

**WORK-LIFE BALANCE PRACTICES FOR SCALING UP HEALTH WORKERS
PRODUCTIVITY IN PUBLIC HOSPITALS IN KENYA: A CASE OF MANDERA
COUNTY**

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DECLARATION

I hereby declare that; this thesis is my original work and has not been presented for a degree in any other University.

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DEDICATION

This thesis is dedicated to my parents, my wife and children, my nieces and nephews for their patience and prayers. To my brothers, sisters and all the rest of the family members for their support and encouragement.

ABSTRACT

The delivery of health interventions requires skilled and adequately supported health personnel. Work-life balance is the maintenance of a health workers balance between responsibilities at work and at home. The inadequacies of work-life balance practices in public hospitals has become a major concern among health workers resulting to high absenteeism and lateness, less time spent in clinical care, and increased patient waiting time. The general objective of the study was to establish how work-life balance practices influence the scaling up on health workers productivity in public hospitals in Mandera County. The specific objectives of the study were; to determine how flexible working options can influence the scaling up of health workers productivity, to establish how health worker welfare programs can influence the scaling up of health workers productivity, to assess how talent development influence the scaling up of health workers productivity, and to determine how leave programs influence the scaling up of health workers productivity in public hospitals in Mandera County. The study is expected to assist the management of public hospitals in Mandera County, to implement work-life balance practices to scale-up health worker productivity aimed at achieving better health outcomes and contribute towards strengthening health systems. The study adopted a descriptive design and a mixed method of both quantitative and qualitative research approaches to data collection. The study targeted 450 health workers and a total of 212 employees were sampled purposively. Data collection was done using a structured questionnaire and key informant interviews. Quantitative data was analyzed using SPSS v22 and descriptive and inferential statistics were used to discuss findings according to the study objectives. The study found that flexible working options for healthcare workforce are found to be crucial for good performance in productivity and found to be present in all public hospitals in Mandera County but not implemented to full scale due low number of health workers in the County. Leave programs such as annual leaves, study leaves and maternity leave were also found to play a critical role in enhancing productivity especially after leave and that talent development is crucial for the motivation of health care professionals in productivity. Health worker welfare programs such as incentives, fringe benefits, and financial returns were also evident in the Mandera County public hospitals. The study concludes that the various work-life balance strategies such as flexible working options, health worker welfare programs, leave programs and talent development are positively significant for the health workers' productivity and determine the overall performance of hospitals. These strategies were found to be present but not fully implemented. Hospitals should therefore implement these strategies to full scale in order to spur or scale up their employees' productivity. It is recommended that Mandera County hospitals upgrade the health workers well-being programs as this would increase the productivity of the health workers. Employers should incorporate health promotion policies as part of their work-life balance policies. The county government also should implement security risk allowance in their health workers' welfare programs to promote attraction and retention of health workers in the county public hospitals to contain health worker shortages in the working area.

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CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The delivery of health interventions in public hospitals is noted to depend on having health workers with adequate skills, motivation and support from the health system. Care givers, doctors, nurses, clinical officers, pharmacists, medical laboratory officers, managerial personnel and other staff including cleaners, medical records officers as well as health economists are considered as the essential human resources in the healthcare system. The (World Health Organization, [WHO], 2006) indicates that these categories of individuals that participate in the delivery and enhancement of health in any population can be referred to as Human Resource for Health (HRH) which is a term meant to define people that directly or indirectly lead to the enhancement of health. All individuals in HRH are in this regard considered important in the enhancement of the system's functioning as well as health system strengthening.

Human Resources for Health is an important component in the functioning of the health system ensuring that services are delivered effectively, adequately and at an acceptable quality as expected of all health workers in the system. The effective functioning of the health system in return enhances development in any country since the workforce will be healthy and capable of being productive. It is therefore necessary that factors that may hinder the effectiveness of the Health system and specifically the HRH should be assessed and addressed. (Ministry of State for the Development of Northern Kenya and other Arid Lands [MONDKAL], 2012) in an assessment of HRH in Northern Kenya note that the density, well-being and quality of HRH are strongly related to health outcomes in a country's population. It is prudent that the efforts from the government as well as other stakeholders within the health system aim at ensuring that the HRH component is well equipped and motivated to provide quality health services.

The availability of personnel in the health system is also considered a key element in ensuring that there is adequate delivery of health care to the population while a shortage of health workers places a constraint on many countries. According to MONDKAL (2012) most of Sub-Saharan Africa is particularly affected by a shortage of personnel which makes delivery of adequate healthcare difficult and hinders most of the countries from being able to achieve global, national and county health targets particularly the Millennium Development Goals (MDGs), Universal Health Coverage (UHC) and translated as health equity and meeting the population health needs.

In as much as Africa is considered to have a high disease burden at 25% of the global burden, the number of trained health workforce remains very low at 1.3% (WHO, 2004). This makes it extremely difficult for the countries to meet population health needs especially in rural areas where distribution of health workers has not prioritized. The World Health Report 2006 initially identified the optimal ratio of health workers to the population as 2.3 health workers per 1000 people which was considered essential to achieving 80% coverage of skilled birth attendance. The ratio has recently been adjusted to 4.1 per 1000 by the ILO (2014) as a prerequisite to the achievement of universal health coverage. WHO (2016) notes that the health worker shortage situation is worst in Africa when the population of the people is taken into consideration while South-East Asia has the highest shortage in absolute terms taking into consideration that large population of countries in the region.

The shortage of health workers is a major global health concern and especially in rural and hard to reach locations in countries that are straining to achieve training, deployment and retention of skilled health workers.

According to O'Brien and Gostin (2011) there are 57 countries in the world that have been identified by the World Health Organization as having critical shortages in skilled health workers, 36 of them being in Africa fail to meet the Joint Learning Initiative (JLI) standard of 2.5 doctors, nurses and midwives per 1000 people. According to the report by MONDKAL (2012) Kenya does not meet the recommended WHO staffing levels of 36 and 356 doctors and nurses respectively per 100,000 populations, achieving an average of 19 doctors and 166 nurses per 100,000 populations. The need to realize adequate health workforce size and skills as well as equitable distribution of healthcare givers in the country has been made a priority and part of the strategic objectives of the Ministry of Health in Kenya for some time now (Ministry of Health [MoH], 2014).

While recognizing the shortage of health workers in Kenya, it is worth noting that the average figure of health worker density is better than in other Countries in the region (Manzi, et al) Just like in most of the countries having issues with health workforce deficits, the challenge in Kenya has been how to attract and retain health workers and implementing strategies to strike a balance between the health workers work life, social well-being and productivity for better health outcomes for the majority of the population particularly to the rural and hard to reach location.

The management of human resources for health just like in other organizations needs to adopt the concept of work-life balance which addresses work and life issues such as lifestyle, social life, family happiness and job satisfaction. Kamran, Zafer and Ali (2014) note that work-life balance is concerned with issues such as working time, family friendly policies and addressing stress levels in employees from workload or personal issues. Although it is a challenging concept to adopt in the organization, Kamran et al. (2014) explain that it has benefits for both the

employee and the employer. Research has also shown that when there are happy homes, workplaces automatically become conflict free and enjoyable places to be and work productively.

Increasing demands for work-life balance practices has resulted into hospitals management aiming at improvements in their human resource interventions. This has been mostly attempted through initiatives such as improving the flexibility of working hours, creating alternative work arrangements, leave policies and benefits for family care responsibilities and health worker welfare assistance programs.

Work-life balance is necessary in all hospitals to ensure that the staff are happy at their work. According to Ruskin (2002), for health workers to be happy at their work, there must be fit between the health worker environment and productivity. Work-life balance should be the responsibility of every hospital to ensure that every health worker has a sense of belonging and importance in the hospital. This improves the productivity of the health workers at the hospital.

In the corporate sector according to a research conducted by the Centre for Research on Organizations, Work and Family (CROWF) on the corporate sector of Kenya it was found that 78.5% of companies during the year 2011 had some family friendly policies in place but not widely implemented or implemented secretly; not made known to the employees. The study also found British American Tobacco (BAT), to be the most family friendly organization out of the 38 surveyed in Kenya in 2011. At BAT, all employees had access to a gym. The company had a staff welfare program that promoted a balance between the work and personal lives of employees, including a counseling component to handle family issues and to cater for employees' mental health; however, it lacked specific budget earmarked for work-family balance

programs. Safaricom was ranked second for its day-care center at the Mombasa road offices among other programs. Inter-consumer product was ranked third.

1.2. Statement of the Problem

The key Human Resource for Health challenge has been how to implement strategies to strike a balance between the health workers work life, social well-being and productivity for better health outcomes for the majority of the population particularly to the rural and hard to reach locations like Mandera County. Inadequate work-life balance practices in public hospitals from Mandera County has contributed to the high rates of absenteeism and lateness, less time spent in clinical care, low number of health services provided among health workers and increased patient waiting time leading to high work load, longer working hours, and lack of work flexibility and stress, reducing their work productivity. According to the study by The MONDKAL (2012) Mandera County only had 6% of the workforce to attend to 22% of the entire Northern Kenya population indicative of the lack of adequate workforce and little access to health in the County. In addition the findings of the study indicate that Mandera has the highest level of vacancy rate at 94% and high migration level of health workers to other counties leading to absenteeism and which indicates that there is a lack of health workers to attend to the population.

Work life balance and health worker's commitments influence the productivity of the hospital (Sakthivel & Kamalanabhan, 2011; Sakthivel & Jayakrishnan, 2012). Work-life balance practices such as welfare programs, flexible working options, talent development and leave programs in managing health care workers in public hospitals at Mandera are inadequate resulting in poor health worker inputs and productivity, because a health worker may find it difficult to manage workplace tasks because of the lack of proper balance between their work

and family life. These has contributed to reduced participation in work activities resulting in imbalances leading to poor productivity; reduced number of health services provided per health worker, absenteeism, lateness and less time spent on clinical care activities during working hours. Hence constrain the achievement of Millennium Development Goals (MDGs), the Kenyan Vision 2030, and the National Health Sector Strategic and Investment Plan NHSS&IP, 2008-2017 and related county health goals.

1.3 Research Objectives

The objectives guide the study and highlight the main variables to be studied and the relationships that the researcher intends to investigate.

1.3.1 General Objective

The General Objective of the study was to establish work-life balance practices that influence the scaling up of health workers productivity in public hospitals at Mandera County.

1.3.2 Specific Objectives

The specific objectives of the study were;

- i) To determine the influence of flexible working options in scaling up health workers productivity in public hospitals at Mandera County
- ii) To establish how welfare programs contribute to scaling up health workers productivity in public hospitals at Mandera County
- iii) To assess the influence of talent development programs in scaling up work-life balance practices on health workers productivity in public hospitals at Mandera County
- iv) To examine how leave programs influences work-life balance practices on health workers productivity in public hospitals at Mandera County

1.4 Research Questions

- i) What is the relationship between flexible working options and scaling up health workers productivity in public hospitals at Mandera County?
- ii) To what extent do welfare programs contribute to scaling up health workers productivity in public hospitals at Mandera County?
- iii) What is the role of talent development in scaling up health workers productivity in public hospitals at Mandera County?
- iv) Is there a relationship between leave programs and scaling up health workers productivity in public hospitals at Mandera County?

1.5 Significance of the Study

This study intends to establish the influence of work-life balance practices in scaling up health workers productivity in public hospitals at Mandera County in order to review and implement work-life balance practice strategies to improve the quality and productivity of health workers at Mandera County. The study will help enlighten the management of public hospitals of the influence of work-life balance practices in scaling up the productivity of health workers. It intends to influence management decisions on how public hospitals should treat health workers in order to increase their productivity. It also seeks to contribute to the body of knowledge in improving Human Resource Management practices in managing human resource for health.

1.6 Limitations of the Study

The researcher may encounter limitations in regard to low number of health workers to be interviewed occasioned by the absence of some health workers taking leave to attend to non-work related roles, while some may have migrated internally and externally due to the recent spate of insecurity in Mandera County, hence may not attain the targeted number of respondents.

Work-Life balance practices are new concepts in managing human resource for health and the conceptual foundations are not strong in the health sector hence this can limit participation of health workers in the study.

1.7 Delimitations of the Study

The researcher informed the management of public hospitals at Mandera County of the importance of the study and how it would contribute towards strengthening service delivery in this County considered to be a rural and hard to reach location in Kenya. The researcher also used the approval of the study from the Kenya Methodist University Ethical Approval Committee to lay credence to the study. The researcher also conducted a pre-test study at Wajir County Referral Hospital (WCRH) in the neighboring Wajir County to iron out any grey areas in the structured questionnaire and the key informant interview guide. The intention was to elicit the support and participation of management and health workers as much as possible. The researcher also simplified the structured questionnaire and thoroughly trained research assistants to ask probing questions to elicit as much participation from respondents as possible.

1.8 Operational Definition of Terms

Work-life balance: A state of equilibrium between an individual's work and personal life.

Productivity: The result side of health workers involvement in clinical practice

Scaling Up: A state of improved health workers performance

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter examines and presents the existing body of knowledge pertaining to theories and empirical review related to work-life balance and the relationship between work-life balance practices and employee productivity.

2.2 Empirical Literature

2.2.1 Health Workers Work-Life Balance Practices

According to Azeem and Akhtar (2014) the increase in privatization in healthcare sector has resulted in an increase in business environment pressures and increased competition within the sector. While the organizations within the health sector such as hospitals embark on managing varying internal and external environmental challenges, recent technological advancements and new business models aimed at improving competitiveness are affecting the productivity of health care workers. In addition to this developing challenges for the health sector workforce, research has outlined that other rapidly developing changes in regard to the style of work, the organizational culture, increasing family and work needs/ demands also put a strain on the commitment levels of health workers, the work-life balance and job satisfaction which vastly affect performance levels (Kossek, 2005; Bragger, 2005; Anderson, Burke, Burgess, & Oberlaid, 2002).

Work-life balance is considered a crucial component in altering the attitude of health workers about their work as well as personal life. Scholarios and Marks (2006) note that in areas where the commitment and loyalty expectations about workers are high, success of the hospital greatly depends on how work-life balance is managed and achieved. Previous studies by Sakthivel and

Kamalanabhan (2011) as well as Sakthivel and Jayakrishnan (2012) indicate that performance levels and the productivity of a hospital are heavily reflective of the commitment of the workforce as a direct outcome of work-life balance.

Various past studies have found that satisfaction and dissatisfaction levels in hospitals can be affected by a range of factors including working conditions, perceived quality of supervision, reward system in work, status and seniority, age group, marital status, and years of experience (Mosadeghrad, Deery, & Jago, 2008; Okpara, 2004; Oshagbemi, 2003; Robbins, Doherty, Manfredi, 2003; Kuo & Chen, 2004; Cimete, 2003; Peterson, 2003; Smucker, 2003 & Wech, 2002). This largely implies that there could be differences in the methods that an organization can set out to improve the work-life balance within its establishment since the reasons for commitment and loyalty across the institution could be as a result of a variety of different conditions. This study will set out to find out how the specific work-life balance practices relate to the commitment levels and overall productivity of health workers, enhancing the understanding of how satisfaction and dissatisfaction levels in hospitals can be altered.

According to Hegar (2011) the process by which management of any organization brings the employees into contact with the organization in such a way that the objectives of both groups are achieved enhances the capability of the organization in performance. Effective managers are those who seek this first have to show a concern for the people/employees. However, some managers are so interested in pleasing their people that they never get the work done while others are overly concerned with the work and spend very little time trying to understand the psychological and sociological aspects of the job. An effective manager balances concerns for people and work. The effective manager therefore, realizes that human relations is important at all levels of the

organization especially in organizations with high levels of diversity, but the way the ideas are applied is not always the same.

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

According to Organ (1997) since a hospital's success can be measured by the patient's satisfaction, it is necessary for health workers to be aware of different approaches or practices that can be used to improve the levels as well as address issues that may hinder the achievement such as health worker satisfaction. According to Cooper and Kenny (2000) changes that have been occurring in the terms and conditions of employment due to the changing business environment have as well resulted to the effects on the satisfaction levels of employees in the health sector as well as their physical and mental health status.

Evidence from different research shows that employee commitment is an important aspect of effective performance of employees in any sector and can be improved by successful work-life balance approaches in human resource management. Bandula and Jayatikale (2016) explain that commitment of employees has a great influence on the successful performance of an organization because the employees will be able to identify easily with the strategic goals and direction of the company, displaying greater organizational citizenship behavior and a willingness to perform extra duties and responsibilities in order to ensure success in the organization.

Research has also highlighted the need for ensuring that employees have time to attend to other matters of their personal lives such as family and personal hobbies and needs. Heathfield (2019) stresses on the importance of the work-life balance concept that when successfully implemented by an organization using policy, procedures and actions related to encouraging family time for employees, reduces stress among employees and ultimately results to better output and productivity. Research dating as far as Adams (1996) show that the more engulfed workers are with their work and have little to no time for family and other personal issues, the more the risk of job burnout, low satisfaction levels and commitment. This conflict that is experienced between family and work is considered to have variations when the gender and years of experience of the workers is taken into consideration (Cinamon & Rich, 2005). According to Cinamon and Rich (2005) work-oriented workers will often have career enrichment priorities while making personal life adjustments while family-oriented individuals will make adequate accommodations to reduce work conflicts with family needs.

Dhas (2015) in a more recent report on the importance of work-life balance indicates that the process by which an organization sets out to create and maintain supportive and healthy work environments, ensures that the personal and work responsibilities employees have are balanced resulting to strong employee loyalty. However, when the balance is not achieved, employees will therefore have low willingness to be loyal to their employers and not achieve optimal productivity. This study is of importance since it sets out to investigate different practices that organizations can implement so as to improve the work-life balance and benefit from more committed and motivated employees.

Lambert (2000) explains that when employees receive extra benefits in the form of family friendly policies and actions, they often put extra effort in their duties which can be beneficial to

health institutions. Health workers that are able to complete their responsibilities at work in an effective manner and also have time for personal commitments such as family are considered as having successfully achieved work-life balance (Karatepe & Uludag, 2007). Excess workload, long working hours and working conditions that do not favor family interaction are some of the factors that can hinder employees from achieving work-life balance. Muthukumar, Savitha and Kannadas (2014) also point out that since work is one dimension of our lives, it should not be allowed to distort our personal lives while the opposite is also relevant since work is a way in which we achieve our livelihoods and manage to live our lives in the way we want..

However, as noted by Meenakshi, and Subrahmanyam (2013) achieving work-life balance is a challenging process and most people often find it difficult to manage all the competing demands in their work and personal lives. This sort of situation may lead to either work being affected by personal life issues or personal life to be affected by work related stress. The negative effects of not achieving a work-life balance include job exhaustion, disruption of relationships with friends and family, loss of personal enjoyment and an increase in stress levels (Meenakshi & Subrahmanyam, 2013). Achievement of Work-Life balance in the health sector is of greater importance since it helps in enhancing the health status of a population. Karatepe and Uludag (2007) describe the work life balance as the ability of any health workers in a certain hospital to be able to do and complete his or her work effectively and efficiently and also have adequate time to deal with personal commitments like spending time with family. This definition helps understand that if the health worker does not have time to deal with personal issues due to workload or very long working hours, then the health worker does not experience the work life balance.

According to Muthukumar et al. (2014) the factors that may hinder the successful implementation of work-life balance include attitude of the individual employee, environment of the individual employee, type of job, family background, financial and social status of the family, life stage of the employee, financial standing, family structure, daily routine as well as their friends circle. Organizations should therefore try to manage these factors in order to reap the full benefits from a motivated, committed and less stressed workforce.

2.2.2 Flexible Working Options

According to Russell (2009), while describing work-life balance from the economic point of view in their book, they try to define the work life balance as a responsibility of the hospital. This definition places the worker at the centre of the organization and its overall expectation for performance. Russell (2009) describe work-life balance as hospitals encouraging individuals to achieve balance because of benefits such as high staff retention as well as improved productivity that the hospital would gain. In this way for an organization to successfully utilize its human resources in a way that they receive optimal productivity, investing in tactics that enhance work-life balance should be entrenched into the business model.

According to Moore (2004) having flexible working options especially in relation to the hours of work relates to allowing for scheduling of how long employees work and the time that is allocated for them to spend on their personal matters. This requires that organizations innovate ways in which employees take short or extended breaks in order to attend to personal issues, giving employees the option to select the most convenient working times and providing compensation in pay or extra rest days for any extra working hours provided by the employee. In this way, the institution or hospital will benefit from workers who are able to balance their work and personal commitments. While it may not be possible to give equal amount of time for both

demands, Nda and Fard (2013) notes that each demand of the employee should be treated as being important and hence just as the employee will give a lot of attention and priority to work commitments, personal commitments should also be given precedence and treated just as important.

There is a significant correlation between health worker job performance and the flexibility in working hours in the hospital. A flexible working system in a learning institution could influence the way academic health workers execute their jobs. Work-life balance policies should include the flexible working options, which include: part-time working, shift working, e-working, zero hour's contracts among others.

Working time policies have a positive effect on balancing between the two different demands of the employee (employment and personal) (Hillman, 2001). This eventually benefits both the employer and the health worker. Flexibility in working hours enables the staff to focus more on their job while at work without divided attention with little worries on the personal commitments they might have. This helps to reduce the absenteeism in the work place because a person can manage his or her time properly to deal with the personal issues during the time away from work. According to Hillman (2001) lack of flexible working options may lead to workload, which may later cause strain to the individual leading to stress. This may also reduce the health worker's productivity. Most of the academic staff have reduced working hours in a day to work and they work five days in a week. This improves the health workers' productivity in the training and educating of the students. As the balance between the time provided to each activity, the less workers may develop fatigue and burnout which is essential in ensuring that issues such as absenteeism and high employee turnover are maintained.

According to Dhas (2015) when an institution's employees experience work-family conflict, it is often as a result of long working hours which are also strongly associated to health risks, such as increased smoking and alcohol consumption, weight gain, depression as well as with numerous other physical and mental health complications. For companies who take on the burden of health costs on behalf of their employees, long working hours may be less beneficial to the overall productivity of the organization since the costs of having unhealthy workers increases its costs of production. When assessed from the national labour force perspective, the implication of work related stress and lack of work-life balance can impact negatively on the national production and thus economic status.

In as much as Meenakshi and Subrahmanyam (2013) note that climbing the organizational ladder often demands that new employees put in additional working hours while they deal with new, difficult and complex issues at work and in their personal lives, flexibility in working hours is essential to their career development. Since burnout and demotivation are a result of lacking a balance in the time one spends on work related issues against personal commitments, human resource practitioners should maintain flexibility in their demands for longer working hours. In addition, Meenakshi and Subrahmanyam (2013) insist that in order to improve their employee's productivity and ability to concentrate on their job, management should encourage employees to take time off instead of working long hours, create work schedules that include activities that the employer loves to do with friends, family and relatives.

According to Muthukumar et al. (2014) in addition to physical problems that working long hours may cause especially to women, working long hours also increases employee interaction and leads employees to stay longer in their professional world which can be carried to home including negative aspects such as professional anger. The negative impacts of not ensuring that

time is balanced between the career of the employee and personal commitments therefore, carries a significant impact on the organization's production and service delivery.

Shivakumar and Pujar (2016) explain that flexible working options especially in regards to the hours spent physically at the workplace are among the work-life balance initiatives that organization implement in order to ensure that employees have quality work life. In enhancing the ability of the employee to manage their personal life obligations while still in employment, ensures that the employees can provide more of their skills on attending to work duties. However, Shivakumar and Pujar (2016) also note that organizations may also view work-life balance as the role of the employee and that the organization does not play any role in managing work life conflict. Some employees may also be indifferent to giving priority to family rather than career development and therefore, organizations need to provide a flexible environment so that it does not seem to be making mandatory obligations that may result to inconveniences to employees.

2.2.2 Health Worker Welfare Programs

Hospitals should always consider the health worker's well-being. This is because the well-being of a person often relates to the outcomes that the individual will achieve. According to Davis, MacKinnon, Fairchild, Fritz (2004) maintaining work-life balance is considered to have a direct relationship to the health and well-being of the health worker, as a result, the well-being of an employee positively influences on the worker's productivity. Since the organization's main goal is to make advancements in their overall productivity it is essential that human resource practice includes ensuring that workers welfare is enhanced.

Muruu, Were and Abok (2016) explain that the effectiveness and efficiency of operations in an organization largely depends on the people that are undertaking this operations increasing the

need to implementing welfare programs for employees. Many employers are incorporating health promotion policies as part of their work-life balance policies. The employers can ensure the health workers' health and well-being indirectly by helping reduce the stress of the health workers. Too much stress at the work place can result to diseases like ulcers of the stomach among others. Lack of policies that ensure the well-being of the staff reduces the health worker productivity. It is therefore more essential that public institution being the largest employers and with high expectations from the public can benefit the country's population by adopting this practice.

In a recent study on the effect of employee welfare programmes on employee performance, Waititu, Kihara and Senaji (2017) find that programmes that are aimed at occupational health, succession plans, training and development, employee referral schemes and remuneration policies have a significant influence on the motivation of employees and their productivity. While not all practices may be relevant to all occupations, the general idea of implementing welfare programs is to ensure that the employees feel confident to provide their skills and knowledge to the organization's benefit. In this way, specific welfare programs that address the needs of workers in the sector need to be adopted by health facilities in order to enhance the worker's output and increase patient satisfaction.

Lagat, Mutai and Kosgey (2014) note that the need to access welfare programmes in corporations has increased the importance of trade unions which play a key role in enhancing and fighting for the welfare of employees in an organization. Lagat et al. (2014) find that some of the benefits accrued from joining trade unions include access to maternity leave, pensions, housing and medical schemes. In essence, welfare programs are noted to be not only important in enhancing productivity but are also seen as a mandatory requirement to be met by organizations.

Most of the institutions that address labor issues in different countries will have almost similar standards to which organizations need to adhere to as a basic minimum of ensuring that their employees well-being is optimized, organization can then add to the mandatory programs such as annual leave to enhance well-being and the motivation of employees to achieve.

Robison (2005) observed that motivated health workers feel less stress and enjoy their work. This results to a better physical and mental health of the health workers. The Work balance policies have contributed largely to motivating of health workers and reducing the stress related to work. Furthermore, work life balance policies have motivated health workers and in return they are committed to their institutions. The result of having motivated health workers is that there will be less grievances made by employees and less insubordination which is usually a remedy for disaster in any institution. Other positive attributes include creativeness, greater innovation, responsiveness to customers among other positive worker attributes that indirectly or directly contribute to the long-term success of the institution. In short, motivated health workers are the greatest asset of any hospital. The work life balance motivates the health workers and thus, lessens their stress hence increasing the health worker productivity.

According to Muruu, et al. (2016) organizations should strive at having policies that guide the implementation of welfare programs that can be created to address issues such as medical facilities, sanitary, accommodation of workers, amenities and industrial social security measures, training and education facilities, HIV and AIDS risk reduction and even counseling. These issues are basically fundamental to employees and when they view that the organization shows concern for their needs, the motivation levels are maintained and this results to positive responses in service delivery and overall performance.

Chatterjee, Washwa and Patel (2018) emphasize that worker's welfare is the most important machinery in any given organization and the main reason why organizations provide statutory and non-statutory benefits accompanied by proper compensation as a way to build the motivation and loyalty of employees. Different organizations from different sectors will opt to prioritise certain aspects of the employees welfare so as to achieve the organisation's goals e.g cigarette producers would concentrate on enhancing the health of its employees so as not to receive any backlash about the risks of producing their products while marketing corporations would benefit more from enhancing the lifestyle of its employees so that it can enhance their physical image. In the health sector, Chatterjee et al. (2018) note that having a stress free and motivated workforce enhances the chances that employees in the sector will be effective in patient's care, hospital maintenance and with the important task of treating and saving human life. While having a motivated and committed workforce is a prerequisite to the success of any organization in any sector, the health sector is evidently more dependent on enhancing this factors since it is largely a service-oriented sector that depends on the interaction between health care providers and patients.

According to Muruu, et al. (2016) some organizations intentionally use the concept of employee welfare programmes as a strategy to improve on productivity and increase on efficiency willingly from their employees. It is important to note that most governments make statutory demands of organizations in all sectors to ensure that some welfare practices such as annual leave, maternity leave, off-days and safety precautions are implemented. This indicates the importance of such programmes not only to the organization's production but also to the rights of the employee and meeting their very basic needs. In as much as organizations may face challenges in the implementation of welfare programs and in providing supportive working environments for their

employees, especially due to limited resources, Lagat et al. (2014) finds that the investment into addressing issues such as maternity, medical schemes among other benefits positively impacts on the well-being of the employees. An improvement in the welfare of employees is directly related to increased motivation within the workforce and the maintenance of this strengthens and improves on the quality of services provided by staff. In this way investment in such programs is not only seen as a cost to production but can be viewed as insurance against future losses that may arise due to demonization and lack of commitment from employees.

A study by Chatterjee et al. (2018) in the health sector indicates that hospitals are aware of the need to enhance the well-being of their employees as this is seen to be a key component of ensuring a functioning health sector. This is especially so because of the fact that the health sector is a mostly service oriented industry. Chatterjee et al (2018) add that the implementation of welfare programs not only provides a motivating force to the employee but also adds to the processes of skills enhancement and deeper understanding of the employee's roles in the organization. Waititu et al (2017) on their study in the public sector welfare responsiveness find that the most influential policies as remuneration policies, occupational health, training and development which when enhanced result into improved employee performance. The public sector being among the top employers in a nation can in turn enhance the level of satisfaction and productivity of a nation by providing welfare programs that address the basic needs of the population such as insurance, housing and personal development.

2.2.3 Talent Development

Kinnie, Hutchinson, Purcell, Rayton and Swart (2005) indicate that in addition to the skills that employees may possess, the performance of health workers is also heavily influenced by the motivation that each individual displays. The intrinsic nature of motivation in employees

increases quality of skills and influences the performance of any institution making it essential for organizations to come up with ways in which they can motivate their employees. Work life balance has become an influencing factor in this regard especially for hospitals and other institutions in the health sector.

Among the strategies that organizations have been implementing in order to enhance motivation and building on employees has been talent development or simply training. Nda and Fard (2013) indicate that the development of employees' skills has become a crucial component for organizations that are focused on remaining sustainable over the long run. This is because that apart from the other factors that are needed for an organization to succeed, skilled workers ensure that an organization operates effectively and efficiently.

Development of employees is seen as a way of getting employees to acquire a new set of knowledge and skills which is essential and a key driving force for optimal production and service delivery (Nda & Fard, 2013). New skills and enhance knowledge are a prerequisite to effective productivity. Since employees are considered to the most precious asset for an organization (Khan, Abbasi, Waseem, Ayaz and Ijaz, 2016), investment in their development can be equated with investment in the capacity of the organization to improve on its performance. It is therefore possible for human resource managers to be directly involved in the productivity of an organization rather than the traditional role played of administration.

According to Anwar, Nisar, Khan and Sana (2014) the concept of talent management involves assessment of skilled employees' needs and creating different ways in which they can meet this needs. The investment made on human intellect is considered important in the current business environment where organizations can easily use the same technology and similar production

models. Anwar et al. (2014) consider that talent management has the ability to provide a competitive advantage to an organization since it can differentiate one organization from another. According to Khan et al. (2016) since not all employees are aware or adequately skilled to take up all the roles expected of them at once, it is crucial that organizations develop this knowledge and skills through training programs. This is particularly essential in technology driven sector that experience drastic developments and advancements that need to be learnt by employees and adopted so as to improve o the performance of an organization. In the hospital setting, employees need to keep in touch with new machinery, testing technologies and medicines which can be adequately impacted in them through training. Khan et al. (2016) posit that training can be used to enhance skills and groom talents in an organization for the benefit of enhanced production capacity. Kum and Cowden (2014) add that the identification and determination of training needs is a key component of the process of training and talent development. This is because the organization needs to make investments in training programs that add value to the individual employees as well as the organization as a whole. Without proper assessment, an organization may not fully benefit from investment in talent development since employees may identify the training as an opportunity to develop their skills as a way of improving their marketability in the job market.

According to Rothwell (2005) the idea behind talent development especially in a hospital scenario is using both planned and unplanned learning, in order to achieve and maintain a competitive advantage for the hospital. Services that the hospital is meant to provide to its public will also enhance in regards to their quality as a result of improved skills and knowledge impacted through the talent development process. McDonnell, Collings, Mellahi and Schuer (2017) in a systematic review of the concept of talent management and its future prospects, note

that the growing significance of talent management lies on the assumption that organizations that achieve superior talent management have competitive advantage over other firms. Since a competitive advantage in an organization ensures that sustainability of operations can be achieved, such an investment could be considered long-term. Human talent is considered as the most valuable corporate resources (McDonell, et al., 2017) and therefore a major concern for organizations in any sector should be on how to attract, recruit and retain key staff that possess talents and skills that are important for the optimal performance of the organization. Through this process, an organization and especially one existing in the rapidly changing environment of the 21st century is in a better position to survive turbulent periods.

Anwar et al. (2014) explains that the concept of talent management was conceptualized in the 1980s when employers started to see the benefit of having more control over the career planning process of their employees. This control enables an organization to build specific skills within the workforce with the aim of accelerating organizational success. In addition to building the competence of employees through talent management, the practice also enhances the retention of employees and ability of the organization to benefit from creation of competitive strategies that are created with the help of intellectual capital. Nda and Fard (2013) also indicate that the development of employee talents through training is invaluable in improving productivity as it not only enhances the resources of the employee but also increases competence and the ability of the employee to learn more about their jobs. Talent management through training is also seen as a way in which the organization can communicate its organizational goals and future strategies to its workforce.

According to Newhall (2012) a good talent management program depends on the ability of the organizations leadership to recruit, retain, develop as well as promote talented employees for the

benefit of the organization. Talent management can therefore be considered as a strategic direction that an organization can use to better themselves than their competitors. In the hospital sector, this also means that the hospital is able to provide services in a way that is better than other service providers. Nda and Fard (2013) also note that investing in effective talent management and training programs has both long-term and short-term benefits including the ability to survive in a turbulent environment that emphasizes the need to put more efforts in building human capital as a way to be competitive and financially solvent. The need to invest into talent development is made to be more important in an environment that has great uncertainty and risk, requiring the organization to have the relevant knowledge about the business and market intelligence that will ensure the right response are adopted.

As a result of effective talent management through the identification, development and promotion of specific skills in an organization, Sheehan (2012) explains that the talent management approach can lead to greater attraction of talent and thus result to operating at optimal performance and eventually a sustained competitive advantage. Since the essential component of an organization's survival is the ability to operate at optimal levels, talent management can therefore be considered as an influencing factor towards that end. According to McDonnell et al (2017) the increasing growth in research into the topic of talent management is indicative of its growth in importance to organizational performance but most of the studies lack a clearly specified theoretical foundation to add to the empirical evidence on talent management.

2.2.4 Leave Programs

The demands that work environments place on workers can at times lead to harmful spillover effects that would eventually reduce the productivity of the employee (Dai, Milkman, Hofmann and Staats, 2014). This therefore requires that considerations are given to employee rest so as to

ensure that energy levels are maintained. Wambui, Cherotich, Emily and Dave (2017) note that leave programs are an essential component in enhancing work-life balance in an organization. It also involves issues such as sick leave, holidays and parental leave that can be given to both male and female employees. According to Konrad and Mangel's (2000) while leave programs may be dependent upon gender disparities and the individual characteristic of the employee in regards to the susceptibility to diseases, the practice is greatly linked to higher productivity in an organization. In addition, the work life policy that encourages time off from work for a prolonged period of time is also able to attract suitable health workers thus making recruitment of health workers easy.

According to Mathis (2003) leave is a period that employees take off from their entire stay at work often annually in many organization. Leave can be implemented through sick leave which is provided to a sick employee to recuperate, annual leave that is provided to an employee after working continuously for 12 months and maternity or paternity leave which is provided to new parents. Dai, et al. (2014) explain that use of leave programs can be considered as part of the overall duty of an organization to set up professional standards which are associated with significant benefits for the organization and employees. Taking time off from work is considered as a way towards recovery of commitment to the organization which may have diminished due to fatigue and the self-regulatory depletion that most employees undergo. Dai et al. (2014) in their assessment of the impact of time at work and time off from work on rule compliance, find that the more workers are continuously engaged in their normal work routines leads to greater reductions in compliance with professional standards and thus will not be positive for production or service delivery. In this regard, it is important to note that employees utilize their time in satisfying different basic needs that they have which may include the need to earn a living and

therefore work, but also on satisfying other personal concerns which makes leave programs important in enhancing commitment and motivation of employees. Nyameino, Manyasi and Musiega (2014) indicate that providing time off for employees can also be considered among the extrinsic rewards that an organization provides to its employees as a way of demonstrating concern for the employee and quality of work performed. In addition to providing the intrinsic reward to employees, sick or tired employees would not be ideal in production or service delivery and an organization would rather opt to give the employee rest days so that they can come back when they have strength and commitment to their duties. Therefore, setting up of policies on annual leave as well as other paid and un-paid leave arrangements builds the confidence of employees in their employers and ensures that optimal and quality production is provided.

Dai, et al. (2014) also notes that fatigue which may be induced by continuous pursuit of organizational goals and attending to the demands of the employee's position, can result to a decline in the ability of an individual to control their desires, behaviors and even emotions which are part of the essential characters of the individual. While the primary task in the organization could be considered most important in enhancing the organisation's overall performance, an employee's lack of ability to achieve secondary tasks related to the self-regulation of the person, may also lead to failure to address the primary goal optimally. Such situations therefore require that employees take time off from their primary duties and in this way enhance their abilities to tackle the various primary and secondary demands.

Research has found strong and significant correlation between annual leaves and health workers job performance. In addition to providing the entitled annual leave that most labor laws in different countries have insisted upon, hospitals and other institutions are encouraged to

introduce other forms of leaves that are required by staff such as maternity leave, paternity leave, medical leave, sick offs, among others. The implementation of such policies not only improves the motivation of the workers but sets a precedence in the industry in regards to competing for skilled employees who would prefer working environments with flexible and convenient leave programs. This is because leave is used to enable employees to focus more on their job while at work without divided attention with little worries on the personal commitments they might have. This helps to reduce the absenteeism in the work place because a person can manage his or her time properly to deal with the personal issues during the time away from work.

2.3 The Theoretical Framework

2.3.1 Theory of Work-Family Border and Availability

According to Durocher's, Mohd, Stanton, Young (2004) the boundary theory illustrates the cognitive classification that people will peg on their work and family. The theory of work-family border is the condition of having satisfaction and good functioning both at home and at work with minimum conflict experienced between the two demands. Karrassvidou and Glaveli (2015) explain that the interaction between work and family that the border theory assesses are focused on the nature of work, family domains, the borders between the two domains and the appropriate management of the interactions that can lead to maintaining a desired balance between the two variables. This relationship, according to Karrassvidou and Glaveli (2015) can be explored through different models including segmentation, spillover, compensation, instrumental and conflict through which criticism can be described and emphasis given to the cause and consequence relations.

2.3.2 Expansionist Theory

According to Barnett and Hyde (2001) the various changes that have occurred in the last century have increased the need to assess the relationship between gender, work and family without the sex segregation, gender asymmetry and stability in work and family patterns. A newly expanded view of the underlying facts and assumptions that have been proposed in classical theories is therefore proposed through the expansionist theory. Barnett and Hyde (2001) note that the classical view of these relationships has been made obsolete by the rapid changes that have been experienced in the global environment.

The expansionist theory is an inductive theory of the relationship between gender, work and family that tests principles related to today's realities including the issue of multiple roles of both men and women, the processes that contribute to the beneficial effects of multiple roles, the conditions under which multiple roles are beneficial and the psychological gender differences.

2.3.3 Work-Family Conflict Theories

According to Milliken and Dunn-Jensen (2005) a direct and positive relationship exists between the number of hours worked and family conflict and furthermore with psychological well-being.

Friedman and Greenhaus (2005) explain that resources which may include finances, time and flexibility often affect the family sphere by limiting its success and fulfillment. The work-family conflict theory which relates to these variables is indicated to come from role theory.

According to Gitahi (2016) role theory refers to the relationship between the roles played by the employee at work and in the family sphere. The relationship is strained by the sharing of resources which include time and which cannot be used complementarily. According to Friedman and Greenhaus (2000) job authority, hours worked and job satisfaction are some of the resources that when used in the work domain in plenty will affect the health workers social role. Edwards

and Rothbard (2000) in addition state that when work expectations and participation also add to the risk of having work-family conflict.

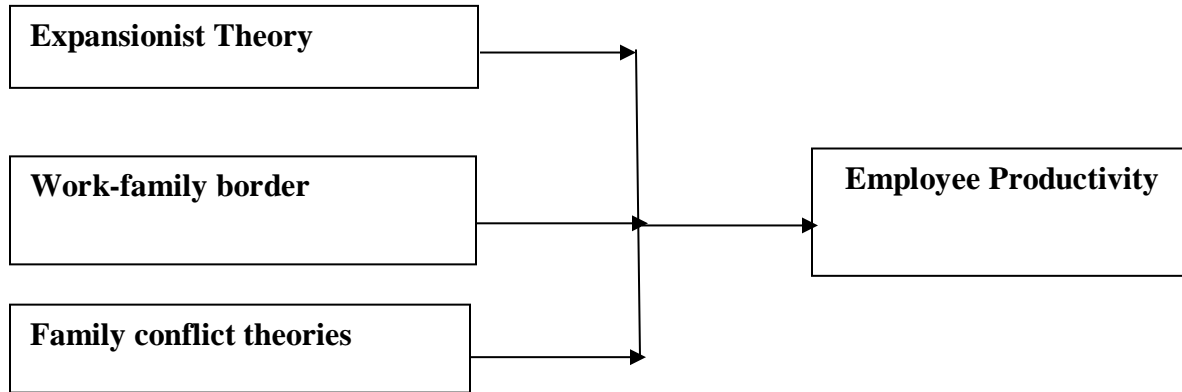


Figure 2.1: Theoretical Framework

2.4 Summary and Research Gaps

The literature review and the subsequent underpinning theories identified in this study reveal contextual challenges and gaps in the discourse of work-life balance practices and how they influence the scaling up of health workers productivity in public hospitals.

The empirical evidence is mostly focused on the manufacturing processes and corporate settings in Kenya and hospitals outside Mandera County. There is also need to assess the relevance of the theories in relation to employee productivity in the rural and hard to reach locations such as Mandera County. There's therefore a need to establish how work-life balance practices influences health workers productivity in public hospitals in the rural and hard to reach locations such as Mandera County

2.5 Conceptual Framework

This study sought to establish the influence of work-life balance practices in scaling up health workers productivity in public hospitals at Mandera County. The conceptual framework sought to align work-life balance practices that influence the scaling up of health workers productivity; to establish how flexible working options, welfare programs, talent development and leave programs and their influence on health workers productivity in public hospitals.

Productivity was measured by percentage reduction of absenteeism and lateness, time spent on clinical care activities during working hours and the number of health services provided by a health worker. The independent variables sought to measure the convenience, appropriateness, hours of work, devotion to work in their relationship to flexible working options, to assess the influence of health worker welfare programs such as benefits, awards, training financial returns to their productivity, and determine the influence of talent development programs by assessing the methods used, personnel involved and promotion on health workers productivity, the study also established entitlement, types of leave, duration and the motivation they provide in health worker productivity. Fig. 2.2 depicts the conceptual framework adopted in this study.

Independent Variables

Dependent Variable

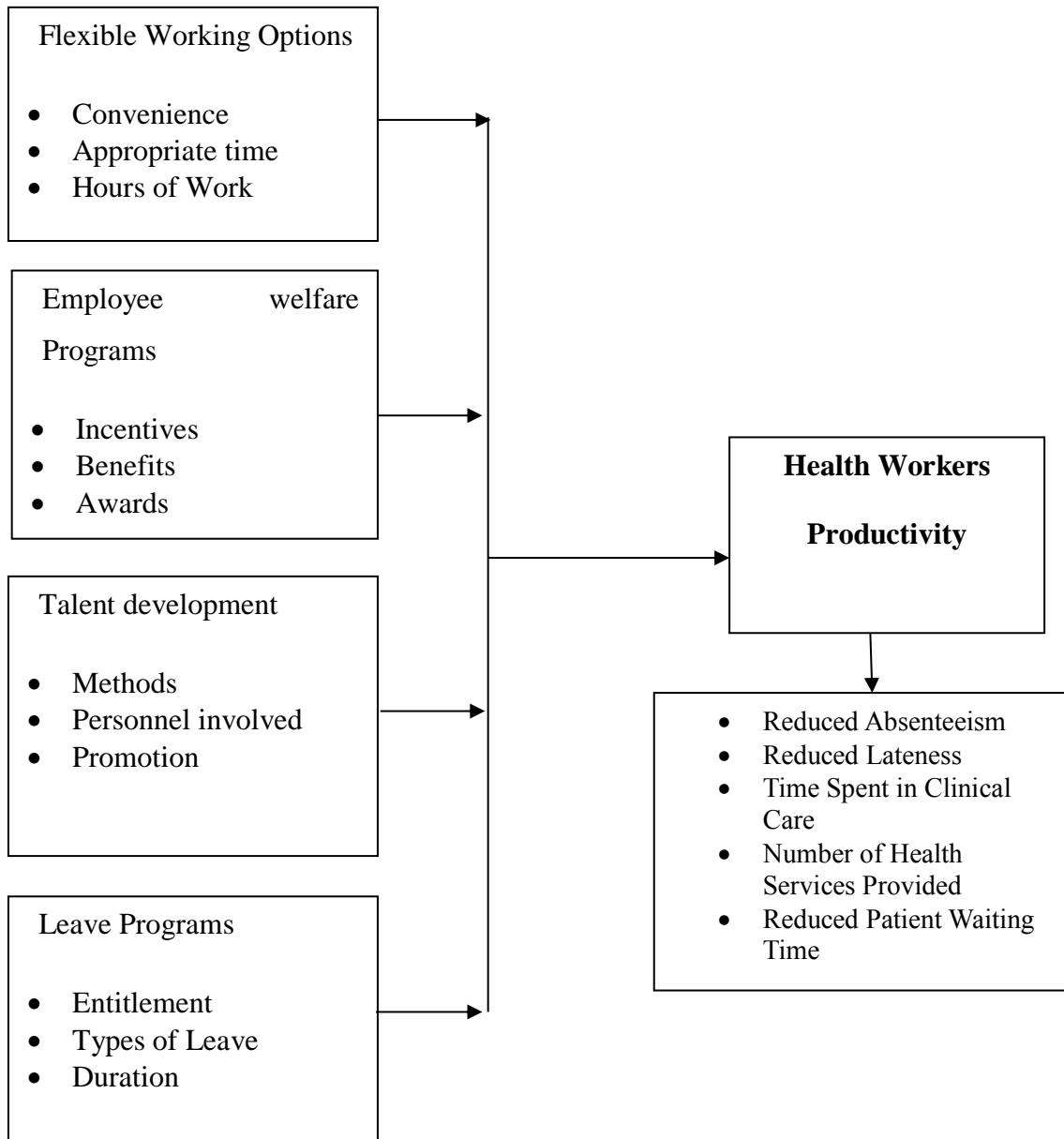


Figure 2.2: Conceptual Framework

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter contains a description of the research methodology used during the study. It specifically highlights the research design, sampling design, target population and study location, data collection procedures, analysis, management and the ethical considerations that the study used.

3.2 Research Design

According to Kerlinger (1986), the research design is the plan and structure of investigation that is conceived in a certain manner so as to obtain answers to research questions. Cooper and Kenny (2000), summarize the essentials of research design as an activity and time-based plan; always based on the research question; guides the selection of sources and types of information; a framework for specifying the relationship among the study variables and outlines the procedures for every research activity.

The study adopted a descriptive cross-sectional research design. A structured questionnaire was used to elicit quantitative responses and the Key Informant Interviews was used to elicit qualitative responses in order to answer the study objectives. The study employed both quantitative and qualitative techniques in the data collection process, analysis, presentation and discussion of findings (Shuttle worth, 2008). This research design was deemed to be appropriate for this study because it would provide an in-depth analysis of the variables so as to describe the relationship between the independent variables in work-life balance practices according to the formulated study objectives.

3.3 Location of the Study

On successful defense of the research proposal, the subsequent approval of the Kenya Methodist University Science, Research and Ethics Committee and the necessary approvals by the Mandera County, this study was conducted in the public hospitals at Mandera County. Mandera County which is one of the 47 counties in Kenya is located in the former North Eastern Province. The county is 1,100 Km from the capital city of Kenya, Nairobi and borders the county of Wajir County to the South and countries of Ethiopia and Somalia to the North and East respectively. The County's population as per the 2009 Census is 1,025,756 (KNBS, 2009) with more males than women at 54.6%. The county has a total area of 25,991 Km² and is composed of 6 sub counties namely Banissa, Mandera West, Mandera East, Lafey, Mandera North and Mandera South.

3.4 Study Population

A population is defined as the full set of individuals who meet the criteria of a research study (Burns and Grove, 2009). The study used public hospitals in Mandera County as the study's population and more specifically the targeted population comprises of health workers. The public hospitals in the County include Mandera County Referral Hospital (216 health workers), Elwak Sub-County Hospital (84 health workers), Lafey Sub-County Hospital (69 health workers), Rhamu Sub-County Hospital (55), and Takaba Sub-County Hospital (47). The study therefore targeted 450 health workers from the 5 public hospitals in Mandera County

3.5 Sampling Techniques and Sample Size

3.5.1 Sampling Techniques

Gutek, Bordeaux, Brinely, (1991) defines a sample as 'a subset of the population'. Further the sample in a study is explained as that collection of all possible observation units that compose

the sample or can also be defined as the sampling frame (Lohr, 2009). A purposive sampling method was used to recruit participants voluntarily targeting health workers in public hospitals at Mandera County

3.5.2 Sample Size Determination

There are 450 health workers in public hospitals at Mandera County. The tier 3 Mandera County Referral Hospital is the largest with a total of 216 health workers, Elwak Sub-County Hospital has 84 health workers, Lafey Sub-County Hospital has 69 health workers, Rhamu Sub-County Hospital has 55, and Takaba Sub-County Hospital has 47 health workers. Using the simple random method and the Yemane formulae of (1967) $n=N /N1-(e)$, where N is the population size and e is the level of precision, a sample of 212 health workers of the target population was considered. Table 3.1 describes the list of respondents in public hospitals in Mandera County.

Table 3.1: List of Respondents in Public Hospitals in Mandera County

Cadre	Mandera	Elwak	Lafey	Rhamu	Takaba	Total
Clinical Officers	16	5	4	2	2	29
Nurses	44	11	9	7	5	76
Laboratory Officers	2	2	1	1	1	7
Radiographers	2	1	1	1	1	6
Physiotherapists	2	1	1	1	1	6
Dental Technologists	4	1	1	1	1	8
Nutritionist	2	1	1	1	1	6
Occupational Therapists	2	1	1	1	1	6
Plaster Technologists	2	1	1	1	1	6
Health Record Officers	6	3	2	1	1	13
Pharmacists	4	2	2	1	1	10
Pharmaceutical Technologists	4	2	2	1	1	10
Ophthalmologists	1	1	1	1	1	5
Total	91	32	27	20	18	188
Key Informants Interviews						
Department Heads	6	2	1	1	1	11
Hospital Administrator	1	1	1	1	1	5
The County Health Secretary	1					1
Board Members	6	2	1	1	1	11
Sub-Total	10	5	3	3	3	24
Grand Total	101	37	30	23	21	212

3.5.3 Inclusion Criteria

All the targeted respondents in public hospitals at Mandera County present during the study period. Those with in-depth understating of hospital management working with the County Government were included.

3.5.4 Exclusion Criteria

All the targeted respondents absent or on leave during the study period

3.6 Construction of the Research Instrument

A structured questionnaire was designed carefully, to ensure clarity and in line with the research objectives. Questions comprised a combination of those to measure the Likert scale and Somatic differential responses from respondents as well as open ended questions for the Key Informants Interview (KII) Guide designed to measure responses according to the formulated objectives of the study. This was corroborated to the theoretical review of existing theories identified in the literature review of the study in line with the formulated objectives of the study.

3.7 Pre-testing

A pre-test of the study was conducted at Wajir County Referral Hospital (WCRH) using the structured questionnaire and key informant's interview guide to interview 50 health workers. Wajir County is deemed to have similar characteristics of health worker respondents and human resource management practices as Mandera County since they are neighboring counties. Wajir County is also a rural and far to reach location from Kenya's capital city Nairobi (506Km). During the pretest internal inconsistencies in both instruments was ironed out and clarity established before being administered in the study site.

3.8 Validity

Amin (2005) explains that validity is the ability of an instrument to measure the variables that are intended to be measured in a given study. Validity was established during the pre-test study in Wajir County Referral Hospital (WCRH) to establish the validity of the variables and measures in terms of content, comprehensiveness, readability and target sample health worker population to fit the instrument to collect all the data needed to address the objectives of the study. The validity of the instruments in this study was determined using the Content Validity Index (CVI) by Amin (2005) which has the following formula:

$$\text{CVI} = \frac{\text{Number of items rated relevant by all judges}}{\text{Total number of items in the instrument}}$$

Total number of items in the instrument

When Content Validity Index (CVI) is 0.7 and over, the instrument would be judged valid.

3.9 Reliability

Sekaran (2003) states that reliability is the extent to which the instrument being used is free from errors or bias and guarantees consistent results over time and among the different items in the instrument. According to Amin (2005) reliability can also be defined as the capability of an instrument to collect the same data consistently under similar conditions. Reliability involves testing the accuracy and consistency of the instruments and is normally determined through: test-retest, split-half, parallel-form reliability and the internal consistency methods. The data collection instruments used in this study were pre-tested to ascertain reliability of instrument in collecting required information for the study using the Cronbach's alpha coefficient where the closer Cronbach's alpha is to 1, the higher the internal consistency reliability (Sekaran, 2003). Reliability was established using a pilot test of 50 subjects not included in the sample. Data

collected from the pilot test was analyzed using SPSS (statistical package for social science). A reliability coefficient (alpha) of .95 was scored. The Cronbach's alpha coefficient reliability matrix was used to ascertain the reliability of the data.

3.10 Data Collection Techniques

The data collection process involves the use of techniques that help the researcher to collect relevant data for the study. Data can include both primary or secondary data and both. For this study primary data was collected from the selected sample of health workers in public hospitals from Mandera County to ascertain the extent to which work-life balance practices influence the level of productivity. The data collection tools used in this study included structured questionnaires and key informant interview guide.

3.10.1 Structured Questionnaire

Collection of primary data from low cadre employees in the public hospitals in Mandera County was carried out through the use of a structured questionnaire. According to Sekaran (2003) a questionnaire is an efficient data collection mechanism when the researcher knows exactly what is required and how to measure the variables of interest. The questionnaire was designed by the researcher to compose of mostly closed ended questions and a few open-ended questions. The study used a drop and pick method for administering the questionnaires whereby the researcher together with trained research assistants distributed the structured questionnaires to the targeted respondents and after 3 days collected the questionnaires in person after the participants filled in.

3.10.2 Key Informant Interview

Key Informants are individuals whose role and experiences in the organization result in them having relevant information or knowledge they are willing to share (O'Leary, 2005). A total of

24 Key Informants were interviewed who had Human Resources Management responsibilities and directly involved in the formulation and implementation of work life balance practices to scale up health workers productivity in public hospitals in Mandera County. The twenty four involved were the departmental heads, Hospital Administrators, the County Health Secretary and Board Members. This method yielded qualitative data obtained directly from people who were experts on the subject matter. The face to face interviews were conducted in their respective offices over a period of two weeks. Each of the key Informants signed the consent form (Appendix 1) before commencement of the interviews. An interview guide (Appendix 3) was used to ensure consistency in the questions asked and a session with each informants took approximately 30 minutes.

3.11 Data Analysis and Presentation

The results of the study will comprise of both quantitative and qualitative data. According to Bailey Dandrade, (1995) qualitative data is that data that has a non-numerical attributes that are related to the qualities, values or value assessment such as people's opinions whereas quantitative data is the data that holds numeric value and is factual in nature. . Questionnaires were sorted, coded and carefully entered into SPSS and a data set was formed. This data set was analysed and interpreted both descriptively and inferentially. According to Amin (2005) descriptive statistics include mean scores, frequencies and percentages obtained from a data set. On the other hand, inferentially statistics in terms of correlation (for determining the direction and strength of the relationship) were also applied in the analysis of the primary data.

The qualitative data from key interviews was organized and analysed using content analysis based on study objectives or themes from which conclusions were generated. Qualitative data

was used to validate quantitative findings through a side-by-side comparison and arguments. The results of the analysis were presented in the form of tables, graphs and a discussion of the outcome.

3.12 Ethical Considerations

Research ethics is a system of moral values concerned with the degree to which research procedures adhere to professional as well as legal and social obligations to the study respondents (Kamau, Muleke, Mukaya & Wagoki, 2013). Permission to carry out this research was sort from the post graduate research coordinator, department of Health Systems Management and Medical Education, Kenya Methodist University and the Hospital Managers at Mandera County public Hospitals. Participants were required to give consent in their research participation and all their personal information was kept confidential.

The study also adopted full anonymity so as to ensure the right to privacy of the respondents was respected. Incase the respondents request for the findings of the study, the researcher ensured that this would be done.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the analysis, interpretation and discussion of data collected from the study. The purpose of the study was to establish work-life balance practices that influence the scaling up of health workers productivity in public hospitals at Mandera County. Data was collected using structured questionnaires and Key Informant Interviews. Quantitative data were coded, collated and entered using (SPSS). v.22, analyzed and presented in tables and percentages. Narratives, content and thematic analysis was used to analyse qualitative data.

4.2 Response Rate

According to Baruch and Holtom (2008) finds that an average response rate of 52.7% is adequate for analysis and reporting, a response of 94.33% as achieved by the study is excellent and thus for this study, adequate for interpretation and drawing of conclusions. The findings are presented in percentages and frequency distributions, mean and standard deviations.

Table 4.2: Response Rate

Category	Frequency	Percent
Response	200	94.33
Non-response	12	6.67
Total	212	100.0

Structured questionnaires were administered to the 212 health workers at Elwak, Lafey, Rhamu and Takaba Sub-County Hospitals in Mandera County. Out of these 200 questionnaires were successfully completed and returned to the researcher through the research assistants, giving a response rate of 94.33%, 12 questionnaires were partially completed and were excluded in the analysis. The response rate in table 4.1 above was considered sufficient for the study.

4.3 Socio-Demographic Characteristics of the Respondents

The Table 4.3 presents the socio demographic characteristics of the respondents.

Table 4.3: Socio-Demographic Characteristics of the Respondents

Characteristics		Frequency	(%)	Mean	SD
Age	Below 30 years	28	13.2	2.1368	.70554
	31-40 years	139	65.6		
	41-50 years	33	15.6		
	51-60 Years	12	5.7		
Gender	Male	110	51.9	1.4811	.50083
	Female	102	48.1		
Education level	Certificate education	15	7.1	2.8113	.87745
	Diploma education	60	28.3		
	Bachelor's degree education	87	41.0		
	Postgraduate education	50	23.6		
Marital Status	Single	106	50.0	1.5283	.55430
	Married	100	47.2		
	Separated/Divorced/Widowed	6	2.8		
Period working for the organization	Less than 5 years	88	41.5	2.1415	1.13069
	5-10 years	40	18.9		
	10-15 years	50	23.6		
	More than 15 years	34	16.0		

The study found that majority of respondents (139/65.6%) were between 31-40 years followed by those below 30 years 28 (13.2%). The age groups are considered to have more work experience and would therefore benefit the study by giving information that is based on their own experiences on work-life balance. This will ensure that the data composes of more personal information about the level of work-life balance practices adopted by the institutions and their effect on the workers.

The study's findings also reveal that the respondents comprised of mainly males at 110 (51.9%) while females were 102 (48.1%) which indicated an even gender distribution and therefore no gender bias in the data collected. This finding coincides with the study by MONDKAL (2012)

which also found that there are more male workers than female health workers in the Northern parts of Kenya which also includes Mandera.

In regards to the level of education it was found that 87 (41%) of respondents had a bachelors degree followed by those with Diploma education at 60 (28.3%), this indicated that the respondents were qualified and the responses provided will be based on both theoretical and practical knowledge. Having high level of education among the respondents also translates to better understanding of the data collection tools as well as the objectives and goals of the study which improve on the relevance of the responses.

On marital status, the study determined that half of the respondents were single, while those married were 100 (47.2%). This indicates that the respondents would provide information on different perspectives in relation to family commitments and conflicts originating from work commitments. This is because employees will often have different priorities based on their family structures in regards to finances and time utilization. On the respondents length of working period the study determined that 88 (41.5%) had worked for less than five years followed by those who had worked for between 10-15 years at 50 (23.6%) while 40 (18.9%) cited they had worked between 5-10 years. The significant high number of people that have worked in their organization for more than 5 years indicates that responses provided will heavily rely on the respondents experiences rather than general knowledge of the subject matter. Experienced staff will provide relevant information which pertains to what they have experienced in the institutions as well as seen over the years.

4.4 Flexible Working Options

The first objective of the study was to determine the influence of flexible working options in scaling up health workers productivity in public hospitals at Mandera County. Table 4.4 below presents responses on flexible working options in scaling up health workers productivity in the hospitals.

Table 4.4: Flexible Working Options

Statements		Frequency	(%)	χ^2 value	P value
mode of working preferred	Full time health worker	146	68.9	121.481 ^a	.000
	V-time working	39	18.4		
	Part time	27	12.7		
Time convenient of workplace arrival	Between 7-7.30 A.m	35	16.5	118.642 ^b	.000
	Between 8-8.30 A.m	111	52.4		
	9 am	66	31.1		
appropriate time to get out of job	4. P.m.- 4.30 p.m	69	32.5	7.764 ^a	.000
	4.00 p.m-4.30 p.m.	88	41.5		
	5.00 p.m.	55	25.9		
hours worked in a week	Less than 50 hours	79	37.3	76.538 ^a	.000
	50 – 60 hours	118	55.7		
	60 – 70 hours	15	7.1		
Annual Absenteeism without permission	Less than 2 times	43	20.3	44.566 ^b	.067
	2 – 5 times	72	34.0		
	6 – 10 times	79	37.3		
	More than 10 times	18	8.5		

As presented in Table 4.4, a majority of respondents (68.9%) indicated they preferred working full time while 18.4% preferred V-time. On further Chi square testing, the association between the variables was found to be highly significant at $\chi^2= 121.5$, $p=0.001$ obtained. This indicates that part time and v-time working structures are not favored by the staff since they are mostly individuals who have studied for the job that they are undertaking and therefore choose to give it large amount of time and in this way can improve their performance since there will be enough

health workers in the institution unlike situations where majority of staff work on part time or v-time. The findings of the study therefore coincide with those of Hillman (2001) who also finds a significant correlation between health worker job performance and the flexibility in working hours in the hospital. Indicating that they would prefer to work full time is an indication of the priority given to their work as their source of livelihood.

On the query on the time convenient of workplace arrival, it was determined that a majority (52.4%) cited between 8-8.30 am while majority response on the appropriate time to get out of job was 41.5% indicating 4.00 p.m-4.30 p.m. The chi square test obtained values of $\chi^2=118.642$ and $\chi^2=7.764$ respectively both with $p=0.001$ that indicated a positive and significance association with their healthcare workers productivity. The findings indicate that the health workers have pre-determined convenient time where they can be able to balance their work duties with other personal duties. When employees schedule convenient times to work, the loyalty and commitment levels increases, this means that the organization would operate more effectively when the suggested times are adopted. This is because the employees would be more willing to increase their engagement with the organization once they feel that they are comfortable with the working options.

On the hour's workers had worked, majority (55.7%) indicated 50 – 60 hours while the annual absenteeism without permission by the respondents 37.3% indicated 6 – 10 times while 34% cited 2 – 5 times and not significant (χ^2 =value 44.566, $p=0.067$). Since the standard weekly working hours in Kenya is 48 hours (i.e 8hrs per day for 6 days), majority of the staff would be said to be working long hours which according to Dhas (2015) increases the levels of work-family conflict. The level of absenteeism can also be perceived as being high compared to the fact that the number of health workers in the County is low compared to the total population.

4.4.1 Agreement on Statements on Flexible Working Options

Table 4.5: Agreement on Statements on Flexible Working Options

Statements	Mean	SD
The time I must devote to my job keeps me from participating equally in household responsibilities and activities		
I have to miss family activities due to the amount of time I must spend on work responsibilities	2.265	0.83435
The time I spend on family responsibilities often interfere with my work responsibilities	2.252	0.87762
The time I spend with my family often causes me not to spend time in activities at work that would be helpful to my career	2.116	0.84109
My work keeps me away from family activities more than I would like	1.871	0.64847

When asked whether the respondents would miss family activities due to the amount of time spent at work, the mean of 2.265 indicates that majority of the respondents were mostly in agreement which indicates that since the majority of the respondents were on low and middle cadre positions they were having long working hours (Meenakshi & Subrahmanyam, 2013). This sort of situation is disadvantageous to the county where the ratio of health workers to the total population is not adequate meaning that the workforce may experience more burnout than in areas where there is an adequate number of health workers.

The findings in Table 4.5 also show that majority of the respondents were in agreement that the time they spend on family responsibilities often interferes with their work responsibilities which indicates that there is existence of work-life conflict as indicated by Dhas (2015) who explains that long working hours are associated to conflicts between the two commitments. The findings also show that family commitments and work obligations are in constant conflict which according to Dhas (2015) leads to negative influences on the productivity of the workers. The findings as well indicate that there is lack of effective work-life balance in the hospitals whereby

the health workers indicate that they do not manage to effectively commit and address either work or personal commitments.

The respondents in the study also indicated that majority felt that the time they spent with family limits engagement in activities that would be helpful to their careers indicating that the organization would also be affected by their employees inadequate development in their careers due to work-life conflict as also indicated by (Shivakumar & Pujar, 2016). Without an effective balance between the personal commitments and work commitments, the staff cannot be able to attend trainings and courses that may improve their skills which is a disadvantage to both the employee and employer.

When asked whether their work kept them away from pursuing family activities more than they would like the majority of the respondents were in strong agreement. This indicates that there is a significant level of dissatisfaction with the working options in the public hospitals in Mandera County whereby health workers feel inadequate to accomplish both works related and family related matters. Organizations that find their staff not being comfortable with the working hours may eventually need to re-assess their flexibility in working options so as to encourage commitment from their employees which may be reducing due to the conflicting demands between family and work. This is especially essential in areas such as Mandera where the culture of the people heavily depends on a strong family structure.

4.4.2 Rating on the influence of flexible working options

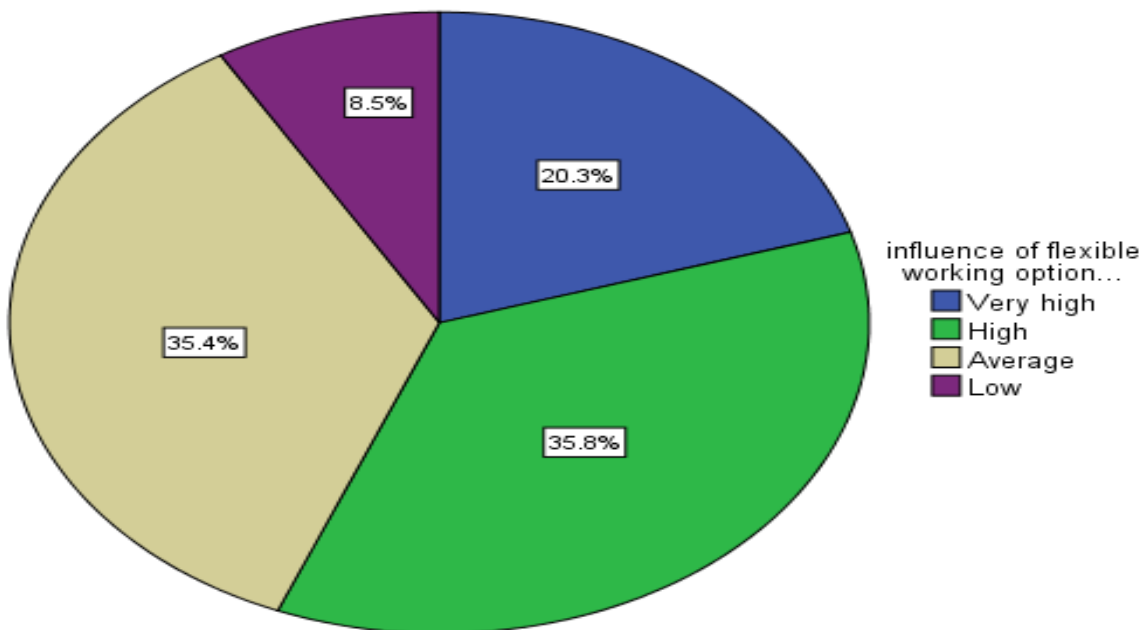


Figure 4.3: Influence of flexible working options

The data presented in Figure 4.4 indicates that 71.2% of the respondents cited flexible working options influenced the productivity of the health workers either very highly or highly while a mere 8.5% cited low and thus the flexible working options should be well implemented in order to scale up the healthcare workers' productivity. This implies that the health workers need flexible working options such as shift working, V-time working and part time working which was not always available in Mandera County Public Hospitals and that's why there was high percentage of absenteeism among the staff. It also implies that the health workers have heavy workload which may lead to stress and eventually influence their ability to provide quality health services to the population.

The Narratives from the Key Informant Interviews were in concurrence with these findings. All the twenty four Key Informants indicated that flexible working options is a good strategy but

could not be fully implemented in the public hospitals because of the low number of health workers in the county due to the recent spate of insecurity caused by the Alshabab and that no other strategies can be put in place until enough health workers are available. This is in tandem with the findings by MONDKAL (2012) that there is a large deficit of health workers in the county in comparison to the population.

This study is in agreement with Russell (2009) in their book of business case approaches who defined work life balance as a responsibility of the hospital. They said that the implementation of work life balance practices benefits hospitals and increase productivity when the health workers are able to balance work and personal commitments. In this regards the organization invests in policies that are used to enhance work-life balance in the workforce.

4.5 Health Worker Welfare Programs

This section presents the responses on effects or impacts of Health worker welfare programs on healthcare workers' productivity.

Table 4.6: Health worker welfare programs

Statements		Frequency	(%)	x² value	P value
hospital give incentives	Yes	107	50.5	180.500 ^a	.000
	No	57	26.9		
	Not sure	48	22.6		
benefits of incentives	Boost morale	52	24.5	20.038 ^b	.000
	Increase health worker wellness	77	36.3		
	Drive daily health worker performance	52	24.5		
	All of above	31	14.6		
type of fringe benefits	Subsidized fitness facilities	54	25.5	18.302 ^b	.000
	Individual insurance cover	75	35.4		
	Group insurance cover	52	24.5		
	Health worker family insurance cover	31	14.6		
type of financial returns	Paid tour	16	7.5	43.236 ^a	.000
	Education subsidies	27	12.7		
	A lower rate for loans	43	20.3		
	Paid end year party	58	27.4		
	Not sure/ DNK	68	32.1		

As presented in the Table 4.6, more than half (50.5%) of the respondents were aware of the incentives provided by the hospital and further testing its significance, awareness of the incentives was highly significant ($x^2=180.500$, $p= 0.001$) in terms of spurring productivity. The awareness of incentives that can be used to spur productivity indicates that human resource for health in Mandera County has managed to implement work-life balance practices albeit to small proportion than expected. This finding is in tandem with Waititu et al. (2017) who find that programmes that are aimed at giving employees incentives have a significant influence on the motivation of employees and their productivity.

On the effects of incentive benefits, it was established that 36.3% cited increased health worker wellness, 24.5% cited inspired daily health worker performance, and 24.5% indicated boosted morale. On the effects of incentives on productivity it was highly significant ($x^2=20.038$, $p=0.00$). This as well indicates that employees are well aware of the benefits of having welfare

programs and therefore would be more willing to changing their work performance when some of this issues are addressed. In regards to the types of financial returns provided by their respective hospitals, it was determined that 27.4% indicated paid end year party, 20.3% cited a lower rate for loans and further it was highly significant in healthcare worker productivity as the Chi square value of 43.236 and p 0.00 were obtained. These findings are in agreement with the qualitative data from the Key Informants Interview. The above findings are also in agreement with Davis et al. (2004) who indicated that there is significant relationship between health workers' health and health workers' productivity. Robinson (2005) also observed that motivated health workers feel less stress and enjoy their work which resulted to a better physical and mental health for the health workers hence increased productivity.

4.5.1 Influence of health worker welfare programs on health worker productivity

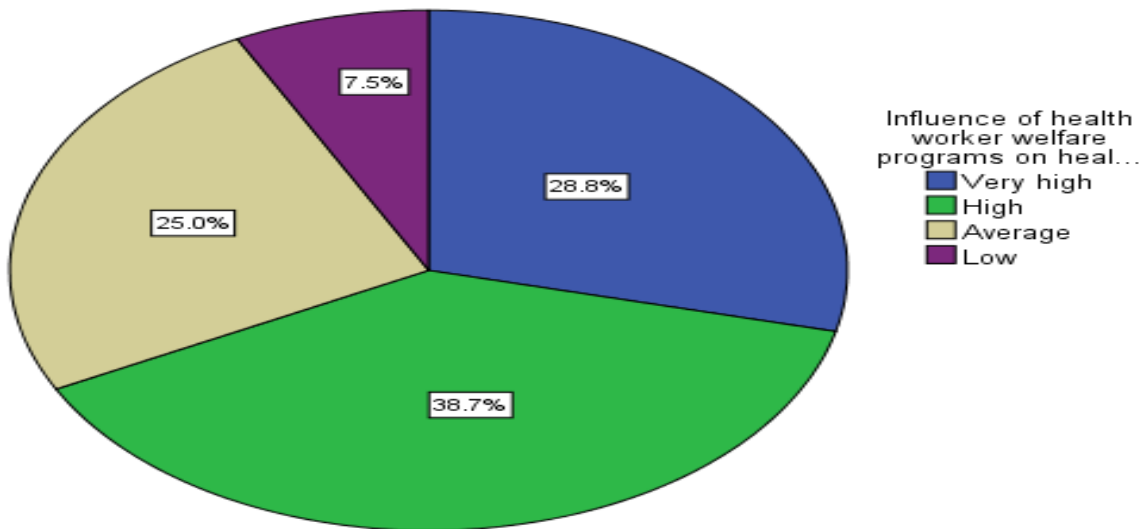


Figure 4.4: Influence of health worker welfare programs on health

The data presented in Figure 4.4 presents the influence of health worker welfare programs on health worker productivity. The majority of respondents as represented by 67.5% cited the welfare programs influenced productivity highly. These findings are in agreement with the

qualitative data from the key Informants Interview. One respondent said that *“the implementation of health workers welfare programs in hospitals is important since it recognizes their effort and improves motivation”*. They also were in agreement with Davis et al (2004) who indicated that there is significant relationship between welfare programs and health workers’ productivity. Robinson (2005) also observed that motivated health workers feel less stress and enjoy their work which results to better physical and mental health for the health workers hence increased productivity.

4.6 Talent development

The following findings present the responses on the influence of talent development's on healthcare workers’ productivity.

Table 4.7: Talent development

Statements			Frequency	(%)	χ^2 value	P value
organization training and development	offer	Yes	148	69.8	143.245	.000
	and	No	56	26.4		
		Not sure	8	3.8		
methods of training are offered		On-job training	150	70.8	36.528	.000
		Off-job training	62	29.2		
personnel involved in training	involved	Top managers	105	49.5	84.792	.000
		Middle managers	59	27.8		
		Line managers	30	14.2		
		External trainers	18	8.5		
organization considerations on promotion or a transfer	on	On the job experience	89	42.0	55.283	.001
		Educational level	66	31.1		
		Age of the health worker	40	18.9		
advancement of a health worker's rank involvements	or a	Health worker performance	17	8.0	76.340	.000
		Designation	100	47.2		
		Salary increments	63	29.7		
		Fridge benefits	32	15.1		
		Type of job activities	17	8.0		

It was established that the hospitals offered training and development opportunities as indicated by 69.8% of the respondents and thus spurred productivity as it was highly significant ($\chi^2=143.245$, $p=0.00$). This indicates that the organization has high potential for improving its productivity as also explained by Nda and Fard (2013). In regards to the methods of training offered, majority (70.8%) indicated on-job training ($\chi^2=36.528$, $p=0.00$).

The study further sought to determine the personnel involved in training and top managers were most involved as indicated by 49.5% of the respondents followed by middle managers at 27.8% indicating that the public hospitals were concerned with the development of skills and talent of their employees and as noted by Nda and Fard (2013) would lead to sustainable productivity in the long run. On the considerations on promotion or a transfer by the hospitals, it was established

that they considered the job experience (42%), 31.1% considered educational level and it was highly significant in spurring productivity ($\chi^2=55.283$, $p=0.001$). On the advancement of a health worker's rank involvements, it was established that it involved designation (47.2%), Salary increments (29.7%) while 15.1% cited Fringe benefits and this also was significant in spurring healthcare productivity ($\chi^2=76.340$, $p=0.001$). Responses from key informants also agree with these findings for example one respondent reiterated that "*When health workers are periodically given a chance to attend training and development courses, it motivates them to perform better at work*". These findings were in agreement with Kinnie et al. (2005). They discovered that the level of performance of health workers relies not only on their actual skills but also on the level of motivation each person displays and that over-achieving health workers are the driving force of all institutions so it is essential that institutions strive to motivate their health workers. Rothwell (2005) posited that training, career development spurs health workers productivity and thus they should be well integrated in the hospitals.

4.6.1 Influence of talent development on health worker productivity

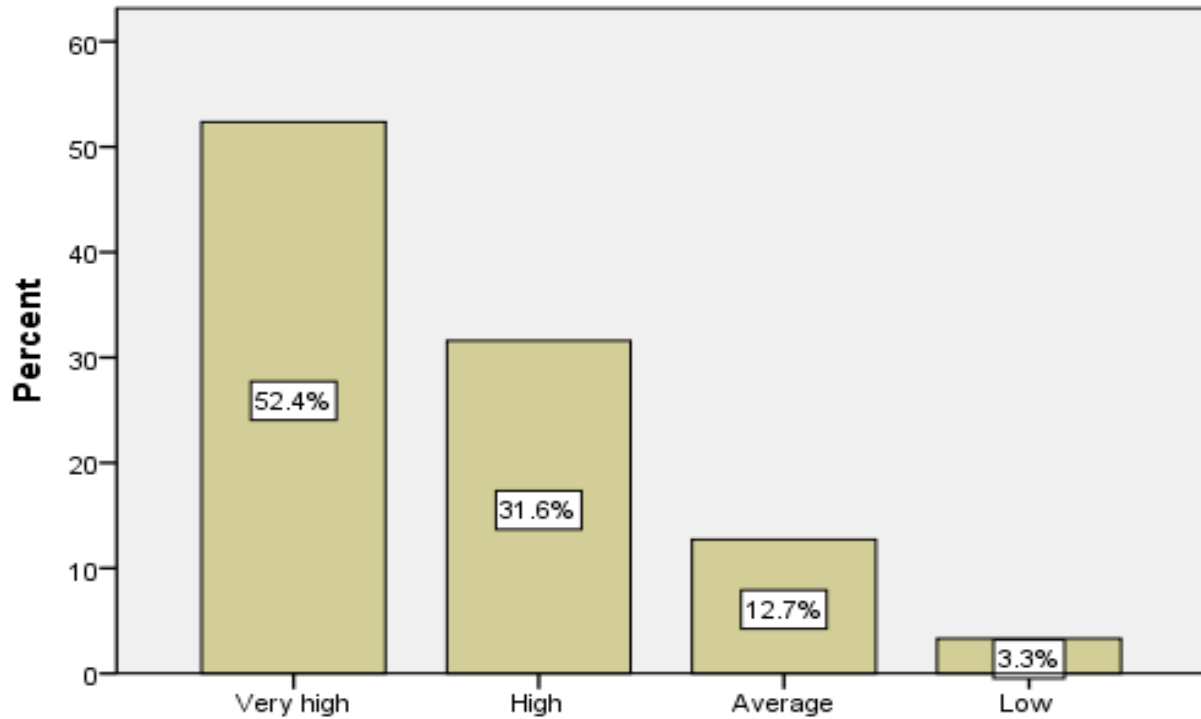


Figure 4.5: Influence of talent development on health worker productivity

The Figure 4.5 presents the extent talent development influence health worker productivity. As presented, majority (84%) indicates more than highly and thus relevant measures or policy measures should be put in place to promote talent development as it would scale up or spur their productivity. The findings were in agreement with the narratives from the Key Informant Interviews. In addition, most Key informants pointed out that, promotions apart from the above factors were given also on merit basis i.e. a health worker moves one job group after every three years for two consecutive job groups without necessarily having educational advancement. Generally, it was agreed that Talent development influences productivity positively and 84% of the respondents cited that it highly influenced health workers' productivity

4.7 Leave program Responses

The following findings present the responses on the influence of leave programmes on healthcare workers' productivity.

Table 4.8: Leave program Responses

Statements		Frequency	(%)	χ^2 value	P value
entitled to an annual leave	Yes	211	99.5	208.019 ^a	.000
	No	1	.5		
other forms of leaves are you entitled to	Maternity leave	38	17.9	10.783 ^b	.059
	Paternity leave	38	17.9		
	Sick leave	31	14.6		
	Study leave	46	21.7		
	All of above	59	27.8		
influence of leave programs on health worker productivity	Very high	51	24.1	109.368	.000
	High	119	56.1		
	Average	35	16.5		
	Low	7	3.3		

The Table 4.7 presents the responses on the influence of leave programs on employees' productivity. It was established that all the employees were entitled to annual leaves and was significant in their productivity ($\chi^2=208.019$, $p=0.001$). This shows that the organizations are aware of the need to show concern for their employees as indicated by (Nyameino, et al., 2014). On the other forms of leaves they were entitled, it was established that 27.8% cited maternity and paternity, and sick leave and study leave while 21.7% cited study leave. Moreover, these leaves were not significant in spurring productivity ($\chi^2=10.783$, $p=.059$). On the influence of leave programs on health worker productivity, it was established that majority (80.1%) cited it was highly significant ($\chi^2=109.368$, $p=.000$).

The study findings agreed with Konrad and Mangel's (2000) who posited that there is a very strong and significant association between annual leaves and health workers job performance and

thus the health workers should be entitled to an annual leave of one month within the calendar year. It further agreed with Rothwell (2005) who found that health workers felt motivated after going for leave, and their productivity improved

4.7.1 Agreement on Statement on leave effects on Employees

Table 4.9: Agreement on Statement on leave effects on Employees

Statement	Agreement	Frequency	%	Mean	SD
Health workers feel motivated after leave	Strongly agree	66	31.1	1.9906	.73498
	Agree	89	42.0		
	Neutral	32	15.1		
	Disagree	15	7.1		
	Strongly Disagree	10	4.7		
leave period provided by the hospital is enough	Strongly agree	60	28.3	1.9481	.76793
	Agree	111	52.4		
	Neutral	33	15.6		
	Disagree	8	3.8		

The Table 4.8 presents the respondents agreement on leave effects on employees. On the statement that health workers feel motivated after leave, a mean of 1.9906 was obtained with a standard deviation of 0.735 and this indicated that most of the respondents agreed. The results coincide with the findings of Dai, et al. (2014) who explain that use of leave programs can be considered as a way towards recovery of commitment to the organization which may have diminished due to fatigue and the self-regulatory depletion that most employees undergo.

The respondents also agreed on the query that leave period provided by the hospital is enough as a mean of 1.9481 with SD of .76793 was obtained. The narratives from the Key Informants Interview did not support these findings because 18 out of 24 informants did not consider leave had positive influence on productivity of health worker in the public hospitals. The Key Informants further indicated that the annual leaves and maternity leaves were the most

commonly utilized work life balance practices and they contributed to the shortage of health workers in clinical care areas and hence contributed negatively to productivity. The study findings were in agreement with Konrad and Mangel's (2000) who found that most of the health workers feel motivated after leave and that their productivity was at the peak.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter presents summary of the study findings and the conclusions arrived at. The chapter also gives recommendations and the suggestions for further study. The discussion is guided by the study objectives.

5.2 Summary of Findings.

The main objective of the study was to establish work-life balance practices that influence the scaling up of health workers productivity in public hospitals in Mandera County. The specific objectives and research questions were set out in the first chapter which also provided the basis of undertaking the study. The study received a response rate of 94% which indicated that the data collected would be reliable for analysis and drawing of conclusions. Majority of the respondents in the study were between 31-40 years followed by those below 30 years. The respondents were composed mainly of males at 51.9% though this indicated even distribution among the gender. Further, on the highest education level of the respondents, 41% had Bachelor's degree education followed by those with Diploma education at 28.3% and this indicated that the respondents were qualified and that information provided would be based on both knowledge and experience. On the period the respondents have been working, the study determined that 41.5% had worked for less than five years followed by those who had worked between 10-15 years at 23.6% and 18.9% cited they had worked between 5-10 years.

5.2.1 Influence of Flexible Working Options on Health Worker Productivity

In regards to the first objective of the study, the study found that majority of the respondents indicated they preferred full time employment indicating that part time and v-time working structures are not favored by the staff which would be as a result of the high education profiles of the employees which demands that the professionals give it a great amount of time as they develop in their careers. The study found that the convenient time for workplace arrival was mostly cited between 8-8.30 am and appropriate time to get out of job between 4.00 p.m-4.30 p.m indicating the recommended scheduling for the public hospitals which would result to employee satisfaction, optimal service delivery and productivity of the health institutions and quality of services provided to the population. The findings also indicate that the health workers have pre-determined convenient time where they can be able to balance their work duties with other personal duties and therefore operate more effectively and be more willing to increase their engagement with the organization once they feel that they are comfortable with the working options.

In regards to the hours workers had worked, majority indicated 50 – 60 hours which is an indication of long working hours which is a result of having a relatively small number of health workers in comparison to the entire population of the county as well as sub-counties which is disadvantageous to the county where the ratio of health workers to the total population is not adequate meaning that the workforce may experience more burnout. The study also found that annual absenteeism without permission as noted by majority of the respondents was found to be mostly between 2 and 10 times. The study also revealed that flexible working options influenced health worker productivity positively at Mandera County public hospitals to a great extent.

The findings also show that family commitments and work obligations are in constant conflict

The findings as well indicate that there is lack of effective work-life balance in the hospitals whereby the health workers indicate that they do not manage to effectively commit and address either work or personal commitments.

This indicates that there is a significant level of dissatisfaction with the working options in the public hospitals in Mandera County whereby health workers feel inadequate to accomplish both work related and family related matters. Organizations that find their staff not being comfortable with the working hours may eventually need to re-assess their flexibility in working options so as to encourage commitment from their employees which may be reducing due to the conflicting demands between family and work. This is especially essential in areas such as Mandera where the culture of the people heavily depends on a strong family structure.

5.2.2 Contribution of Welfare Programs on Health Workers Productivity

In regards to the second objective, the study found that more than half of the respondents were aware of the incentives provided by the hospital and found that this was highly significant in terms of spurring productivity. The study also found that in regards to the benefits accrued from the incentives included an increase in health worker wellness, daily health worker performance and boosted morale indicating the need for organizations to provide incentives to the employees. The study also found that the effects of incentives on productivity it was highly significant and that the main types of incentives provided by their respective hospitals included paid end year party and lower rates for loans.

5.2.3 Influence of Talent Management on Health Workers Productivity

In regards to the third objective of the study, the study established that the hospitals offered training opportunities and development as indicated by majority of the respondents and thus had high potential for spurring productivity and quality in services provided. The study found that the main method of training offered was on-job training while the personnel mostly involved in training were top managers and middle managers. The study also found that the considerations made mostly on promotion or a transfer by the hospitals include on the job experience and the educational level. In regards to the advancement of a health worker's rank involvements, it was established that it involved mostly fringe benefits, designation and salary increments.

5.2.4 Influence of Leave Programs on Health Workers Productivity

The study established that all of the employees were entitled to annual leaves as is the statutory requirement by the labor office and noted that the main forms of leaves provided by the public hospitals included maternity, and paternity, and sick leave as well as study leave. On the influence of leave programs on health worker productivity, it was established that it was highly significant while majority view was that health workers feel motivated after leave. The respondents also agreed on the query that leave period provided by the hospital is enough and strongly agreed that flexible working options, health worker welfare programs, talent development and leave programs influenced positively the health workers productivity in public hospitals in Mandera County.

5.3 Conclusions

The study concludes that the various work-life balance strategies such as flexible working options, health worker welfare programs, leave programs and talent development determine the

healthcare workers' productivity at Mandera County public hospitals. These strategies were there but not implemented to 100%. Hospitals should implement these strategies to full scale in order to spur or scale up their employees' productivity.

Flexible working options for healthcare workforce are found to be crucial for good performance in productivity and found to be present in all public hospitals in Mandera County but not implemented to full scale due low number of health workers in the County. There is a significant correlation between health worker job performance and the flexibility in working hours in the hospital.

Leave programs such as annual leaves, study leaves and maternity leave were found to play a critical role in enhancing productivity especially after leave indicating that there is a very strong relationship between annual leaves and health workers job performance.

The study also finds that talent development is crucial for the motivation of health care professionals in productivity as there was a positive correlation between productivity and talent development. The study found that there were no active CMEs in all the public hospitals for talent development. Other talent development strategies such as on job training, workshops and seminars are there but not to the required standards.

Health worker welfare programs such as incentives, fringe benefits, and financial returns were evident in the Mandera County public hospitals. Programs on employee well-being such health risk and infection prevention and control were missing.

The study therefore concludes that, flexible working options, health worker welfare programs, talent development and leave programs that are the variables under study are positively significant for the health workers' productivity at Mandera County Public Hospitals.

5.4 Recommendations

The study explored how work life balance practices contributes to scaling up health workers productivity in public hospitals in Mandera County. Based on the findings of this study, it is recommended that Mandera County hospitals upgrade the health workers well-being programs as this would increase the productivity of the health workers. Employers should incorporate health promotion policies as part of their work-life balance policies. Continuing Medical Education (CME) is a vital component of talent development for health workers. Active CMEs should be put in place for all the public hospitals in Mandera County. All public hospitals in the County should implement the existing work life balance strategies to full scale in order to spur or scale up their employees' productivities. The county government should implement security risk allowance in their health workers' welfare programs to promote attraction and retention of health workers in the county public hospitals to contain health worker shortages in the working area.

5.5 Recommendations for Future Research

The researcher recommends that the same research study can be done in other Counties to ascertain if the same results would be achieved. There is also need to carry out research on strengthening health systems in Mandera County and how do the work life balance practices that influence health workers productivity in the county as well as finding out what influences productivity in rural and hard to reach areas such as Mandera County.

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APPENDICES

APPENDIX 1: CONSENT FORM

My name is Abdikadir Khalif Ibrahim. The aim of this interview is to help me in completing my research on Work-Life Balance Practices for scaling up Health Workers Productivity in Public Hospitals in Mandera County. This is part of the requirements from Kenya Methodist University for the award of the Master of Science Degree in Health System Management. I wish to request for your voluntary and honest opinion in regard to this study topic. The interview will take 45 minutes. Kindly assist with relevant information. Feel free to ask for clarification where the question is not clear. Thank you for your time and patience

- You are free to choose either to participate or decline to participate.
- There will be no payment for those who choose to participate.
- Information given will be treated with utmost confidentiality and will be used for the purpose of the study only.
- No names will be used to identify you and the information gathered will help enhance better understanding of the study topic.
- You may refuse to answer any question or withdraw from the study at any time.
- Please sign below to show you agree to participate in this study.
- There will be no alteration of data during analysis and after the study; the researcher will give feedback to the hospital (on request) for necessary action.
- These ethical clearances will be sought to contribute to safeguarding the dignity, rights, safety and wellbeing of all potential research participants.

Having read and understood the above information and that the study is voluntary, confidentiality and anonymity are guaranteed, I do hereby accept to participate in this research study.

Participant's sign.....

Date.....

Principal researcher's sign.....

Date.....

APPENDIX 2: STRUCTURED QUESTIONNAIRE

Dear respondent, the aim of this interview is to establish work-life balance practices for scaling up health workers productivity in public hospitals in Mandera County. The information given here will be treated as private and confidential and will be used for academic purposes and to inform the relevant stakeholders on issues pertaining to work-life balance practices for scaling up health workers productivity. The interview will take 45 minutes. Kindly assist with relevant information. Feel free to ask for clarification where the question is not clear.

Please tick or write the appropriate response in the space provided. You are kindly requested not to write your name anywhere on this questionnaire.

SECTION A:

Demographic profile

1. What is your age bracket?

- | | | | |
|----------------|-----|-------------|-----|
| Below 30 years | () | 31-40 years | () |
| 41-50 years | () | 51-60 Years | () |
| 60 and above | | | |

2. What is your gender?

- | | | | |
|------|-----|--------|-----|
| Male | () | Female | () |
|------|-----|--------|-----|

3. What is your marital status?

- | | | | | | |
|------------------|-----|----------|-----|-----------|-----|
| Single | () | Married | () | Separated | () |
| Widow or widower | () | Divorced | () | | |

4. What is your highest academic qualification?

- | | | | | | |
|-------------|-----|---------|-----|-------------------|-----|
| Certificate | () | Diploma | () | Bachelor's degree | () |
|-------------|-----|---------|-----|-------------------|-----|

Master's degree () PHD ()

5. How long have you been working at this organization?

Less than 5 years () 5-10 years ()

10-15 years ()

More than 15 years ()

SECTION B: Flexible working options

6. Which mode of working would you prefer?

Full time health worker () Casual laborer () Part time ()

7. What time is convenient for you to arrive at the job?

Between 7-7.30 A.m.

Between 8-8.30 A.m.

9. A.m. ()

8. What do you think is the appropriate time to get out of job for home?

4. P.m.- 4.30 p.m. ()

5.00 p.m-5.30 p.m. ()

6.00 p.m. ()

9. How many hours do you work in a week?

Less than 50 hours () 50 – 60 hours () 60 – 70 hours ()

70 – 80 hours more than 80 hours

10. Please indicate the extent to which you perceive that the following statements apply by indicating with a “√” in the appropriate box

Key

1- Strongly agree

2- Agree

3- Uncertain

4- Disagree

5- Strongly disagree

The time I must devote to my job keeps me from participating equally in household responsibilities and activities	1	2	3	4	5
I have to miss family activities due to the amount of time I must spend on work responsibilities					
The time I spend on family responsibilities often interfere with my work responsibilities					
The time I spend with my family often causes me not to spend time in activities at work that would be helpful to my career					
My work keeps with away from family activities more than I would like					

11. How many times have you been absent from work in a year without permission from your employer?

Less than 2 times ()

2 – 5times ()

6 – 10 times ()

More than 10 times ()

12. What can be your rating on the influence of flexible working options on health worker productivity?

Very high ()

High ()

Average ()

Low ()

Very low ()

SECTION C: Health worker welfare programs

13. Does the hospital give incentives to its health workers?

Yes ()

No ()

Not Sure ()

14. What are the benefits of incentives to a health worker?

Boost morale ()

Increase health worker wellness ()

Drive daily health worker performance ()

15. What type of fringe benefits does your organization have for their health workers?

Subsidized fitness facilities ()

Individual insurance cover ()

Group insurance cover ()

Health worker family insurance cover ()

16. Which type of awards does your organization have?

Health worker of the year ()

Departmental ()

Long stay with the hospital ()

others specify

17. What type of financial returns does the organization offer its health workers?

Paid tour ()

Education subsidies ()

A lower rate for loans ()

Paid end year party ()

Others specify

18. What can be your rating on the influence of health worker welfare programs on health worker productivity?

Very high ()

High ()

Average ()

Low () Very low ()

SECTION D: Talent development

19. Does your organization offer training and development to health workers?

Yes () No () Do not Know ()

20. Which methods of training are offered in your organization?

Off-job training () On-job training ()

21. Which personnel are involved in training in your organization?

Top managers () Middle managers ()

Line managers () External trainers ()

22. What does your organization consider most when giving a promotion or a transfer to a health worker?

On the job experience () Educational level ()

Age of the health worker () Health worker performance ()

Marital status ()

23. What does advancement of a health worker's rank in a health sector hierarchy system involve?

Designation () Salary increments ()

Fridge benefits () Type of job activities ()

Increased work load ()

Reduced work load ()

24. What can be your rating on the influence of talent development on health worker productivity?

Very high ()

High ()

Average ()

Low ()

Very low ()

SECTIONE: Leave programs

25. Are you entitled to an annual leave?

Yes ()

No ()

Not Sure ()

26. What other forms of leaves are you entitled to?

Maternity leave ()

Paternity leave ()

Sick leave ()

Study leave ()

All the above ()

Others specify

27. Health workers feel motivated after going for leave. To what extent do you agree with this statement?

Strongly agree ()

Agree ()

Neutral ()

Disagree ()

Strongly disagree ()

28. The leave period provided by the hospital is enough to handle the family and personal issues.

To what extent do you agree with this statement?

Strongly agree () Agree () Neutral ()

Disagree () Strongly disagree ()

29. What can be your rating on the influence of leave programs on health worker productivity?

Very high () High ()

Average () Low () Very low ()

APPENDIX 3: KEY INFORMANTS GUIDE

Dear respondent, the aim of this key informant interview guide is to establish work-life balance practices for scaling up health workers productivity in public hospitals in Mandera County. The information given here will be treated as private and confidential and will be used for academic purposes and to inform the relevant stakeholders on issues pertaining to work-life balance practices for scaling up health workers productivity. The interview will take 30 minutes. Kindly assist with relevant information. Feel free to ask for clarification where the question is not clear. As a key informant please give appropriate responses to the questions in this interview guide.

Flexible working options

1. What is your take on the influence of flexible working options on health worker productivity?

2. What strategies can be put in place apart from the current ones to improve health workers current working options?

Health worker welfare programs

3. Does the hospital give incentives to its health workers?

4. What are the benefits of incentives to a health worker?

5. What type of fringe benefits does your organization have for their health workers?

6. Which type of awards does your organization have?

7. What type of financial returns does the organization offer its health workers?

8. What can be your rating on the influence of health worker welfare programs on health worker productivity?

Talent development

9. Does your organization offer training and promotion to health workers?

10. Which methods of training are offered in your organization?

11. Which personnel are involved in training in your organization?

12. What does your organization consider most when giving a promotion or a transfer to health worker?

13. What does advancement of a health worker's rank in a health sector hierarchy system involve?

14. What is your take on the influence of talent development on health worker productivity?

Leave programs

15. Are health workers entitled to an annual leave?

16. What other forms of leaves are they entitled to?

17. Do Health workers feel motivated after going for leave?

18. Is the leave period provided by the hospital enough to handle the family and personal issues?

19. What is your view on the influence of leave programs on health worker productivity?

THANK YOU



MANDERA COUNTY GOVERNMENT
P.O. BOX 13 – 70300, MANDERA, KENYA. TEL 046-2104000



REF: MOH/HR/PERMIT/2/01/2016

24th January, 2016.

To:

Sub-county health officer- Mandera East, Mandera North, Lafey, Mandera South,
Mandera West and Banisa sub-counties.

**RE: ABDIKADIR KHALIF IBRAHIM REG NO: HSM-3-0954-3/2013. KENYA METHODIST
UNIVERSITY.**

This is to inform you that the above named has been permitted to carry out his
thesis research in MCRH, Rhamu, Lafey, Banisa, Elwak and Takaba sub-county
referral hospitals.

You are therefore requested to accord him the necessary assistance during his
data collection from the health workers and the management of these
hospitals.

Regards

Dr. Abdi Maalim Issack
County Director of Health Services.
Mandera County



KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: INFO@KEMU.AC.KE

21ST JANUARY, 2016

Abdikadir Khalif Ibrahim
HSM-3-0954-2/2013
Kenya Methodist University

Dear Abdikadir,

SUBJECT: ETHICAL CLEARANCE OF A MASTERS' RESEARCH PROJECT

Your request for ethical clearance for your Masters Research project titled "Work-life Balance Practices for Scaling up Health Workers Productivity in Public Hospitals Kenya: A Case of Mandera County." has been provisionally granted to you in accordance with the content of your project proposal subject to tabling it in the full Board of Scientific and Ethics Review Committee (SERC) for ratification.

As Principal Investigator, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the project.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the SERC for re-review and approval prior to the activation of the changes. The Proposal number assigned to the project should be cited in any correspondence.
3. Adverse events should be reported to the SERC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for SERC review. The SERC and outside agencies must review the information to determine if the protocol should be modified, discontinued, or continued as originally approved.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file.

The SERC may conduct audits of all study records, and consent documentation may be part of such audits. -

5. SERC regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the SERC in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion will result in termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

Please note that any substantial changes on the scope of your research will require an approval.

Thank you,

Dr. Wanjachi

For: Chair, SERC

Cc: Dean, RD&PGS

