# HUMAN RESOURCE MANAGEMENT PRACTICES INFLUENCING PERFORMANCE OF NURSING OFFICERS IN NYERI COUNTY, KENYA

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# DECLARATION

*"This thesis is my original work and has not been presented for a degree or any other award in any other university."*


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# DEDICATION

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# ABSTRACT

Various organizations employ different human resources initiatives in order to increase efficiency. The most common initiatives employed to improve efficiency include performance contracts, internal contracting, contracting-out and outsourcing of services among others. Employing such initiatives are considered among the primary HRM practices, which are aimed at determining the equilibrium between workforce supply and the ability of healthcare practitioners to practice effectively and efficiently to ensure improved and quality care in healthcare systems. This study deliberated on HRM practices that influence the performance of nursing officers at Nyeri County, Kenya. The explicit objectives of this study were to determine how recruitment affects the performance of nursing officers, to examine how training influences performance of nursing officers, to determine the influence of deployment practices on the performance of nursing officers, and to determine the influence of motivation on the performance of nursing officers. The study targeted nursing staffs and managers in Nyeri County public health institutions and at the County Director's Office. A stratified sample of 248 was selected and surveyed. Data was collected using self-administered questionnaire. Descriptive and inferential statistics using statistical package for social sciences SPSS 23 was conducted. The researcher found that recruitment processes in Nyeri County comprised of internships (f=109, 44%) and field placements (f=82, 33%). Selections were made via individual interviews (f=225, 91%) while job orientation (f=237, 96%) was the main orientation technique. Through the study, the researcher found that training of nurses was conducted but there was a limitation in the diversity of approaches used. Results showed indicate that on the job training (f=156, 63%) training courses (f=70, 28%) were the major approaches of training. The researcher found that there were gaps in the deployment practices with mean value of 2.73, SD=1.132. Deployment in some departments was deemed as disciplinary action (M=3.09, SD=1.325) and managers response to deployment needs per department or ward or facility (M=3.07, SD=1.218) were rated to moderate extent. The researcher also found that motivation of nurses was not well done with a mean of 2.84, SD=1.090, and there were no upgrading and promotion opportunities (M=1.81, SD=1.133) for nurses in the county. There was a moderate performance of nurses with a mean value of 3.75, SD=1.100. Chi-square analysis showed that training ($\chi2$= 34.500, df=12, p=0.001) and motivation ($\chi2$ = 28.860, df=16, p=0.025) were significant at 95% confidence level. All the Cramer's V values were positive indicating that HRM practices enhance performance. The Cramers' V values show that motivation (v=0.473) was the most influential factor followed by training (v=0.422). The researcher concluded that unsatisfactory performance of nurses is due to inadequate training and lack of motivation. The researcher therefore recommended that training programs in the health sector should be reviewed in order to employ more techniques in the training of nursing officers in service. In addition, motivation approaches and techniques used in the health sector should be overhauled as they are not effective. In particular, remuneration of nursing staffs who have upgraded should be reviewed according to human resources policy.

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# ABBREVIATIONS AND ACRONYMS

**ASHP :**        American Society of Health-System Pharmacists

**BSN** :        Bachelor of Science in Nursing

**CD** :        Career Development

**COIs** :        Clinical Officer Interns

**DPR** :        Doctor to population ratio

**HRD** :        Human Resource Development

**HRH** :        Human Resources for Health

**HRM** :        Human Resource Management

**HSC** :        Heath Sub-Centers

**KHP** :        Kenya Health Policy

**MNCH:**        Maternal, Neonatal, and Child Health

**MOIs :**        Medical Officer Interns

**NCADP:**        Nyeri County Annual Development Plan

**NCIDP**:        Nyeri County Integrated Development Plan

**NPR** :        Nurse to population ratio

**NPs** :        Nurse Practitioners

**RBV** :        Resource Based View

**WHO :**      World Health Organization

# CHAPTER ONE: INTRODUCTION

## 1.1 Background to the Study

Most developing countries across the globe have regularly recorded unacceptably low health outcomes. Besides, these countries experience long-standing deep inequities in healthcare outcomes across the world compared to developing countries (Vermeeren et al., 2014). The developing countries can only manage to secure improved health outcomes by building and strengthening their health systems. Hyde, Sparrow, Boaden and Harrisa (2013) indicates that a single framework with six building blocks is important to encourage a unified understanding of what the health system entails and what makes up health systems strengthening. Building blocks in healthcare include service delivery; health human resource; health information; medical products, vaccines and technologies; health financing; and leadership and governance (stewardship). It can therefore be argued that a country can achieve its health goals in the presence of factors including skills, knowledge, deployment and motivation of those responsible for delivering health services. Studies show that there is a direct and positive relationship between the health workers' population and population health outcomes. However, while this is true, most nations lack the necessary human resource to deliver basic healthcare services.

Health system strengthening encompasses building the capacity of individuals and institutions to achieve increased equitable and continuous improvements across health services and health statistics (Patterson et al., 2010). In order for health systems to be strengthened, integrated approaches that recognize the interdependence of every section of the health system are pivotal. The building blocks provide us with a means of identifying and addressing gaps in our health systems (McAlearney et al., 2011).

Healthcare providers, support workers and health management all form part of the health workforce. Essentially healthcare workforce includes all personnel who are engaged if delivering healthcare services to individuals. A healthcare workforce is considered successful and productive when they are able to work in responsible, fail and efficient to achieve the most excellent health indicators, within the available inputs (resources) and circumstances. That is, there are equitably spread and sufficient healthcare staffs; competent, responsive and productive (Berta et al., 2018). Human resources, in the healthcare sector include clinical and supportive personnel, which are responsible for individual and public health interventions. These individuals provide quality care services to individuals and the public (Cogin, Ng & Lee, 2016). According to Hamidi et al. (2017), the knowledge, skills and motivation possessed by healthcare professionals together with the balance between the human and non-human physical resources provide the basis for the health system inputs.

Effective management of human resource aspect in healthcare is vital to ensure delivery of effective, efficient and quality care services as well as to achieve patient satisfaction (Elarabi & Johari, 2014). Moreover, maintaining an appropriate blend of healthcare services and among various health professionals including health marketers and caregivers promotes system's success and increased productivity. It is crucial that human capital be handled and managed in different ways from physical capital owing to their obvious differences. It is also important to note the significant increase of healthcare consumables such as disposable equipment, drugs and prostheses, which might have an overall impact on the healthcare costs. Healthcare consumables have a direct relationship with healthcare costs such that an increase in healthcare consumables causes an increase in healthcare costs. For instance, a healthcare professional that lacks adequate tools is considered inefficient and can be likened to a situation where there

are adequate tools without the practitioner. In most cases, it is challenging to recruit and maintain effective healthcare workers in public facilities owing to high expenditures in the area.

The most common initiatives employed to improve efficiency include performance contracts, internal contracting, contracting-out and outsourcing of services among others. Employing such initiatives are considered among the primary human resource management (HRM) practices, which are aimed at determining the equilibrium between health workforce supply and the necessity of healthcare practitioners to practice in effective and efficient ways to ensure improved and quality care in healthcare systems (Patterson et al., 2010). However, it can be deduced that a single or uncoordinated human resource interventions are less likely to bring about improvements compared to strategic packages. Human resource initiatives should be implemented with the primary objective of achieving balance of human resource supply and the ability of healthcare professionals to practice efficiently and effectively in both government and private paid systems. Studies have identified the following as some of HRM best practices; job security, selective hiring, team working, increased compensation contingent on healthcare organization performance, substantial training, limiting in status difference, and feedback to confer competitive advantage to a healthcare organization.

There are various challenges inherent in the public health systems including the capability to deploy and preserve the required number and skill variety of staff across the whole system. Thi et al. (2017) indicates that the contemporary organization of Vietnamese district health services might have faced diverse unintended consequences. The research further reveals that countries opting to reform their health systems similar to those of Vietnam should focus on coordination between multiplicities of agencies at

the district level. According to Pallikadavath et al., (2013), in India, 'Within state' inequality was 71% whereas 'between state' inequality was 29% explaining the overall inter health sub-centers (HSC) inequality. The study indicated that the Northern states had a lower health worker share relative to the extent of their HSC provision.

Further healthcare organizations in African developing countries have recorded major workforce problems while at the same time having to address extremely increased burdens of disease. This fact therefore indicates that effective health workforce management is of vital interest in these organizations (Gile, Buljac-Samardzic & Klundert, 2018). Uneke et al. (2017) in their research reveal that factors such as insufficient infrastructure and poor compensation rates, a substantial number of physicians, nurses and other health professionals are lured away to highly industrialized countries in search of satisfying and lucrative job opportunities.

Another major issue relates to brain drain, which leads to the challenge of unbalanced geographical spread of professional health care workers. This issue has been identified as a major cause of disproportionate distribution of healthcare professionals in metropolitan areas. Naicker, Eastwood, Plange-Rhule and Tutt (2010) point out that healthcare professionals in less developed areas often depict motivational issues at the workplace, which are reflected in various circumstances, however, these are mostly manifested through factors such as absenteeism, incorrect patient examinations, failure to attend to patients on time and failure to observe reporting time.

Perhaps the most discouraging part of the human resource for health (HRH) issue is the intractable nature of it. Miseda et al. (2017) indicates that the HRH crisis across the region is not uniform and therefore, it would be a grave mistake to develop a one size-fit-all solution to the problem. In a study conducted by World Health Organization

(WHO), the authors use the DPR to measure the severity of HRH in a country. The doctor to population ratio is used because doctors possess a specific skill set that cannot be easily substituted. Despite severe shortages in other health professions, the doctor-to-population ratio serves as a proxy for HR capacity in national health systems (Labonte et al., 2015).

The HRH deficit (DPR-WHO) is calculated as the number of doctors divided by the number of doctors needed to meet the WHO target of one doctor for every 5,000 people (O'Donovan et al., 2018). For example, if a country has 2,500 doctors but needs 5,000 to meet the WHO target, its DPR-WHO mark is 0.50. Swaziland has a ratio of 0.92, which means that Swaziland meets 92 percent of its WHO standard. According to this measurement, the 43 Africa countries are grouped into stable, pressing and urgent categories relative to their HRH shortage (Nagai, Fujita, Diouf & Salla, 2017).

Kenya, like most developing countries in Africa, also experiences low numbers of healthcare professionals. Per the world health organization, Kenya is considered one of the countries that have a critical scarcity of health workforce. The scarcity is evidently inferior in remote areas where, as noted by Transparency International in 2011, under-staffing levels were between 50 and 80 percent at the former provincial and remote health facilities.

Nyeri County as one of the devolved units has the best health services in Kenya according to Commission on the Implementation of the Constitution. Nyeri County with a population of 832,877 has 10 level 4- 6 hospitals and 401 health centers, dispensaries and private clinics (Levels 2-3) both public and private sectors (KHP 2014-2030). On healthcare staffing the proportion of nursing officers to general public is 1: 654 compared to the national average of 1: 2,054, whereas the ratio of medical officers

to the population is 1: 5,000 in comparison to nationwide average of 1: 25,000.Infrastructure wise, Nyeri County is well connected in terms of roads, electricity and piped water. The community spread by distance to the nearest Healthcare facility statistics show that; 24.8% travel 0-1km; 63.2% travel 1.1-4.9km, and 10% travel 5km and above (NCIDP 2013-2017). Despite this stability, the county still suffers serious health crises. This include recurrent health workers strikes due to issues of inadequate healthcare staff, healthcare staff remunerations, poor healthcare staffing, delayed salaries, lack of drugs and poor leadership and governance.

The 2010 Kenyan constitution highlights an overarching legal system, which spell out a wide-ranging rights-based approach to healthcare service delivery. The constitution spells out that each citizen possesses the right to receive the maximum possible form of health that includes reproductive health privileges. Devolution of health services to county level as per the Kenya Constitution 2010 has had a unique challenge to the medical systems. Since its inauguration, counties have experienced massive misappropriation of funds and numerous strikes by health workers affecting service delivery to Kenyan citizens. In the year 2016, the health sector suffered over 20 strikes January to October 2016. The efficiency and effectiveness of health services has suffered a big blow especially in the public sector.

Further in its 2030 vision, the country has spelled out a sustainable development blueprint, whose major objective is to create a worldwide competitive and successful nation and whose aim is to change the nation into a new industrialized, middle income nation that provides high worth of life to all its people in an environment that is clean and secure by the year 2030". To achieve this goal, the health sector has spelled out precedence reforms and flagship programs and projects, which include streamlining

healthcare leadership and governing mechanisms, as well as enhance procurement and accessibility of basic (essential) health products and technologies.

The Kenya Health Policy 2014 – 2030, along with Chapters 6 and 12 of the Kenyan Constitution 2010, highlight the principles and values that govern all the branches of the state and officers while delivering services to citizens. While implementing this policy, it is important for healthcare professionals to embrace equity in distributing healthcare services and measures; unrestricted participation, where a person-centered strategy and social culpability in planning and performance is highly encouraged, besides the multi-disciplinary style in the overall development planning; efficiency in presentation of health technologies; and common beneficial deliberations and cooperation among national and county governments and among county governments.

## 1.2 Statement of the problem

To attain a qualitative and robust healthcare delivery, a qualified and motivated human resource is necessary. Besides, it is vital to understand the constraints and difficulties faced by health leaders in order to achieve efficient and effective leadership of health care services (Kumar & Khan, 2013). HRM practices have remarkable impact on healthcare organizational performance. Nevertheless, unfortunately, insufficient quantity of studies has been steered in this area in the aspect of health care workers and health systems. According to McAlearney *et al.* (2011), some of the concerns of utmost importance to health HRM comprise size, composition and distribution of the healthcare professionals, health human resource training issues, relocation of health workers, level of financial development in the country and socio-demographic, geographical and cultural dynamics, health workforce environment and performance.

The Kenyan government recognizes health sector as a basic need and one of the pillars of vision 2030. In consequence, the government places high priority on the provision of quality care services (Kimathi, 2017). County governments have been vested the power to develop models and designs which go well with distinctive structures in the health sector (Makhamara, Waiganjo & Kwasira, 2016). However, human resources crisis still is a major challenge with less than 50% of available healthcare staff serving rural and marginalized population. Within the country and counties there have been several health healthcare staffs strikes largely due to the issues of HRM practices.

In Nyeri County, healthcare workers (HCWs) cite that during the strike operations of the hospital are paralyzed. The management also cites that forming high performing teams is a big challenge due to the training and nature of the health sector. According to the Nyeri County health workforce establishment 2017/2018, there are 1,708 health workers in public facilities. This comprises of 826 nurses, 254 public health officers, and 100 medical officers to mention the most prevalent in order of priority. According to the exit summary, there has been a mixed trend; in the year 2013-2014, 33 HCWs exited; 2014-2015, 70 HCWs exited; 2015-2016, 31 HCWs exited; 2016-2017 43 HCWs exited, and 2017-2018, 49 HCWs exited. This leaves MOIs, BSN Interns, COIs and diploma nursing and clinical medicine students at the mercy of service delivery to clients. Unfortunately this lasts only for a short duration per the nature of rotation schedules leading to many challenges among the HCWs and clients. Developing and using best human resources practices can be a source of addressing this challenges. This study therefore, sought to find out HRM practices influencing performance of nursing officers at Nyeri County, Kenya.

## 1.3 Objectives of the Study

### 1.3.1 Broad objective:

The major resolve of this research was to find out HRM practices influencing the performance of nursing officers in Nyeri County, Kenya.

### 1.3.2 Specific objectives:

The study was based on the following explicit objectives;

    i.       To determine how recruitment affects the performance of nursing officers, in Nyeri County, Kenya.

    ii.      To establish the influence of training on the performance of nursing officers, in Nyeri County, Kenya.

    iii.    To determine the influence of deployment practices on the performance of nursing officers, in Nyeri County, Kenya.

    iv.    To determine the influence of motivation on the performance of nursing officers, in Nyeri County, Kenya.

## 1.4 Research Questions

In addressing the objectives, the study sought to answer the following specific questions;

    i.    What effect has recruitment of nursing officers have on performance of nursing officers, in Nyeri County?

    ii.    What influence has training on performance of nursing officers, in Nyeri County?

iii. What influence has deployment practices have on performance of nursing officers, in Nyeri County?

iv. How does motivation influence performance of nursing officers, in Nyeri County, Kenya?

## 1.5 Justification of the Study

This study analyzed the effect of the HRM practices in the health sector. This therefore shed light regarding practices that ensure the healthcare staff are adequately allowed to give their services effectively affecting the performance of the hospital. The study findings therefore enable the stake holders determine the main issues in health care provision about the management of healthcare staff relationship, and send light on improving the health workforce and strengthening the health systems.

## 1.6 Limitations of the Study

Limitations are factors outside the researcher's control that are likely to hamper the study. In this proposal, the researcher had no control for the bias response of the respondents. Further, the existing relationship might not be as a result of causal relationship. Finally there was a research gap pertaining to HRM practices influencing the performance of nursing officers in Kenya. No research of this magnitude had been conducted at Nyeri County.

## 1.7 Delimitations of the Study

Delimitations entail the researcher's choices that describe the boundaries defining the study. The study was performed in Nyeri County, Kenya. This study targeted nursing officers in Nyeri County health facilities and County Director's Office wherein it was restricted to nursing officers in authority that is, nurse managers, ward in-charges, and

qualified ward nurses with a minimum of 1 year experience (for those past internship for BSN). The theoretical framework of the study was limited to Human capital, Resource-based, and Job design theories. Finally, the purpose of quantitative study was limited to HRM practices influencing performance of nursing officers in Nyeri County, Kenya.

## 1.8 Significance of the Study

Findings from this study might help the national and county governments on policy formulation on the HRM practices influencing performance of HCWs to improve health. It might help sensitize health care managers and health systems administrators' specific HRM practices affecting service delivery in health. Through the study, knowledge creation on management factors influencing effective service delivery in counties shall be manifest. This will aid capacity build health systems managers in the devolved health systems. Effective human resource use will further increase utilization of health services thus improving the health status of citizens increasing county and national productivity. The study might enhance the social wellbeing of people and communities in societies through improved service delivery to clients and increased uptake of healthcare services.

## 1.9 Operational definition of terms

**Effectiveness:** Effectiveness according to this study refers to the level in which health facilities are successful in providing quality health services.

**Health System**: Refers to all organizations, human, non-human resources, and actions whose basic role is promoting, preventing and restoring or sustaining health.

**Health systems strengthening**: It refers to enhancing the six health system building blocks and handling their interaction in strategies that realize increased equitable and sustained developments through health indicators.

**Health workforce:** Refers to the health service providers (medical officers, nursing officers, clinical officers, nutritionists, health records officers, counselors, etc.), health administrators and support workers.

**HRM Practices**: It refers to the role of recruiting, training, deploying, and motivation of staffs in service delivery

**Influence:** In this study, influence was used to mean to have effect on the variables either positively or negatively.

**Nursing officer:** In this study, it refers to the trained scientific tenet of nursing who is licensed to offer holistic nursing care.

**Organizational performance**: Refers to a critique an institution's performance in relation to its strategic objectives.

**Performance**: Refers to the completion of a given task in relation to aspects such as set criteria of correctness, extensiveness, cost effective and timeliness.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

This chapter describes key concepts of routine service delivery and discusses the factors influencing performance of health human resource. The theoretical framework is then described followed by an illustration of the conceptual framework.

### 2.2 Empirical Review

This section focuses on the studies done by other researchers. It is organized into sub-sections namely an overview of performance of health workforce in service delivery; recruitment of healthcare workers; health workforce training; deployment of healthcare workers; and motivation of health care professionals.

### 2.2.1 Performance of HRH to service delivery

Health workforce is regarded the most vital asset in strengthening healthcare system. Human resource in health consume a considerable share of resource allocation. A reliable and timely human resource plays an essential role in supporting the formulation, monitoring and assessing healthcare policies and strategies at both local and global levels. Human Resources in healthcare is composed of clinical staff; including pharmacists, nurses, physicians and dentists among others as well as support staff and the management (McAlearney et al., 2011). Statistics show that the worldwide scarcity of health workers is approximately 2.3 million physicians, nurses and midwives, while other workers are over 4 million. There exist regional discrepancies among sub-Saharan Africa countries which require approximately 140% increase of health professionals to address the workforce challenge in healthcare. Studies show that there is a statistical relationship between the burden of disease and health worker

density, which is represented in terms of Disability Adjusted Life Years (DALYs) (Castillo-Laborde, 2011). However, it has been found that increasing human resource in healthcare may give rise to various benefits including providing quality care to families and individuals. In addition, more investments in healthcare human resource will enhance enjoyment of basic human rights; and in this regards therefore, it can be argued that health workforce is an element of economic growth and social justice in addition to being a health issue (Berta et al., 2018).

Based on the research by Elarabi & Johari (2014), human resources management greatly influences healthcare quality since it consists of all professionals who are engaged in enhancing health. Additionally, studies show that the HRM aspect is crucial in attainment of health aims as well as career development of hospital staff through provision of regular training programs to improve the quality of healthcare services. Success in healthcare sector can be achieved by having a robust, inspired and exceedingly trained health professionals. Owing to the significance of HRH in the health sector, healthcare organizations and contemporary hospitals should strive to identify other approaches for successfully practicing human resource function. Bejtkovský, (2017) study deliberated on the contemporary selected trends on specific in HRM in healthcare workers in the Czech Republic. The study aimed at identifying and evaluating these trends in specific healthcare workers by staff management specialists (HR managers) in the Czech Republic. The research findings indicated differing levels of awareness and disparities.

The human resource management function in Kenya can be looked at through three broad perspectives and their impact on performance in service delivery: availability of qualified health workforce in delivering worthwhile health care services at the entire

levels of service delivery; equal spread of healthcare workers across the nation regardless of the nature of the physical and social determinants; and delivery of quality health care services guided by solid pillars of performance management, reimbursement and sensitivity to essential human necessities that enable service delivery in punitive environments (Kimathi, 2017).

According to Makhamara et al. (2016), there are various challenges facing the Kenyan human resource in healthcare. Research reveals that human resources in health quotients in Kenya have not attained the World Health Organization (WHO) set criteria. For instance, the staffing levels in Kenya are still below the recommended WHO levels. The WHO recommended staffing thresholds for essential health professionals such as doctors, nurses and midwives is 2.3 per 1000 population relative to Kenya's 1.5 for every 1000 population. In the year 2008, the Ministry of Health filled 33,317 vacancies out of the sanctioned required number of 47,247. This represents an total vacancy level of 29% as equated to 2006 where 35,627 vacancies were filled out of staff establishment need of 44,8135 . This deviation was attributed to increased retirement, which causes attendant instability in equitable spread of essential health care professionals especially in public facilities.

To improve HRH performance, Kenya has been on the forefront to introduce functional improvements in care delivery and ensuring that all people receive quality health care (Kamau, Osuga & Njuguna, 2017). To address this, in the year 2009, the Kenyan government introduced the first National Human Resources for Health Strategic Plan 2009-2012, whose major outcomes include recruiting quality health workers in postings and equitable distribution; improving motivation and determination of health workforce at all service delivery points; enhancing institutional and health workforce output;

strengthening HRD structures and practices and, strengthening human resource management.

## 2.2.2 Recruitment

Recruitment can be explained as the process that entails active seeking out right candidate to hire for a specific job, which can be within or outside the organization in a timely and profitable way (Selase, 2018). Recruitment procedure entails scrutinizing job specifications, encouraging potential candidates to apply for the job, sorting out and short listing potential candidates, selecting the best candidate, employing, and blending the new staff to the institution (Ashraf, 2017). Recruitment practice can be further described as a process by which a health organization tries to find applicants and encouraging potential employees to apply for the job. On the contrary, selection is the activity by which a healthcare organization recognizes the respective candidates by the knowledge, skills, abilities, together with other attributes vital to the success of an organization (Broyles et al., 2011). The primary goal of the whole recruitment procedure is to obtain most qualified healthcare personnel at a minimal cost and who can satisfy the human resource needs of an organization. According to Omolo, Oginda & Oso (2012), recruiting right individuals for a job provide the starting point to ensuring quality care; however, an organization requires a range of varied human resource infrastructures that are determined to build and facilitate a sustainable and committed workforce.

Once there is a vacancy in the organization, employers would always be determined to recruit the best employee based on the position they are trying to fill. Job seekers on the other hand will do all they can to gather information about the available job offers. Since they cannot obtain the full knowledge about the job and all options and their latent

attributes, they always depend on inadequate indicators existing in the market (Chan & Kuok, 2011). It has become a common trend that healthcare organizations in dire need to fill a vacant position ready to go through the recruitment and selection, often use discriminating ways of analyzing the suitability of candidates. On the other hand, healthcare organizations that follow the recruitment and selection process mostly use search channels to find the best employees (Mulaa, 2015). The lengthy recruitment process is considered as a significant bottleneck in the immediate requirement of filling up the existing vacancies (Kumar & Khan, 2011). Further, Chan & Kuok (2011) argue that an instance where recruitment costs are high, healthcare organizations tend to become more discriminating hence increasing overall employee turnover.

For the recruitment process to be successful, proper planning and prediction are crucial. Here in the healthcare staffing process, a healthcare organization devices a plan of finding the right candidate for the job or to do away with upcoming job vacancies based on inquiry of the upcoming assessment needs, the talent obtainable within and outside of the healthcare organization, and the present and future resources that can be considered to attract and retain the specific talent (Badubi, Ogbu & Remilekun, 2017). Further, the triumph of recruitment procedure is based on strategies put in place by healthcare organizations and the preparations made to identify, select and employ the right candidate for growth and development of its health workforce. Healthcare facilities seeking to recruit candidates for basic level entry job opportunities mostly require minimum professional qualifications and experiences (Newton et al., 2015).

As per contemporary business environments, success of healthcare organizations is primarily based on competence of employees and their contribution to the day today affairs of the healthcare organization (Rubery et al., 2011). As Burke et al., (2014)

explains recruitment and selection process in public and private companies has remained a major concern for a number of organizations and calls for close attention. The process requires a thorough scrutiny of potential candidates and their competencies and abilities to take on the job. Albeit it is always the desire of all healthcare organizations to appeal the best human resource then conduit their collective input into outstanding performance, unfamiliar selection practices can ruin any corporate idea.

HRM is mainly concerned with recruitment and selection. Recruitment and selection processes are crucial in determining the success of healthcare organizations in respect to delivery of quality services and increased productivity (Khan &Siddiqui, 2018). Further, with the current technological advancements, it is important for health organizations to embrace the changes into their operations for them to compete favorably with other organizations. Apart from changing their operations, these organizations can consider incorporating information technology in their old recruitment and/or selection processes through effective decision making. Consequently, effectiveness and efficiency of healthcare processes are likely to improve and particularly decisions pertaining to recruitment and selection processes. Healthcare organizations utilize their human resource systems to obtain, accumulate, manipulate, evaluate, retrieve, then dispense relevant information regarding a healthcare organization's personnel and processes (Huselid, 1995). This system primarily support the health workforce aspect right from the top level down to the middle and lower levels of management where various decisions including recruitment and selection, are deliberated.

Newton et al. (2015) in their research sought to chart the existing recruitment and selection procedures for newly highly skilled and competent nurses and to identify pros

and cons of the existing processes. The study conducted involved the recruitment and selection of new qualified staffs in teaching and nursing for the period from 2005 through 2013. The study, particularly the literature review deliberated on issues such as the supply and demand in healthcare workforce, as opposed to the recruitment and selection process. This section also highlighted various examples of aids used to evaluate values, attitudes and skills. The exercise revealed that healthcare human resource used a variety of combined tools to align and ensure quality of candidate in the recruitment and selection process. Interestingly, most healthcare providers already had adopted procedures which addressed quality selection and recruitment of the newly qualified nursing officers. Abdollahi, Tabibi and Komeili (2018) in their study, set out to determine the dimensions, framework and requirements necessary in the recruitment, selection and training process of nursing leaders and managers in specific particular hospitals of diverse nations to offer a review and compare experiences. Their study revealed that factors including selection were founded on human skills of eligible workforce, teaching specified principles of nursing management of the nursing university curriculum. The study also revealed that the presence of a planning committee for job analysis had high influence on selection, training, and recruitment of the nursing managers.

On the other hand, Rubery et al. (2011) focused at contributing to the debate of how social care workers for the elderly could be recruited and retained to achieve the current and future needs of organizations. The study primarily focused on care assistants and the services they offer to the older adults. According to the findings of the research, improving the recruitment and retention aspects are vital in improving the quality and availability of care staff, an issue that has for a long time raised major concern. The research further showed that various factors affect recruitment in the sector. To begin

with personal motivation and experience of care givers are major factors that significantly influence the "pull" factors into care jobs. In view of employee informal nature of the recruitment process encouraged them to use social networks, which provided information about the available job opportunities and encouraged them to apply. Employers found this form of recruitment to be more effective since it enabled them to select workers who already had knowledge of the job specifications and therefore were less likely to exit from the job in the early days of their engagement due to misconceptions over the nature of the work.

Burke et al. (2014) in their study sought to address the fact that not all nurses that are freshly appointed are competent in the first stages of their post. The researchers were determined to understand the interpretation of competence in regards to recruitment and selection as well as find out diverse expectations and proficiencies of employing Trusts across the London region. The background of their study revealed that competence is a major variable in nursing and is directly associated to professional behaviors and values. The results of their research indicated that there is a substantial discrepancy in the amount and modes of competence evaluations that are employed for recruitment, with minimum uniformity in the detail of the evaluations, although largely similar evaluations exercises are used. Included in the key competencies were several personal attributes of the job applicants. However, it was not clear as to how these aspects were assessed during the selection process. Further, there was insignificant information concerning the validity of measures that were employed and whether in actual sense they are measured the competences that were required or considered crucial. It can be deduced that practical skills seem to be assessed easily, but it is not clear how these competencies are assessed to be considered equally important but they appear to be more elusive to assessment including communication and teamwork.

Mwangi (2013) in his study sought to evaluate the competency focused recruitment and selection practices implemented by hospitals in Kenya. The respondents engaged in the study argued that competency oriented recruitment processes can be integrated with the traditional recruitment and selection processes. Respondents acknowledged that competency oriented recruitment procedures can be integrated to the conventional hiring and selection practices. Competency based approach to recruitment and selection was reflected as a crucial stage of HRM processes. The research also found that utilizing a competency based recruitment and selection system is a results oriented process. The process makes it easier to focus on the results expected of an exemplary staff. Another Kenyan study by Muathe and Nyambane (2017) aimed at determining the influence of recruitment practices on performance of employees in the MoH, Nairobi City County. It was found that recruitment practices carried out play a vital role in finding out effectiveness and performance of health workforce. In this case effectiveness can be achieved if the Ministry of Health hires workers with relevant knowledge, skills and aptitudes. Effective hiring will eventually prevent unnecessary costs, staff turnover, low performance and demotivated customers.

Makhamara et al. (2016) was determined to examine the impact of strategic recruitment and selection on performance of employees in the health sector, Kenya. Among several indicators studied, the research showed that fairness and transparency were not observed in recruitment, selection human resource processes in county hospitals. These represented a score of approximately 88%. The research also indicated that standardization tests not effectively used during the recruitment and selection of employees. This variable took the highest proportion. Promotion within the sector was not taken to be a major factor in determining employee experience score. The study also revealed that aspects such as employment assessments such as aptitude, skill tests

and mental/cognitive were missing at the county health facilities. Furthermore, though the respective health facilities had a recruitment and selection policy, it was not operational and as a result high employee turnover was rampant.

## 2.2.3 Training

Just like in other businesses, employee training is vital in healthcare sector since it has a direct relationship with employee performance and health outcomes. Training objectives spell out what is expected at the conclusion of the training session. Training goals (competencies) are vital to various stakeholders including the trainer, trainees, designer, evaluator and the organization itself are responsible for visualizing the benefits of training. Thus, effective employee training encourages a good working atmosphere, while poor training can have diverse effects on the organization. Besides, training and development are essential in enhancing motivation and boosting loyalty of high quality health workforce in healthcare organization (Hsu, Chang & Hsieh, 2015). Conventionally, a list of best strategic human resource practices could be developed, a tendency that has lately been replaced with incorporation of high productivity or having a system approach to human resources for health as most effective in ensuring healthcare meets its strategic objectives (Mwangi, 2017). It is therefore undisputable that training and development are major elements in accumulating the fascicles of practices, which could lead to high performance work systems (Kurnat-Thoma et al., 2017).

Sanyal & Hisam, (2018) in their research examined the application of the Japanese management practices. These practices spelled out that quality training and development are the basis improved standards of employee performance and business success. Recent research findings also show that causal relationship between greater

commitment practices, such as training and development, and improvements is an establishment's performance and competitive benefit (Ashour, Hassan & Alekam, 2018). According to Vasan et al., (2016), training enhances healthcare employee loyalty and improves healthcare employee potential. Training process has been considered among the most extensive ways of increasing employee productivity and communicating healthcare organizational strategic objectives to work force.

The advantages of training and development, for the teams, organization and the public are many. It is most likely that training activities in healthcare organizations would develop into sources of competitive advantage over their influence on healthcare employees' performance (Ashour et al., 2018). With the current increasing need for effective managers in healthcare organizations, design tools and training programs have become paramount for the evaluation process. From these statements, it may be deduced that training and development are indeed important in healthcare organizations. Employee productivity is primarily dependent on Training & development. Ashour et al., (2018) also said that employee performance is an important factor and the building block that surges overall organizational productivity. These statements evidentially mention the significance of Training and Development in health facilities. A confirmation has been concluded that health facilities with more progressive human-oriented policies, excel defeating competition. This is majorly due to the fact that when healthcare organizations invest in staffs, in their training, the product in return is greater skill and greater competence which later improves morale and production (Kurnat-Thoma et al., 2017).

Another major significance of training is that it equips employees at all levels with new skills that are vital in the delivery of their services. It is important to understand that

employee skills erode over time and should be replenished from time to time (Nishtha & Amit, 2010). Therefore, top management in healthcare organizations play a significant role in ensuring that training is offered regularly. Health workforce is the most significant assets in the healthcare organization. Contrary to non-human resources, it is easier to develop and increase human resource aspect to an unlimited extent and a favorable climate attributed to factors such as trust, mutuality, enthusiasm, openness and collaboration, which are crucial in developing human resource (Sanyal & Hisam, 2018).

Furthermore, employee training and development have a positive influence on preparing HRH to become more operational in their work, by improving their professional skills, teamwork, interpersonal abilities, work motivation and buoyancy in the workplace (Kate et al., 2009). Training process remains a very enormous part of human resource growth and development. Per Noe (2010), career progression entails assessing a healthcare employee's career and coming up with varied sets of formal training, growth activities, and relationships at each level. The focal point of traditional training programs is to improve healthcare employee competencies particularly in areas associated to staff's current job. HR development programs aim at skills, knowledge, and behaviors that essentially prepare the health workforce for future positions (Kurnat-Thoma et al., 2017).

Putting together particular job training; healthcare employee development; and additional complete career growth plan often require extensive strategic level thinking (Ashour et al., 2018). Having a broad perspective and strong direction are vital to enable managers recognize the merits of employee development and training. Though employee development and training requires significant investment, it is important to

recognize that understanding and supporting career development has a high impact on the healthcare institution's capability to attract and it keeps high performing healthcare employees.

Employee performance and productivity is primarily dependent on employee training. Therefore, providing employee training places healthcare organizations in better positions to compete effectively (Ayeleke et al., 2016). Differences among healthcare organizations are primarily brought up by the ability to train their employees (Top, 2013). Research findings shows that there exists a close relationship between training and development on employee's overall productivity. Trained employees tend to perform better than untrained ones (Solvik & Struksnes, 2018).

Studies indicate that learning opportunities and career prospects are the primary influencing factors that healthcare employees consider when deciding on the most appropriate job offers. Additionally, employees tend to be more committed in their work when they perceive that their employers would provide them with career growth opportunities (Vasset et al., 2011). Effective employee training programs are considered vital as they improve employee competencies, knowledge and skills. This in turn improves overall performance health workforce to effectively undertake their current jobs as well as improving information, skills and attitude of the staffs appropriate for imminent job/s, contributing to higher healthcare organizational performance (Davis, 2015).

Hsu et al, (2015) by comparing extensive studies, they point out that most researchers acknowledge the fact that argues that human resource field has exponentially grown afar training and development and it includes a strong link to corporate plan. Hsu et al, (2015) further identified that this growth has increased individual responsibility for

learning of health workers; extension of workers to learn as a team; incorporating career development; emphasizing on internal consultancy; healthcare organizational learning and knowledge management; and the cultivation of the intellectual investment of an enterprise. Further, according to Ashour et al. (2018) HRD can be described as an integrated process that entails organization, training and career growth so as to improve individual staff member, a team, work process, and/or organizational effectiveness. In human resource management, learning a new skill is quite rewarding and it enables to fulfill a person's ambition. Besides, learning a new skill or gaining new knowledge especially out of work has a good impact on the morale and performance within and outside the healthcare organization (Vasan et al., 2016). However, while employee has various benefits to the organization such as improved productivity, it has been criticized to be very expensive in addition to the increasing doubts about the practice and theoretical support associated with the organization performance.

Certain conditions make employees become more committed to organizational decisions. In most cases, better results are obtained when employees get involved in decision making process. For instance, involving employees increases organizational effectiveness because better decisions are made, and there is improved problem solving, minimal absenteeism and reduced employee turnover. Additionally, innovation and speed of work are greatly improved as well as the quality of products and services (Anstey et al., 2016). According to Chaghari et al. (2017), engaging the health work force in decision making process, encourages them to own healthcare organizational changes. Adequate, reasonable participation helps prevent resistance to change.

Vasset, Marnburg & Furunes (2011) define performance appraisal as a continuous review conducted to evaluate employee performance and the overall contribution they

make to the company. Since performance evaluation is associated to the healthcare organization's strategic objectives, it is considered a major element for the improvement of the overall healthcare organizational performance. Davidson (2005) noted that performance evaluation is arguably the most crucial activity that can allow an organisation to evolve, develop, improve things and thrive in the increasingly dynamic environment. Further, performance evaluation can be implemented to improve performance and to determine the appropriate actions for the future and/or learning lessons from success and failures (Ubeda-García et al., (2013).

Healthcare employees who take part in required training courses and work-based development activity throughout work time reported more job fulfillment and healthcare organizational commitment (Sanyal & Hisam, 2018). These findings are further expounded by social-exchange theory, which points out that healthcare employees endure with and work even more for a particular healthcare organization if that organization shows it values the healthcare workers by taking on the duty of growing their career (Morgan et al., 2015). Through healthcare commitment of the organization, career development opportunities aid retaining healthcare employees therefore preventing turnover. On the other hand, when approximations of the costs involved in replacing a skilled healthcare employee have been reported to be as high as 150% of that healthcare employee's salary, sustaining quality healthcare training employees is a solid business undertaking.

Studies indicate that having training and development programs is vital in organizations as it keeps staffs motivated and committed to the organization, thus the organization incur less costs trying to recruit new employees (Bakotić, 2016). Traditionally, research on strategic growth focused on the development of a list of best practices. However in

the present day, sorting out increased performance work culture or adapting a systems approach in HRM have been identified to the most appropriate and effective way in ensuring improved healthcare performance. Of most significance, employee training has been identified to be a vital element contributing to the contingent of best practices arising from researches done with a goal of achieving high performance.

Further, according to Ge, Xi & Guo (2015), employee training has been identified to be the basis of achieving competitive advantage since training often creates a significant positive impact (relationship) on employees' productivity. With the current and future increasing need for effective and competent managers in healthcare organizations, HRM tools for evaluation process and training programs have become imperative. These statements therefore indicate that training and development are vital in healthcare organizations. It can be observed without doubt that healthcare organizations with more progressive people-oriented policies tend to excel more as compared to those that insist on competition with other organizations. This is mainly because of high skills and high competence which increases employee morale and productivity as a result of these organizations investing in people and training programs. Kuan Chongtzu, a Chinese prominent man pointed out that: "If you wish to plan for a year: sow seeds. If you wish to plan for ten years; plant trees. If you wish to plan for a life time; develop men".

Studies have also indicated that the longer the healthcare employees stay and practice in their careers together with the current advancements, you find that their skills become outdated with time and therefore need to be replenished or refilled. Training is therefore necessary as it equips healthcare employees with the current skills and knowledge thus improving their professionalism (Nishtha & Amit, 2010). Evidently, human resource is considered a crucial asset in healthcare organizations. Contrary to other resources,

human resource can be increased and developed in aspects such as increased trust, mutuality, enthusiasm, openness and even collaboration. Besides, training and development remaining imperative aspects in human resource, it prepares HRH to become more competent in their work by increasing their interpersonal and technical abilities as well as job confidence together with motivation among others.

Various studies explain that client safety skills and mainly non-technical skills get little thoughtfulness in nursing curricular. Therefore, there exists an increased need of integrating guides that develop these skills such as situation awareness to minimize health issues that may arise. Stomski et al. (2018) in their research examined this issue by deliberating on two major issues including a study to understand the confidence level of the completion nursing students in their skills on patient's safety. The study also examined the influence of situation consciousness tutorials on final year (graduating) nursing students' confidence and their client safety skills. The findings from the research revealed that there is no variation in confidence in regards to patient safety levels in both class and clinical settings. Nonetheless, a significant decrease of confidence in client safety skills was recorded in the two settings. In this case, confidence amongst nursing students drastically reduced following clinical placements. In another related study, Lopez et al. (2017) sought to examine the impact of training on completing of pressure ulcer (PU) records in the GACELA Computer Care application, and to identify the level of gratification of the nurses after its use. This study revealed that training activity enhanced PU record completion considerably and therefore was considered affirmative by the nurses, especially for its applicability in clinical setups.

### 2.2.4 Deployment

Deployment in healthcare is described as a temporary placement of healthcare professional such as nurses and doctors in a different health facilities, ward or other unit from the regular designated ward (Gaundan et al., 2018). Deployment program is usually done to cover for the shortage of healthcare professionals or to balance the numbers. The overall health system on deployment of health workers can be affected by regulatory body standards, feedback and decision making procedures together with accountability provisions. These factors can be subjective by policy makers and organizers in health, together with other stakeholders at the national government, for instance finance ministries, education ministries, respective professional associations, the civil society groups and other donor funding agencies in the health systems. Owing to this, in order to address human resource challenges, evidence related deployment and training guidelines are crucial (Murphy et al., 2014).

According to Matlakala (2015), Short-term deployment of health workers such as that of nurses is a temporary engagement of nurses in health facility units (wards) for a period of 12 hours or less. This short-term placement is usually used within wards or units in order to 'balance the numbers' or to harbor inadequate staffing at different hospital units. For instance, professionals working in the acute units such as intensive care units, when they are not so busy, they may be deployed to work in other units when there is inadequate staff. ICU nurses also referred to as critical care nurses are healthcare professionals who treat acutely ill and unstable patients who require regular nursing assessments while utilizing life sustaining machines and drugs.

In a synchronized review of studies, Murphy et al, (2014) established that there was a general scarcity of information on deployment and training policies for health

workforce for MNCH in African developing countries. In their study 37 articles met the inclusion criteria. Out of the 37 articles, most of the principal research studies utilized a variety of quantitative and qualitative methods. In these studies here was equal representation of all healthcare professionals from medical officers (doctors), nursing officers (nurses), to midwives in the preferred policy guide. According to their study, there were limited policies that exclusively deliberated on deployment or training instead, majority of the documents that concentrated on both training and deployment were broadly entangled with implications for the administration of HRH or MNCH. The study also revealed that relevant government websites varied in operationalization of policy documents.

Matlakala (2015) in his research investigated the observations of critical care nurses in regards to short-term placement to assist in other units. The study was conducted using a qualitative design method and involved participants from two health facilities in Gauteng Province of South Africa. Focus group interviews were used to collect data among registered nurses deployed ICU. Research findings indicated that participants' views were alike where they argued that placements to other areas should be based on a predetermined agreement based on procedures and policies. Further, it is important to conduct investigations and negotiations before nurses are deployed to other areas. Moreover, recognizing and acknowledging the expertise of ICU nurses enables the management to conduct proper placements. VanDevanter *et al.* (2014) explored the nursing officer's experience in the immediate Hurricane Sandy disaster plus the subsequent deployment using mixed methods. In their study, most deployed nurses tended to be more stressed and reported high challenges at work.

Lewis, Stewart and Brown (2012) conducted a study survey which involved 50 Army officers to assess their views particularly on deployment experiences in a combat environment. The research revealed that the deployed healthcare professionals lacked the knowledge and skills to attend to patients with specific diagnosis. In a similar study by Rivers and Gordon (2017), it was found out that there is need for improvement in such aspects as preparedness, support and behavioral health. Significant changes were recorded among the nurses who were deployed to work in other areas. For instance, these nurses took quite a long time to fit into post deployment roles. Contrastingly, the deployed nurses were able to learn positive experiences including acquiring new skills and personal growth.

Zerfu et al. (2018) evaluated the consequence of placing trained community based nurses using a cluster-randomized organized community trial. The study aimed at establishing utilization levels of SBA in Ethiopia, Africa. A major difference among the treatment groups relates to where the fresh service providers were positioned either a health center or health post. In their study, initial and end line assessments were done to determine the effects of SBA interventions. The program impacts on SBA coverage determined using difference-in-difference analysis. The study concluded that deployment of qualified reproductive health nurses to remote communities in Ethiopia markedly improved uptake of SBA services. In another study, Gaundan and Mohammadnezhad (2018), respondents voiced that upon deployed to another ward (unit), they were deprived from learning the nursing care in their initial areas of deployment.

### 2.2.5 Motivation

At workplace, motivation can be well-defined as the individual's level of willingness to exert and sustain an effort towards institutional strategic objectives (Goetz et al., 2015). Evidentially, there exists a close relationship between job motivation and job satisfaction, which lessens healthcare staff turnover in the healthcare organization. Having happy employees who are devoted and motivated to give their best in the organization helps to reduce high costs that are involved in the hiring and recruitment process (Deussom, Rachel, Jaskiewicz, & Wanda, 2014). In the recent period, most countries have experienced inadequacy of qualified health work force especially medical officer (doctors) and nursing officers (nurses). This shortage has significantly affected the health of people living in these countries. It is therefore important for the health sector to acknowledge/ realize that improving employee motivation and job satisfaction lessens employee turnover and ensures quality services in healthcare organizations (Lu et al., 2016).

On the same respect, poorly motivated health workers impacts employee performance and productivity, this ultimately adversely affects individual facilities and even the entire healthcare system (Jooste & Hamani, 2017). In most cases, rural areas are the most affected since employees are mostly unmotivated in these areas. You will find that health workers in rural areas work for longer unpaid hours and are mostly affected by insufficient resources compared to those in urban areas. These factors mostly lead them to feel isolated hence affecting their performance and productivity (Korlén et al., 2017). In most cases, workers who lack motivation in their work tend to leave their jobs in search of better options. For example, those working in rural areas may opt to more to urban areas in search of better job options or better still move to other countries to pursue more appealing job opportunities. In worst cases, professionals in the health

sector have been reported to out rightly quit the medical field and join other professions (Engeda et al., 2014).

According to Deussom et. al. (2012) motivation is prejudiced by intricate set of professional, social, and economic issues. Various factors have been identified that can keep workers motivated encouraging them to stay in one working place for a long time. Usually, health workers who perceive they are effective and productive at their jobs will tend to be motivated and depict job satisfaction (Lu et al., 2016). Among the factors that enhance job satisfaction and motivation among healthcare staffs include favorable working and better living conditions, satisfactory compensation and strong career progression (Deussom et al., 2012). To have strong human resources mechanisms in any organization, is primarily the first step towards ensuring that the correct and appropriate motivational factors are implemented to keep employees motivated and satisfied in their work.

Further, encouraging positive employee relationship can increase motivation among them. Engeda et al., (2014) conducted a research to evaluate the intent of nurses working in referral hospitals to stay in the nursing career and other factors affecting them. The research findings indicated that nurses who were allowed higher autonomy to make their individual decisions seemed to be more satisfied in their jobs (Engeda et al., 2014). Additionally, most employees seemed to be unmotivated because of factors such as poor living and working conditions, poor salaries and issues with career development. From this study, it was concluded that healthcare institutions should give more attention to interventions that are aimed at increasing professional autonomy and amending their current salaries.

Career development can be described as the management of an individual's career in an intra or inter-organizational scenario. Career development enables one to specialize in a specific field or to move higher in the healthcare rank (Aninanya et al., 2016). Career development therefore entails learning new skills, being promoted in the rank, obtaining career changes from within or in a different organization. According to Sato et al., (2017), limited career development opportunities have been cited to be a major de-motivating factor among medical officers –doctors- and health workers deployed in rural health facilities. Results from the study conducted on South African doctors revealed that most healthcare professionals who were situated in rural areas found it challenging to get access to online training programs to enhance their skills. Unavailability of promotion opportunities has also been pointed out to be a major problem in healthcare organizations. For instance, healthcare professionals in Tanzania reported to be working for long periods without promotion hence breeding dissatisfaction among them. Research however indicates that effective communication, staff appraisals and employee promotion could contribute to increased employee motivation (Jooste & Hamani, 2017).

Another factor raising discontentment among healthcare professionals relates to insufficient or lack of access to professional development opportunities and training programs while at college or on the job (Shah et al., 2016). In circumstances where there is shortage of healthcare staff like in most health centers in Tanzania, health professionals are often deployed  to work in areas that they do not have expertise, which leads to de-motivation and frustration (Halldorsdottir, Einarsdottir & Edvardsson, 2018). Additionally, the tendency raises concern on the quality of health services administered to patients. Frustration among health workers can also be triggered by insufficient and outdated medical instruments among other resources

(Carrillo-García et al., 2013). This not only lowers employees' motivation but also leads to high attrition rates. Health care service providers also argue that a challenge of inadequate resources forbids them from undertaking their duties and responsibilities.

Nasser & Saadeh, 2013 argues that failure to maintain positive relationship with management impacts employee motivation. In instances where staff turnover positions are left unfilled for a long period, there is excessive workload that pile up for the remnant health workers. This may lead to frustration among healthcare workers or compromise quality. Complaints have also been raised by health workers in rural areas especially about lack of or irregular supervision. Consequently, employees do not get feedback about their work particularly on their strong and weak areas.

According to Sato et al., (2017), healthcare employees raised issues regarding compensation. For instance in Uganda, health workers have raised concerns about poor remuneration relative to other civil servants of equitable professions (Sato et al., 2017). In countries like Bangladesh, healthcare professionals raised concerns that the government took too long to disburse their salaries. These issues can be holistically addressed by adopting motivational strategies such as providing career development opportunities to employees, making efforts to ensure adequate compensation, promoting conducive working environments as well as encouraging supportive supervision.

Providing opportunities for career development is considered the basis for promoting employee motivation in healthcare organizations. This encourages them to give their best towards achieving the changing medical needs for their communities (Momanyi, Adoyo, Mwangi & Mokua, 2016). Creating more job opportunities, promoting

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employees or providing training opportunities offer a basis for employee motivation and satisfaction (Lu et al., 2016).

Whereas compensating health workers appropriately is necessary, it might not be realistic to increase employee salaries in less developed countries (Tino Maliselo & Rita Magawa 2013). Tino Maliselo and Rita Magawa in their research, argue that the government can improve health workers' motivation especially those working in rural areas by providing them with necessary amenities and improving infrastructure in those areas. According to Jooste & Hamani, (2017), improved communication, introducing modern hospital facilities, improving working environments and providing proper water and sanitation systems are vital to ensuring employee motivation. Health workers' productivity and quality services can only be achieved in instances where there are safer and more pleasant working conditions (Deussom et.al, 2014). In a country like Kenya, the government increased employee motivation in the healthcare sector by providing modern health facilities as well as undertaking cost effective interventions such as enhancing cleanliness of public zones of health institutions, planting flowers at the facilities and issuance of tea to staff at their stations (Oyugi, 2015). Further, improving workers safety while at the workplace provides another major aspect to increasing employee motivation. Also insuring the health workforce safe guards them at their job, and it is also essential to motivation, organizational productivity and low turnover (Deussom et. al, 2012).

Employee motivation can also be enhanced by managers adopting the right management protocols and ensuring effective supervision. Supervisors are primarily responsible for providing feedback about employee performance and therefore, there should be positive employee-supervisor relationship (Daneshkohan et al., 2014).

Further, management can be improved by ensuring effective communication at every level in healthcare organizations. For instance, healthcare organizations can invest in engaging skilled and trained leaders whose major expectations are to improve operations, performance and productivity (Bonenberger et al., 2014). Besides leaders should spend quality time with healthcare employees, provide them with positive and constructive feedback and come up with comprehensive compensation and incentive schemes (Handerson et al., 2012).

According to Deussom & Jaskiewicz (2014), there is a direct relationship between performance based financing (PBF) and broader healthcare reforms. PBF can contribute to increased accountability and ease in addressing structural issues affecting healthcare organizations especially in developing countries. Increased accountability will trigger employees to give their best at work with the goal of achieving the organization's objectives. Nevertheless, there still exist various challenging factors including lack of quality management tools and effective supervision of health workers. In addition, health care leaders and managers often spend more time accomplishing administrative duties for other stake holders such as donors and their own administration (Rowe et.al, 2005).

Employee motivation does not only depend on supervision but staff shortages among other factors. Healthcare professionals from rural areas or who are already accustomed to rural setups would be motivated to work in such settings. Employing such employees to work in urban areas could be de-motivating to them (WHO, 2010). Healthcare stakeholders and national policy makers also have a contributing role in employee motivation. There should be evidence based decision making when it comes to drafting national policies, for attraction, motivation, and retaining health workers. This consists

of utilization of data to help develop policy and aid decision making. Nonetheless, it is often challenging to know what to measure in less developed countries (Jooste & Hamani, 2017). Cost-benefit analysis is also vital to health organizations' motivation and retention strategy. This tool enables policy makers to identify benefits and drawbacks of certain proposals. Consequently, there is need for policy makers to gather stakeholder views and ensure that they are taken into account (Ditlopo *et al*, 2013).

In a research study conducted by Weldegebriel et al., (2016) they examined the motivation level of healthcare professionals among other related factors in government facilities in West Amhara, Northwest Ethiopia. The research findings indicated that the average motivation ratings (as the percentage of maximum scale scores) were 58.6% on average. The findings further indicated 71.0% for the conscientiousness (industriousness) scale; 52.8% towards organizational commitment scale; 58.3% to the intrinsic motivation scale; and 64.0% for organizational burnout (exhaustion) scale. The research findings revealed that health worker motivation is largely influenced by factors such as employee performance evaluation and management, employee training, resource availability, type of hospital and ease of communication among others. Contrastingly, compensation levels did not have a positive influence on employee motivation across various hospitals and professional employee categories.

Millar et al. (2017) analyzed how healthcare workforce motivation is influenced by factors such as monetary rewards, opportunities for career development as well as daily pressures of meeting clients' expectations. The research indicated that reliance on healthcare incentives has a significant impact on public ethos and values. Based on their findings, there rises need for greater attention on improving financial incentives and providing employee career development.

In Simister et al., (2018) systematic review of literature, five major factors were identified by health workers to be influencing their motivation these include better working circumstances (54 studies), financial or monetray incentives (46 studies), social or shared incentives (37 studies), career development (31 studies) and better living conditions (28 studies). Alhyas *et al.,* (2013) aimed to identify factors facilitating and those that inhibit health workforce motivation in a diabetes center in the UAE. The barrier factors identified include lack of patient awareness and compliance, heavy workload and cultural beliefs. Among those identified include common attitudes about diabetes. On the other hand, major facilitating factors comprised of the patient's role in meeting therapeutic goals as well as compliance, cooperation with HCW and effective communication.

A study in Kenya by Momanyi et al., (2016) sought to find out the influence of training on motivation among health professionals at Narok County. The research findings revealed that majority of the participants rated their motivation between 7 and 9 in the present health facility that is (35.4%), Sub-county level (33.8%) and County level (32.9%) with the intermediate motivation level of 5. The study further indicated that majority of health workforce (81.9%) had undergone a type of training, of whom 98.5% specified that on-job training was significant to their duties and that it encouraged (99.0%) of them to work better in their skills increasing motivation. According to their study, training positively predicted general motivation with a p-value of 0.013, trailed by job satisfaction with a p-value of 0.001, then intrinsic job satisfaction with p-value of 0.001) and lastly organizational commitment with a p-value of <0.001).

## 2.3 Theoretical Framework

The present research is grounded on human capital, resource based and job design theories as shown in Figure 2.1
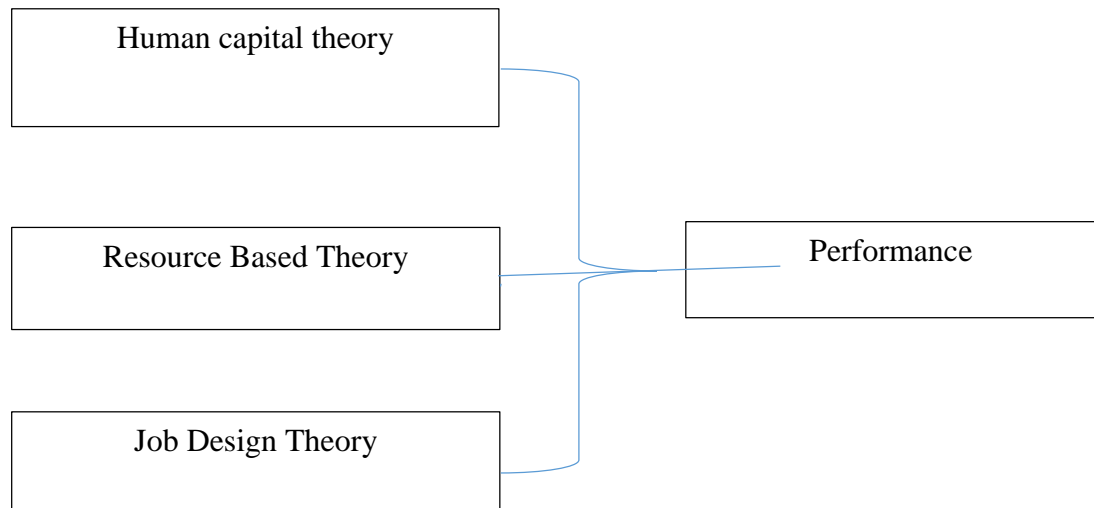


**Figure 2.1 Theoretical framework**

## 2.3.1 Human Capital Theory

This can be described as an unseen asset that is normally excluded from the company's statement of financial position. It is however regarded as an economic value of an employee's skills and experience and includes resources like health, skills, training, intelligence and education among other assets. Further, though not all labor is equal, health organizations can improve the quality of the available capital through making significant investment in their employees' education, intelligence and abilities. Human capital is therefore vital in healthcare organization since it boosts productivity and ultimately profitability. In essence, there is a direct relationship between an organization's productivity and profitability and its investment on human capital. That is, an organization will become more productive and profitable by high investments on its employees.

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According to the human capital theory, employability among the general labor force tends to increase when high investment is diverted to education and job training (Peers, 2015). This theory has therefore had a significant impact on various areas including sociology, economics and education (Tan, 2014).  According to Fitzsimons (2017), human capital can be described as the overall wisdom and experience of healthcare employees as crucial factor of competitive advantage which cannot be mimicked by competitor firms. Besides, this theory plays a major role when it comes to attracting, selecting, compensating and developing healthcare employees. This reveals that the human capital theory is irrefutably significant in HRM practice and in the context of financial cooperatives. HRM practices are integrated in healthcare organizations to ensure they attract and retain highly skilled and knowledgeable employees.

In addition, Wali Rahman & Zekeriya Nas (2013) states that human capital theory is founded on the notion that education plays a major role in improving employee productivity. If applied to healthcare organizations, human capital is considered to be a valuable factor, which determines productivity of these organizations. This aspect also enhances the employability of healthcare professionals by inducing turnover for better jobs.

The primary belief in regards to this theory is that effective and efficient management of human capital is the basis for ensuring successful companies and countries. These organizations mainly focus on investing more on their employees, encouraging workers to be proactive, creating a conducive learning environment including skills and training as well as social capital (Tan, 2014). The HRD field is integrated to various theoretical aspects including the concept of human capital. This theory provided more views to the conventional notion of physical exertion to embracing them as an asset that should be

made use of to increase economic gains both to the society and individuals (Marginson, 2017).

Another major belief in regards to human capital theory is that the capabilities of humans to learn and create ideas that are as significant just like other factors that are included in the production process (Korpi &Clark, 2017). According to the human capital theory, "investing in people brings significant economic benefits to individuals and society. These investments can be in the form of educating people and hoping that the returns can be in equilibrium with or greater than the investment (Gao et al., 2010). In the healthcare, organizational context, human capital is regarded as a subset of healthcare organizational intellectual capital (Peers, 2015).

### 2.3.2 Resource-based theory (RBV)

According this this theory, an organization's competitive gain is primarily based on its strategic assets. The availability of strategic resources in healthcare organizations gives them an opportunity to build up their competitive advantage over their competitors (Ferlie, 2014). Kash et al., (2014) emphasize on heterogeneity over homogeneity. These unique bundles in healthcare organizations include strategic resources like employee qualities, competencies and knowledge, as well as processes that the organization uses to make and implement strategy.

This theory contends that resources should be pooled together to create capabilities and that a capability is more than assortment of assets. It requires coming together between people and other resources to execute. It may refer to healthcare organizational routines which demonstrate the link to competitive advantage (Szymaniec-Mlicka, 2014). Healthcare organizations should concentrate on this to perfect their uniqueness to enjoy a sustained competitive advantage by being more effective in adapting, learning or

developing the routines. Resources are the basis for capability and capabilities are the basis for competitive advantage which must form the basis for healthcare organizational strategy (Kash et al., 2014). They further contend that these capabilities should be valuable, scarce, inimitable, non-substitutable and can be effectively organized to maintain their uniqueness and hence the potential competitive advantage and healthcare organizational sustainability. They suggest that healthcare organizational resources must be coordinated, developed, and integrated for them to be meaningful in creating capabilities because the latter are built or developed and not bought. Once developed they will focus their attention on the healthcare organization's inner processes, management and systems practices to satisfy their customers' needs and direct healthcare employees' knowledge and hard-work towards achieving healthcare organizational goals. This calls for effective change management, healthcare organizational design and leadership.

Burton and Rycroft-Malone (2014) opine that RBV recognizes HR department as a primary contributor towards developing sustainable competitive advantage. Healthcare employees are also considered to be key players in advancing and supporting sustainable competitive advantage. RBV further argues that an organization's sustainable competitive advantage largely depends on their ability to learn faster.

Henry (2011) posits that relative firm performance, and profitability mainly depends on the healthcare organization's resources and competencies. He suggests that this is the RBV of the firm. RBV theory deals with the environment facing the healthcare organization but takes a contrary approach that is an 'inside out' approach. In RBC, the starting point is the healthcare organization's internal environment. RBV theory highlights the internal competences of a healthcare organization in articulating strategic

objectives to benefit from these markets and businesses. An institution's resources can be configured and the same resources and competences determine the strategic choices it makes to compete in an external setting. The same resources and capabilities can generate new marketplaces and increase worth for the buyer and that is why firms in same industry perform differently in similar environments (clustering of resources and capabilities and not healthcare organizational structure). Burton et al. (2014) further suggests that the idea of identifying and analyzing firm – level resources that contribute to competitive success can be referred as the RBV of the firm.

### 2.3.3 Job Design Theory

This theory posits five key job dimensions that should be present to generate significant positive healthcare organization performance (Oldham &Fried, 2016). This core dimensions include identity of variety, identity of task, task significance, autonomy (independence) and feedback or response. The first dimension (identity of variety) is concerned to the fact that completing repetitive or monotonous tasks offers no encounters to healthcare staff and can cause the HCWs to lose interest and become discontented. On the other hand, task identity proposes that healthcare staffs are more fulfilled when they have a chance to wide-ranging set of duties (Van den Broeck & Parker, 2017). On significance of task, it advises that health workforce need to feel responsible and accountable for their work and comprehend the importance of their duties and its effects on others. In regard to autonomy, this is the staff's control of their personal schedule of work. Lastly, feedback or response dimension suggests that every health worker needs information (customer feedback) on how they are progressing otherwise there will be no satisfaction from effective performance (Chae &Choi, 2018).

The 5 core dimensions according JBV theory influence the quality of work by affecting three psychological states. That is, experienced meaningfulness, stake holders responsibility, and knowledge (information) of results (Oldham &Fried, 2016). When these three psychological states are activated, there is improvement of job motivation or impetus, job satisfaction/gratification, and work performance. The RBV model seeks to design work which personally satisfying and internally rewarding (Chae &Choi, 2018). RBV theory is related to this research through the aspect of job design, which describes how various jobs tasks, and roles are aligned, implemented, and modified, as well as the influence of these structures.

## 2.4 Conceptual framework

This study was guided by the following independent and dependent variables as outlined in figure 2. 2 below;

**Independent variables**                              **Dependent variables**

**Recruitment of health work force**
- Internships
- Field placements
- Knowledge tests
- Personality tests
- Individual interviews

**Training of human resources for health**
- On job training
- Job instruction
- Supervisory assistance & mentoring
- Training courses and seminars
- Coaching
- Job rotation

**Deployment of human resources for health**
- Hiring plans
- Rapid response staffing
- Employee skills
- Job security
- Incentives in rural areas
- Auditing

**Motivation of human resources for health**
- Performance appraisals for compensation
- Recognition and appreciation (Incentives)
- Promotion decisional rules
- Staffing relations
- Improved remuneration
- Job security

**Performance of nursing officers**

- Working hours;
- Nursing care plans;
- Nursing procedures;
- Health education
- Training of diploma/degree nursing students;
- Standard operating procedures;
- Quality assessments by nurse managers;
- Nursing audits, nursing and doctors ward round;
- Hospital/ward mortality monthly meetings; and
- Working

**Figure 2.2 Conceptual framework**

## 2.5 Summary of Literature review

The works from other researchers highlights that various HRM practices have been proposed and implemented to address health workforce shortage. Whereas literature indicates that increasing HCWs, equipping health facilities with medical products, vaccines and technologies improves service delivery, the HRM practices influencing performance of HCWs specifically nurses has not been assessed. There are limited studies on HRM practices influencing effectiveness in healthcare and the performance. Further still, there are no studies that have considered the aspects of HCW recruitment; training and development; deployment, and motivation practices with direct effect on the performance of nursing officers. Thus there exists a knowledge (information) gap on this subject, particularly in Kenya.

# CHAPTER THREE: RESEARCH METHODOLOGY

## 3.1 Introduction

The chapter explains the research design, the target population, sampling design, and sample size that were used in the study. It further presents data collection techniques, how validity and reliability was achieved, the research instrument that was employed, the ethical considerations, and how data analysis was conducted.

## 3.2 Research Design

A cross sectional descriptive research design was used in this study. The study further adopted both quantitative and qualitative techniques in collecting data, analyzing, presenting and discussing the findings. This research design was deemed appropriate because showed an in-depth analysis to describe the correlation existing in the autonomous variables. According to Colorafi and Evans (2016) this design does not manipulate variables or arrange for events to happen. A research design that utilizes both qualitative and quantitative data and research is referred to as mixed research design. By using this approach, the researcher is able to conduct extensive research to achieve high quality information (Sut, 2014).

A mixed design improves the reliability of research findings, quantitative data is backed up by qualitative data (Kaur, 2016). Further, employing a mixed research design brings forth an advanced point of view to the research questions. As Tariq and Woodman (2013) contend, qualitative research methods are effective in determining individual behaviors, attitudes and perspectives of the aspects under study. Quantitative research methods, on the other hand, provide more information that is necessary in understanding the environment surrounding the research. When combined, the methods can present a lucid picture and may offer clear answers to the research questions.

## 3.3 Study area

The study was carried out in Kenya, Nyeri County. The county is situated in the central region of Kenya. Nyeri County covers an estimated area of 3,337.2 $Km^2$ and is lies between longitudes $36^038$" east and $37^020$"east and between the equator and latitude 00 380 south (NCIDP 2013-2017). The County has a total of 411 health facilities comprising of level 4-6 hospitals and 401 health centers and dispensaries. These include government, private, and faith based health facilities. Nyeri county is divided into – sub-counties covering arid and semi-arid areas; rural and urban areas. The main activities in the county comprise of large and small scale farming, and entrepreneurship.

## 3.4 Target Population

A population also referred to as a 'universe' can be described as the whole group of individuals having a common attribute (Regnault, 2017). The target population constituted 826 nursing officers in Nyeri County public facilities. The respondents constituted all nursing staffs and managers in Nyeri County Public health facilities and at the County Director's Office. The target populace is indicated in Table 3.1

**Table 3.1 Targeted population**

| Facility | Total Number |
|---|---|
| County Director Office | 9 |
| Nyeri County Referral Hospital | 228 |
| Karatina Sub-county Referral Hospital | 112 |
| Othaya Sub-county Referral Hospital | 34 |
| Mururweini Sub-Referral county Hospital | 44 |
| Mount Kenya Sub-County Referral Hospital | 14 |
| Nyeri Central Sub-County Level &2 facilities | 56 |
| Tetu Sub County Level 1 & 2 facilities | 54 |
| Othaya Sub County Level 1 &2 facilities | 51 |
| Mukurweini Sub County Level 1 &2 facilities | 52 |
| Mathira East Sub Couty Level 1 &2 facilities | 28 |
| Mathira West Sub County Level 1 &2 facilities | 26 |
| Kieni East Sub County Level 1 &2 facilities | 74 |
| Kieni West Sub County Level 1 &2 facilities | 44 |
| **Total** | **826** |

**Source:** County Government of Nyeri (2018)

### 3.4.1 Inclusion criteria

The population of study included only nursing officers working in Nyeri County Public Health facilities. The sample comprised nursing officers in authority that is, nurse managers, ward in-charges, and qualified ward nurses with a minimum of 1 year experience (for those past internship for BSN).

### 3.4.2 Exclusion criteria

The sample size excluded any other nursing officer outside Nyeri County Public Health facilities such as those in private and faith based health facilities. It also excluded those nursing officers who were on leave, training nursing students regardless of whether basic training or post basic training were also exempted.

### 3.5 Sampling procedure

Suresh, Thomas and Suresh (2011) describe sampling as a statistical analysis process whereby a certain number of observations are used as a representation of the larger

population. This research, utilized stratified random sampling to come up with a sample of 248 respondents as shown in Table 3.2. A stratified sample can be described as a sample that is obtained when the population is classified into mutually exclusive groups called strata, then randomly selected from every stratum (Kim et al., 2013). Khan, Reddy and Rao (2015), explained that this method of sampling ensures that the strata groups are well represented in the sample in the sample. Further Mugenda and Mugenda (2010) indicate that 10% to 30% of the population is considered an adequate sample for a research study. This research therefore used 30% in order to come up with a large enough sample to justify generalizability of findings.

**Table 3.2 Sampling Frame**

| Facility | Total Number | Sample |
|---|---|---|
| County Director Office | 9 | 3 |
| Nyeri County Referral Hospital | 228 | 68 |
| Karatina Sub-county Referral Hospital | 112 | 34 |
| Othaya Sub-county Referral Hospital | 34 | 10 |
| Mururweini Sub-Referral county Hospital | 44 | 13 |
| Mount Kenya Sub-County Referral Hospital | 14 | 4 |
| Nyeri Central Sub-County Level &2 facilities | 56 | 17 |
| Tetu Sub County Level 1 & 2 facilities | 54 | 16 |
| Othaya Sub County Level 1 &2 facilities | 51 | 15 |
| Mukurweini Sub County Level 1 &2 facilities | 52 | 16 |
| Mathira East Sub Couty Level 1 &2 facilities | 28 | 8 |
| Mathira West Sub County Level 1 &2 facilities | 26 | 8 |
| Kieni East Sub County Level 1 &2 facilities | 74 | 22 |
| Kieni West Sub County Level 1 &2 facilities | 44 | 13 |
| **Total** | **826** | **248** |

## 3.6 Instrumentation

Primary data was collected using self-administered questionnaire. As Dell-Kuster et al. (2014), point out questionnaires are regarded effective tools that are used to conduct research. Questionnaires are cheaper compared to other methods and records minimal data distortions that may arise from any 'interviewer bias' introduced during data collection process. Further, questionnaires enables researcher collect extensive data

especially since they allow respondents to freely express their inner believes, perceptions, beliefs and practices. The questionnaire had closed and open ended questions.

### 3.6.1 Pretesting

Pretesting of the instrument was done to ensure that the questions are relevant, and clearly understood by the respondents. Pretesting was done to determine the reliability research tools. The pretest was done at Nyandarua County Referral Hospital three weeks prior the actual data collection. 35 (14 % of the sample size) questionnaires were administered after which they were edited and reliability test performed. This met minimum criteria of 10% necessary for pretesting a tool. The health facility was excluded from subsequent data collection procedure.

### 3.6.2 Reliability

Yin, 2014 explains reliability refers as the extent at which a research instrument produces reliable results after repetitive tests. A pilot study was conducted to test the reliability of the questionnaires. Based on the findings of the pilot study, reliability coefficient was evaluated through a Pearson's Product Moment Correlation Method whereby a reliability coefficient of at least 0.75 implied of a highly dependable instrument. Mugenda and Mugenda (2010) in their research, argue that reliability coefficient varies between -1.00 and +1.00 with reliability of 0.75 and above indicates perfect reliability and 00 indicating no reliability, -1.00 to 0 show negative reliability. The researcher used the Pearson correlation – SPSS 23.

### 3.6.3 Validity

Data collection instrument validity was done via face validity, and pretesting the content from the experts.

### 3.7 Methods of Data analysis

Upon data collection, the researcher checked the instruments for clarity and completeness. Data was analyzed both quantitatively and qualitatively according to the study objectives. The quantitative data in this research was analyzed by descriptive and inferential statistics using statistical package for social sciences SPSS 23. Qualitative analysis was applied for open ended questions, wherein traditional text analysis was used for the analysis. Descriptive statistics and inferential statistics such as Chi square was used to summarize quantitative data. Presentation of data was done using frequency tables and figures.

### 3.9 Ethical Considerations

Ethical clearance to conduct the study was obtained from Ethical Review Committee (ERC) at KeMU. Further consent was sought from NACOSTI, Nyeri County Research Board and the hospital/s/facility/ies administrator/s. Participation was voluntary through informed consent after the respondents have been explained to, the aim of the study.

During data collection, the subjects were assured of their privacy and confidentiality of the information given. Privacy was guaranteed by not recording the names of the respondents anywhere. It was made clear that the information gathered was solely for academic purposes only. Further, since some of the subjects could be reluctant to disclose some information, the researcher reassured the respondents by explaining that

utmost confidentiality and privacy will be upheld and, the information given was for the academic purpose only. The study included only those participants who signed the consent form.

Permission to collect data was granted by the Ethical Review Committee (ERC) at KeMU. Approval from the Nyeri County Health Office to conduct the study was done. Respondents were assured of confidentiality and the Hospital Research Committee approval was sought.

As one of the ethical considerations, the researcher produced a letter to the research participants pointing out all the details of the study. This encouraged participants to freely take part in the research, especially in providing most confidential information. The letter assured privacy and confidentiality to their personal information. The letter also stated that the participants' identities could be concealed, and that their participation purely voluntary and they were allowed to withdraw anytime in case they changed their mind.

# CHAPTER FOUR: RESULTS AND DISCUSSION

## 4.1 Introduction

This chapter presents the results, discussions and interpretations of the research findings. Research findings in this case comprise the response rate, reliability of the results, results on socio-demographic attributes of respondents and outcomes on the five study elements. The research results are presented in form of figures and tables.

## 4.2 Response Rate

A total of 248 nursing officers working at Nyeri County Public Health facilities and, at the County Director's Office partook in the research survey. This represents a maximum response degree of 100%. The study therefore had a good response rate to justify generalisation of the results as it is more than the 70% suggested by Mugenda and Mugenda (2010).

## 4.3 Reliability Results

Reliability results are shown in the Table 4.1 below;

**Table 4.1 Reliability Results**

| Variable | R | Correlation coefficient (r) |
|---|---|---|
| Recruitment and selection | 3 | 0.770 |
| Deployment | 8 | 0.763 |
| Training and development | 1 | 0.790 |
| Motivation | 12 | 0.830 |
| Performance | 12 | 0.810 |

Results in Table 4.1 indicate that all the study variables registered a Pearson correlation coefficient value of 0.7 and above. These results therefore show that the instrument used had high internal consistency and was therefore reliable as recommended by Mugenda and Mugenda (2010) who indicated that consistency coefficient fluctuates between -1.00 and +1.00 with reliability of 0.75 and above indicates perfect reliability and 00 indicating no reliability.

## 4.3 Socio-demographic characteristics of respondents

This section entails the basic demographic profile of the respondents, and the roles and responsibilities of the respondents.

### 4.3.1 Basic demographic profile of the respondents

Table 4.2 below shows the demographic profile of the respondents.

**Table 4.2 Socio-demographic characteristics of respondents**

| Variable | Category | Frequency | Percentage |
|---|---|---|---|
| Gender | Male | 32 | 13 |
| | Female | 216 | 87 |
| | Total | 248 | 100 |
| Age (years) | <30 | 67 | 27 |
| | 31-40 | 47 | 19 |
| | 41-50 | 70 | 28 |
| | >50 | 64 | 26 |
| | Total | 248 | 100 |
| Education | Certificate | 20 | 8 |
| | Diploma | 161 | 65 |
| | Higher diploma | 42 | 17 |
| | Undergraduate | 20 | 8 |
| | Postgraduate | 5 | 2 |
| | Total | 248 | 100 |

The study collected data on the distribution of nurses by gender, age and education levels. The results in Table 4.2 show that 87% of the respondents were female. This shows that there was a great gender disparity among nursing officers working at Nyeri County Public Health facilities and at the county director's office whereby men are greatly underrepresented. The results show that 28% of the respondents were aged below 30 years while 27% of respondents were aged amid 40 and 50 years. This shows that the bulk of nurses working at County Public Health facilities and at the Nyeri county director's office were middle aged since slightly above half (53%) of the respondents were aged over 40 years. These results also show that there was a large diversity in age as every age group including baby boomers, gen x and millennial were all part of the workforce. In regards to education, research results indicates that majority (65%) of the respondents had achieved a diploma as their highest education level. The results also showed that all the respondents had acquired some form of post-secondary education. This implies that nurses working at County Public Health facilities and at the Nyeri County director's office were substantially well educated and at a position to comprehend the questions put to them in the study.

### 4.3.2 Roles and Responsibilities of Respondents

Results pertaining roles and responsibilities are presented in Table 4.3.

**Table 4.3 Roles and responsibilities of respondents**

| Variable | Category | Frequency | Percentage |
|---|---|---|---|
| Terms of employment | Contract | 79 | 32 |
| | Permanent | 169 | 68 |
| | Total | 248 | 100 |
| Speciality | General nursing | 198 | 80 |
| | Critical Care | 25 | 10 |
| | Mental Health | 5 | 2 |
| | Renal | 10 | 4 |
| | Others | 15 | 6 |
| | Total | 248 | 100 |
| Responsibility | Nursing officer in charge | 2 | 1 |
| | Ward in charge | 25 | 10 |
| | ward nurse | 208 | 84 |
| | Any other | 13 | 5 |
| | Total | 248 | 100 |
| Experience in current role (years) | 2-5 | 119 | 48 |
| | 6-10 | 40 | 16 |
| | 11-20 | 42 | 17 |
| | >21 | 47 | 18 |
| | Total | 248 | 100 |
| Nursing Experience (years) | 2-5 | 92 | 37 |
| | 6-10 | 40 | 16 |
| | 11-20 | 42 | 17 |
| | >21 | 74 | 30 |
| | Total | 248 | 100 |

The results in Table 4.3 above show that majority of nurses were employed on permanent terms and majority (80%) of respondents in the study were in general nursing. The results also show that majority (84%) of the nurses worked in the wards. This can be attributed to the fact that most respondents were drawn from Nyeri County Public Health Referral facilities. Results in Table 4.3 show that somewhat less than half (48%) had a working experience (practice) of between 2 and 5 years. The average working experience of respondents' current role was 6 years. The results also show that 37% of nurses had a nursing experience of 2-5 years while those who had an experience of over 21 years accounted for 30% of the respondents. The mean nursing experience

was 8 years. The results, therefore reveal that most respondents involved in the study had received sufficient working experience to facilitate them respond appropriately to the study questions.

## 4.4 Descriptive Results

The descriptive results statistics are grouped according to study variables namely recruitment, training approaches, deployment practices, motivation, and performance of nursing officers in Nyeri County.

### 4.4.1 Recruitment

Table 4.4 shows the results of recruitment of nursing officers in Nyeri County.

**Table 4.4 Recruitment of nursing officers**

| Question | Responses | Frequency | Percentage |
|---|---|---|---|
| Processes in Place for Recruiting Staff | Internships | 109 | 44 |
| | Field placements | 82 | 33 |
| | Tuition | 32 | 13 |
| | Reimbursement | 25 | 10 |
| | Total | 248 | 100 |
| Selection techniques | Written knowledge test | 9 | 3 |
| | Written personality test | 3 | 1 |
| | Self-assessment | 5 | 2 |
| | Individual interviews | 225 | 91 |
| | Use of role play | 6 | 2 |
| | Total | 248 | 100 |
| Orientation techniques | Job preview | 3 | 1 |
| | Classroom training | 5 | 2 |
| | Job shadowing | 3 | 1 |
| | On job orientation | 237 | 96 |
| | Total | 248 | 100 |

The study assessed the recruitment and selection practices of nurses in Nyeri County. The results would enable the researcher determine how recruitment affects performance

of nursing officers, in Nyeri County, Kenya. The results in Table 4.4 show that internships (44%) and field placements (33%) were the most mentioned recruitment process. The vast majority (91%) indicated individual interviews when asked to mention selection techniques. The vast majority (96%) indicated on the job orientation when asked to mention orientation techniques.

The results therefore show that recruitment processes in Nyeri County comprised of internships and field placements. Selections were made via interviews while job orientation was the main orientation techniques. This result is in agreement with Ashraf (2017) finding, who indicated that recruitment process entails analysing job requirements, attracting employees to that job, screening and selecting applicants, hiring, and integrating the new employee to the organization. The result is also in tandem with the findings of Rubery et al. (2011) whereby the success and prosperity of healthcare organizations in this 21st century environment depends on the quality of the human resource that steers the day to day undertakings of the healthcare organizations. The is also in agreement with Mulaa (2015) that, healthcare organizations that want to fill or replace their vacancy very quickly or who are reluctant to have recruitment processes such as job analysis, are possibly less discriminating in the quantity and quality of the potential candidates while healthcare organizations who lay effort into the process of recruitment turn on more search networks than healthcare organizations that do not.

### 4.4.2 Training

Results on training approaches are captured in Table 4.5 below.

**Table 4.5 Training approaches**

| Training approaches | Frequency | Percentage |
|---|---|---|
| On the job training | 156 | 63 |
| Supervisory assistance | 8 | 3 |
| Training courses | 70 | 28 |
| Job instruction | 3 | 1 |
| Upgrading programs | 11 | 5 |
| Total | 248 | 100 |

The study assessed training of nurses in Nyeri County. The results would enable the researcher find out the influence of training on performance of nursing officers, in Nyeri County. The results in Table 4.5 indicate that majority (63%) of the subjects indicated that on the job training was used while 28% indicated that there was used of training courses. The results therefore show that training of nurses was conducted but there was a limitation in the diversity of approaches used. This is in tandem with findings of Vasan et al. (2016) who resolved that training is a variable that enhances healthcare employee assurance and maximizes healthcare employee prospective. It is also in tandem with findings of Ashour et al. (2018) that healthcare institutional training opportunities are acknowledged as being able to become sources of modest advantage through their impact on healthcare employees' production. The result is in tandem with findings of Ayeleke et al. (2016) that healthcare staffs training plays a crucial role in enhancing performance as well as increasing productivity. Consecutively, this leads to enlisting healthcare organizations in the better positions to deal with competition and stay effectively at the top. It is also in tandem with Nishtha and Amit (2010) finding that training is significant at all healthcare employee levels, due to the fact that skills erode and become outdated over a period and therefore necessary to be replenished.

### 4.4.3 Deployment Practices

Table 4.6 below indicates deployment practices results.

**Table 4.6 Deployment practices**

|  | N | Min | Max | Mean | SD |
|---|---|---|---|---|---|
| The management ensures equity in diversity during deployment of staffs | 245 | 1 | 5 | 2.73 | 1.132 |
| My organization provides fair deployment and staffing levies across all departments | 245 | 1 | 5 | 2.93 | 1.036 |
| Deployment in some department is deemed as disciplinary action | 242 | 1 | 5 | 3.09 | 1.325 |
| Deployment is well planned | 245 | 1 | 5 | 2.62 | 1.056 |
| Deployment is sufficiently done | 239 | 1 | 5 | 2.21 | 1.099 |
| Deployment schedules are helpful the long run | 219 | 1 | 5 | 2.87 | 1.056 |
| Managers exhibit favoritism rather than experience and competency during deployment | 245 | 1 | 5 | 2.40 | 1.350 |
| Managers respond to deployment needs per department or ward or facility | 248 | 1 | 5 | 3.07 | 1.218 |
| Average |  |  |  | 2.74 | 1.159 |

The researcher sought to establish deployment practices in Nyeri County health department. The results would enable the study determine the effect of deployment practices on the performance of nursing officers, in Nyeri County. The mean value of 2.73±1.132 shows that bulk of respondents indicated that deployment practices assessed were employed to a less extent. The results show that deployment in some department is deemed as disciplinary action (M=3.09, SD=1.325) and managers respond to deployment needs per department or ward or facility (M=3.07, SD=1.218) were rated to moderate extent. Therefore the results show that there were gaps in the deployment practices in Nyeri County health department. This is steady with findings of Murphy *et al.* (2014), Rivers and Gordon (2017) and Zerfu et al. (2018) who established challenges in deployment of nurses. The results are also consistent with the findings of VanDevanter et al. (2014) that nurses who were deployed came across practice challenges associated to working in an unfamiliar environment, minimum

orientation, and lawful concerns about clinical tasks. The nurses experienced psychological and social challenges associated with uncertainty about future employment, the intense experience of the evacuation, and the increased demands of managing or dealing with the deployment.

### 4.4.4 Motivation

The study also assessed motivation of nurses in Nyeri County. These research results would enable determine the influence of motivation on performance of nursing officers, in Nyeri County, Kenya. The motivation variables' results are presented in this section.

### 4.4.4.1 Motivation Practices

Table 4.7 shows the results on motivation practices.

### Table 4.7 Motivation practices

|  | N | Min | Max | Mean | SD |
|---|---|---|---|---|---|
| The management provides opportunity for individual and professional development | 245 | 1 | 5 | 2.71 | 1.090 |
| Healthcare organization provides fair training and development opportunities | 245 | 1 | 5 | 2.46 | 1.054 |
| Training opportunities increases employee motivation | 245 | 1 | 5 | 4.02 | 1.081 |
| Training is well planned | 245 | 1 | 5 | 2.45 | 1.061 |
| Nursing staffs are involved/represented in making decisions about training | 228 | 1 | 5 | 2.12 | 1.066 |
| Training is of sufficient duration | 236 | 1 | 5 | 2.63 | 1.212 |
| Training programs helpful in long run | 243 | 1 | 5 | 4.10 | 0.896 |
| The present training system requires review | 237 | 1 | 5 | 3.95 | 1.106 |
| Instructor responses are appropriate during training | 242 | 1 | 5 | 3.31 | 1.187 |
| The management gives opportunity to nursing officers who are/want to upgrade their studies | 245 | 1 | 5 | 2.64 | 1.195 |
| The remuneration of nursing staffs who have upgraded is always reviewed according to Human Relations policy | 242 | 1 | 5 | 1.88 | 0.999 |
| There are nursing staff promotions upon training and development. | 242 | 1 | 5 | 1.81 | 1.133 |
| Average |  |  |  | 2.84 | 1.090 |

Results in Table 4.7 show that motivation practices were done to a less extent as indicated by a mean of 2.84±1.090. The remuneration of nurses upgrading (M= 1.88, SD=0.999) and nursing staff promotions upon training (M=1.81, SD=1.133) were rated to no extent indicating that they were almost never done. The results also show that training opportunities increases employee motivation (M=4.02, SD=1.081) and training programs are helpful in long run (M=4.10, SD= 0.896) were rated to a great extent indicating that respondents recognized the importance of training on motivation and performance.  In addition majority of respondents indicated that the present training system requires review (M= 3.95, SD=1.106).

The results therefore show that motivation of nurses was not well done as there were no upgrading and promotion opportunities for nurses. The results are in agreement with findings of Sato et al., (2017) where health care professionals in Uganda complained to researchers that they do not get paid enough salary compared to other civil servants of equitable professions. The results are in agreement with those of Jooste and Hamani (2017) that poorly encouraged health service providers can have an undesirable impact on individual health facilities and the entire health system. The results are also in agreement with findings of Korlén et al., (2017) that unmotivated health staffs significantly impact countryside areas. Frequently it's these human resources who work extended hours, whose workplaces with fewer resources than urban health facilities, and this is where they feel mostly isolated or alienated.

### 4.4.4.2 Motivation Approaches

The motivation approaches results assessed are shown in Table 4.8 below.

**Table 4.8Motivation approaches**

| Approach | Frequency | Percentage |
|---|---|---|
| Issuance of day offs | 94 | 38 |
| Over time payments | 2 | 1 |
| Salary increments | 42 | 17 |
| Job group promotions | 22 | 9 |
| Improved working conditions | 42 | 17 |
| Use of up to date communication technology | 5 | 2 |
| Personal & family health insurance | 2 | 1 |
| Employment of effectively training managers | 5 | 2 |
| Any other | 32 | 13 |
| Total | 248 | 100 |

Results in Table 4.8 shows that the most mentioned motivation approaches included day offs (38%) salary increments (17%) and improved working conditions (17%). However, only a very small percentage mentioned each motivation approach lending support to results in Table 4.7 that there were gaps in motivation of nurses in Nyeri County. This is in tandem with findings of Lu et al. (2016) that keeping health care professionals satisfied and motivated boosts the whole health system to work smoothly and efficiently. This is also in tandem with findings of Engeda et al. (2014) that health workers who are not motivated are known to quit their jobs, either leaving rural and remote areas for work in urban cities, or relocating to other countries in the quest of well-paying job openings.

### 4.4.5 Performance of Nurses

The researcher sought to find out the performance of nurses in Nyeri County. The results would facilitate the researcher to determine the HRM practices influencing the performance of nursing officers in Nyeri County, Kenya. The performance of variables

assessed include performance of tasks and duties, compliance to nursing policies and procedures, HRM challenges experienced, and the role of nursing policies and procedures on performance.

### 4.4.5.1 Performance in Tasks and Duties

Table 4.9 shows the results on performance of tasks and duties by nurses.

**Table 4.9 Performance of nurses**

|  | N | Min | Max | Mean | SD |
|---|---|---|---|---|---|
| Nursing officers observe working hours (work shifts) | 245 | 2 | 5 | 4.09 | 0.846 |
| Nursing officers utilize 24 hour nursing care plan daily | 245 | 1 | 5 | 3.71 | 1.080 |
| Nursing officers promptly perform procedures | 243 | 2 | 5 | 3.91 | 1.035 |
| Nursing officers offer health education to clients | 245 | 2 | 5 | 3.71 | 0.983 |
| Nursing officers train diploma/degree nursing students and interns | 245 | 1 | 5 | 4.02 | 1.154 |
| Nursing officers observe standard operating procedures in managing clients | 243 | 2 | 5 | 3.88 | 1.022 |
| There are quality assessments in the nursing division addressing client issues | 245 | 1 | 5 | 3.64 | 1.048 |
| Ward In-charges and Nursing services managers conduct nursing audits | 245 | 1 | 5 | 3.24 | 1.310 |
| Nursing officers participate in nursing ward round | 245 | 1 | 5 | 3.78 | 1.305 |
| Nursing officers participate in medical officers (doctors) ward round | 242 | 1 | 5 | 3.71 | 1.251 |
| Nursing officers participate in hospital/ward mortality monthly meetings | 243 | 1 | 5 | 3.35 | 1.252 |
| Nursing officers have positive working relationships with other health care workers | 246 | 1 | 5 | 3.94 | 0.908 |
| Average |  |  |  | 3.75 | 1.100 |

Results from Table 4.9 above shows the mean value of 3.75±1.100 which indicates that the items tested on performance of nurses were done about half of the time. The results in Table 4.9 also show that observing working hours (M=4.09, SD=0.846) and training students (M=4.02, SD=1.154) were usually done while all other activities were done about half of the time. These results therefore suggest that there was moderate

performance of nurses. This research finding is consistent with outcomes of Patterson et al. (2010), Hyde et al. (2013) and Cogin et al. (2016) which revealed that there was poor performance of nurses especially in developing nations.

### 4.4.5.2 Compliance to Nursing Policies and Procedures

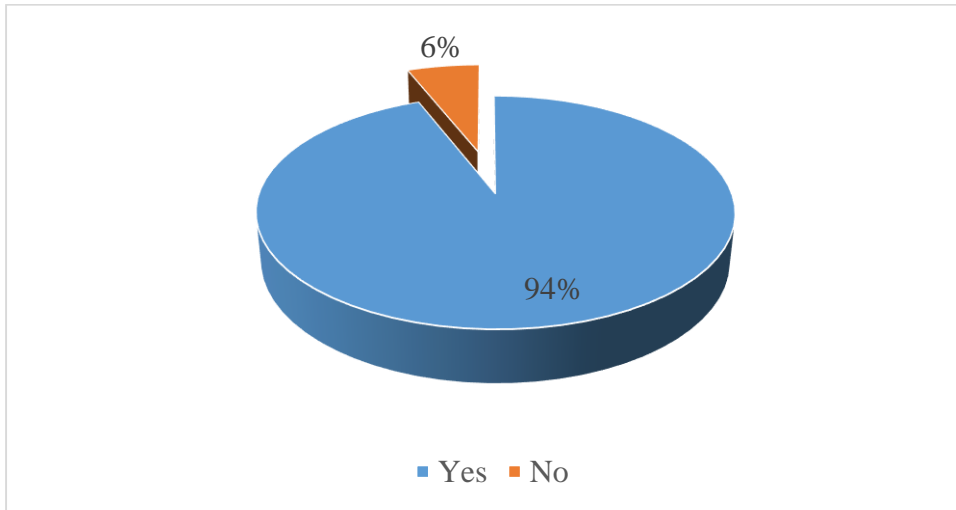Figure 4.3 shows results of compliance to nursing policies and procedures.



**Figure 4.3 Compliance to nursing policies and procedures**

In Figure 4.3 above results show that the vast majority (94%) of respondents indicated that they observed nursing policies and standard operating procedures in care of clients. This shows that there was a high performance as pertains to compliance to policies and procedures. This is consistent with Ubeda-García et al. (2013) who argued that policy guidelines are essential to ensure that healthcare staff's performance is appraised, which in turn warrants that appropriate training and development is undertaken. It is also in tandem with findings of Kurnat-Thoma et al. (2017) who reaffirmed that healthcare organizations with added progressive people-oriented policies excel, leaving the competition behind. This can be further attributed to the role regulatory bodies such as the NCK in training licensure and practice of nurses. This high performance can also

be attributed to legal impact (malpractice and negligence) associated with nursing practice.

### 4.4.5.3 HRM Challenges

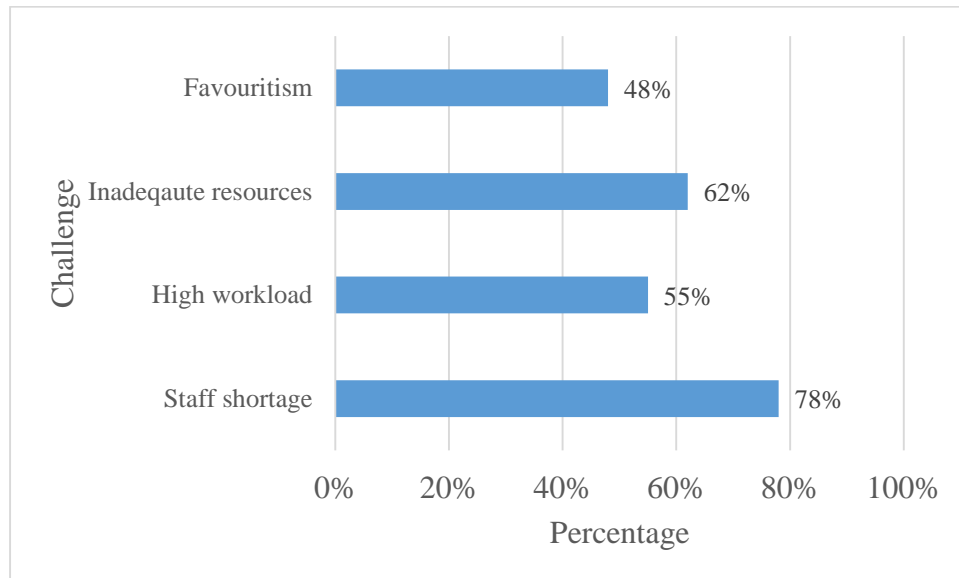Figure 4.4 show results on HRM challenges affecting performance of nursing officers in Nyeri County.



**Figure 4. 4 HRM Challenges**

Results in Figure 4.4 show that staff shortage was the challenge mentioned by majority (78%) of respondents followed by inadequate resources (62%) and high workload (55%). This is consistent with findings of WHO (2009) who indicated that there exists a worldwide scarcity of health care professional estimated to be around 2.3 million physicians, nurses and midwives, and over 4 million health workers overall. The finding is also agrees with Hongoro and Normand (2006) that various system-related issues have an indirect impact on staff retention, as they add up to staff shortages and amplified workload for the current staffs.

#### 4.4.5.4 Role of nursing policies and procedures on performance

In Table 4.9 above, the respondents in the study indicated that nursing policies and standard operating procedures enhance performance of nursing officers through better service delivery (M=3.64, SD=1.048). This is in agreement with findings of Buchan (2002) and Hongoro and Normand (2006) finding that inadequacy of policy and planning at national level leads to interruptions and limitations in recruitment and deployment of staff, and insufficient staffing deployment policies lead to the poor distribution of staff, leaving remote areas unattended.

### 4.5 Diagnostic Tests

Table 4.10 below shows the diagnostic tests for the study variables.

**Table 4.10 Skewness and Kurtosis**

| Variable | Skewness | Kurtosis |
|---|---|---|
| Recruitment and selection | -0.045 | -1.438 |
| Deployment | 1.251 | 1.877 |
| Training and development | 0.574 | -1.259 |
| Motivation | 0.140 | -1.653 |
| Performance | -0.794 | -1.401 |

In order to perform inferential statistics, the data was subjected to normality test. In this study, normality was tested by checking the skewness of data. Results in Table 4.10 show that the biggest value of skewness was 1.251 for deployment while the biggest value for kurtosis was 1.87. Consistent with George and Mallery (2010) the values for asymmetry and kurtosis between -2 and +2 are considered satisfactory in order to demonstrate normal univariate distribution.

## 4.6 Influence of HRM on Performance of Nursing Officers

To determine HRM practices influencing the performance of nursing officers in Nyeri County, Kenya, chi-square tests were conducted. Computed scores of the independent variables were related to computed scores of performance. The results are presented in Table 4.11 below. Subsequently follows the discussions and interpretations of each independent variable and performance of nursing officers.

**Table 4.11 Chi-square Output**

| Variable | Chi-square value | df | P-value | Cramer's V |
|---|---|---|---|---|
| Recruitment | 17.655 | 12 | 0.127 | 0.328 |
| Training | 34.500 | 12 | 0.001*** | 0.422 |
| Deployment | 11.705 | 16 | 0.764 | 0.268 |
| Motivation | 28.860 | 16 | 0.025*** | 0.473 |

***Significant at 95% CL

Chi-square analysis in Table 4.11 showed that training ($\chi2= 34.500$, df=12, p=0.001) and motivation ($\chi2 = 28.860$, df=16, p=0.025) were significant at 95% confidence level. All the Cramer's V values were positive indicating that HRM practices enhance performance. The Cramers' V values show that motivation (v=0.473) was the most influencing followed by training (v=0.422).

### 4.6.1 Recruitment and Performance of Nurses

According to results in Table 4.11, there was no significant association ($\chi^2= 17.655$, df=12, p=0.127, v=0.328) between recruitment and the performance of nursing officers, in Nyeri County, Kenya.The finding is in disagreement with Rubery *et al.* (2011) that the achievement of healthcare organizations in this modern, 21st century, business environment depends on the calibre of the human resource that steers the day to day activities of the healthcare organizations. The finding is also in disagreement with findings of Mulaa (2015) that healthcare organizations that fills or replaces their

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vacancy very quickly or who are unwilling to undertake recruitment processes, are likely less discriminating in the quantity and quality of the candidates while healthcare organizations who put effort into the process of recruitment turn on additional search channels than healthcare organizations who do not.

### 4.6.2 Training and performance of nurses

There was a significant association ($\chi^2$= 34.500, df=12, p=0.001, v=0.422) between training and the performance of nursing officers, in Nyeri County, Kenya. This is in tandem with findings of Vasan et al. (2016) who established that training is a factor that improves healthcare employee commitment, eventually maximizing healthcare employee potential. It is in tandem with findings of Ashour et al. (2018) that healthcare institutional training actions are recognized as being able to become sources of viable advantage through their impact on healthcare employees' production. The finding is also in tandem with findings of Ayeleke et al. (2016) that healthcare employee training plays an important role in improving performance as well as increasing productivity.

### 4.6.3 Deployment and performance of nurses

There was no significant association between ($\chi^2$= 11.705, df=16, p=0.764, v=0.268) deployment and the performance of nursing officers, in Nyeri County, Kenya. This is inconsistent with findings of Murphy et al. (2014), VanDevanter et al. (2014) and Rivers and Gordon (2017) and Zerfu et al. (2018) who established relationships between deployment of nurses and their performance.

### 4.6.4 Motivation and performance of nurses

There was a significant association ($\chi^2$= 28.860, df=16, p=0.025, v=0.473) between motivation and the performance of nursing officers, in Nyeri County, Kenya. These

findings are in agreement with those of Sato et al., (2017) where health professionals in Uganda complained to researchers that they do not earn enough salary relative to other civil servants of equitable professions. The findings are in agreement with those of Jooste and Hamani (2017) that poorly motivated health human resources can have a negative impact on individual facilities and a whole health system. The findings are also in agreement with findings of Korlén et al., (2017) that health workers who are not motivated greatly impact remote areas. Usually it's these health professionals who work longer hours, whose workplaces have inadequate resources, and whom feel most isolated and alienated.

# CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

## 5.1 Introduction

This chapter presents a summary of findings of the study. The researcher's conclusion and recommendations are also presented.

## 5.2 Summary

Health outcomes are unsatisfactorily low across most of the developing world, and the perseverance of deep inequities in health status is a problem which is affecting all countries in the world. The most vital of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge (information), skills and motivation of those individuals or staffs responsible for delivering various health services. Within the country and counties there have been several health healthcare staffs strikes largely due to the issues of HRM practices. In Nyeri County, HCWs cite that during the strike operations of the hospital are paralyzed. The management also cites that forming high performing teams is a big challenge due to the training and nature of the health sector. In Nyeri County Public Health facilities, according to the duty roasters, most of HCWs are absent from duty for one reason or the other. Developing and using best human resources practices can be a source of addressing this challenges.

The purpose of this study was to determine HRM practices influencing the performance of nursing officers at Nyeri County in Kenya. The explicit objectives of the study were to determine how recruitment affects the performance of nursing officers, establish the influence of training on the performance of nursing officers, determine the influence of deployment practices on the performance of nursing officers and, determine the

influence of motivation on the performance of nursing officers, in Nyeri County, Kenya. The study adopted a cross sectional descriptive research design. The study targeted nursing staffs and managers in Nyeri County Public Health facilities and at the County Director's Office. A sample of 248 nurses was calculated using stratified random sampling. Data was collected using questionnaire. Quantitative data was analyzed by descriptive and inferential statistics using statistical package for social sciences SPSS 23. Qualitative analysis was applied for open ended questions, wherein traditional text analysis was used for the analysis.

The researcher found that recruitment processes in Nyeri County comprised of internships and field placements. Selections were made via interviews while job orientation was the main orientation technique. Through the study, the researcher found that training of nurses was conducted but there was a limitation in the diversity of approaches used. The researcher found that there were gaps in the deployment practices in Nyeri County health department. The researcher also found that motivation of nurses was not well done, as there were no upgrading and promotion opportunities for nurses in the county. There was a moderate performance of nurses.

**5.3 Conclusion**

The researcher concludes that recruitment does not influence the performance of nursing officers, at Nyeri County in Kenya. Although, the county was found to use only a few recruitment, selection and orientation approaches and techniques this did not seem to affect the performance of nurses. However, the nurses complained of staff shortages and a high workload which they said were challenges to optimal service delivery.

The researcher further concludes that training influences the performance of nursing officers, in Nyeri County, Kenya. Specifically, the lack of adequate training is a drawback in service delivery. There is also over reliance on the job training as a mode of training staff. In addition, opportunities for nurses to further their studies are limited and there is little or no employee or nurses involvement in the planning of employee training.

The study concludes that deployment practices have no influence on the performance of nursing officers, in Nyeri County, Kenya. The study found that deployment practices were well planned and executed. However, there were aspects of favoritism and the practice was viewed as a disciplinary action. The findings showed that experience and competency were not always the guide when conducting deployment.

The study also concludes that motivation influences performance of nursing officers, in Nyeri County, Kenya. Specifically, the lack of motivation is a challenge in the performance of nurses. The findings showed that the remuneration of nursing staffs who have upgraded was not always reviewed according to Human Resources policy. There were also little or no nursing staff promotions upon training and development. This left nurses de-motivated which affects their performance and ultimately service delivery.

## 5.4 Recommendations

The devolved county government of Nyeri should hire more nurses to ease the workload of existing workforce brought about by staff shortages. This can be done by hiring nurses on contracts in the affected departments. In addition, the health ministry should diversify recruitment, selection and orientation approaches and techniques so as to get a diversity of skills among staff for better service delivery.

Training programs in the health sector should be reviewed in order to employ more techniques in the training of nurses. Nurses should also be involved in the training programs whereby they should identify areas where they feel they need more information. In addition, the count government in conjunction with institutions of higher learning should come up with a program to enable nurses further their education especially because the vast majority of nurses are diploma holders.

The Ministry of Health should rely on experience and competency of nurses when conducting deployment. In addition, the parameters used to deploy nurses should be made known to nurses so that there is transparency to avoid issues of perception of favoritism and deployment being viewed as a disciplinary action.

Motivation approaches and techniques used in the health sector should be overhauled as they are not effective. In particular, remuneration of nursing staffs who have upgraded should be reviewed according to human resources policy. Nursing staff promotions upon training and development should also be increased. This will not only enhance motivation but it will encourage more nurses to pursue higher education thereby enhancing the quality of the staff which will translate to better, efficient service delivery.

## 5.5 Suggestions for Further Study

The current study was focused on nurses; a similar study should therefore be conducted among other health workers since they work hand in hand with nurses in the delivery of healthcare. A study on the job satisfaction of nurses also needs to be carried out since it is an important indicator of health human resource practices.

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**Appendix I: Consent Form**

Kenya Methodist University

P. 0 Box 267-60200

Meru, Kenya

**SUBJECT: INFORMED CONSENT**

**Dear Respondent,**

My names are **Jeremiah Motari Ongori** I am a Msc student from Kenya Methodist University. I am conducting a study titled: **Human Resource Management Practices Influencing Performance of Nursing Officers in Nyeri County, Kenya.**

The findings will be utilized to strengthen the health systems in Kenya and other Low-in- come countries in Africa. As a result, countries, communities and individuals will benefit from improved quality of healthcare services. This research proposal is critical to strengthening health systems as it will generate new knowledge in this area that will inform decision makers to make decisions that are research based.

**Procedure to be followed**

Participation in this study will require that I ask you some questions and also access all the hospital's department to address the six pillars of the health system. I will record the information from you in a questionnaire check list.

You have the right to refuse participation in this study. You will not be penalized nor victimized for not joining the study and your decision will not be used against you nor affect you at your place of employment.

Please remember that participation in the study is voluntary. You may ask questions related to the study at any time. You may refuse to respond to any questions and you may stop an interview at any time. You may also stop being in the study at any time without any consequences to the services you are rendering.

**Discomforts and risks.**

Some of the questions you will be asked are on intimate subject and may be embarrassing or make you uncomfortable. If this happens; you may refuse to answer if you choose. You may also stop the interview at any time. The interview may take about 40 minutes to complete.

**Benefits**

If you participate in this study you will help us to strengthen the health systems in Kenya and other Low-in- come countries in Africa. As a result, countries, communities and individuals will benefit from improved quality of healthcare services. This field attachment is critical to strengthening the health systems as it will generate new knowledge in this area that will inform decision makers to make decisions that are research based.

**Rewards**

There is no reward for anyone who chooses to participate in the study.

**Confidentiality**

The interviews will be conducted in a private setting within the hospital. Your name will not be recorded on the questionnaire and the questionnaires will be kept in a safe place at the University.

**Information**

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

1. Mr. Musa Oluoch, **Cellphone**: +254722483909 **E-mail:** moluoch123@yahoo.com

2. Ms. Maureen A. Adoyo, **Cellphone**: +254723509359 **E-mail:**

adoyoachyengeh@yahoo.com

3. Dr. Wanja Mwaura-Tenambergen **Cellphone**:+254726678020

   **E-mail: wanjamwaura@gmail.com;** Head of Department of Health Systems
Management of Kenya Methodist University, Nairobi campus.


**Participant's Statement**

The above statement regarding my participation in the study is clear to me. I have been
given a chance to ask questions and my questions have been answered to my
satisfaction. My participation in this study is entirely voluntary. I understand that my
records will be kept private and that I can leave the study at any time. I understand that
I will not be victimized at my place of work whether I decide to leave the study or not
and my decision will not affect the way I am treated at my work place.

Name of Participant………………………………………….

Date…………………………..

Signature…………………………………………

**Investigator's Statement**

I, the undersigned, have explained to the volunteer in a language s/he understands the
procedures to be followed in the study and the risks and the benefits involved.

Name                                                                                                                    of

Interviewer……………………………………………Date……………………

Interviewer Signature…………………………………………

**Appendix II: Research Questionnaire**

**INSTRUCTION:** Kindly tick [ ✔ ] appropriate response

**Part A: Background Information**

1. Which is your gender?

     Male   [   ]              Female        [   ]

2. What is your age bracket?

     Up to 30 years        [   ]              Between 41-50          [   ]

     Between 31-40         [   ]              Above 50 years         [   ]

3. What is your highest level of education?

     Certificate                    [   ]              Diploma                  [   ]

     Higher Diploma                 [   ]              Undergraduate            [   ]

     Post graduates                 [   ]              Indicate      any      other

     _____

4. What is your area of specialty?

     General Nursing           [   ]              Critical Care Nursing          [

     ]

     Mental Health Nursing    [   ]              Renal Nursing                  [

     ]

     Palliative/Oncology Nursing [   ]           Emergency Nursing              [

     ]

     Nursing research & Education [   ]          Indicate      any      other

     _____

5. What is your responsibility at the County office or Nyeri County Referral Hospital?

Nursing officer in charge [  ]          Ward In charge          [  ]

Ward nurse          [  ]          Clinical instructor/preceptor [  ]

Indicate any other such as County Nursing Officer, County Public Health Nurse ... _____

6. For how long have you held (No. 5) responsibility?

Less than 2 - 5 years     [ ]          Between 6-10 years   [ ]

Between 11- 20years  [ ]          Above 21years          [ ]

7. How many years of experience do you have as a nursing officer (nurse)?

Less than 2 - 5 years     [ ]          Between 6-10 years   [ ]

Between 11- 20years  [ ]          Above 21years          [ ]

8. What are your terms of employment

Contract     [  ]     Permanent     [  ]          Seconded     [  ]

If     seconded,     indicate     by     which     body/organization

_____

**RECRUITMENT & SELECTION** (Tick [ ✔ ] any appropriate)

1. **What processes are in place for recruiting staff in Nyeri county**

   ☐Internships

   ☐Field placements

   ☐Tuition

   ☐Reimbursement

   Any other _____

2. **What are the selection techniques used during recruitment and selection in the facility?**

☐ Written knowledge test

☐ Written personality test

☐ Self-assessment questionnaires

☐ Individual interviews with HR personnel (County Public Service)

☐ Use of role play during the interview process

☐ Group interviews with social work staff

3. **Which are the orientation techniques mandated (assigned to) for new staff?**

☐ Job preview videotape

☐ Classroom Training for new staff

☐ Job shadowing

☐ Computer- based training module

☐ On job orientation

☐ None

**DEPLOYMENT**

4. To what extent do you agree with the following deployment factors on how they influence nursing officers performance?     **Key:** 1 To No Extent, 2 To Less Extent, 3 To Moderate Extent, 4 To Great Extent, 5 To Very Great Extent **(Please put an X as appropriate.)**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| The management ensures equity in diversity during deployment of staffs | | | | | |
| My organization provides fair deployment and staffing levies across all departments | | | | | |
| In my opinion, deployment in some department is deemed as disciplinary action | | | | | |
| Do you agree that deployment is well planned? | | | | | |
| Do you agree that deployment is sufficiently done? | | | | | |
| Are deployment schedules are helpful the long run? | | | | | |
| In my opinion, managers exhibit favoritism rather than experience and competency during deployment | | | | | |
| Do you agree that managers respond to deployment needs per department or ward or facility? | | | | | |

**TRAINING/LEARNING AND DEVELOPMENT**

5. **Which approach/approaches is/are used to train nursing officers in Nyeri County?**

 ☐ On the job training

 ☐ Coaching

 ☐ Supervisory assistance and mentoring

 ☐ Training courses and seminars

 ☐ Job instruction

 ☐ Consultants

 ☐ Job rotation

☐ Upgrading programs

☐ Team learning

☐ Nursing practice research (Engaging in research)

Any other:_____

**MOTIVATION**

6. To what extent do you agree with the following motivating factors on how they influence nursing officers' performance? **Key:** 1 To No Extent, 2 To Less Extent, 3 To Moderate Extent, 4 To Great Extent, 5 To Very Great Extent **(Please put an X as appropriate.)**

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| The management provides opportunity for individual and professional development |  |  |  |  |  |
| Healthcare organization provides fair training and development opportunities |  |  |  |  |  |
| In my opinion, training opportunities increases employee motivation |  |  |  |  |  |
| Do you agree that training is well planned? |  |  |  |  |  |
| Do you agree that nursing staffs are involved/represented in making decisions about training |  |  |  |  |  |
| Do you agree that training is of sufficient duration? |  |  |  |  |  |
| Do you agree that training programs helpful in long run? |  |  |  |  |  |
| Do you agree that the present training system requires review? |  |  |  |  |  |

| | | | | | |
|---|---|---|---|---|---|
| Do you agree that instructor responses are appropriate during training? | | | | | |
| The management gives opportunity to nursing officers who are/want to upgrade their studies? | | | | | |
| The remuneration of nursing staffs who have upgraded is always reviewed according to Human Relations policy? | | | | | |
| There are nursing staff promotions upon training and development. | | | | | |

**7.** Which approach/es is/are used to motivate nursing officers?

☐ Issuance of day offs upon outstanding performance

☐ Over time payments

☐ Salary increments

☐ Job group promotions

☐ Improved/safer working conditions

☐ Use of up to date communication technology

☐ Personal & family health insurance services

☐ Use of technology to reduce workload

☐ Employment of effectively trained managers

**PERFOMANCE**

**8.** Rate nursing practice in Nyeri County on the items below where 1= Never, 2 sometimes, 3= about half the time, 4= usually, and 5= Always.

**(Please put an X as appropriate.)**

98

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Nursing officers observe working hours (work shifts) | | | | | |
| Nursing officers utilize 24 hour nursing care plan daily | | | | | |
| Nursing officers promptly perform procedures | | | | | |
| Nursing officers offer health education to clients | | | | | |
| Nursing officers train diploma/degree nursing students and interns | | | | | |
| Nursing officers observe standard operating procedures in managing clients | | | | | |
| There are quality assessments in the nursing division addressing client issues | | | | | |
| Ward In-charges and Nursing services managers conduct nursing audits | | | | | |
| Nursing officers participate in nursing ward round | | | | | |
| Nursing officers participate in medical officers (doctors) ward round | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Nursing officers participate in hospital/ward mortality monthly meetings | | | | | |
| Nursing officers have positive working relationships with other health care workers 1  2 | | | | | |

**Appendix III: Approval Letters**

# KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA          FAX: 254-64-30162
TEL: 254-064-30301/31229/30367/31171          EMAIL: info@kemu.ac.ke

9TH JULY 2018

Jeremiah Motari Ongari
HSM-3-2292-1/2013

Dear Jeremiah,

RE:     ETHICAL CLEARANCE OF A MASTERS' RESEARCH THESIS

Your request for ethical clearance for your Masters' Research Thesis titled "Human Resource Management Practices influencing Performance of Nursing Officers in Nyeri County, Kenya" 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.

Yours sincerely

**DR. WAMACHI**
Chair, SERC
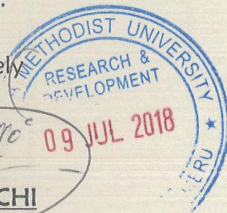
cc:     Director, RI & PGS

**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Ref: No. **NACOSTI/P/18/13725/24168**

Date: **11th September, 2018**

Jeremiah Motari Ongori
Kenya Methodist University
P.O. Box 267- 60200
**MERU.**

## RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *"Human Resource Management practices influencing performance of Nursing officers in Nyeri County, Kenya"* I am pleased to inform you that you have been authorized to undertake research in **Nyeri County** for the period ending **5th September, 2019.**

You are advised to report to **the County Commissioner, the County Director of Education and the County Director of Health Services, Nyeri County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

**DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner
Nyeri County.

The County Director of Education
Nyeri County.

## CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.

**REPUBLIC OF KENYA**

**NACOST**

**National Commission for Science, Technology and Innovation**

**RESEARCH CLEARANCE PERMIT**

Serial No.A 20499

**CONDITIONS: see back page**

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THIS IS TO CERTIFY THAT:
**MR. JEREMIAH MOTARI ONGORI**
of KENYA METHODIST UNIVERSITY ,
0-10100 Nyeri,has been permitted to
conduct research in *Nyeri County*

on the topic: *HUMAN RESOURCE MANAGEMENT PRACTICES INFLUENCING PERFORMANCE OF NURSING OFFICERS IN NYERI COUNTY, KENYA.*

for the period ending:
*5th September,2019*

Permit No : NACOSTI/P/18/13725/24168
Date Of Issue : 11th September,2018
Fee Recieved :Ksh 1000

................................
**Applicant's Signature**

..................................
**Director General
National Commission for Science,
Technology & Innovation**

# COUNTY GOVERNMENT OF NYERI

P.O. BOX 110- 10100
Telephone
Fax No.
NYERI

*Email: nyericountyhealth@yahoo.com*

## DEPARTMENT OF HEALTH SERVICES

OUR REF: CGN/HEALTH/HRM/5 VOL. II                    3rd July 2018

TO WHOM IT MAY CONCERN

RE:  RESEARCH AUTHORIZATION

The bearer of this letter, **Jeremiah Motari Ongori** is a student at Kenya Methodist University pursuing a Degree of Masters of Science in Health Systems Management.

He is hence introduced to carry out a research on **"Human Resource Management practices influencing performance of Nursing Officers in Nyeri County, Kenya"**. Kindly accord him the necessary assistance.

The student must deposit a copy of the final report with the department following completion of the study.
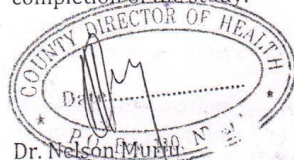
Dr. Nelson Muriu
County Director of Health Services
**NYERI COUNTY**

Noted by
H.T.C

25/7/18

TRAINING AND ETHICS COMMITTEE
NYERI - P.G.H.
P. O. Box 27 - 10100, NYERI

# MINISTRY OF EDUCATION
## STATE DEPARTMENT OF BASIC EDUCATION

E-Mail –centralpde@gmail.com
Telephone: Nyeri (061) 2030619
When replying please quote

OFFICE OF THE COUNTY
DIRECTOR OF EDUCATION
**P.O. Box 80  - 10100,**
**NYERI**

CDE/NYI/GEN/23/VOL.III/12

12th September, 2018

Jeremiah Motari Ongori
Kenya Methodist University
P O Box 267-60200
MERU

### RE:  RESEARCH  AUTHORIZATION

Reference is made to Secretary National Commission for Science, Technology and Innovation letter Ref. NACOSTI/P/18/13725/24168 of 11th September, 2018 on the above subject.

Kindly note that you have been authorized to carry out research on *"Human Resource Management practices influencing performance of Nursing officers in Nyeri County, Kenya"* for a period ending **5th September, 2019.**

**MOSES MAKORI**
**COUNTY DIRECTOR OF EDUCATION**
**NYERI COUNTY**

cc.

National Commission for Science,
Technology and Innovation,
P.O. Box 30623-00100
NAIROBI

# THE PRESIDENCY
### MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT

E-mail: nyericountycommissioner@yahoo.com
Telephone: 061  2030619/20
Fax:  061  2032089
When replying please quote

NYERI COUNTY COMMISSIONER
P.O. BOX 33-10100
NYERI

Ref. No. NYC/ADM.1/57/VOL.VI/97

12th September, 2018

Jeremiah Motari Ongori
Kenya Methodist University
P O BOX 267-60200
**MERU**

**RE: RESEARCH AUTHORIZATION**

Reference is made to your letter dated 25th June, 2018.

Approval is hereby granted to carry out research on "*Human Resource Management Practices Influencing performance of Nursing Officers in Nyeri County*".

The period of study ends on 5th September, 2019

P. MUGO
FOR: COUNTY COMMISSIONER
**NYERI COUNTY**

**Appendix IV: Raw data**