-operative readmissions, and number of treated patients.

**Team-work:** represent a pragmatic way to improve tolerant consideration. Groups can improve care at the degree of the association, the group in general, the individual colleague and the patient.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

The section looked at all of the research on the impact of work ethics practices on health worker performance. Specifically, literature related to accountability, teamwork, employee commitment and interpersonal relationships in relation to performance of health workers was reviewed.

#### **2.1 Literature Review**

The study focused the work ethics practices influence on the performance of health workers. Specifically, the study seeks to establish what other authors have established about professional accountability, work conscience, positive energy and self-control skills among medical practitioners as influencers of the performance of health workers. This literature was inspected in an offer to distinguish the holes that exists in writing and which the current investigation looked to fill. The survey distinguished the current holes in both setting and system utilized by the various researchers. The review likewise featured what different countries have done to enhance performance of health workers in public hospitals.

#### **2.2 Empirical Review**

##### **2.2.1 Accountability on employee Performance**

The quantity of safety and quality of treatment a patient receives is directly linked to the performance of a health-care system, and the same quality of care is directly related to the performance of a health-care system (Chassin & Loeb, 2013). The fundamental goal of health care is to enhance a patient's quality of life: if there are no individuals to treat, there is no business to run. Knowledge the patient's needs in relation to the organization's goals necessitates an understanding of the delicately

balanced relationship between the patient and the health-care provider (Priyadarshi & Kumar, 2020). Responsible health-care systems and policies will continuously review and rearrange processes to meet the needs of patients in order to improve treatment quality.

Han and Hong (2019) focused on the role accountability in the organizational general output in the federal government of the United States had given quantitative proof with respect to the effect of responsibility on authoritative execution. By looking at the connection between the degrees of hierarchical execution and responsibility in three elements of human asset the board (HRM) - staffing, execution assessment, and remuneration as seen by representatives of open associations the examination found that the degrees of responsibility showed in staffing, execution assessment, and pay all emphatically and essentially influence authoritative execution. Also, representative self-sufficiency will in general enhance the positive effect of responsibility on execution in two HRM capacities staffing and pay.

Tsafack (2018) did a study in evaluating the influence of workers' output in a company. The paper utilized both essential and optional techniques for gathering information with accentuations on the essential source with the utilization of proper usage of polls, perception and meetings with laborers. An example size of 40 respondents was a portrayal of the populace. Procedure utilized for this examination was the arbitrary inspecting method to empower each individual from the populace to have an equivalent possibility of being chosen. The rate check technique has been utilized to examine the information gathered and the outcomes introduced. The examination gave both quantitative and subjective proof with respect to the effect of responsibility on worker execution in an association. The paper found that degrees of

responsibility showed in staffing, execution assessment, and remuneration all emphatically and altogether influence the worker execution in an association.

Elsewhere, Kok et al. (2017) conducted an analytical assessment to explain the intricate snare of components that impact the exhibition of network wellbeing laborers (CHWs) in low-and center pay nations. The appraisal consolidates proof from the universal writing on CHW programs with research results from the 5-year reach out consortium, undertaking usage examination to improve CHW execution in six settings (4 African and 2 Asian). Different classes of variables affecting CHW execution are recognized in the theoretical structure: the specific situation, the wellbeing framework and intercession equipment and the wellbeing framework and mediation programming. Equipment components of CHW mediations contain the management frameworks, preparing, responsibility and correspondence structures, motivating forces, supplies and coordination. Programming components identify with the thoughts, interests, connections, force, qualities and standards of the wellbeing framework entertainers. They impact CHWs' sentiments of connectedness, nature, self-satisfaction and serving similar objectives and CHWs' view of help got, regard, fitness, trustworthiness, decency and acknowledgment.

Hwang (2013) concentrated on the impact of accountability and accountability management on overall street performance. The study employed both interviews and a survey. The qualitative content analysis of the interviews provided several noteworthy findings. According to the findings, accountability affects performance both directly and indirectly, and accountability management matters in the relationship between accountability and performance.

### **2.2.2 Effect of Team Work on Performance**

Teamwork is common in healthcare organizations since it is essential to giving therapy. A lack of collaboration is commonly cited as a key source of danger to the treatment's quality and safety (Dixon-Woods et al., 2014). As a result, a priority has been placed on improving teamwork. A large body of research has demonstrated that team efforts improve organizational outcomes (e.g., efficiency, patient safety, and effectiveness) in a variety of healthcare contexts, leading to a strong belief that team interventions may improve healthcare team efficacy (e.g. operating theatre, intensive care unit, or nursing homes) (De Brún, 2019).

Rosen et al. (2018) carried out a review to synthesize the evidence examining teams like, cooperation in medicinal services conveyance settings so as to describe the present status of the science and to feature holes in which studies can additionally enlighten our proof based comprehension of cooperation and joint effort. The research study found that the cooperation atmosphere of a work unit is exceptionally identified with the degree of commitment that staffs feel in their work, with the end goal that units with high collaboration atmosphere additionally have staff with a solid promise to, and feeling of, responsibility for work duties. Further, the investigation set up that these connections among collaboration and workforce results in wellbeing segment are like those found in different ventures. In any case, collaboration serves an extra job in social insurance.

Schmutz et al. (2019) conducted a study to examine the connection among collaboration and clinical execution and possible directing factors of this relationship. The investigation embraced efficient survey and meta-examination. Information was gotten from past writing which was chosen through a manual in reverse hunt of important audits, manual in reverse and forward pursuit of studies remembered for the

meta-examination and reaching of chosen writers by means of email. Studies were incorporated on the off chance that they announced a connection between a cooperation cycle (e.g., coordination, non-specialized abilities) and a presentation measure (e.g., agenda based master rating, mistakes) in an intense consideration setting. The investigation built up that Teamwork has a moderate impact on performance. The examination of arbitrators represented that collaboration identifies with execution paying little mind to qualities of the group or errand. In this manner, human services associations ought to perceive the estimation of collaboration and stress moves toward that keep up and improve cooperation to help their patients.

Chukwuma, et al. (2019) carried out a research: study on influence of teamwork on Employee Performance in medium-scale industries in Anambra State of Nigeria. The study adopted descriptive survey. A structured questionnaire was developed by the researcher to be used in data collection. Significant tools of investigation were rundown insights, Pearson connection and different relapse examination. Though synopsis insights of rates were utilized to respond to the examination questions, relationship coefficient and various relapse investigations were utilized to check the cases of the speculations. As indicated by the exploration discoveries, individuals from powerful groups trust one another, and they likewise show trust in their pioneers. Relational trust among colleagues encourages participation.

Pradhan and Jena (2017) in their investigation on representative exhibition at work environment avows that cooperation in the association is the key for accomplishment in accomplishing shared objective of the group. It is referred to as solidarity in which representatives share their issues with one another inside the association. As per their investigation, group is made out of individuals who mutually rely upon each other so

as to realize the goals of the group, and that friendship is developed from collecting individuals' feelings, confidence as well as personal traits.

### **2.2.3 Effect of Employee commitment on employees Performance**

There's a strong relationship between staff engagement and better patient care and satisfaction. As per a recent Gallup survey, better nurse engagement levels result with decreased patient mortality and complications. Healthcare providers, like employees in any other industry, will do better work and offer better care if they are happy and devoted to their employment. Hospitals, for example, are a social system that requires human resources to operate effectively and efficiently (Indradevi & Veronica, 2019). It is critical for hospitals to focus on their staff and keep them happy and dedicated in order to improve hospital effectiveness in the provision of healthcare (Ahn et al., 2015). With organizational commitment being a major focus in human resource management, it's also important to consider employee commitment in order to ensure staff well-being, which will help the company perform better.

Nirushan (2017) conducted a study to establish the connection between the employee commitment and job performance with a focus on the state and private banks in the district of Trincomalee. The study used close-ended questionnaires to interview 98 employees. The results of the study depicted that there was a significant positive connection existing between organizational commitment and job performance of employees. Further, this study points out three dimensions of employee commitment: Affective, Continuance, and Normative kinds of Commitments.

Elsewhere, Hendri (2019) discusses the immediate impact of multicultural abilities, authoritative reasonableness and worker duty on work execution. The essential information was gathered utilizing illustrative overview. The exploration results show

that hierarchical decency straightforwardly impacts worker responsibility, authoritative reasonableness has no immediate effect on work execution, and representative duty legitimately impacts work execution. As per the findings authoritative responsibility comprising of the confidence in hierarchical qualities and objectives ought to be improved so aptitudes, exertion and nature of work condition become better.

Elsewhere in Nigeria a study by Folorunso et al. (2014) reviewed empirical literature the relationship between employee's commitment and performance from a sample of Academic Staff of Oyo State Owned Tertiary Institutions. The study measured employees using employee's ability to meet timelines and the turnover rate of staff. The study established that employee commitment exhibited significant relationship on employee performance.

Kamau (2015) directed an investigation on factors affecting workers duty and its effect on hierarchical execution at Kenya Airports Authority. The examination embraced an enlightening exploration plan. The objective populace of the investigation was 168 representatives drawn from the different elements of the association. An example of 92 was chosen however defined inspecting. The survey was utilized as the instrument of information assortment. Measurable strategies were utilized to categorize the information and analyzed it by the use of SPSS version 21. Past accomplishment of the organization, preparing and advancement, pay, group collaboration among other hierarchical variables were found to have an extraordinary impact of representative responsibility.

The discoveries likewise demonstrated that individual factors firmly impact representative responsibility exceptionally. These elements incorporate; open door for

individual progression, segment factors, representative occupation fulfillment, inclusion in dynamic, level of pressure produced from the activity, individual needs arrangement to organization goals, relationship with individual representatives, accomplishment of employment input, trust among representative and colleagues, degree to which worker individual qualities are in accordance with those of different representatives. The investigation likewise showed that representative duty affected hierarchical execution. The variables studied were Employee rate of turnover, quality and amount of work created, non-attendance, degree to which wellbeing rehearses are watched and degree to which representatives feel worried by their activity. The examination inferred those authoritative variables affected the degree of representatives submitted in the association. Most respondents concurred that representative responsibility affects the exhibition of the association. Workers devotion on their work consequences for the association's execution incorporate; turnover, quality and amount of work delivered, truancy, degree to which security practices are obeyed, degree to which representatives feel worried by their activity.

#### **2.2.4 Effect of Interpersonal Relationships on Employee Performance**

CHWs must be trusted and have faith in others in order to execute and offer great services (Kok et al., 2017). They must manage connections in both ways as middlemen between communities and the health system (Kok et al., 2017). With the minimal training CHWs generally get, successfully navigating these interactions need strong support and monitoring mechanisms (Grant et al., 2017). These systems are made up of a variety of direct and indirect interactions that have an influence on whether or not CHWs can trust and be trusted. Nonetheless, a lack of trust in CHW-health worker interactions is commonly mentioned, limiting CHWs' capacity to engage with communities (Assegai & Schneider, 2021). As a result, CHW programs



must evaluate their social settings and the mechanisms that may be used to 'trigger' trusting relationships in order to improve 'social worth' and, as a result, performance.

Mohammed et al. (2018) led a cross sectional investigation to set up the function of relational relationship on work execution among representatives of Gboko Local Government Area of Benue State, Nigeria. Through purposive sampling method 138 employees were selected as part of the sample for the study. Pearson's correlation technique and independent t-test were used in conducting statistical analysis. The study finding indicated the existence of a noteworthy connection between the interpersonal relationship and job output among workers.

Abe and Mason (2016) conducted a study on the role of individual relational connections on job output in the retail sector in South Africa. The investigation embraced a combined technique approach with self-revealing polls, which were regulated to 167 directors and 144 subordinate specialists of four retail organizations. The quantitative information was dissected utilizing IBM SPSS variant 22, while subjective information was investigated utilizing content examination. The examination discoveries demonstrated that the connection between relational connections and representative execution for the bosses was powerless, while a less critical relationship was seen among the factors for the subordinate laborers.

Omunakwe et al. (2018) conducted a study on Work environment relational relationship and hierarchical efficiency in store cash banks in Port Harcourt. A sample of 210 representatives was gotten from an examination populace of 460 staff of the 22 cited store cash banks in Port Harcourt, Rivers State. The example size was resolved utilizing Krejice and Morgan (1970) table. 194 out of 210 organized surveys managed to the staff of the banks at their individual branches were recovered and coded for

examination. The investigation discoveries uncovered that work environment relational relationship altogether affected hierarchical profitability. The examination further found that among the components of working environment relational relationship utilized in this investigation that worker correspondence and social equity were discovered to be the most noteworthy indicators of hierarchical profitability.

Ngari and Agusioma (2013) directed an investigation to look at the impact of representative relations on association execution of private colleges in Kenya. Just colleges inside Nairobi Central business District were exposed to this examination. The examination utilized spellbinding exploration structure. Using Stratified irregular inspecting an example of 80 respondents was met by the utilization of surveys. The gathered information was then broken down utilizing SPSS form 21 to deliver yield. The examination discoveries demonstrated that mechanical relations, work rehearses, business rehearses, representative correspondence influence association execution. A positive connection between the autonomous factors and ward factors was set up.

### **2.3 Theoretical framework**

This study employed three different theories that supported what the researcher's main objective. The study will include the employee risk theory, the stress gradient theory, the Hirsch's social bond model and the job design theory.

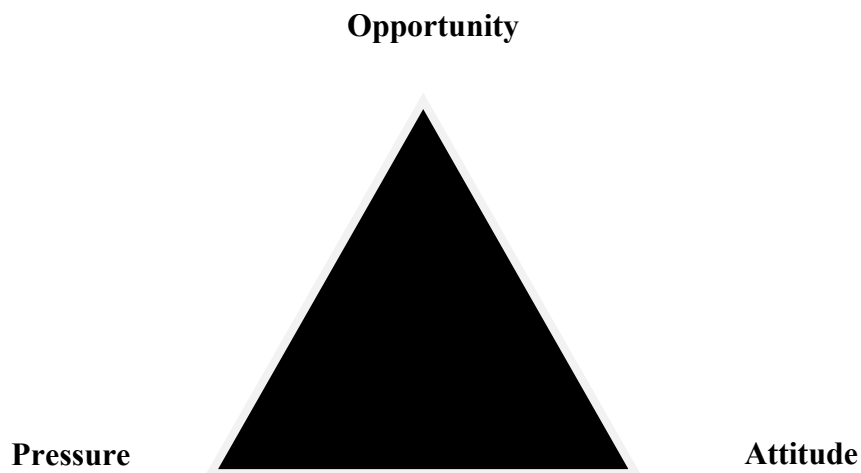
#### **2.3.1 The Employee Risk Triangle Theory**

Cressey (1973), in his criminology PhD paper he chose to his thesis would concentrate on thieves. To fill in as a reason for his exploration, Cressey met around 200 individuals who had been interfaced for stealing reserves. It was defined the speculation as follows; "Believed people turn out untrustworthy when they think about themselves as having a budgetary The Employee Risk Triangle Theory emerged from the PhD in criminology work by Cressey which focused on embezzlers. In the

study 200 respondents who had been involved in the embezzlement of funds were interviewed and interrogated (Cressey, 1973). His study was published as represented in the fraud triangle.

**Figure 2.1:**

***Fraud Triangle***



This model recognizes three powers, which follow up on a representative's inclination to participate in untrustworthy behaviors. The three powers are Need, Opportunity, and Attitude. The misrepresentation triangle sees them as key conditions that will in general be available when extortion happens. Inside every one of these expansive hazard classifications, a wide range of and explicit potential warnings might be obvious inside an organization. As indicated by Researchers at De Paul University in Chicago, "Representative Risk Triangle Theory has an extraordinary commitment in giving a good judgment hypothesis of worker wrongdoing and aberrance (Terris, 1985).

The pressure could result from personal problems of health employees, for example, budgetary weights or dependence pressures, or from the workplace. The executives or other human health laborers may wind up offered motivators or set constrained to

submit misrepresentation. For instance, compensation or progression is fundamentally influenced by individual, divisional, or organization execution, people may have an impetus to control results or to squeeze others to do as such.

There is a lot of weight that makes the thought process in the wrongdoing to be perpetrated, however the representative should likewise see that he has a chance to carry out the wrongdoing without being gotten. This Perceived open door establishes the subsequent component. These are typically similar capacities that the workers need to have so as to get and keep his situation in any case.

Cressey called attention to that legitimization isn't an ex post facto method for supporting a burglary that has just happened. Altogether, justification is a fundamental segment of the wrongdoing before it happens; truth be told, it is the piece of the inspiration for the wrongdoing. Believed associations with customers and the nonattendance of legitimate human asset the board made open doors for untrustworthy conduct. This investigation featured the quality of chance in the appearance of untrustworthy conduct proposing that open door as opposed to pressure is a superior indicator of various conduct just as being the way to control dishonest conduct. Nonetheless, this hypothesis has concentrated vigorously on the attitudinal segments and doesn't give with respect to whether there are different powers separated from these attitudinal powers that may influences worker's moral behaviors in the association.

### **2.3.2 The Stress Gradient Theory**

Stress angle models (ordinarily called "stress slope theories," SGH) of network association have been significant for improving the tremendous setting reliance of species communications across natural inclinations (Angelini et al., 2011). These

speculations explicitly anticipate that the recurrence as well as quality of rivalry decreases and help increments with expanding natural pressure (Bruno et al., 2003; Callaway, 2007; Maestre et al., 2009). This hypothesis follows because of social worry as an impetus for workers to participate in untrustworthy behaviors in associations as per Jones (1982).

The Stress Facilitation Theory sets that when more unscrupulous workers experience uplifted occupation stress, their sentiments of trouble encourage a multiplicative robbery reaction. Representatives who underwrite deceptive perspectives toward unscrupulous conduct are dependably bound to be untrustworthy grinding away than work competitors and workers who embrace narrow minded and correctional mentalities toward dishonest conduct (Travers & Cooper, 1996). In addition, troubled specialists are bound to take part in hands on counter-profitability than less focused on representatives. In this manner, associations that measured their workforces with pre-business morals and honesty tests ought to be more resistant from the effect of the pressure brought about by an intense economy contrasted with associations that didn't screen their representatives for trustworthiness and morals mentalities.

### **2.3.3 Hirschi's Social Bond/Social Control Theory**

As workers keep on lying, cheat, and take from their bosses, scientists have attempted to assist administrators with comprehension and perhaps foresee such freak conduct. Hirschi (1969) proposed that degenerate conduct can be better comprehended by social holding hypothesis. Social holding theory is a control speculation dependent on the assumption that people are typically self-interested; thusly, it attempts to explain why a couple of individuals abstain from bad behavior instead of partake in bad behavior. The theory puts that blamable lead is achieved by weakened or broken social bonds with law abiding people and establishments. Social bonds include four

segments (association, obligation, affiliation, and conviction) and the closeness of each part empowers law abiding conduct. Social holding theory snatched the eye of researchers and researchers the equivalent, achieving a wide variety of observational tests, warmed conversations, and speculative turn of events. It is one of the more obvious control hypotheses found in criminological composition. It is suggested that Hirschi's social holding hypothesis can be utilized to comprehend moral standard breaking by representatives.

For Gottfredson and Hirschi, the steady contrasts in crime percentages across gathering and individual levels that they found (Hirschi & Gottfredson, 1983) implied that, as opposed to social bonds, the quality of which can vacillate after some time and with changes in the social and monetary circumstances of people, the clarification of wrongdoing would more probable be found in one's degree of restraint.

This theory however fails to link ethical conduct to performance of an organization. The study will examine the manner in which external and internal social phenomenon influence employees' ethical behaviour and the resultant effect on the performance of the organisation using the case of public hospitals in Mombasa County.

#### **2.3.4 Job Design Theory**

The study also used the job design theory as proposed by Hackman and Oldham (1976) to explicate the employee performance variable. This theory proposes five essential job characteristics that must be present in order for a healthcare organization to operate well (Oldham & Fried, 2016). Identity of variety, identity of task, task importance, autonomy (independence), and feedback or reaction are the key aspects. The first dimension (identity of variation) is connected with the fact that doing repetitive or boring activities provides no interactions for healthcare workers, which

can lead to boredom and dissatisfaction. Task identity, on the other hand, suggests that healthcare workers are more satisfied when they have the opportunity to do a diverse range of tasks (Van den Broeck & Parker, 2017).

In terms of task importance, it suggests that health care workers should feel responsible and accountable for their job, as well as understand the importance of their responsibilities and their impact on others. In terms of autonomy, this refers to the staff's ability to set their own work schedule. Finally, the feedback or reaction dimension implies that every health professional requires information (customer feedback) on how they are going; otherwise, successful performance would not provide pleasure (Chae & Choi, 2018). As per JBV theory, the five fundamental dimensions influence job quality by altering three psychological states. That is, perceived significance, stakeholder accountability, and knowledge (information) of outcomes (Oldham & Fried, 2016). Job motivation or impetus, job satisfaction/gratification, and work performance all increase when these three psychological states are active.

#### **2.4 Literature Review Summary**

This chapter has reviewed the broad areas of work ethics practices and performance literature. From the studies it is evident that in most developing countries there is little local literature on work ethics practices and performance in as far as health personnel are concerned, much is produced by international studies. The theoretical reviews cover four more extensive theories which were important for the investigation's four autonomous factors. The speculations illustrated have along these lines been interlinked with the examination factors. Writing has likewise been investigated inside the territories of the calculated structure to cover both free and ward factors inside this examination. Also, the part includes secured observational audits inside the

region of hard-working attitudes rehearses. Finally, research hole has been examined inside the part to exhibit the need to embrace this examination.

## **2.5 Research Gap**

The literature reviewed has presented views from international studies that have examined the work ethics practices and their effect on performance. For instance, Han and Hong (2019) did a survey on the influence of responsibility on hierarchical execution in the U.S. National Government and proposed that the degrees of responsibility showed in staffing, execution assessment, and pay all emphatically and essentially influence hierarchical execution. However, this study was done in a developed country whose contextual setting is different from a developing country like Kenya. Additionally, the study was conducted in the Federal government and therefore different from the health sector workers. The studies done from a regional perspective (Abe & Mason, 2016; Folorunso et al., 2014; Mohammed et al., 2018; Phina & Chukwuma, 2018) have also been conducted in organizations other than the health sector organizations and therefore they lack generalizability. Similarly, most of the local studies including Ngari and Agusioma (2013) and Kamau (2015) have not addressed the correlation between work ethics practices and performance, directly targeting the health workers. This research paper hence therefore sought to bridge this gap by examining the role of work ethics practices on the general output of the health workers with a focus on the public hospitals.

## **2.6 Conceptual Framework**

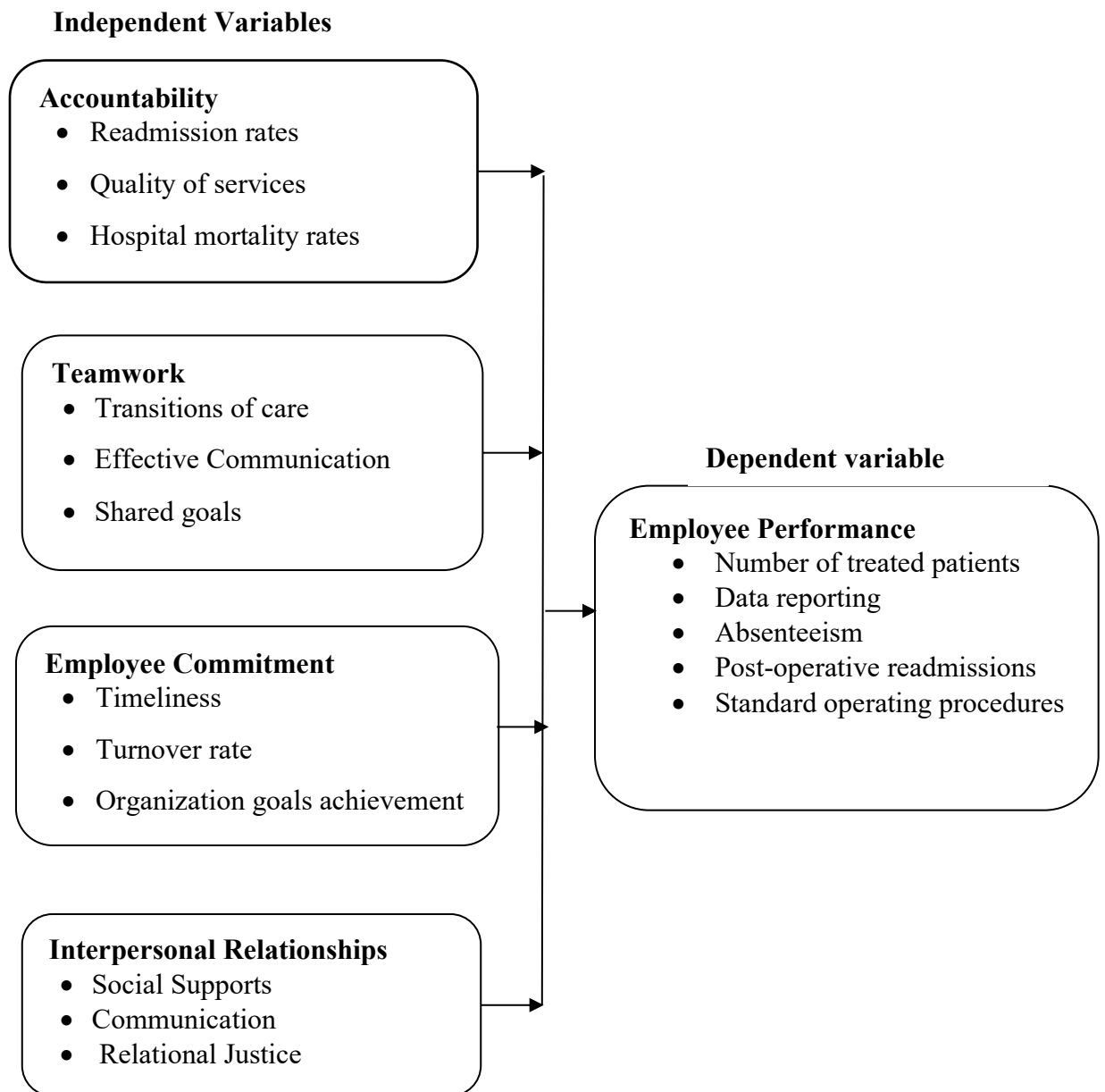
Creswell (2014) argues that a conceptual framework is a diagram or tool that is used to make the reader understand more about a phenomenon. The conceptual framework is a tool that helps one to explain in diagram form the relationship that is there between the study variables. In this research the dependent variable was employee



performance while independent variables were accountability, teamwork, organization commitment and interpersonal relationships.

**Figure 2.2:**

***Conceptual Framework***



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter includes all the techniques and methods that ensured that the researcher fulfilled the purpose of this study. It encompasses design, population, sampling, instrument and methods of analysis.

#### **3.2 Research design**

A scheme and outline to come to answer to the problem statement is what is termed as the research design as observed by Kothari and Garg (2014). The descriptive research design was adopted in fulfilling the purpose of this paper Kombo and Tromp (2011), expressed that the descriptive strategy for research is to assemble data on condition that still exist. The accentuation is on portraying as opposed to on judging or deciphering. The unmistakable methodology is speedy and handy as far as the budgetary perspective. Additionally, this technique permits an adaptable methodology, hence, when significant new issues and questions emerge during the term of the examination, further examination will be led.

#### **3.3 Target Population**

Borg and Gall (2012), did a research and defined the population as the total number of individuals or objects that was used to help carry out a study that is comprehensive and well detailed. It constitutes all elements bearing observable characteristics that are of interest to a scholar. The study focused on all the health workers in public hospitals in Mombasa County, specifically in Coast general hospital. The choice of this hospital was informed by the fact that the hospital is the largest referral hospital in the coast region. According to Mombasa County Government health report (2019), there was 484 health workers working in the hospital.

**Table 3.1**

***Target Population***

Department	Target Population
Health Management Team	30
Medical Officers	61
Clinical Officers	41
Nurses	310
Dental officers	16
Consultants	26
Total	484

**3.4 Sample Size and Sampling Technique**

**3.4.1 Sample size**

The Yamane's 1967 formula was used in determining the study sample.

$$n = \frac{N}{1 + N(e)^2}$$

Where: N = Population size

n = sample size

e = Margin error of the study set at ±5%

Sample size will be

$$= \frac{484}{1+484(0.05)^2}$$

= 219 respondents

219 respondents which was 45% of the target population

This sample population was as presented in table 3.3.

**Table 3.2**

***Sample size***

Department	Target Population	Sample	Sample (%)
Health Management Team	30	14	45%
Medical Officers	61	27	45%
Clinical Officers	41	19	45%
Nurses	310	140	45%
Dental officers	16	7	45%
Consultants	26	12	45%
Total	484	219	45%

**3.4.2 Sampling technique**

Stratified random sampling style was used in this specific study. This is a way that sample was unbiased when grouping population in heterogeneous to homogenous subsections and a selection was done within the subset for good representation. The main aim for these techniques was to ensure that sampling was well represented.

The study further used simple random sampling within the different strata to select 205 health workers and 14 health management team members from the hospital. This was mainly done for small populations like the hospital administrators in this study.

**3.5 Instrumentation**

This study collected primary data from the sampled population. Primary data according to Kagwiria (2014) is the new collected data that is original and has never been collected. The researcher used questionnaires to collect the aforementioned primary data. Structured questions were considered during the development of the questionnaire. According to Mugenda and Mugenda (2009) a questionnaire is an appropriate means of realizing huge amounts of raw data within a very short period of time. Both close ended and open ended questions were utilized.

### **3.6 Pre-testing**

A pretest was conducted with the aim of establishing the validity and reliability of the research tools (Cooper & Schindler, 2010). Pretesting of the research tools was done on 22 health workers who were excluded from participating in the main study from Tudor Sub-county Hospital. This is a level 4 hospital that is served by CGTRH as its referral hospital and is situated 1km away from CGTRH. The 22 health workers were used for pretesting with reference to Connelly (2008). According to Connelly (2008) the sample of a preliminary study is supposed to be 10% of the estimated sample for the main study informs the decision to use these respondents. The pretest group was selected through simple random sampling. According Kombo and Tromp (2011) random sampling technique where all the elements within the target population each element has equal chances of being picked.

#### **3.7.1 Validity**

According to Gillham (2011) the skills and knowledge covered by the test items is supposed to be a representation of the bigger sphere of skills and knowledge. The researcher made use of both content and face validity in ascertaining the questionnaire's validity. To guarantee legitimacy of the instrument, the instrument was given to the administrators, partners, and different specialists in exploration to keep an eye on substance and face legitimacy. This assisted with deciding how much the instrument accumulated the data. The input from the directors, associates, and different scientists and researchers was utilized to make the important changes on the instrument for example by eliminating the equivocal things, spelling botches and other typographical blunders that were made.

### **3.7.2 Reliability**

Reliability means to the consistence, steadiness, or steadfastness of the information. At whatever point an agent gauges a variable, the person in question needs to be certain that the estimation gives reliable and steady outcomes (Cooper & Schindler, 2010). Unwavering quality in research is impacted by the level of blunder. As irregular blunder builds, dependability diminishes (Mugenda & Mugenda, 2009).

The study tool was taken through a generally reliable quality examination with an inward consistency. This was estimated by utilizing Cronbach alpha as a coefficient of inward consistency. The study accepted Cronbach Alpha coefficients of 95% confidence level and a 5% level of significance which was above 0.7.

### **3.8 Methods of Data Collection**

The study tools were self-administered to the health workers at CGTRH. The raw data was realized by the use of the drop and pick later technique. This is where the researcher drops the questionnaires at the respondent's convenient location for the respondent to fill in the questionnaires to be picked later. Whenever the respondents were not able to complete the questionnaire on a stipulated time the researcher would provide for some more time to allow the respondent to complete the questionnaire at their convenient time. The examination was led in a timeframe of three weeks. This was done to allow for an opportunity for information assortment.

### **3.9 Methods of Data Analysis**

The study used SPSS version 25 to code and for analyzing the data realized from the field. The study used multiple regressions and bivariate logistical analysis to establish the connection between the study variables. Tables and graphs were utilized in presenting the analyzed quantitative data while interpretation of the data done in pros.

The researcher adopted the use of the regression equation below

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

Whereby the variables were identified as follows:-

$Y$  = Employee Performance

$X_1$  = Accountability

$X_2$  = Team Work

$X_3$  = Employee Commitment

$X_4$  = Interpersonal Relations

While  $\beta_1, \beta_2, \beta_3$  and  $\beta_4$  were coefficients of determination and  $\varepsilon$  was the error term.

### **3.10 Ethical Considerations in Research Involving Human Participants**

The researcher was given the Science and Ethical Review committee (SERC) at KEMU. Further the National Commission for Science and Technology innovation (NACOSTI) authorized that the researcher can collect the data that was used in this study. The researcher ensured that all respondents who partake the study were told the purpose for the data. They were able to know that the data is for academic use only. The researcher issued a consent form to every respondent, and they had a choice to decline to the research, also the researcher made it clear to the respondents who consented to participate in the research that they were free to withdraw from the research at any point of filling of the research tool.

The researcher ensured that the study was confidential. The study ensured that all information given by the respondents was protected with utmost care.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSION**

#### **4.1 Introduction**

The results realized from the purpose of the study were to establish the effects of work ethics practices on performance of health workers at CGTRH. Frequency tables and figures were used in the presentation of the findings.

#### **4.2 Pretest Results**

The researcher conducted a pretest study at Tudor Sub-county Hospital with the aim of testing the validity and reliability of the study instrument. The internal consistency of the study tool was determined by the use of Cronbach's alpha. The results are presented in table 4.3 and 4.4 below.



**Table 4.3*****Pretest Results***

		Accountability	Team Work	Employee Commitment	Interpersonal Relationships
<b>Accountability</b>					
	Sig. (2-tailed)		.000	.000	.000
	Covariance	.310	.115	.094	.149
	N	22	22	22	22
<b>Team Work</b>					
	Sig. (2-tailed)	.000		.000	.000
	Covariance	.115	.366	.124	.180
	N	22	22	22	22
<b>Employee Commitment</b>					
	Sig. (2-tailed)	.000	.000		.000
	Covariance	.094	.124	.185	.140
	N	22	22	22	22
<b>Interpersonal Relationships</b>					
	Sig. (2-tailed)	.000	.000	.000	
	Covariance	.149	.180	.140	.334
	N	22	22	22	22
<b>Employee Performance</b>					
	Sig. (2-tailed)	.000	.000	.000	
	Covariance	.163	.130	.200	.114
	N	22	22	22	22

Focusing on the Covariance(s) a summarized Cronbach's coefficients is presented in table 4.4 below

**Table 4.4**  
*Summarized Cronbach's Coefficients*

	<b>Cronbach's Alpha</b>	<b>N of Items</b>	<b>Conclusion</b>
Accountability	0.799	5	scale reliable
Team work	0.749	6	scale reliable
Employee commitment	0.834	6	scale reliable
Interpersonal relationships	0.792	6	scale reliable
Employee Performance	0.791	6	scale reliable
<b>Overall</b>	<b>0.793</b>	<b>29</b>	<b>Instrument reliable</b>

As depicted in table 4.4 the four items had an alpha coefficient of 0.793 which explains that the items have quite a high internal consistency. High internal consistency indicates that the tool is good since any reliability coefficient above .70 is taken as sufficient for analysis.

### **4.3 Response Rate**

The study sample was 219 health care workers at Coast general hospital. Out of 219 questionnaires issued out, 194 respondents completed the questionnaires contributing to 89% response rate. According to Mugenda and Mugenda (2009), any response rate that is above 50% is adequate for analysis and that a response rate of above 60% is good and that of 70% is excellent. This is to mean that the study response rate of 89% is excellent for analysis and generalization of the study.

**Table 4.5**

***Response Rate***

<b>Response</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Completed questionnaires	194	89
Uncompleted questionnaires	25	11
<b>Total</b>	<b>219</b>	<b>100</b>

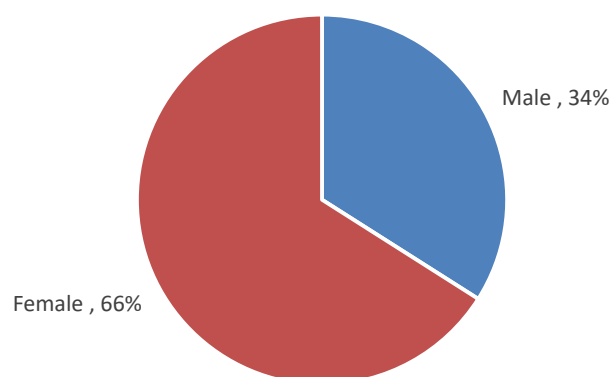
**4.4 Demographic Information**

**4.4.1 Respondents' Gender**

The researcher determined the respondents' gender. The result on gender are presented below in Figure 4.2.

**Figure 4.1:**

***Respondents Gender***



The finding established in figure 4.1 that, females represented the largest majority of the respondent accounting for 66% while males were only 34%. This is an implication that staff at CGTRH at the time of the study were females. Further, the outcome

implies that the workforce recruitment focuses on securing a female faced workforce as they are held as gentle while dealing with the patients.

#### 4.4.2 Respondents' Age

As part of the background information, the researcher saw it important to determine the age distribution of the respondents. The study established the age distribution of the respondent as stipulated below in table 4.6.

**Table 4.6**

***Respondents Age***

<b>Age</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
25 years and below	14	7
26-30 years	4	2
31-35 years	27	14
36-40 years	58	30
41-45 years	63	33
46-50 years	9	4
Above 50 years	19	10
<b>Total</b>	<b>194</b>	<b>100.0</b>

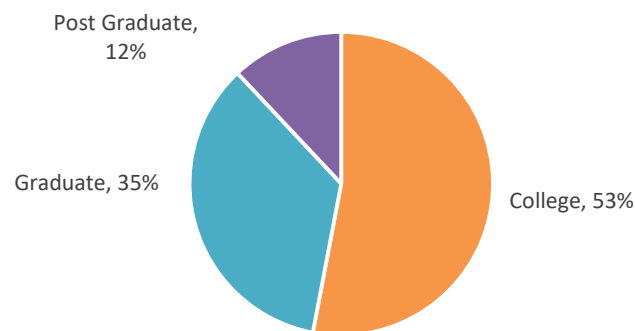
Results shows that most (33%) of the of the respondents were aged 41-45 years, 30% were aged between 36 and 40 years, 14% were aged between 31 and 35 years, 10% aged above 50 years, 7% were aged 25 years and below, 4% were between 46-50 years while 2% of the respondents were between 26 and 30 years of age. This means that the largest age group of respondents fell between age 41 and 45 years, however all respondents were adults while a total of 17% were 25 years and below and above 50 years, which represent people either entering or leaving the working age group.

#### 4.4.3 Level of Education

Figure 4.3 presents the findings on the level of education of the respondents as requirement to establish the eligibility of the respondents.

**Figure 4.2:**

#### *Level of Education*



As depicted in the figure 4.2, majority (53%) of the research participants had a college level the highest education level, 35% were graduates while 12% had a post graduate level of academic qualification. Since majority had achieved some form of post high school education and professional training, they can be deemed competent enough to respond to questions contained in the questionnaires. In addition, the result implies that professionalism was a key factor during the recruitment of staff at coast referral hospital.

#### 4.4.4 Duration of Service

The study required to determine the period of time the respondent have been working in the current positions. Table 4.7 below;

**Table 4.7*****Duration of service***

	<b>Frequency (N)</b>	<b>Percent (%)</b>
1- 5 years	70	36
6- 10years	62	32
11- 15 years	38	20
Above 16 years	24	12
<b>Total</b>	<b>194</b>	<b>100</b>

Results shows that most (36%) of the respondents had served in the hospital for 1-5 years and 32% had served for 6- 10 years. Further, 20% and 12% of the respondents had served 1- 5 years and above 16 years respectively. This implies that the respondents were conversant with the work ethics concerns at the hospital, as the majority of the respondents had served for over five years.

**4.4.5 Health Workers upholding Work Ethics**

The paper aimed at establishing the level at which the health worker upheld the work ethics at the coast referral hospital. Table 4.8 below presents the findings.

**Table 4.8*****Health Workers upholding Work Ethics***

	<b>Frequency (N)</b>	<b>Percent (%)</b>
Moderate Extent	19	10
Great Extent	41	21
Very great extent	134	69
<b>Total</b>	<b>194</b>	<b>100</b>

Findings shows that the majority (69%) of the respondents had the opinion that health workers upheld work ethics in the hospital to a very great extent, 21% had the opinion

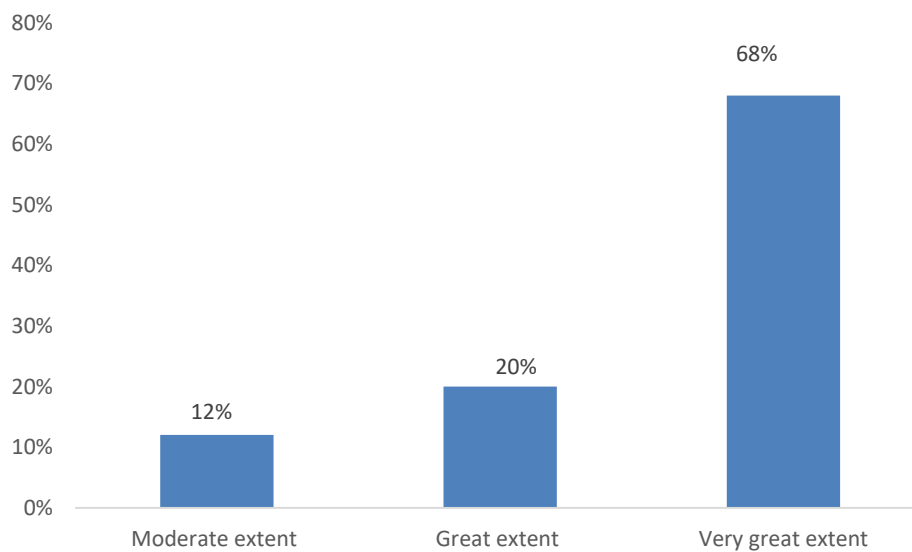
that the health workers upheld work ethics to a great extent. Further, 10% of the respondents held that the health employees moderately upheld the work ethics at the coast referral hospital. This implies that the health workers were sensitive to working ethics thereby promoting the quality of their work.

#### 4.5 Accountability

The study required to determine the level at which the health workers were accountable of their work in the hospital. The results are presented in the figure 4.3 below;

**Figure 4.3:**

#### *Accountability*



The results show that majority (68%) of the respondents indicated that the health workers were accountable of their work in the hospital to a very great extent. 20% indicated that the health workers were accountable for their work to a great extent, 12% of the respondents indicated that the nurses were moderately accountable to their

work at the coast referral hospital. This implies that the health workers were accountable and responsible for all their activities in the hospital.

#### 4.5.1: Readmission Rates

Table 4.9 below presents the findings on the extent to which readmission rates had gone down in their facilities.

**Table 4.9**

*Readmission Rates*

	Frequency (N)	Percent (%)
Moderate extent	18	9
Great extent	33	17
Very great extent	143	74
<b>Total</b>	<b>194</b>	<b>100</b>

Findings shows that majority (74%) of the respondents indicated that the readmission rates had reduced in the hospital to a very great extent, 17% indicated that the readmission rates had reduced to a great extent while 9% of the respondents pointed that the readmission rates had moderately reduced in the hospital. This implies that the health workers were responsible for their work to the extent such that they there was not need to be reminded to read the mission as they were focused on fulfilling the institution’s mission and long term visions.

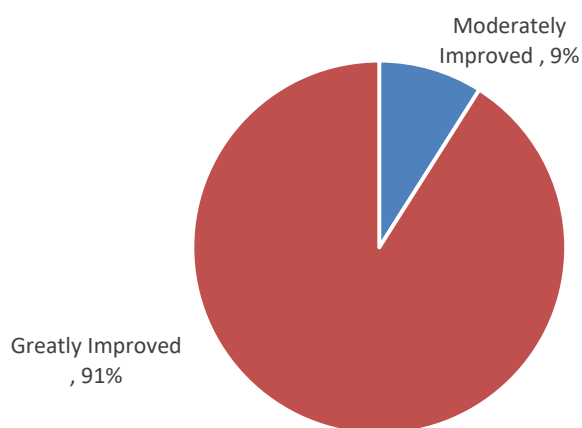
#### 4.5.2 Quality of Services

The paper aimed at establishing the improvement level quality of services offered at the hospital. The results are presented in figure 4.5 below;



**Figure 4.4:**

***Quality of Services***



As per results in figure 4.4 above, majority 91% of the respondents indicated that the quality of services had greatly improved while only 9% indicated that the quality of services had moderately improved and none indicated that the quality of services had not improved. The results implied that the accountability of the health workers had helped the hospital to raise the level quality of the services offered.

**4.5.3 Mortality Rate**

The study further sought to establish the mortality rate had reduced in the hospital.

The results are tabulated in table 4.10 below;

**Table 4.10**

***Mortality Rate***

	<b>Frequency (N)</b>	<b>Percent (%)</b>
Yes	190	98
No	4	2
<b>Total</b>	<b>194</b>	<b>100</b>

The results showed that 98% of the respondents indicated that the mortality rate had reduced while 2% indicated otherwise. This result implies that the accountability of health workers and taking charge of their work, the mortality rate had reduced to a great extent.

#### **4.5.4 Level of Agreement to statements relating to employee Accountability**

By applying the scale of 1 to 5 where 1 represent very low extent while represent 5 very great extent; the respondents were asked to tick their level of agreement to the following statements in relationship to employee accountability. Their responses are indicated below in table 4:11;

**Table 4.11**

***Employee Accountability***

<b>Statements</b>	<b>Mean</b>	<b>Std. Dev.</b>
The health workers are working together towards delivering quality healthcare in the hospital	4.5258	.55929
The health workers are consistent in doing the right thing in all aspects pertaining to their job	4.3660	.52411
The health workers are always responsible for the specific duties that go along with their job	4.1701	.73895
Employees always complete the tasks that have been designated to them	4.0000	.83325
Employees are always present for their entire required shift	3.8711	1.01741

As presented, most of the respondents to a great extent agreed that the health workers are working together towards delivering quality healthcare in the hospital (mean=4.5258). Further, the findings shows that the health workers were always

responsible for the specific duties that go along with their job (mean=4.1701). In addition, the results shows that the employees always complete the tasks that have been designated to them (mean=4.0000) and that the Employees are always present for their entire required shift (mean=3.8711). This depicts that accountability of the health workers promotes the will to do their activities correctly aiming at promoting the quality of the services offered.

#### 4.5.5 Employee Accountability Influence on Performance

The study further sought to identify the degree to which the employee accountability influences the employees, performance. Table 4.12 below presents the results;

**Table 4.12**

*Employee Accountability Influence on Performance*

	<b>Frequency (N)</b>	<b>Percent (%)</b>
Very Low extent	0	0
Low extent	0	0
Moderate extent	8	4
Great extent	54	28
Very great extent	132	68
<b>Total</b>	<b>194</b>	<b>100</b>

Results shows that majority (68%) of the respondents, indicated that to very great extent the employee accountability affects employee performance. As evidenced 28% indicated that the accountability influences the performance to a great extent and only four percent of the respondents indicated that the employee accountability influence on performance to a moderate extent. This implies that accountable and responsible health workers influence the performance both at personal and institutional level.

This study finding are in tandem with the study done by Hwang (2013) that accountability affects performance both directly and indirectly, and accountability management matters in the relationship between accountability and performance.

Further the results are in agreement with the findings by Tsafack (2018) that

competitive staffing, performance assessment, and remuneration collectively influence the worker performance in an organization.

#### 4.6 Team work and Employee Performance

The paper aimed at establishing the level to which the health workers adopted teamwork in the hospital. Table 4.13 below presents the findings;

**Table 4.13**

*Team work*

	<b>Frequency (N)</b>	<b>Percent (%)</b>
Very low extent	2	1
Moderate extent	21	11
Great extent	32	17
Very great extent	139	72
<b>Total</b>	<b>194</b>	<b>100.0</b>

As per the above findings in table 4.13 majorities (72%) of those interviewed indicated that to a very great extent the health workers adopted teamwork in the hospital while 17% of the respondents indicated that the hospital employees had adopted teamwork to great extent. In addition, the results showed that to a moderate extent (11%) and very low extent (1%) used the team strategy with the aim of promoting performance. This implies that the hospital staff upheld teamwork aimed at promoting the individual and organizational performance.

#### 4.6.1 Transmission of Care

The respondents were further needed to state their view on the state of service provision at the coast referral hospital. The results are tabulated in the table 4.14 below;

**Table 4.14**

***Transmission of Care***

---

	<b>Frequency (N)</b>	<b>Percent (%)</b>
Not smooth	6	3
moderately smooth	9	6
Smooth	94	48
Very Smooth	85	43
<b>Total</b>	<b>194</b>	<b>100.0</b>

---

As per the findings in table 4.14 above, most (48%) of those interviewed indicated that the situation of transmission of care in the coast referral hospital was smooth, while 43% indicated that it was very smooth. In addition, the findings shows that 6% held that the transmission of care was moderately smooth and only 3% gave a negative response in regard to the situation of transmission of health care services at coast referral hospital. This meant that teamwork positively affects the transmission of care in the hospital.

#### 4.6.2: Effective Communication

Table 4.15 below presents the findings of the effects of communication on the performance of the health employees;

**Table 4.15**

***Effective Communication***

	<b>Frequency (N)</b>	<b>Percent (%)</b>
To a low extent	2	1
To a moderate extent	14	7
To a great extent	39	20
To a very great extent	139	72
<b>Total</b>	<b>194</b>	<b>100.0</b>

As presented in table 4.15 above, majority (72%) of the respondents indicated that effective communication affect employee performance to a very great extent and that 20% indicated that effective communication affect employee performance. In addition, 7 percent held that effective communication affect employee performance to a moderate extent and only one percent of the respondents indicated that effective communication affect employee performance to a low extent. The outcome implies that communication was a key component in promoting the performance of the wortker5s and the institution at large.

**4.6.3 Level of Agreement to statements on teamwork**

The study aimed at establishing the respondents' level of agreement to the statements on teamwork. Table 4.16 presents the findings;

**Table 4.16*****Level of Agreement to Statements on Teamwork***

<b>Statements</b>	<b>Mean</b>	<b>Std. Dev.</b>
Team work by the health workers makes work more fun helps us live work-life stress-free	4.3737	.61724
Team work by the health workers fosters strong work ethic and team spirit in the hospital	4.3557	.67700
Team work by the health workers boosts productivity in the hospital	4.2680	.66777
When working in a team there is division of work in each member which allows us to focus on the skills, we have	4.2423	.81315
Team work by the health workers allows for Sharing of the workload	4.0515	.81909
Team work by the health workers fosters creativity and learning in the hospital	3.7938	.94335

The findings shows that the respondents greatly agreed that team work by the health workers made work more fun thereby helping each other to live work-life stress-free (mean=4.3737) and that team work by the health workers fosters strong work ethic and team spirit in the hospital (mean=4.3557). Further the results showed that team work by the health workers boosts productivity in the hospital (mean=4.2680). Also, the results shows that team work by the health workers allowed for sharing of the workload (mean=4.0515) and finally team work by the health workers fostered creativity and learning in the hospital (mean=3.7938). The results depict that teamwork was key for the health workers improved productivity.

#### 4.6.4 Teamwork on Performance

The paper aimed at determining the extent to which the teamwork influences performance. Table 4.14 below presents the findings;

**Table 4.17**

***Teamwork on Performance***

	<b>Frequency (N)</b>	<b>Percent (%)</b>
Moderate extent	12	6
Great extent	46	24
Very great extent	136	70
<b>Total</b>	<b>194</b>	<b>100.0</b>

As per the findings, majority (70%) of the respondents to a very great extent agreed that the teamwork in the hospital influences the employee performance and that to a great extent (24%) teamwork influences performance. Also showed that to a moderate extent, teamwork influences performance. This result implies that teamwork is directly related to individual employee performance.

The findings agrees with Phina and Chukwuma (2018) that relational trust among colleagues encourages participation and further agrees with the findings of Schmutz, Meier and Manser (2019) that teamwork positively and significantly influences the performance of employees. In addition, the findings supports the findings by Pradhan and Jena (2017) that a teams made out of individuals who mutually rely upon each other so as to realize the goals of the group, and that friendship is developed from collecting individuals' feelings, confidence as well as personal traits.

#### 4.7 Employee Commitment

The level of commitment of health workers to their work at CGTRH was key for this study to determine. Table 4.18 below presents the findings;



**Table 4.18*****Employee Commitment***

	<b>Frequency (N)</b>	<b>Percent (%)</b>
To a very low extent	2	1
To a low extent	26	13
To a moderate extent	21	11
To a great extent	36	19
To a very great extent	109	56
<b>Total</b>	<b>194</b>	<b>100.0</b>

Results show that majority (56%) of the respondents held that the health workers were committed to their work in the hospital to a very great extent. Further the results showed that health workers were committed to their work in the hospital to a great extent as indicated by 19% of the respondents. In addition, 11% of the respondents indicated that health workers were committed to their work in the hospital to a moderate extent. Finally, 13% and 1% of the respondents indicated that the health workers were committed to their work in the hospital to a low extent and a very low extent respectively.

**4.7.1 Level of Agreement to statements on Employee Commitment**

The study aimed at establishing the respondents' level of agreement to statements relating to commitment of the workers at CGTRH. Table 4.19 presents the outcomes.

**Table 4.19*****Level of Agreement to statements on Employee Commitment***

<b>Statements</b>	<b>Mean</b>	<b>Std. Dev.</b>
The health workers go beyond the call of duty and engage in extra-role behaviors	4.4536	.53906
Most of the health workers are always punctual in reporting to their duties	4.4021	.56970
The health workers have a desire to remain a member of the hospital	4.3711	.64895
The turnover rate in the hospital is very low	4.3454	.62695
The health workers have a willingness to exert considerable effort on behalf of the hospital	4.1443	.67509
The health workers support the goals and mission of the hospital	4.0515	.86822

Results shows that to a great extent respondents agreed that health workers go beyond the call of duty and engage in extra-role behaviors (Mean=4.4536) and that most of the health workers are always punctual in reporting to their duties (Mean=4.4021). Also agreed that the health workers had a desire to remain part of the hospital (Mean=4.3711) and that the turnover rate in the hospital was very low (Mean=4.3454). In addition, the respondents agreed that the health workers were ready to go an extra mile for the sake of the hospital (Mean=4.1443) and that the workers supported the goals and mission of the hospital (Mean=4.0515). This implies that irrespective of any challenges that the health workers may encounter at work, they are always committed to their work with the aim of offering quality services.

The findings agrees with Nirushan (2017) that there was a significant positive connection existing between commitment and job performance of employees. In addition, agrees with Kamau (2015) that employees work fulfillment, involvement, individual focus on organization goals, relationship with other employees, accomplishment of employment input, trust among workers and colleagues to a great extent influence the commitment of an employee to work.

#### **4.8 Interpersonal relationships**

Interpersonal relationships among the health care workers in the hospital was major factor for this study. Table 4.20 below tabulates the outcomes;

**Table 4.20**

##### ***Interpersonal Relationships***

	<b>Frequency (N)</b>	<b>Percent (%)</b>
Moderate Extent	20	11
Great Extent	51	26
Very Great Extent	123	63
<b>Total</b>	<b>194</b>	<b>100.0</b>

Findings shows that majority (63%) of the respondents agreed to a very great extent that health workers display interpersonal relationships in their work in the hospital. In addition, 26% indicated that to a great extent health workers display interpersonal relationships in their work in the hospital while 11% of the respondents indicated that to a moderate extent health workers display interpersonal relationships in their work in the hospital.

##### **4.8.1 Level of Agreement to statements on Interpersonal Relationships**

Establishing the level of agreement with statements relating to interpersonal relationships was major requirement for the study. Table 4.21 presents the findings;

**Table 4.21*****Level of agreement to statements on Interpersonal Relationships***

<b>Statements</b>	<b>Mean</b>	<b>Std. Dev.</b>
Interpersonal relationships have a direct effect on the organization culture	4.3660	.67146
Interpersonal relationships are important for coaching in the hospital	4.3041	.71641
The health workers get along well for a positive and healthy work environment at the hospital.	4.2526	.87161
Overlapping of responsibilities lead to employees interfering in each other's tasks	4.2371	.74491
Lack of communication leads to problems and misunderstandings between the health workers	4.2216	.73924
Healthy interpersonal relationships give us the most joy and satisfaction when working	4.2010	.77913

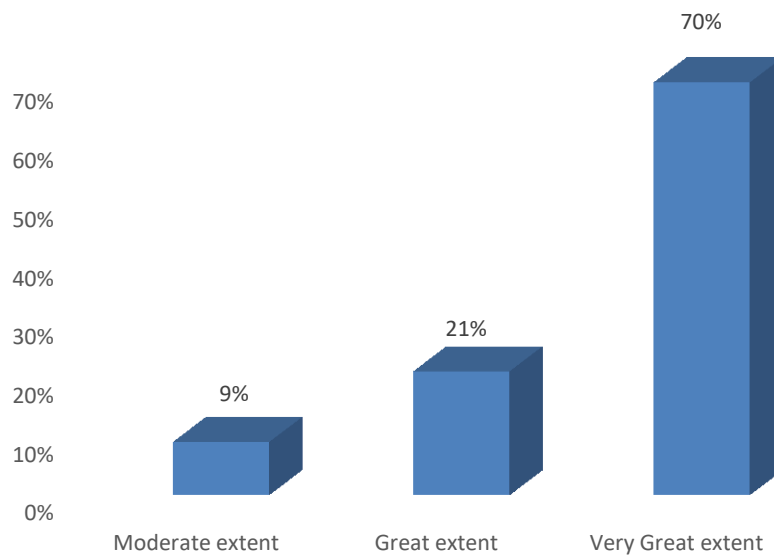
The findings shows that the respondents agreed that interpersonal relationships had a direct effect on the organization culture (Mean=4.3660) and that it was important for coaching in the hospital (Mean=4.3041). In addition, health workers get along well for a positive and healthy work environment at the hospital (Mean=4.2526). On the contrary overlapping of responsibilities led to employees interfering in each other's tasks and duties (Mean=4.2371). Further, the lack of communication led to problems and misunderstandings between the health workers (Mean=4.2216) and that healthy interpersonal relationships gave the health workers most joy and satisfaction when working (Mean=4.2010). This implies that interpersonal relationships between among the health workers played a key role in the promotion of individual and institutional performance.

#### 4.8.2: Interpersonal Relationships and Performance

In addition, the study sought to establish the extent to which interpersonal relationships influences performance. Figure 4.5 below presents the findings;

**Figure 4.5:**

#### *Interpersonal Relationships and Performance*



Findings shows that majority (70%) of the respondents held that to a very great extent interpersonal relationships influences performance. Further, 21% held that interpersonal relationships influence performance to a great extent while 9% of the respondents indicated that interpersonal relationships influence performance to a moderate extent.

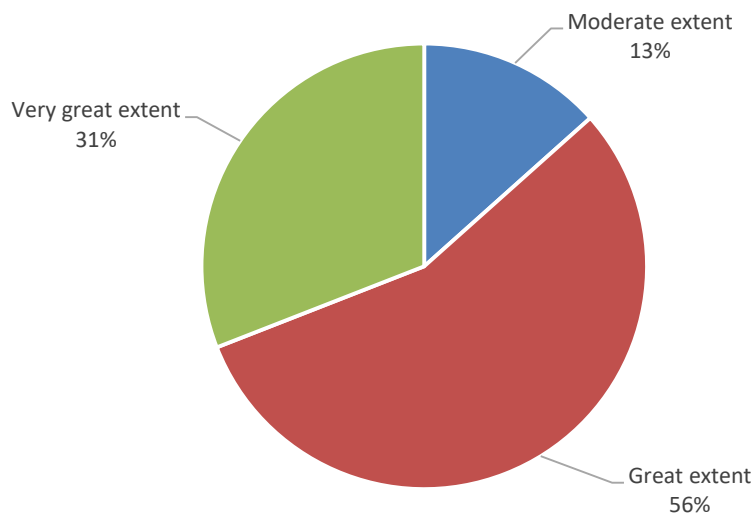
The findings are in tandem with the findings on interpersonal relationships and performance by Mohammed et al. (2018) that there is a noteworthy connection exists between the interpersonal relationships and the preference of workers. Further, the findings supported the findings by Ngari and Agusioma (2013) that mechanical

relations, work practices, business practices, workers communication influence the performance of an organization.

#### 4.9 Employee Performance

Establishing the extent to which the health workers' ethic affect their performance in the hospital. The results are presented in the figure 4.6 below

**Figure 4.6:**  
*Employee Performance*



Findings shows that most of the respondents indicated that to great extent the health workers' ethic affect their performance in the hospital, 31% indicated to a very great extent health workers' ethic affect their performance in the hospital while 13% of the respondents were of the view that health workers' ethic affects their performance in the hospital to moderate extent. This is an implication that the ethics and professionalism are key in the delivery of health care services.

#### 4.9.1 Level of Agreement to statements on Employee Performance

Determining the level of agreement to statements relating to employee performance was a major requirement for this study. Table 4.22 presents the findings;

**Table 4.22**

*Level of Agreement to Statements on Employee Performance*

<b>Statements</b>	<b>Mean</b>	<b>Std. Dev.</b>
The health services offered by the hospital are fully utilized by the patients	4.4403	.55989
The health workers complete their work on time	4.4381	.60976
Work ethics enhance the productivity of the health workers	4.3557	.77010
Patient/employee safety has improved in the hospital	4.3505	.67588
Work quality has improved as a result of good work ethics by the health workers	4.3457	.66931
Preventable mortality has greatly been lowered as a result of improved work ethics	4.3299	.51348

Findings showed that most of the respondents to a great extent agreed that the health services offered by the hospital were fully utilized by the patients, the health workers completed their work on time and that Work ethics enhance the productivity of the health workers as represented by mean scores 4.4403, 4.4381 and 4.3557) respectively. Further the respondents agreed that patient/employee safety has improved in the hospital (Mean=4.3505), Work quality has improved as a result of good work ethics by the health workers (Mean=4.3457) and that preventable mortality has greatly been lowered as a result of improved work ethics (Mean=4.3299). This depicts that to a great extent the ethics and performance go hand in hand with the surety of quality services.

#### 4.10 Inferential Statistics

With the aim of establishing the predictive power of the independent factors in performance of health workers, the researcher adopted the use of general linear model, which included the Model, ANOVA of regression and coefficient of determination. SPSS version 25.0 was employed in the coding and analysis of the data.

**Table 4.23**

***Model Summary***

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted Square</b>	<b>R</b>	<b>Std. Error of the Estimate</b>
1	.787a	.615	.611		.29018

a. Predictors: (Constant), Accountability, Team Work, Employee Commitment and Interpersonal Relationships

The four independent variables in the study influence 61.1% of the health care workers' performance at the coast referral hospital as represented by the  $R^2$ . This is an implication that factors outside this study influence 38.9% of employee performance at the coast referral hospital. Hence, additional research should be conducted with the aim of determining the other factors that influence 38.9% of employee performance at the coast referral hospital.



**Table 4.24**

*ANOVA of regression*

<b>Model</b>	<b>Sum of Squares</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1 Regression	25.888	4	6.472	76.863	.000b
Residual	15.914	189	.084		
Total	41.802	193			

a. Dependent Variable: Employee Performance

b. Predictors: (Constant), Accountability, Team Work, Employee Commitment and Interpersonal Relationships.

The significance value is 0.000 which is less than 0.05 thus the model is statistically significant in predicting how accountability, team work, employee commitment and interpersonal relationships influenced the employee performance at coast referral hospital. The F critical at 5% level of significance was 76.863. The calculated F was higher than the critical F an implication that the model was significant.

**4.10.1 Coefficient of Determination**

The study also adopted the use of multiple regression analysis the influence of the independent factors on the performance of employee at coast referral hospital. The findings shows that the four independent factors significantly influenced the health care workers' performance at CGTRH,  $p < 0.05$ .

**Table 4.25*****Coefficient of Determination***

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.217	.228		3.492	.001
	Accountability	.786	.043	.103	1.986	.048
	Team Work	.718	.042	.114	2.097	.037
	Employee Commitment	.687	.061	.266	4.669	.000
	Interpersonal Relationships	.682	.048	.474	7.883	.000

a. Dependent Variable: Employee Performance

As per the SPSS generated table above, the regression equation is:  $(Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \varepsilon)$  becomes:

$$Y = 1.217 + .786X_1 + .718X_2 + .687X_3 + .682X_4 + \varepsilon$$

According to the regression equation, taking all factors (accountability, teamwork, employee commitment and interpersonal relationships) to be constant at zero, performance of healthcare workers would be 1.217. The results indicates that with the four variables, a unit rise in accountability leads to a .786 rise in employee performance. A unit rise in teamwork leads to a .718 increase in employee performance, a unit rise in employee commitment leads to a .687 rise in employee performance; while a unit increase in interpersonal relationships leads to a .682 rise in employee performance. At the significance level of 95%, employee commitment and interpersonal relationships has the most influence on healthcare workers' performance with a significance value of (0.000). Further the significance value of accountability and teamwork was .048 and .037 respectively. The significance value of accountability and teamwork can be explained that suggests that changes in the

predictor(s) (accountability and teamwork) lead to small significant changes in the predicted (independent variable)(employee performance) The result implies that accountability had the least influence on the employee performance while employee commitment and interpersonal relationships had the highest. The health facilities should focus their efforts on the accountability and teamwork aimed at promoting the performance of the healthcare workers.

#### 4.11 Bivariate Logistical Analysis

The study finally used the Pearson correlations to run a bivariate logistical analysis to test the kind and magnitude of the relationship that exists between the study independent variables. The results are tabulated in the table 4.26 below;

**Table 4.26**

***Bivariate Logistical analysis***

1		Accountability	Team Work	Employee Commitment	Interpersonal Relationships
Accountability	Pearson Correlation	1	.342	.391	.465
	Sig. (2-tailed)		.000	.000	.000
	N	194	194	194	194
Team Work	Pearson Correlation	.342	1	.475	.514
	Sig. (2-tailed)	.000		.000	.000
	N	194	194	194	194
Employee Commitment	Pearson Correlation	.391	.475	1	.563
	Sig. (2-tailed)	.000	.000		.000
	N	194	194	194	194
Interpersonal Relationships	Pearson Correlation	.465	.514	.563	1
	Sig. (2-tailed)	.000	.000	.000	
	N	194	194	194	194

As per the findings in table 4.26 above, moderate positive relationships exists between the accountability and team work; accountability and employee commitment; and

accountability and interpersonal relationships with correlation values of .342, .391, .465 respectively. Further the bivariate logistical analysis results indicated that strong positive relationships between team work and employee commitment; and team work and interpersonal relationships with correlation coefficients of .475 and .514 respectively. Finally the analysis showed that the employee commitment and interpersonal relationships had a strong positive connection with a correlational value of .563. The study factors had positive correlations as the variables were closely related and moving in the same direction.

The study findings agrees to the findings by Han and Hong (2019) that representative self-sufficiency will in general enhance the positive effect of responsibility on performance in the HRM capacities. In addition, the study findings agrees with the findings of Hwang (2013) accountability affects performance both directly and indirectly, and accountability management matters in the relationship between accountability and performance.

Further the study findings agrees with the findings by Rosen et al. (2018) that teamwork significantly influences the performance of the healthcare workers. In addition, the study findings supports the findings by Schmutz et al. (2019) that teamwork significantly influences the performance of the healthcare workers.

Moreover the study findings agrees with the findings by Nirushan (2017) that employee commitment significantly influenced the performance of workers in the banking sector of India. Also the study findings are in agreement with the findings by Folorunso et al. (2014) that employee commitment exhibited positive and significant connection with the workers' performance in Nigeria.

Further, the study findings agrees with the findings by Mohammed et al. (2018) that there was a noteworthy connection between the interpersonal relationship and job output among workers. Finally, the study findings agrees with the findings of Omunakwe et al. (2018) that Interpersonal Relationships significantly influenced the Employee Performance of the representatives of Gboko Local Government Area of Benue State, Nigeria.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

The section presents the findings summary, derived conclusions and recommendations on the influence of work ethics practices on performance of health workers with a focus on coast general teaching and referral hospital.

#### **5.2 Summary of Findings**

##### **5.2.1 Accountability**

The study found that the health workers are working together towards delivering quality healthcare in the hospital and that they were steady in undertaking activities connected to their jobs. In addition, the findings shows that the health workers were always accountable for the specific roles that connect to their jobs. In addition, the study found that the employees always completed the tasks that had been designated to them and that the employees were always present for their entire required shifts.

##### **5.2.2 Teamwork**

The findings shows that team work by the health workers made work more fun thereby helping each other to be stress free and enjoy working and that team work by the health workers fosters better the ethics of working and working a s team in the hospital. Further, the study found that teamwork by the health workers boosts productivity in the hospital and that division of labor was practiced in in the facility and allowed the employees to be placed on roles they are best in. In addition, the study found that teamwork by the health workers allowed for sharing of the workload and finally teamwork by the health workers fostered creativity and learning in the hospital.

### **5.2.3 Employees commitment**

The study found that the health workers would go beyond the call of duty and engage in extra-role behaviors and that most of the health workers were always punctual in reporting to their duties. In addition, the study found that the health workers had a desire to remain part of the hospital and that the turnover rate in the hospital was very low. Further, the study found that the health workers had the will to go an extra mile for sake of the hospital and that the workers supported the goals and mission of the hospital.

### **5.2.4 Interpersonal Relationships**

The study found that interpersonal relationships had a direct effect on the organization culture and that it was important for coaching in the hospital. In addition, the health workers get along well for a positive and healthy work environment at the hospital and that overlapping of responsibilities led to employees interfering in each other's tasks and duties which would bring collisions. Further, the study found that lack of communication led to problems and misunderstandings between the health workers and that healthy interpersonal relationships gave the health workers most joy and satisfaction when working.

### **5.2.5 Employee Performance**

The study found that the health services offered by the hospital were fully utilized by the patients, the health workers completed their work on time and that work ethics enhance the productivity of the health workers. Further the study found that patient/employee safety has improved in the hospital and that work quality had improved as a result of good work ethics by the health workers. Finally the study found that preventable mortality has greatly been lowered as a result of improved work ethics.

### **5.3 Conclusions**

The study concludes that the health workers are working together towards delivering quality healthcare in the hospital and that they were steady in undertaking activities connected to their jobs. In addition, the study concludes that the health workers were always accountable for the specific roles that connect to their jobs. In addition, the study concludes that the employees always completed the tasks that had been designated to them and that the employees were always present for their entire required shifts.

The study concludes that teamwork by the health workers made work more fun thereby helping each other to be stress free and enjoy working and that teamwork by the health workers fosters better the ethics of working and working as team in the hospital. Further, the study concludes that teamwork by the health workers boosts productivity in the hospital and that division of labor was practiced in in the facility and allowed the employees to be placed on roles they are best in. In addition, the study concludes that teamwork by the health workers allowed for sharing of the workload and finally teamwork by the health workers fostered creativity and learning in the hospital.

The study concludes that the health workers would go beyond the call of duty and engage in extra-role behaviors and that most of the health workers were always punctual in reporting to their duties. Also the study concludes that the health workers had a desire to remain part of the hospital and that the turnover rate in the hospital was very low. Further, the study concludes that the health workers had the willingness to exert considerable effort on behalf of the hospital and that the workers supported the goals and mission of the hospital.



The study concludes that interpersonal relationships had a direct effect on the organization culture and that it was important for coaching in the hospital. In addition the study concludes that the health workers get along well for a positive and healthy work environment at the hospital and that overlapping of responsibilities led to employees interfering in each other's tasks and duties which would bring collisions. Further, the study concludes that lack of communication led to problems and misunderstandings between the health workers and that healthy interpersonal relationships gave the health workers most joy and satisfaction when working.

The study concludes that the health services offered by the hospital were fully utilized by the patients, the health workers completed their work on time and that work ethics enhance the productivity of the health workers. Further the study concludes that patient/employee safety has improved in the hospital and that work quality had improved as a result of good work ethics by the health workers. Finally the study concludes that preventable mortality has greatly been lowered as a result of improved work ethics.

From the bivariate logistical analysis the study concluded that accountability had the least significance and influence on the employee performance with a significant value of .048 while employee commitment and interpersonal relationships had the highest with a significant value of 0.000.

#### **5.4 Recommendations**

The study recommends that in order to promote the hospital to employ the strategy of using score cards where the daily activities/achievements of the individual health workers will be entered and ranking is done and the best ranked be rewarded. This would make the employees to be more committed to their duties and tasks in order to realize the benefits that comes with the best performance.

The study further recommends that in order to promote teamwork, the hospital management should install a modern system of communication that reduces the movements within the operations halls/wards but allows all the concerned individuals to fully focus on a task.

The study recommends that the hospital management should empower their workers' commitment by being given the autonomy where the employees can make minor decisions without consulting with the management or supervisors. The autonomy gives the workers the ownership and power in managing a task assigned to them aiming at promoting the quality of the services offered.

The hospital should adopt a horizontal system of leadership with the aim of promoting the relationships between the management and the employees. These relationships allows the employees to give honest feedback/opinion to the management on how improve the service quality and delivery.

### **5.5 Areas for Further Research**

In fulfilling the purpose of this study, the researcher came across areas that need further research. This study was conducted a time when the health workers were fully committed and accountable in their jobs with aim of curbing and controlling the corona virus disease (Covid-19). A similar study requires to be done in the post Covid-19 period and compare/contrast the results. The police force has been listed as one the corrupt departments of the government, the researcher recommends a study be conducted on the factors that has led to the growth of this vice in the force. The study produced results which shows that the health care workers were always ethical in the worker thereby raising questions; hence a similar study should be conducted focusing

on the patients as the target population (respondents) instead of healthcare workers and compare the results.

## REFERENCES

- Abe, I. I., & Mason, R. (2016). The role of individual interpersonal relationships on work performance in the South African retail sector. *Problems and Perspectives in Management*, 14(2/1), 192-200. DOI:10.21511/ppm.14(2-1).2016.08.
- Ahn, M. K., Lee, M. H., Kim, H. K., & Jeong, S. H. (2015). Job satisfaction, organizational commitment and turnover intention among male nurses. *Journal of Korean academy of nursing administration*, 21(2), 203-211. <https://doi.org/10.3390/ijerph18189862>
- Al Salman, W., & Hassan, Z. (2016). Impact of effective teamwork on employee performance. *International Journal of Accounting and Business Management*, 4(1), 76-85. DOI:10.24924/ijabm/2016.04/v4.iss1/76.85
- Alaba, S. O., & Adekomi, B. (2012). Improving Science, Technology and Mathematics Education in Nigeria: A Case Study of Obafemi Awolowo University, Ile-Ife. *World Journal of Education*, 2(6), 1-7. DOI: <https://doi.org/10.5430/wje.v2n6p13>
- Angelini, P., Stefano, N. & Fabio, P. (2011, March). *Monetary and macro prudential policies*, Temi di discussione [Paper Presentation 801], Bank of Italy, Economic Research and International Relations Area. [https://ideas.repec.org/p/bdi/wptemi/td\\_801\\_11.html](https://ideas.repec.org/p/bdi/wptemi/td_801_11.html)
- Assegaai, T., & Schneider, H. (2021). Factors Associated with workplace and interpersonal trust in the supervisory system of a community health worker programme in a rural South African district. *International Journal of Health Policy and Management*, 10 (10), 1-8 [https://www.ijhpm.com/article\\_4006\\_6b91454ae89f3def19df68e6ec429cd8.pdf](https://www.ijhpm.com/article_4006_6b91454ae89f3def19df68e6ec429cd8.pdf)
- Borg, W. & Gall, M. D. (2012). *Educational research: An introduction* (5th ed.). Longman.
- Bruno, J.F., Selig, E.R., Casey, K.S., Page, C.A., Willis, B.L., Harvell, C.D. (2007) Thermal Stress and Coral Cover as Drivers of Coral Disease Outbreaks. *PLoS Biology*, 5(6): 6-24. <https://doi.org/10.1371/journal.pbio.0050124>
- Callaway, R. M. (2007). *Positive Interactions and Interdependence in Plant Communities*. Springer
- Campbell, A. V. (2017). *Bioethics: the basics*. Taylor & Francis.
- Castillo, J. (2009). *Research Population*. Routledge.
- Chadwick, R., & Wilson, D. (2018). The emergence and development of bioethics in the UK. *Medical law review*, 26(2), 183-201. <https://doi.org/10.1093/medlaw/fwy011>
- Chae, H., & Choi, J. N. (2018). The need for status as a hidden motive of knowledge-sharing behavior: An application of costly signaling theory: Corrigendum.

- Chassin, M. R., & Loeb, J. M. (2013). High-reliability health care: getting there from here. *The Milbank quarterly*, 91(3), 459–490. DOI: 10.1111/1468-0009.12023
- Chukwuma, D., Stanley, A., Anah, J., & Itayo, B. (2019). The effect of teamwork on employee performance: A study of medium scale industries in Anambra state. *International Journal of Contemporary Applied Researches* 5(2) 1-21. <http://www.ijcar.net/assets/pdf/Vol5-No2-February2018/12.pdf>
- Ciliberti, R., Gorini, I., Gazzaniga, V., De Stefano, F., & Gulino, M. (2018). The Italian law on informed consent and advance directives: New rules of conduct for the autonomy of doctors and patients in end-of-life care. *Journal of critical care*, 48, 178-182. <https://doi.org/10.1016/j.jcrc.2018.08.039>
- Connelly, B. (2008). Are assessment center behaviors' meanings consistent across exercises? A measurement invariance approach. *International Journal of Selection and Assessment*, 25(4), 317-332. <https://doi.org/10.1111/ijsa.12187>
- Cooper, C. R., & Schindler, P. S. (2010). *Business research methods* (10<sup>th</sup> ed.). McGraw-Hill.
- Cressey, D. R. (1953). Other people's money; a study of the social psychology of embezzlement. *American Psychological Association*, 14(32), 108-140. <https://doi.org/10.1086/221475>
- Cressey, D. R. (1973). Other people's money: A study in the social psychology of embezzlement. Patterson Smith.
- Creswell, J. W. (2014). *Research Design Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks
- De Brún, A., O'Donovan, R., & McAuliffe, E. (2019). Interventions to develop collectivistic leadership in healthcare settings: A systematic review. *BMC Health Services Research*, 19(1), 1-22. <https://doi.org/10.1186/s12913-019-3883-x>
- Dixon-Woods, M., Baker, R., Charles, K., Dawson, J., Jerzembek, G., Martin, G., & West, M. (2014). Culture and behavior in the English National Health Service: overview of lessons from a large multimethod study. *BMJ quality & safety*, 23(2), 106-115. <http://dx.doi.org/10.1136/bmjqs-2013-001947>
- Ewuoso, O. C. (2016). Bioethics education in Nigeria and West Africa: historical beginnings and impacts. *Global Bioethics*, 27(2-4), 50-60. <https://doi.org/10.1080/11287462.2016.1192448>
- Field, M. (2015). *Research Methods for Business*. John Wiley and Sons.
- Folorunso, O. O., Adewale, A. J., & Abodunde, S. M. (2014). Exploring the effect of organizational commitment dimensions on employees performance: An empirical evidence from Academic Staff of Oyo State Owned Tertiary

Institutions, Nigeria. *International Journal of Academic Research in Business and Social Sciences*, 4(8), 275-286. <https://EconPapers.repec.org/RePEc:hur:ijarbs:v:4:y:2014:i:8:p:275-286>

Fowler, M. D. (2017). Why the history of nursing ethics matters. *Nursing Ethics*, 24(3), 292-304. <https://doi.org/10.1177/0969733016684581>

Ghorpade, J., Lackritz, J., & Singh, G. (2006). Views of employee participation, higher order needs, altruism, pride in craftsmanship, and collectivism: Implications for organizational practice and public policy. *Journal of Applied Social Psychology*, 36(10), 2474-2491. <https://doi.org/10.1111/j.0021-9029.2006.00113.x>

Gillham (2011). Chloroplast ribosomal proteins of *Chlamydomonas* synthesized in the cytoplasm are made as precursors. *The Journal of cell biology*, 98(6), 2011–2018. <https://doi.org/10.1083/jcb.98.6.2011>

Graham, M., Hjorth, I., & Lehdonvirta, V. (2018). Digital labour and development: impacts of global digital labour platforms and the gig economy on worker livelihoods. *Transfer: European Review of Labour and Research*, 23(2), 135-162. <https://doi.org/10.1177/1024258916687250>

Grant, M., Wilford, A., Haskins, L., Phakathi, S., Mntambo, N., & Horwood, C. M. (2017). Trust of community health workers influences the acceptance of community-based maternal and child health services. *African journal of primary health care & family medicine*, 9(1), 1–8. <https://doi.org/10.4102/phcfm.v9i1.1281>

Hackman, J. R., & Oldham, G. R. (1976). Motivation through the design of work: Test of a theory. *Organizational Behavior & Human Performance*, 16(2), 250–279. [https://doi.org/10.1016/0030-5073\(76\)90016-7](https://doi.org/10.1016/0030-5073(76)90016-7)

Han, Y., & Hong, S. (2019). The impact of accountability on organizational performance in the US federal government: The moderating role of autonomy. *Review of Public Personnel Administration*, 39(1), 3-23. <https://doi.org/10.1177/0734371X16682816>

Hendri, N. (2019). The impact of organizational commitment on job performance. *International Journal of Economics & Business Administration (IJEBA)*, 0(2), 189-206. <https://ideas.repec.org/a/ers/ijebaa/vviiy2019i2p189-206.html>

Hirschi, T. (1969). *Causes of delinquency*. University of California Press

Hirschi, T., & Gottfredson, M. (1983). Age and the explanation of crime. *American Journal of Sociology*, 89(3), 552–584. <https://doi.org/10.1086/227905>

Hwang, K. S. (2013). *The impact of accountability and accountability management on performance at the street level* [Doctoral dissertation, Virginia Tech]. Virginia <https://vtechworks.lib.vt.edu/handle/10919/23743>

- Indradevi, R., & Veronica, E. (2019). The outcome of employee commitment in healthcare industry. *Indian Journal of Public Health Research and Development*, 7(4), 1040-1047. <https://www.ijrte.org/wp-content/uploads/papers/v7i4s/E2078017519.pdf>
- Jones, R. A. (1982). News of the Society. *Personality and Social Psychology Bulletin*, 8(1), 5–10. <https://doi.org/10.1177/014616728281001>
- Kagwiria, H. (2014). *Qualitative research: Good decision making through understanding people, cultures and markets*. Kogan Page.
- Kamau, R. W. (2015). *Factors influencing employee commitment and its impact on organizational performance: A case study of Kenya Airports Authority* [Doctoral dissertation, United States International University-Africa]. Nairobi. <http://erepo.usiu.ac.ke/11732/681>
- Kok, M. C., Broerse, J. E., Theobald, S., Ormel, H., Dieleman, M., & Taegtmeier, M. (2017). Performance of community health workers: situating their intermediary position within complex adaptive health systems. *Human resources for health*, 15(59), 59-65. <https://doi.org/10.1186/s12960-017-0234-z>
- Kombo, D., & Tromp, A. (2011). *Proposal and Thesis Writing: an introduction*. Paulines publications Africa.
- Kothari, C. (2011). *Research Methodology; Methods and Techniques*. New Age International Publishers.
- Kothari, C. R., & Garg, G. (2014). *Research methodology methods and techniques*. (3<sup>rd</sup> ed.). New Age International (P) Ltd.
- Krejcie, R.V., & Morgan, D.W. (1970). *Determining Sample Size for Research Activities*. Educational and Psychological Measurement
- Lillemoen, L., & Pedersen, R. (2013). Ethical challenges and how to develop ethics support in primary health care. *Nursing ethics*, 20(1), 96-108. <https://doi.org/10.1177/0969733012452687>
- Maestre, F. T., Tielbrger, V. & Kadmon, R. (2009). Refining the stress-gradient hypothesis for competition and facilitation in plant communities. *Journal of Ecology* 97(2), 199-205. <https://doi.org/10.1111/j.1365-2745.2008.01476.x>
- Marri, M. Y., Sadozai, A., Zaman, H., Yousufzai, M., & Ramay, M. I. (2013). Measuring Islamic work ethics and its consequences on organizational commitment and turnover intention an empirical study at public sector of Pakistan. *International Journal of Management Sciences and Business Research*, 2(2) 25-35. <https://ssrn.com/abstract=2706304>

- Meier, L. L., & Manser, T. (2019). How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis. *BMJ open*, 9(9),30-47. <https://doi.org/10.1136/bmjopen-2018-028280>
- Meriac, J. P., Thomas, A. L., & Milunski, M. (2015). Work ethic as a predictor of task persistence and intensity. *learning and Individual Differences*, 37(4), 249-254. <https://doi.org/10.1016/j.lindif.2014.11.006>
- Mohammed, K., Toryila, A. S., & Saanyol, D. B. (2018). The Role of Interpersonal Relationship on Job Performance among Employees of Gboko Local Government Area of Benue State, Nigeria. *International Journal of Social Sciences and Management Research*, 4(5), 67-74. <https://iiardpub.org/get/IJSSMR/VOL.%204%20NO.%205%202018/THE%20ROLE%20OF%20INTERPERSONAL.pdf>
- Mombasa County Government health report (2019). *Second health strategic and investment plan*. <https://www.mombasa.go.ke/documents/>
- Montgomery J. (2016). Bioethics as a Governance Practice. *Health care analysis: HCA: journal of health philosophy and policy*, 24(1), 3–23. <https://doi.org/10.1007/s10728-015-0310-2>.
- Mugenda, O. M., & Mugenda, A. G. (2009). *Research Methods: Quantitative and Qualitative Approaches*. Acts Press.
- Munyon, T. P., Summers, J. K., Thompson, K. M., & Ferris, G. R. (2015). Political skill and work outcomes: A theoretical extension, meta-analytic investigation, and agenda for the future. *Personnel Psychology*, 68(1), 143-184. <https://doi.org/10.1111/peps.12066>
- Ngari, J. M., & Agusioma, N. L. (2013). *The Influence of Employee Relations on Organization Perfomance of Private Universities in Kenya*. [Master's Thesis, united states International University of Africa].Nairobi. <http://erepo.usiu.ac.ke/handle/11732/641>
- Ngechu, M. (2014). *Understanding the research process and methods. An introduction to research methods*. Acts Press.
- Nirushan, K. (2017). Impact of Organizational Commitment on Employee Performance Special Reference to Banks in Trincomalee District. *International Journal of Social Sciences and Management Research*, 4(5), 67-74. <http://dx.doi.org/10.2139/ssrn.3001598>.
- Njuguna, J. (2015). Impact of health workers' strike on health services in Mombasa County Referral Hospital. *Journal of Health Care for the poor and Underserved*, 26(4), 1200-1206. <https://doi.org/10.1353/hpu.2015.0106>
- Ntayi, J. M. (2005). Work ethic, locus of control and salesforce task performance. *Journal of African Business*, 6(1-2), 155-176. [https://doi.org/10.1300/J156v06n01\\_09](https://doi.org/10.1300/J156v06n01_09)



- Oh, Y., & Gastmans, C. (2015). Moral distress experienced by nurses: a quantitative literature review. *Nursing Ethics*, 22(1), 15-31. <https://doi.org/10.1177/0969733013502803>
- Oldham, G. R. & Fried, Y. (2016). Job design research and theory: Past, present and future. *Organizational Behavior and Human Decision Processes*, 136(7), 20-35. <https://doi.org/10.1016/j.obhdp.2016.05.002>
- Omunakwe, P. O., Nwinyokpugi, P., & Adiele, K. C. (2018). Workplace interpersonal relationship and organizational productivity in deposit money banks in Port Harcourt. *International Journal of Management and Social Sciences*, 4(4),153-177. [https://www.researchgate.net/publication/330450136\\_](https://www.researchgate.net/publication/330450136_)
- Orodho, A. J. (2012). *Techniques of Writing Research Proposals and Reports in Education and Social Sciences*. Kanezja Publisher.
- Osibanjo, A. O., Akinbode, J., Falola, H. O., & Oludayo, O. O. (2018). Work ethics and employees' job performance. *Journal of Leadership, Accountability and Ethics*, 12(1), 107-117. <http://eprints.covenantuniversity.edu.ng/id/eprint/11367>
- Phina, O. N., & Hukwuma, E. D. (2018). The Effect of Teamwork on Employee Performance: A Study of Medium Scale Industries in Anambra State. *International Journal of Contemporary Applied Researches*, 5(2), 174-194. <https://doi.org/10.1177/014920639702300303>
- Pradhan, R. K., & Jena, L. K. (2017). Employee performance at workplace: Conceptual model and empirical validation. *Business Perspectives and Research*, 5(1), 69-85. <https://doi.org/10.1177/014920639702300303>
- Priyadarshi, M., & Kumar, S. (2020). Accountability in Healthcare in India. *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine*, 45(2), 125. [https://doi.org/10.4103/ijcm.IJCM\\_224\\_19](https://doi.org/10.4103/ijcm.IJCM_224_19)
- Punia, R. S., Gandhi, P., Sawhney, H., Kaur, M., & Laller, S. (2020). Bioethics in modern day dental practice-a principled vision. *Baba Farid University Dental Journal*, 10(1), 112-115. <https://www.indianjournals.com/ijor.aspx?target=ijor:bfudj&volume=10&issue=1&article=022>
- Rasoal, D., Skovdahl, K., Gifford, M., & Kihlgren, A. (2017). Clinical ethics support for healthcare personnel: An integrative literature review. *HEC forum: an interdisciplinary journal on hospitals' ethical and legal issues*, 29(4), 313–346. DOI: 10.1007/s10730-017-9325-4

- Resick, C. J., Hargis, M. B., Shao, P., & Dust, S. B. (2013). Ethical leadership, moral equity judgments, and discretionary workplace behavior. *Human relations*, 66(7), 951-972. <https://doi.org/10.1177/0018726713481633>
- Rosen, M. A., DiazGranados, D., Dietz, A. S., Thompson, D., Pronovost, P. J., & Weaver, S. J. (2018). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist*, 73(4), 433. <https://doi.org/10.1037/amp0000298>
- Sanyal, S., & Hisam, M. W. (2018). The impact of teamwork on work performance of employees: A study of faculty members in Dhofar University. *IOSR Journal of Business and Management*, 20(3), 15-22. <https://doi.org/10.9790/487X-2003011522>
- Sayles, L. R. (2017). *Managing large systems: organizations for the future*. Routledge.
- Scher, R. K., Rich, P., Pariser, D., & Elewski, B. (2013). The epidemiology, etiology, and pathophysiology of onychomycosis, *Seminars in cutaneous medicine and surgery*, 32(2), 2-4. <https://doi.org/10.12788/j.sder.0014>
- Schmutz, J. B., Meier, L. L., & Manser, T. (2019). How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis. *BMJ open*, 9(9), e028280. <http://dx.doi.org/10.1136/bmjopen-2018-028280>
- Staub, E. (2013). *Positive social behavior and morality: Social and personal influences*. Elsevier.
- Sunanda, K. (2018). Impact Of Work Place Ethics On Employee And Organization Productivity. *International Journal of Management* 9(1), 22-28. <https://doi.org/10.12691/wjssh-6-3-1>
- Tarima, M., Zaimb, H., & Torunc, Y. (2014). The Effects of Work Ethics Practices on Hospital Performance: A Field Study on Public Hospitals. *Turkish Journal of Business Ethics*, 7(2), 135-151. <https://doi.org/10.12788/j.sder.0014>
- Terris, C. (1985). Predicting Employee Theft: A Quantitative Review of the Validity of a Standardized Measure of Dishonesty. *Journal of Business and Psychology*, 2(4), 327-345. <http://www.jstor.org/stable/25092155>
- Tickle, M., Mann, R., & Adebajo, D. (2016). Deploying business excellence—success factors for high performance. *International Journal of Quality & Reliability Management*, 33(2), 197-230. <https://doi.org/10.1108/IJQRM-10-2013-0160>
- Travers, C. J., Cooper, C. L. (1996). *Teachers under pressure: Stress in the teaching profession*. Routledge
- Trevino, L. K., & Nelson, K. A. (2016). *Managing business ethics: Straight talk about how to do it right*. John Wiley & Sons.

- Tsafack, N. (2018). Accountability and Employee Performance: Case Study Bambuiy Engineering Services & Techniques (Best) Sarl. *International Journal of Management*, 9(1), 22-28. <http://urn.fi/URN:NBN:fi:amk-201805229582>
- Van den Broeck, T. & Parker, D. (2017). Health literacy among people with serious mental illness. *Community Mental Health Journal*, 5(2), 399–405. <https://doi.org/10.1007/s10597-015-9951-8>
- Vaswani, V., & Vaswani, R. (2015). *Bioethics education in India*. [https://www.academia.edu/12372915/Bioethics\\_education\\_in\\_a\\_global\\_perspective\\_Henk\\_ten\\_Have](https://www.academia.edu/12372915/Bioethics_education_in_a_global_perspective_Henk_ten_Have) (pp. 37-50). Springer, Dordrecht.
- Wakaba, M., Mbindyo, P., Ochieng, J., Kiriinya, R., Todd, J., Waudu, A., Noor A., Rakuom, C. & Rogers M., English M.(2014). The public sector nursing workforce in Kenya: A county-level analysis. *Human resources for health*, 12(1), 6-15. <https://doi.org/10.1186/1478-4491-12-6>
- Wamaitha, S. E. (2013). IGF1-mediated human embryonic stem cell self-renewal recapitulates the embryonic niche. *Nature Communications*, 1(1), 764-775. <https://doi.org/10.1038/s41467-020-14629-x>

## APPENDICES

### **Appendix I: Informed Consent**

Kenya Methodist University

P. O Box 267-60200

MERU, Kenya

### **SUBJECT: INFORMED CONSENT**

#### **Dear Respondent,**

My names are Mercy Mapemba Bruba, I am an Msc. student from Kenya Methodist University. I am conducting a study titled: **Effect of work ethics practices on performance of health workers: A case of Coast General Teaching and Referral Hospital**. The health system will be strengthened by the findings of this study especially in county levels. This will intern benefit the community, the neighboring counties and the country at large. The proposal will bring out new insight to the researcher and will help those making decision on health systems. All the decision made will be relevant to county and national government.

#### **Procedure to be followed**

This study will require that I gather some of the important information from you as the participant that will help in enforcing the health system pillar. I will require your approval to record some of the information that you will give fro academic purpose only.

You as the participant can either accept or reject the pleasure to participate in this academic study. No one will judge you for your decision on partaking this study. And whatever you decide will not be used against you by any party present or absent.

It is on your own will that you are allowed to participate in this study. Any question that are study related re accepted at any time. You may or may not answer question that you feel to or not to answer at any time. You may also leave an interview room or area at any time you wish to. All the decision you make will be accepted positively by the researcher.

**Discomforts and risks.**

Some of the many question that you might experience in the session may not be as you wish and might be at an intimate level. If this is so, you may answer if you wish or refuse and you will not be questioned by any one. A whole interview may take more than 40 min, if you will feel uncomfortable at the middle of the session you may leave at your own wish.

**Benefits**

By your participation on this academic study, you may be of big help to improving county and national healthcare system. As a result not only does your county or country benefit on it but also the entire continent of Africa will get new insight on strengthening healthcare systems. This will greatly help both scholars and government entities on healthcare systems and how to improve them.

**Rewards**

This study is fully academic, therefore no rewards will be given or received by undertaking this critical study.

**Confidentiality**

The study will be confidential from any outside partner and it will be undertaken in a private room in the hospital to ensure every party is comfortable. No name or any personal detail will be recorded in either the questionnaires. After all is done the documents will be kept safely in the University.

**Contact Information**

If you have any questions you may contact the following supervisors:

Below are the main contact persons that you may call if there are any questions you will wish to put across.

1. Dr. Kezia Njoroge Head of Department of Health Systems Management of Kenya Methodist University, Nairobi campus.
2. Lilian Muiruri, Department of Health Systems Management of Kenya Methodist University, Nairobi campus.

**Participant’s Statement**

The above statement are well read and understood by myself. There are chances given to me to ask any kind of questions as per the study at hand and am satisfied with the answers I will get. I have volunteered entirely to participate in this study. Any records that come from this study I believe will be kept with utmost care and privacy. I understand that I can leave the study session at any time that I wish without questions asked. I understand that I will not be victimized at any place may it be at work ior home.

Name of Participant..... Date.....  
Signature.....

**Investigator’s Statement**

I, the researcher have read to my participants all the required instruction on this study with the easiest language that he/she may understand and I have sighed with all the agreements done to this study.

Name of Interviewer.....Date.....  
Interviewer Signature.....

## Appendix II: Questionnaire

To the best of your ability, kindly answer all the questions enlisted here.

### Part A: Background of the Study

1. What is your Gender?

Male [ ]      Female [ ]

2. Which blanket best describes your age?

25 years and below [ ]      26-30 years [ ]      31-35 years [ ]

36-40 years [ ]      40-45 years [ ]      46-50 years [ ]

Above 50 years [ ]

3. What is your current education progress?

Primary level [ ]      Secondary level [ ]

College level [ ]      University level [ ]

Post graduate level [ ]

4 For how long have your rendered your service to this organisation?

1- 5 years [ ]

6- 10years [ ]

11- 15 years [ ]

Above 16 years [ ]

5 To what extent would you say the health workers uphold work ethics in the hospital?

To a very low extent [ ]      To a low extent [ ]

To a moderate extent [ ]      To a great extent [ ]

To a very great extent [ ]

### Part B: Accountability and Employee Performance

6 To what extent are the health workers accountable of their work in the hospital?

To a very low extent [ ]      To a low extent [ ]

To a moderate extent [ ]      To a great extent [ ]

To a very great extent [ ]

7 To what extent have the readmission rates reduced in the hospital?

To a very low extent [ ]      To a low extent [ ]

To a moderate extent [ ]      To a great extent [ ]

To a very great extent [ ]

8 Kindly rate the quality of services offered at the hospital.

Not improved [ ]      moderately improved [ ]

greatly improved [ ]

9 Has the mortality rate reduced in the hospital?

Yes [ ] No [ ]

10 By applying the scale of 1-5 where 1 represents strong disagree, 2 represent disagree, 3 represents moderate agreement, 4 represents agreement and 5 represents strong agreement, tick the level of agreement to each of the statements below relating to employee accountability.

Statements	1	2	3	4	5
Employees are always present for their entire required shift					
Employees always complete the tasks that have been designated to them					
The health workers are always responsible for the specific duties that go along with their job					
The health workers are consistent in doing the right thing in all aspects pertaining to their job					
The health workers are working together towards delivering quality healthcare in the hospital					

11 Kindly indicate the extent to which employee accountability influences performance.

Very low extent [ ] Low extent [ ]

Moderate extent [ ] Great extent [ ]

Very great extent [ ]

12 In what other ways does employee accountability influence performance?

.....  
 .....  
 .....  
 .....

**Part C: Team work and Employee Performance**

13 To what extent have the health workers adopted teamwork in the hospital?

Very low extent [ ] Low extent [ ]  
 Moderate extent [ ] Great extent [ ]  
 Very great extent [ ]

14 What is the situation of transmission of care in the hospital?

Not smooth [ ] moderately smooth [ ]



Smooth            [   ]                                  Very Smooth            [   ]

15 Kindly indicate the extent to which effective communication affect employee performance

Very low extent            [   ]                                  Low extent            [   ]

Moderate extent            [   ]                                  Great extent            [   ]

Very great extent            [   ]

16 By applying the scale of 1-5 where 1 represents strong disagree, 2 represent disagree, 3 represents moderate agreement, 4 represents agreement and 5 represents strong agreement, tick the level of agreement to each of the statements below relating to teamwork.

Statements	1	2	3	4	5
Team work by the health workers fosters creativity and learning in the hospital					
Team work by the health workers allows for Sharing of the workload					
When working in a team there is division of work in each member which allows us to focus on the skills we have					
Team work by the health workers boosts productivity in the hospital					
Team work by the health workers fosters strong work ethic and team spirit in the hospital					
Team work by the health workers makes work more fun helps us live work-life stress-free					

17 Kindly indicate the extent to which teamwork influences performance.

Very low extent            [   ]                                  Low extent            [   ]

Moderate extent            [   ]                                  Great extent            [   ]

Very great extent            [   ]

18 In what other ways does teamwork influence performance?

.....

.....

.....

.....

**Part D: Employee commitment and Employees Performance**

19 To what extent are the health workers committed to their work in the hospital?

Very low extent            [   ]                                  Low extent            [   ]

Moderate extent [ ]                      Great extent [ ]  
 Very great extent [ ]

20 To what extent does timeliness influence performance?

Very low extent [ ]                      Low extent [ ]  
 Moderate extent [ ]                      Great extent [ ]  
 Very great extent [ ]

21 Does turnover rate influence employee performance?

Yes [ ]                                      No [ ]

22 By applying the scale of 1-5 where 1 represents strong disagree, 2 represent disagree, 3 represents moderate agreement, 4 represents agreement and 5 represents strong agreement, tick the level of agreement to each of the statements below relating to employee commitment.

Statements	1	2	3	4	5
The health workers supports the goals and mission of the hospital					
The health workers have a willingness to exert considerable effort on behalf of the hospital					
The health workers have a desire to remain a member of the hospital					
Most of the health workers are always punctual in reporting to their duties					
The turnover rate in the hospital is very low					
The health workers go beyond the call of duty and engage in extra-role behaviors					

23 Kindly indicate the extent to which employee commitment influences performance

Very low extent [ ]                      Low extent [ ]  
 Moderate extent [ ]                      Great extent [ ]  
 Very great extent [ ]

24 In what other ways does employee commitment influence performance?

.....  
 .....  
 .....  
 .....

**Part E: Interpersonal relationships and Employee Performance**

25 To what extent do the health workers display interpersonal relationships in their work in the hospital?-you should explain what inter-relationship is at work place before asking these questions.

- Very low extent [ ]                      Low extent [ ]  
 Moderate extent [ ]                      Great extent [ ]  
 Very great extent [ ]

26 By applying the scale of 1-5 where 1 represents strong disagree, 2 represent disagree, 3 represents moderate agreement, 4 represents agreement and 5 represents strong agreement, tick the level of agreement to each of the statements below relating to interpersonal relationships.

Statements	1	2	3	4	5
The health workers get along well for a positive and healthy work environment at the hospital.					
Healthy interpersonal relationships give us the most joy and satisfaction when working					
Overlapping of responsibilities lead to employees interfering in each other’s tasks					
Lack of communication leads to problems and misunderstandings between the health workers					
Interpersonal relationships have a direct effect on the organization culture					
Interpersonal relationships are important for coaching in the hospital					

27 Kindly indicate the extent to which interpersonal relationships influences performance.

- Very low extent [ ]                      Low extent [ ]  
 Moderate extent [ ]                      Great extent [ ]  
 Very great extent [ ]

28 In what other ways do interpersonal relationships influence performance?

.....  
 .....  
 .....  
 .....

**Part E: Employee Performance**

29 To what extent does health workers’ ethic affect their performance in the hospital?

- Very low extent [ ]                      Low extent [ ]  
 Moderate extent [ ]                      To a great extent [ ]  
 Great extent [ ]

30 By applying the scale of 1-5 where 1 represents strong disagree, 2 represent disagree, 3 represents moderate agreement, 4 represents agreement and 5 represents strong agreement, tick the level of agreement to each of the statements below relating to employee performance.

<b>Statements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Work ethics enhance the productivity of the health workers					
Work quality has improved as a result of good work ethics by the health workers					
Patient/employee safety has improved in the hospital					
Preventable mortality has greatly been lowered as a result of improved work ethics					
The health workers complete their work on time					
The health services offered by the hospital are fully utilized by the patients					

31 In what other ways does work ethics influence performance?

.....  
 .....  
 .....  
 .....

## Appendix III: Ethical Approval by KeMU



KENYA METHODIST UNIVERSITY  
P. O. BOX 267 MERU - 60200, KENYA      FAX: 254-64-30162  
TEL: 254-064-30301/31229/30367/31171      EMAIL: [serc@kemu.ac.ke](mailto:serc@kemu.ac.ke)

---

November 26, 2020

KeMU/SERC/HSM/29/2020

Mercy Mapemba Bruba  
Kenya Methodist University

Dear Mercy,

**SUBJECT: EFFECT OF WORK ETHICS PRACTICES ON PERFORMANCE ON PERFORMANCE OF HEALTH WORKERS: A CASE OF COAST GENERAL TEACHING AND REFERRAL HOSPITAL.**

This is to inform you that Kenya Methodist University Scientific Ethics and Review Committee has reviewed and approved your above research proposal. Your application approval number is KeMU/SERC/HSM/29/2020. The approval period is 24<sup>th</sup> November 2020 – 24<sup>th</sup> November 2021.

This approval is subject to compliance with the following requirements

- I. Only approved documents including (informed consents, study instruments, MTA) will be used.
- II. All changes including (amendments, deviations, and violations) are submitted for review and approval by Kenya Methodist University Scientific Ethics and Review committee.
- III. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KeMU SERC within 72 hours of notification.
- IV. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to KeMU SERC within 72 hours.

- V. Clearance for export of biological specimens must be obtained from relevant institutions.
- VI. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- VII. Submission of an executive summary report within 90 days upon completion of the study to KeMU SERC.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

Your sincerely  
  
Dr. A. WAMACHI  
Chair, SERC



## Appendix IV: Research license by NACOSTI

 <b>REPUBLIC OF KENYA</b>	 <b>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY &amp; INNOVATION</b>
Ref No: <b>604420</b>	Date of Issue: <b>06/January/2021</b>
<b>RESEARCH LICENSE</b>	
	
<b>This is to Certify that Dr. MERCY Mapemba BRUBA of Kenya Methodist University, has been licensed to conduct research in Mombasa on the topic: EFFECT OF WORK ETHICS PRACTICES ON PERFORMANCE OF HEALTH WORKERS: A CASE OF COAST GENERAL TEACHING AND REFERRAL HOSPITAL for the period ending : 06/January/2022.</b>	
License No: NACOSTI/P/21/8222	
604420 Applicant Identification Number	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
	Verification QR Code 
<b>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</b>	

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies
5. The License does not give authority to transfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one year of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation  
off Waiyaki Way, Upper Kabete,  
P. O. Box 30623, 00100 Nairobi, KENYA  
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077  
Mobile: 0713 788 787 / 0735 404 245  
E-mail: [dg@nacosti.go.ke](mailto:dg@nacosti.go.ke) / [registry@nacosti.go.ke](mailto:registry@nacosti.go.ke)  
Website: [www.nacosti.go.ke](http://www.nacosti.go.ke)



## Appendix V: Approval to collect data from CGTRH



COUNTY GOVERNMENT OF MOMBASA

DEPARTMENT OF HEALTH SERVICES

### COAST GENERAL TEACHING & REFERRAL HOSPITAL

Phone : 2314202/5, 2222148,2225845

Mobile No : 0722207868

Fax : 2220161, Mombasa

Email : [cacoastpgh@yahoo.com](mailto:cacoastpgh@yahoo.com)

When replying please quote :

P O Box 90231 – 80100

Mzizima Street

MOMBASA

**REF NO:** ERC-CGH / MSc/VOL.1/73

**DATE:** 23<sup>rd</sup> February, 2021

DR. MERCY MAPEMBA BRUBA (HSM-3-0163-1/2017)

**RE: EFFECT OF WORK ETHICS PRACTICES ON PERFORMANCE OF HEALTH WORKERS; A CASE OF COAST GENERAL TEACHING AND REFERRAL HOSPITAL**

This is to inform you that the Ethic Review Committee reviewed the document submitted and is satisfied that the issues raised at the meeting of Ethics Review Committee on 11<sup>th</sup> November, 2020 have been adequately addressed.

The study is granted approval for implementation effective from the date of this letter. Please note that authorization to conduct this study will automatically expire on the 23<sup>rd</sup> February, 2022. If you plan to continue with data collection and analysis beyond this date, please submit an application for continuing approval to the ethical review committee-coast general hospital in appropriate time.

Any unanticipated problem resulting from the implementation of this protocol should be brought to the attention of the ERC-CGH. You are also required to submit any changes to this protocol to the ERC-CGH.

The ERC-CGH looks forward to receiving a summary of the research findings within 60 days upon completion of the study to be part of the data base to be consulted when processing related researches to minimize duplication.

  
**DR. M. A. OCHOLA**  
**SECRETARY ERC-CGH**

