

**HUMAN RELATION FACTORS INFLUENCING HEALTH WORKER'S
PERFORMANCE IN THE HOSPITAL SETTINGS: A CASE OF PUBLIC AND
PRIVATE HEALTH FACILITIES IN KISUMU COUNTY**

ANG'AWA CHARLES ONYANGO

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN
HEALTH SYSTEM MANAGEMENT OF KENYA METHODIST UNIVERSITY
OCTOBER, 2022**

DECLARATION

Declaration by the Student

This thesis is my original work and has not been present for a degree or any other award in any other University.

Signature: Date.....

Charles Onyango Ang'awa

HSM – 3- 2728 – 1 /2011

Declaration by the Supervisors

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

Signature: Date.....

Prof. Wanja Mwaura-Tenambergen

Department of Health System Management

Kenya Methodist University

Signature: Date.....

Mr. Musa Oluoch

Department of Health System Management

Kenya Methodist University

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@ Charles Onyango Ang'awa

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DEDICATION

This research thesis is dedicated to my Mama Perez Adhiambo Ang'awa for her motherly love and support in my life.

ABSTRACT

A good health system management the third building block delivers quality health services to all people, at all times when and where they need them through the availability, competence, responsiveness and productivity of health worker's. The purpose of this study was to determinate the human relations factor influence health worker's performance in the health settings in Kisumu County. The specific objectives were to establish human relation factor influence on socio-demographic characteristics, participation in decision making, employee recognition, and job design in health worker's performance in hospital settings in Kisumu County. The study adapted a descriptive cross-sectional study design. 92 respondents participated in study from a population of 1082 health workers in the seventeen sample (17) health facilities purposefully selected out of the thirty-two (32) accredited health facilities in Kisumu County. Data was collected using self-administered questionnaire interview of health workers in the four (4) health professional and management categories and an observational scale check list was admitted to look at the performance of each of the health facilities and was validated during the study pretest, the collected data was recorded, transcribed and analyzed using the statistical package for social science (SPSS) version twenty-three (23). Inferential statistics was used to determine the level of influence of human relation factor influences on the performance of health workers in the health facilities in Kisumu County Written consent was given to each study participant. The researcher used correlation analysis was to measure the association between independent variables and dependent variable and the strength of their relationship established. The human relations in the study of the HWs socio – demographics was towards their communication and management found that the majority of respondents were female representing sixty-three (63%) and thirty-seven (37%), eighty-two (82%) were Kenyan and eighteen (18%) non-citizens, on recognition of the HWs the study found that the majority of the respondents thirty nine (39%) said that salaries and wages had a significant influence on their performance, in the HWs participation in decision making forty seven (47%) who participate in decision making, while seventeen (17%) were not aware of taking part in decision-making on their performances as employee, in the HWs impotent of the job designs majority were aware that the appraisal tool was satisfactory and relevant In conclusion, the human relations factor influence in the HWs performances was control and mange by the administrator of the county health and the broad of directors of the public private faith based health facilities. There for performances of the HWs human relations was influences by translate the health organizations into individuals, team and department goals to help clarity, corporate, continuous and evolutionary process which relies on consensus and cooperation rather than control or coercion to encourage self-management of individual performances. In conclusion HR performance focuses on future planning and improvement and personal development rather than a retrospective performance approach It has already been mentioned that in a complex organization such as the hospital setting, have a certain portion of communications and decisions making must of necessity be left to the judgment of those closest to the particular situation. The health organization must rely upon the competence of the various professional work groups, in which four things are of paramount importance: technical skills, humanitarian purpose, flexibility, and organization, in the health system people with the necessary technical skills must be selected and hires and the way made easy for them to adjust to the requirements of their work, their various activities must be effectively coordinated, and at the same time there must be sufficient freedom left for them to exercise their own professional judgment.

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ABBREVIATION AND ACRONYMS

HO	Health organisations
HWs	Health workers
HR&I:	Health Records and Information
HRH:	Human Resource for Health
HRI	Human Relations influences
HSM:	Health System Management
HSBB:	Health System Building Block
GOK:	Government of Kenya
JDS:	Job Diagnostic Survey
JFDQ	Job Design Questionnaire
SDGs:	Sustainable Development Goals
N.O:	Nursing Officer
RCO:	Register Clinical Officer
WHO:	World Health Organization
DMHS:	Direct Medical Health Services
IDMHS:	In-Direct Medical Health Services
NDMHS:	Non-Direct Medical Health Services
EHS:	External Health Services
MSS:	Health System Management

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Human Resources for Health (HRH) are an essential component of a well-functioning health care system worldwide. They are essential to the smooth operation of the healthcare system and should be compensated fairly, provided with adequate assistance, and given opportunities for ongoing education and development, especially those who work in rural or economically depressed areas. It is well acknowledged that effective disease treatment and improved global health outcomes depend on adequate Human Resources for Health. The fact that many nations' health systems are dysfunctional means that their citizens bear the brunt of the world's illness epidemics while receiving less care from fewer doctors and nurses than people in wealthier nations (Chen et al., 2004).

By promising transfer monies to the provinces and direct support for specific areas, the federal government demonstrates its financial commitment to Canada's human resources in health care inside the Canadian health care system (Canadian Health Coalition). Federal and provincial governments were given access to a CAD\$1.5 billion Diagnostic/Medical Equipment Fund over a three-year period as part of the Health Care Renewal Accord. This helped pay for specialist staff training and equipment that increased people's availability to publicly supported services (Canadian Nurses Association [CNS], 2007).

Professionals in human resources in the United States have taken steps to improve the quality of healthcare in their hospitals by analyzing and shaping the company's corporate culture. The actual culture's values, habits, and competencies were therefore defined and compared to the ideal culture (Swanson, 2003). As a result of the results of the climate study, a new model of care was developed that placed an emphasis on a decentralized nursing staff and a team-based approach to patient care, with the ultimate goal of empowering personnel to be more creative

and innovative. Nursing stations, for example, have been remodeled to make them more approachable (Swanson, 2003). As a result, some places now have a surplus while others have a severe shortage. Countries like Nicaragua are experiencing this pandemic. Managua, the country's capital and largest city, is home to only around 20% of the country's residents. Despite this, it is the primary employer of over half of the country's doctors and other medical professionals (Swanson, 2003). Another country with a similar problem is Bangladesh, where "four urban areas where less than 15% of the population dwells, plainly this causes a dilemma for those residing outside of these metropolitan districts" (where only 15% of the population resides).

When medical professionals leave a country, the government often responds by offering financial incentives to citizens of other countries to relocate there. Specifically, in 2001, about a third (237) of Zimbabwe's 730 nursing graduates emigrated to the United Kingdom, a significant rise from 1997, when only 26 (6.2%) of Zimbabwe's 422 nursing school graduates emigrated to the United Kingdom. This results in a significant loss of human capital for African countries, since their educational institutions are preparing students for careers in the medical field but are unable to keep them (Gupta et al., 2003).

In recent years, the situation of the health workforce in many Sub-Saharan African (SSA) Countries has commonly been described as "the crisis in human resources for health." This is because Human Resources for Health and the entire health systems in SSA have been underfunded for decades due to harsh economic policies like structural adjustment (Liese & Dussault, 2004; Chen, 2004).

According to the World Health Organization (2006), nations like Ghana, Kenya, South Africa, and Zimbabwe continue to look for human resources solutions to address their dearth of medically qualified workers. It is widely accepted that the outmigration of these countries' highly educated and medically qualified employees is a major contributor to their severe healthcare worker shortages. It's common for skilled workers to relocate to places where they'll receive greater compensation for their efforts. There is an exodus of health care professionals

to high-population areas, where demand is higher and salaries are higher (Gupta et al., 2003). These experts claim that they chose to settle in these communities because of the high quality of life that the area offered their families (Gupta et al., 2003).

Conflict, the HIV pandemic, limited institutional capacity, and the failure of donors to invest in recurring expenses like staff salaries have all contributed to the crisis. As a result of persistent underinvestment, health systems have collapsed, working conditions for medical professionals are deplorable, and rich and poor nations are unequally served by medical personnel (Gbary & Sambo, 2006).

The Human Resources for Health (HRH) problem has become a major challenge for health care delivery and for meeting the health-related Sustainable Development Goals in the east Africa area, Kenya, as it has in other Countries in Sub-Saharan Africa (SDGs). In the United States, there are more than 4,700 hospitals and other medical centers that together supply the country's population with healthcare services; over 51% of them are part of the public health system. Institutions such as state-run clinics, health centers, and dispensaries are all part of the public health system.

Human relations, as defined by Hegar (2011), is the process by which the management of any organization brings the employees into contact with the organization in such a way that the objectives of both groups are achieved. To begin, HR implies caring for your staff. However, some managers are too concerned with pleasing their employees that they fail to get the job done, while others are too focused on their duties to devote any time to learning about the human, social, and psychological facets of their workplace. An effective manager maintains equilibrium between work and people. Second, a good manager knows that human relations are crucial at any level of the company, but that different levels will require different approaches. Applying concepts from human relations in the appropriate manner was determined by the circumstances.

1.2 Statement of the Problem

The understanding of human relations factors influences on HWs performances can be an innovative tool for dealing with and solving the problem of poor quality health care services delivery especially amongst the health workers which has often been attributed to inadequate knowledge and skills compounded by broader system failures and low staff's numbers. Human relations was not always a concern to the conservations on organizations performances or service delivery success The need to tackle inadequate Human aspect of jobs for Health, as an essential part of strengthening health systems was emphasized in the (Afriyie et al, 2019).

Traditionally, human relations in the Health Workers employments consists of all those area of HRMs involve relationship with employees who are manly affected by the managerial and internal communications although external communications are an additional channel of information's the they focused that are concerns towards low-income settings among those expected to lead such units has been on a micro and macro-level issues related to workforce training, recruitment, retention, skill mix and distribution, yet it is increasingly recognized that human relations can be a major mediator and moderator of effectiveness of health care provision (Ahmet et al., 2022).

The key issues of the hospitals setting in Kisumu County are in dire need of funding to rehabilitate, re-design, equip and staffing them to ensure effective and efficient service delivery to the residences. Most of the public and private hospitals in the county especially rural areas are in a sad state that has incapacitated them from offering efficient services to patients and to alleviate the deplorable conditions. There are few studies that had been done focusing on Human relations contributing to improving poor performance in health service delivery by the HW.s in public health sector but none has been focused on the influence of human relation factors as an innovation for performances Therefore this study will seeks to investigate the third pillar building block of HRMs on the factors of human relations influences on health

worker's towards their performance in their work place with specific reference to Public, private and faith based health facilities in Kisumu sub- County.

1.3 Purposes of the study

The study aimed at identifying factors associated with human relations influences towards HWs performances in the health facilities Kisumu sub County: Case study of Public, Private and Faith based care.

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of the study was to determine the human relation factors influences on health worker's performances in hospital settings in Kisumu sub- County.

1.4.2 Specific Objectives

The specific objectives of the study were;

- i. To determine the human relations factors, influence of socio-demographics characteristics of health workers towards their performance in hospital settings in Kisumu sub - County.
- ii. To examine the HW. s human relations factors influence on the participation towards their performance in hospital settings in Kisumu sub - County.
- iii. To establish the HW, s human relations factors influence of recognition towards their performances in hospital settings in Kisumu sub - County.
- iv. To determine the HW. s human relations factors influence of job design towards their performance in hospital settings in Kisumu sub - County.

1.5. Research Questions

1. Which characteristics of human relations influence of socio-demographics on the health worker's performance in hospital settings in Kisumu sub - County?
2. How's does health worker's participation influence their performances in hospital settings in Kisumu sub - County?
3. Can recognition of health worker's factors influence their performance in hospital settings in Kisumu sub - County?
4. Which factors influences job design towards the health worker's performance in hospital settings in Kisumu sub - County?

1.5.1 Hypotheses

Ho1: Is influences of human relation a factors towards health worker's performance in the hospital setting?

1.7 Limitations and scope of the study

The researcher encountered the following problems in carrying out this study. In administering of questionnaires was difficult since the respondents happened to be busy in their daily duties routines. Therefore, it took lot of time to obtain the information. The top managers especially in the private health facilities were uneasy in responding to the questions and therefore delayed the completion of some of the research questioners as it was intended therefore there were low responses due to this negative attitude. The researcher had to explain the objectives of the study in order to assure them that any information given will be treated with confidence and that the study will be purely for academic purposes this research based its findings on health facilities in Kisumu County in which the study focused on public private and faith based hospitals specifically on employees of the hospitals who were the study's respondents

1.8 Significance of the study

The importance of the research in terms of scholarly contributions and potential applications of the findings determines its significance. As a result, the following groups benefited greatly from this study. A well-performing health workforce operates in a responsive, equitable, and effective manner to produce the best results for patient health. The importance of this study was beneficial in the areas listed below:

The results were providing an overview of the impact of human relations factors influences among the health workers socio- demographics characteristics, participation, and recognition and job design in the hospital settings. This study would form a strong back bone upon which HR practices can be evaluated and enhanced to improve staff performance in the health sector. This was aid the stakeholders to device and formulates effectively strategies to address the needs of the human resource in this field so as to ensure their welfare is well taken care of. It was strengthening information on policymaker towards the national and county level towards Kenya vision 2030. For the policy makers, the study comes in handy to ensure that they formulate relevant policies to enhance performance of the staff in the health facilities by adopting the right practices that promotes harmony and cooperation in the work place. This study was further aid the policy makers in continued research on the appropriate HR practices that goes together with the changing environment for service delivery and human resource welfare the study will assist the MOH and the CHS an insight and understanding of the needs of improving health worker's performances the **study's findings drew attention to the most pressing issues that contributed to discrepancies in healthcare delivery among facilities with varying degrees of employee relations. Through the lens of human relations, the study also provided recommendations for improving and maintaining health service delivery and its management (Badr et al., 2013).**

1.9 Assumptions of the Study

This study was given by the basis of future researchers and academicians on the scientific field of human relations influences towards worker's performance at work the study adds onto the existing literature on HR practices across the global and more specifically brings in the concept from the Kisumu sub - County context, which is a new paradigm shift from previous studies. It therefore calls on the future researchers and academicians to refer advance research in this field to ensure that all the emerging aspects as the world advances to the changing of the working environment and technology

1.10 Operational Definition of Terms

Human Relations: Two people emotional interact behavior towards each other

Workforce: People who work for a particular goal or target in the organization

Health care system: Resources primary purpose is to improve health services.

Health System Strengthen: An array of interventions that improve health functions.

Health System Building Blocks: A complete system that explain the health system.

Service delivery: Effective, safe and quality health interventions and management.

Health workforce: People who are available, and efficient in delivering health services

Job design: A policy or system, one plan, prepare and decide on all details of it.

Recognition: What one has self-achieve and is appreciated towards the achievements.

Participation: Practice in which employees take part in management decisions making.

Socio-demographics: Assessment interview on finding out individual character distribution

Performance: Planned process of target goal towards success of an organization.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

2.1.1. Historical of human relations in the hospital setting.

The notion of human capital can be applied similarly to that of physical capital, with education and training serving as the primary means of investment in order to modify the stock of human capital and establish the level of obtainable expertise. Knowledge, on the other hand, does not depreciate with time the way that physical assets do. But just as outdated machinery necessitates replacement, so too does human capital that has become outdated due to technological advancements. Maintaining competency in the face of rapid technological change and expanding knowledge bases calls for both formal and informal forms of ongoing education and training. Human capital can sometimes be measured in different ways, such as by the number of persons who retire or die away as well as by the number of working years. Campbell (2013).

The Hospitals employ over half a million full time and part time employees and spend a huge sum each year. An intricate network of skills is required to deliver a personal service of most intimate character. But hospital services delivery investments, financial and stewardship does not stem only from a large working force and great expenditure. The quality of hospital care is almost wholly dependent on two intangibles: The intelligent training and motivation of the individual members of the hospital staff and the adaption with which hospital administration makes these complicated mechanisms into an efficient instrument too the care of sick people.

According to Cometto and Witter (2013), hospitality like institutions in the ancient world had only one indirect influence on the development countries one of the illness because the place where the best rather than the worst, care could be given. The modern hospital in the Western world has grown out of the same news, but with a different function. The enthusiasm for religious pilgrimages, the Age of Faith, at a time when commercial links had not appeared, meant that many travelers were in need of lodging. The religious organizations, assisted by pious gifts of wealthy layman, met the need by founding and

administering lodging houses named hospitals. In the beginning, accountability was often given for only one night and the guest was expected to resume his pilgrimage in the mornings; but in time the hospitals began to take in the homeless within their own cities, and given them more permanent lodging. Thus in its origin the hospital was not a medical institution, nor even concerned with the care of the sick. Since many of the homeless unfortunates were physically ill, however, nursing care was necessary, and in time had really little to offer these patients. Most of them had a terminal or long-term condition, and the hospital staff did their best to make them feel at ease with the care they received. Many of the doctors who came to the hospital did it as a way to help others less fortunate than themselves, and they expected nothing in return other than the satisfaction of helping those with less than ideal circumstances hold on to some semblance of hope for the future (Cometto et al., 2019) Home visits were the norm and the primary location for medical care back then. There, the physician located the means to support his patients' loved ones with nursing care, nutrition, and housing. Even up to middle of the last century the hospital provided a wretched substitute for home care. In 1788 the death rate among patients at the Hotel Dieu in Paris was 25 percent, and that of surgeon and attendants from 6 to 12 percent per annum. It was noted at this time that those attendants who lived outside the hospital were usually much stronger and healthier than those who lived in. The rise of modern medicine has resulted in a transformation of the hospital both in its methods of care and its relation to the community. Florence Night gale's recognition of the relationship between filth and hospital death rate and the explanation of this relationship provided by Pasteur, have made it possible to control hospital epidemics. The hospital is now safer than the home because of these performances and developments of the Health worker's relations (Wakerman, 2019)

2.2 Theoretical Framework

The concept of human relations stems from behavioral sciences approach it is a soft skill among employees concerned with how they communicate, emotions, attitudes, self-esteem, self-confidence, self-efficacy, self-image their personality, on health worker's productivity and performances

This phenomenon of human relations has been study by various following theoretical:

2.2.1 Content/Need Theories

The focus of these theories was on determining the factors that motivate people to act, specifically their wants, abilities, and aspirations. The focus of the content theories in this analysis was on the fundamental nature of human needs and the forces that drive us to act. To determine what causes people to take action toward their goals, content theories examined the specific factors that motivate people. The theories proposed many methods of analyzing and profiling people in order to determine their wants. They have been called "static" and "descriptive," and it appears that they correlate more with happiness at work than with productivity. Content theories like Maslow's hierarchy of needs and Herzberg's theory seek to explain the precise factors that inspire a person in the workplace.

2.2.2 Herzberg's Theory of Motivation

Herzberg's motivation also referred as Hygiene theory (two factor theory). It was used in the study to focus on satisfactory and dissatisfactory feeling about the job (experiences) by the employees. The factors leading to satisfactory were called motivators, and those giving rise to dissatisfactory were called Hygiene factors that shows that bad teaching were associated with aspects of the contact. According to Herzberg's theory, the elements that contribute to a person feeling good about their job are distinct from those that contribute to feelings of resentment or dissatisfaction in the workplace. There were sixteen elements that Herzberg found to be associated with contentment or discontentment in the workplace. We identified five major predictors of contentment in the workplace. These things were considered motivators because of their intrinsic nature. Job discontent was linked to eleven different factors. These were considered hygienic considerations since they came from the

outside. They are referred to as "hygiene factors," and they include things like business policies and administration, supervision, working environment, interpersonal relations, money, status, and security.

The second group of elements, as identified by Herzberg (1968), are those that, if present, stimulate the individual to exert greater effort and produce better results. These elements are connected to what employees do on the job. They are what we call "growth factors" or "motivators." Achievement, expanded responsibilities, difficult tasks, public acknowledgement of one's efforts, and opportunities for personal and professional development all serve as powerful motivators.

2.2.3 Vroom's Theory of Motivation

Care of the theory relates to how a person perceives the relationships between effort, performance, and reward; this theory is also known as the Vroom expectation theories utilized in the study to attempt to explain low motivation in terms of anticipated rewards. Specifically, Vroom zeroed particularly on what motivates an individual to take action, since this is the bedrock of the concept of motivation. According to the research of Vroom (1964), one of the most important factors in maintaining employee motivation on the job is the feeling that one's efforts are being rewarded. One way to conceptualize how people come to recognize this connection is as a series of calculations: first, they determine whether or not they believe there is a correlation between effort and reward, and then, they determine the likelihood that positive emotions (valences) will result from exemplary performance (instrumentality.) Knowing the anticipation, instrumentality, and valence values of a work makes it possible to determine how much of an impact it has on a person's

incentive to do well. The strength of the impetus is diminished by factors such as the person's own capacities, personality qualities, role perceptions, and available possibilities.

2.2.4 Adams' Equity Theory

Also known as the Equity theory it is used in the study to Describe how concepts like justice and equity affect workers and how they can either motivate or demotivate them to do better or worse performance. According to proponents of the equity theory, one crucial mental operation entails taking note of how much time and money others put into similar endeavors. Our need for justice and equality motivates this process of social comparison. Equity theory is one of the most helpful theories for comprehending what drives people at work (Adams, 1965).

People who feel overcompensated (feel positive inequity) have been found to increase the quantity or quality of their work, while those who feel underappreciated (feel negative inequity) do the opposite. This is in contrast to Adams's (1965) theory that people should be motivated when individuals sense disparities in order to remove the distress and rebuild a state of felt equity. A person's perception of unfairness is the only factor in how they feel about it.

2.2.5 Alternative Theories

There were five more papers published in the leisure-services journal in the late 1980s and 1990s that dealt with workplace motivation. Direct discussions of motivation theory were lacking in these pieces. Instead, they investigated what influences beyond the workplace might influence employees' motivation. The main job aspects, participation, and happiness of seasonal workers in municipal park and recreation organizations were studied by Witter (2020) using Vroom's (1964) typology. The researchers concluded that job structure had a

significant impact on employees' levels of engagement. In addition, Witter (2020) employed Vroom's typology to investigate the connection between job focus, job motivation, and performance outcomes. Based on what they discovered, poorly designed professions tend to have low motivational potential.

Working in seasonal camps was the focus of Henderson and Bialeschki's (1993) theoretical construction of the best experience of "flow." They observed that workers' "flow" was highly correlated with potency, which is consistent with findings provided by (Boshoff & Gray, 2004). Managers in seasonal settings were urged to consider the potential effects of employees' exposure to "flow" situations on morale and output. They pondered whether or not the tried-and-true methods of organizational theory were still relevant for the entertainment industry of the 1990s. She draws the conclusion that the leisure-services industry could benefit from introducing extra organizational theory into the conventional approach.

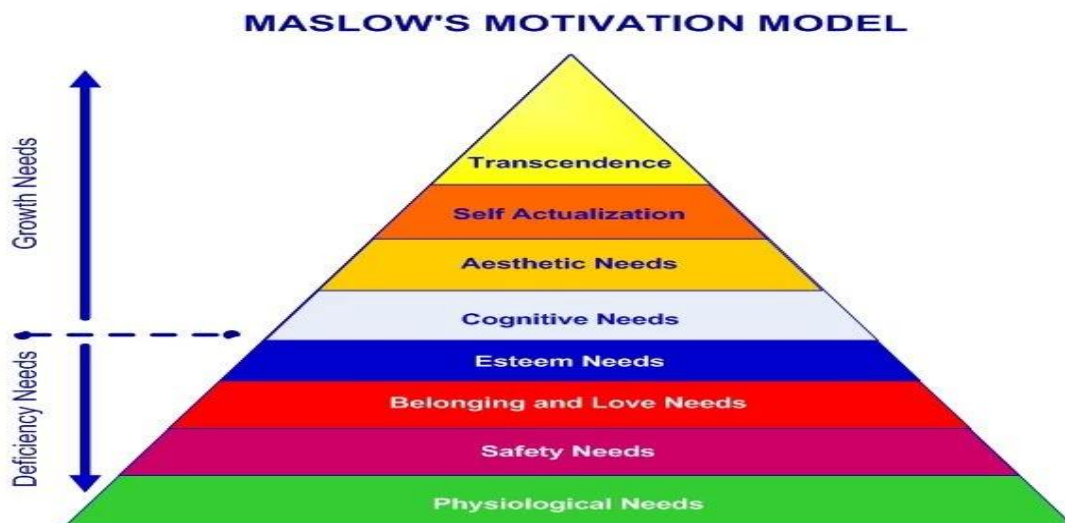
Interpretive organization theory, critical organization theory, feminist organization theory, and postmodern organization theory were some of the others she explored. They investigated cognitive mapping as a means of gaining insight into the mental representations that managers would form of the components that are theorized to account for differences in motivation between employees and managers. Managers were found to have classified a total of 18 criteria into one of three categories, according to the study's authors. They advocated concentrating research efforts in the future on these categories. which Able is based on According to Maslow's hierarchy of needs theory, people push themselves to achieve their goals when they are unable to meet a basic requirement.

It is Maslow's view that selflessness emerges only when a person's basic needs have been met, including physiological, survival, safety, love, and esteem. "Deficiency needs," he referred to them as. Having the drive to fulfill these needs is a sign that we are making progress toward maturation and independence. It's good for us to give in to our desires, but it can make us sick or evil to deny ourselves that satisfaction. Therefore, it is crucial that management recognize the active requirements for the performance of each employee in order to maintain an appropriately motivating work environment. To move on to more complex, self-actualizing motivations, Maslow's hierarchy of needs suggests that more basic, physiological demands like survival and comfort must first be met. Maslow's Hierarchy of Needs, also known as Maslow's Needs Pyramid or Maslow's Needs Triangle, shows how, after a certain need has been met, it ceases to serve as a motivator and gives way to the motivation provided by the next higher need.

2.1.6 Theoretical Framework: Hierarchy of Needs

Fig 2.1

Maslow's Needs Triangle



(Source: Marquez, 2009)

2.3 Empirical Review

2.3.1 Health Workers HRI.s towards socio- Demographic Characteristics.

The Interpersonal perception of the socio-demographic characteristics of the health-worker's human relation influences is rather incidental rather than a central part of their role's at work, an assessment interview on finding out their gender distribution, range of age, mental status with and without children, nationality, academic level, work experiences and hours of time workloads on the Health worker's employee challenges was to establish the human relation influences performances (Campbell et al., 2013) which among the health workers considered as a combination of different roles designed to increase different health professional of various degree in managerial decision making the effects of recognition programmed level of extent, current employee turnover, activities that focused on recognition of staffs and the major role of recognition in the health care sectors, the findings, shows commitment, reduction of employee intentions to turnover aid absenteeism, increase in production and motivation.

2.3.2 Health Workers HRI towards participations

As a broad concept, "employee involvement" describes when workers who are not managers take part in the organization's decision-making processes. According to the British Institute of Management, "participation" is when workers have a say in how their company is run. This approach is predicated on the idea that both management and staff have a vested interest in the company's long-term success. Cole maintains that the key rationale for supporting greater employee participation in decision making, even if merely through enhanced consultation, is that it can lead to improved efficiency and effectiveness in delivering goods and services to customers. Employees' dedication and motivation rise as a result of their enhanced capacity to take part in problem-analysis and make crucial operational decisions as a direct result of their participation. He goes on to say that this is going to improve product and service quality, which will ultimately make customers happier.

When workers have a hand in making decisions, that means that choices were discussed and settled on with input from both management and workers. Employees can have a voice

in management decisions at a number of different levels. **Personnel are encouraged to take part in the assessment of their work environments. Usually, this is done by mutual consent.**

Employee voice is a new word for employee participation, created by Armstrong (2005). Armstrong argues that "employee voice" is being used more broadly to encompass a wide range of processes and structures that allow and, in some cases, empower employees to have a say in the firm's decision making process. One definition of "employee voice" is "the capacity of employees to affect the behavior of the employer." The idea encompasses the facilitation of channels for staff to voice dissatisfaction and influence management's actions. Involvement and, more narrowly, participation are encouraged. According to Armstrong (2005), "involvement" occurs when management encourages workers to share their perspectives on matters affecting them, while still reserving the ability to exercise leadership. Generally speaking, this idea originates from the upper echelons of management. Employees are more engaged when they have a voice in major decisions. It's much more in line with the idea of a "employee voice system," or the mechanisms put in place to guarantee workers have a say in company policy and can offer suggestions to boost productivity. One definition of the function of employee feedback is as follows: The act of voicing complaints to management in the hopes that they will be heard and that the situation will be improved. Action taken by a group to counter management's authority. Participation in managerial decision-making for the purpose of enhancing the efficiency, quality, and effectiveness of the work being done. Communication and cooperation shown to improve the organization's and its workers' chances of survival in the long run.

He defines employee engagement as "participatory management," a method in which power is distributed among people who are unequal in a traditional organizational structure. It's a method that gets workers involved in the decision-making process that has an impact on their jobs. Management through participation is used to enhance efficiency and effectiveness in the workplace. People are more likely to take on leadership positions and have their voices heard by the manager when they are actively engaged in the process. Democracy, socialism, neoliberalism, and humanism are all possible theoretical starting points for understanding the origins of participatory management. As "participation" is central to democratic ideology, we understand the term "participatory management" to

refer to the endeavor to portray democratic connotations in the workplace. Both the bosses and the workers have a voice in the decisions that are made under a democratic workplace. The term "participative management" refers to a method of management in which both the boss and the worker actively engage in finding solutions to issues.

One way in which employees get committed in their work is through participative management, as suggested by Firew et al. (2020). However, according to (Jesus et al., 2017), participation occurs when individuals' minds and hearts are invested in a group situation in such a way that they are motivated to make contributions to and bear some of the blame for the achievement of the group's goals. Involvement, contribution, and responsibility, he says, are the three most critical aspects of democracy in a decision-making context. When he talks about participating, it implies actually thinking and planning, not just moving his body. People are more likely to pitch in when they feel like they have a say in how the organization runs and what it needs to succeed. Employees are more motivated when they are actively involved because they have a clearer picture of their progress toward their goals. Last but not least, group work that promotes individual participation leads to greater individual accountability. An organization can foster loyalty and dedication among its members through social processes that appeal to their sense of self-interest. Due to the fact that minority employees in today's more diverse workforce may not have to wait until they reach higher organizational levels to have access to positions of power, it is possible that participation practices could provide such employees with such possibilities sooner. It also aids in meeting the growing desire of today's workers to have their jobs mean something to them. Employees are more likely to go above and above since they will feel more a part of the team, and this will boost their morale and enthusiasm. If workers view their workplace as improved as a result of these changes, we may see lower rates of turnover and absenteeism (Jesus et al., 2017).

One definition of employee involvement is the use of a variety of strategies that encourage workers to have a voice in managerial decision-making, leading to positive outcomes such as increased loyalty to the company, less absenteeism and turnover, and higher levels of output and morale (Komal et al, 2011).

As per Marquez's (2009) research, businesses need to embrace approaches that allow them to remain adaptable and competitive in the face of a constantly shifting market and an increasingly mobile workforce. The most valuable asset of any company is its employees, and the success of any company in the future will depend on their being encouraged to contribute more ideas. Organizations that want to foster innovation, shift employee behavior, and improve workplace decision making can benefit greatly from employee participation.

According to researchers Liese and Dussault (2004), "participation" is a process that gives workers a say in their jobs and working conditions. Because of the influence that decisions made with employee input can have on the quality of life on the job, this practice is becoming increasingly popular. To further his point, he elaborates on how cross-functional integration and efficient working are facilitated by a high level of employee participation in management. The term "employee participation" refers to a technique whereby many lower-ranking workers have some input into decisions made by their superiors. Plans for accomplishing objectives can benefit from participation. Managers should consult with employees about setting appropriate goals and developing action plans to reach those goals. Ownership of company goals and the practical ways which employees are invited to engage in developing can be fostered through participation in strategy development and implementation. Furthermore, it boosts their dedication to the company by instilling a sense of pride and belonging.

2.3.4 Health Workers HRI's towards Recognition.

Recognition is a strong incentive since it shows that others have noticed and appreciated what they've done. It's important because workers should know not just how well they've done relative to their goals, but also that their efforts have been recognized. In Maslow's theory of motivation, the need for appreciation is closely related to the need for esteem. Maslow identified them as the requirements "to have a stable, securely founded high opinion of oneself (self-esteem) and to have the respect of others" (prestige). There are two subsets of these requirements: the first includes the need for success, a sense of belonging, self-assurance, and autonomy. Secondly, the yearning for a certain kind of social standing, which can be understood as a certain level of esteem from one's peers and which plays out

in the form of a desire for public acclaim. According to Herzberg's (1968) research, acknowledgment is a key 'satisfier,' lending credence to the idea that it might be used as a motivator. As he saw it, giving credit where credit is due makes people happy, which in turn encourages them to stick around and help out. Feedback in the form of recognition is a sort of positive reinforcement since it informs the recipient of their success. Based on their findings, Thomas et al. (2021) conclude that a public recognition-based feedback program implemented within a US government agency resulted in a 26-149% overall productivity boost. Financial recognition isn't the only way to show appreciation to employees, though. Non-monetary acknowledgment is another way to recognize the efforts of certain individuals or groups. According to Rose (1998), this is "a non-cash prize given in appreciation of a high degree of accomplishment or performance, such as customer care or support to colleagues, that is not based on attainment of a pre-determined target." It's important to note that "non-financial recognition" does not suggest that the acknowledgment supplied has no monetary value; rather, it means that the recognition delivered is not limited to monetary compensation. IDS (2002) argues that the act of recognition and the esteem it gives employees are at the basis of the motivation offered by non-monetary acknowledgment. Rather than a financial award being forgotten about once it has been rolled into the employee's salary, this approach is more likely to stand out and be appreciated. Employees today have considerably loftier aspirations, with Van-Ryneveld et al. (2020) noting that they are looking for opportunities as well as material rewards in their jobs. In this approach, non-monetary recognition systems provide workers a reward they can actually use: an enjoyable experience, such as a day trip or a delicious meal, can have a considerably greater impact than a monetary payment, after deductions for taxes and social security. Organizations can give employees some leeway in how they are rewarded if the system allows them to have input into the choice of the recognition item. To put non-monetary acknowledgment into effect, there is a great deal of leeway. These plans can be as simple as an impromptu meeting or as elaborate as a formalized organization. Employees can be recognized informally without monetary compensation by: having their manager personally thank them; having their manager formally write to record thanks; having the employee's efforts publicly recognized in a team meeting, in the

organization's newsletter, or at a special dinner; and having the employee declared "employee of the month" or "employee of the year" (Van-Ryneveld et al., 2020).

A "gift" could also be a chance for the worker to do something fun outside of work. One way to do this is to offer a gift certificate for a specific amount of money to be spent in-store or for a trip, use of a studio for making art, a romantic dinner for two, tickets to a movie or theater, or even There is a wide variety of domestic products that deserve appreciation. Tangcharoensathien (2013) found that non-monetary recognition techniques differ depending on employer size, industry, and recognition goals. However, the IDS research says that organizational culture is the most crucial factor in deciding the character of the program by dictating which kind of recognition was most appropriate. Common forms of non-monetary acknowledgment are as follows: At its most basic level, non-monetary acknowledgment might consist of nothing more than managers just telling their staff that they appreciate the good work they've done. Praise is a highly powerful form of acknowledgement. Employees should be encouraged and thanked with phrases like "that was really nice, thank you" when they have done a good job and met or exceeded their goals (Armstrong, 2005).

Such recognition goes a long way toward helping the recipient feel valued by the company. Longevity bonuses, status symbols, paid time off, and company-sponsored trips are all examples of types of recognition that can be incorporated into the overall reward system. These kinds of compliments can be made in person or over the phone while working together or in a formal performance evaluation meeting. In fact, the public acclaim can be gratifying. Many management techniques can help ensure that employees' compliments are sincere and reserved for noteworthy accomplishments, two tenets important to the organization's values (Nyoni et al., 2022)

Voucher programs are especially well-liked because they provide workers some leeway in their rewards. Vouchers cannot be rolled into the employee's regular paycheck and forgotten about like a cash bonus. Vouchers can be viewed as a two-for-one reward system, rewarding the recipient both at the time of voucher issuance and at the time of voucher redemption. Organizations should cater to their customers' preferences by offering a wide

range of voucher options. The organization must also think about the voucher's practicality, such as how long workers have to use theirs and where they can use it (such as whether there is a branch/store nearby) (Negero et al., 2021).

2.3.5 Health Workers HRI.s towards Job Design

Job design refers to the process of organizing (or reorganizing) work with the goal of lowering levels of job unhappiness and alienation among workers caused by routine, mechanical duties. Organizations strive to boost productivity through job design by providing non-monetary rewards, such as a higher sense of personal achievement by rising to the challenge and responsibility of one's work. In job design, many methods such as expanding, enriching, rotating, and simplifying existing tasks are applied. The goal of work design in OD is to increase productivity, morale, and efficiency while decreasing costs associated with issues like employee complaints and tardiness. The problems of industrial discontent would be properly (that is, scientifically) addressed, and the populace would be led by reason under scientific administration. This ideology seeks to provide workers with the best possible benefits. By standardizing procedures, managers could ensure that their staff members could reap the full economic benefits of every situation. There was a conception of organizations as rationalized places, built and run in accordance with a set of technical rules for rationality (Armstrong, 2005).

What we mean when we talk about "job design" is "the application of motivational theories to the organization of labor in order to increase output and enjoyment." In another definition, job design is "the procedure by which supervisors assign responsibilities and determine levels of power for each employee." Taking these definitions together, we may infer that managers make use of and make decisions about work design. The aim of this paper was to examine the methods used by academics to investigate job design and the ways in which businesses have put job design analysis to work. The Job Diagnostic Survey (JDS) and the Multi-method Job Design Questionnaire are two of the most common instruments used by researchers studying job design from the functionalist perspective (JFDQ). Employee responses prompted by the JDS and JFDQ instruments must be quantified for findings to be achieved. The scientific method is utilized as a framework for the tools used to assess job design, which aim to elicit the worker's perspective on the job

(Barr, 2003). It's fascinating that these instruments stem from deeply held convictions about the instrumental nature of institutions.

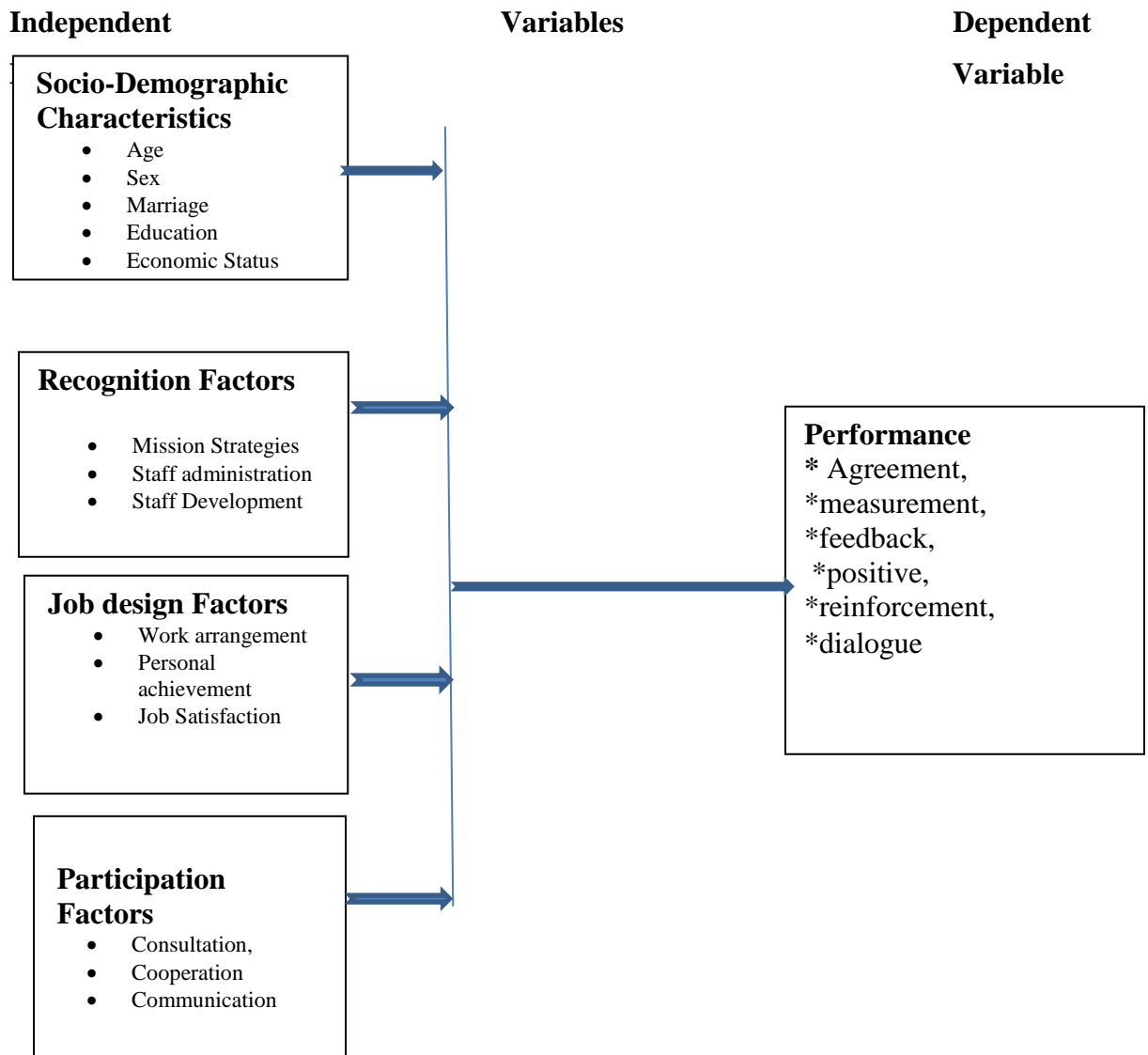
According to Barr (2003), organizations have to change to meet the requirements of machinery as a result of their heavy reliance on technological advances made possible by the Industrial Revolution. As a result, a "score" is produced from the data collected via these instruments and used to anticipate outcomes based on the behavior of workers. Both employee motivation and happiness are crucial to the success of any business. Management or the dominant coalition in an organization gives a lot of weight to these findings because they believe that individual factors like motivation and satisfaction have a significant impact on the efficiency and effectiveness of the group as a whole. Management or the prevailing coalition will prioritize data from job design analysis if doing so will improve the organization's performance. Managers care about employee morale and fulfillment since their efforts directly contribute to the success of the business. One such way in which management's skill in overseeing staff and keeping things running smoothly is reflected in the company's bottom line is through employee satisfaction. Therefore, job design analysis is crucial in building a key portion of the knowledge that management may use to influence the organization's performance.

2.4 Conceptual Framework

The relationship between these variables is to understand the form that the study was taking in reference to the research methodology.

Figure 2.2

Conceptual Framework



In summary

The major specific of this study was anchored on the Maslow law of Hereditary of needs, in which most motivation research has been conducted in the field of leisure services and has relied on a content or need approach to understanding motivation, most specifically the use of Herzberg's (1968) in the two factor motivator hygiene theory.

The empirical of the study tried to establish the Human Relation factors influences on health worker's performance focused on the Health facilities setting in the County the human relations in the HWs consists of all those area of HRMs involve relationship with employees HWs relation are manly affected by the managerial and internal communications although external communications are an additional channel of information's the they focused that are concerns towards issues of workforce training, recruitment, retention, skill mix, and distribution have been front and centre in low-income settings for those tasked with leading such units, but it is becoming increasingly clear that human relations can be a major mediator and moderator of the efficacy of health care provision this also endeavored to answer the following questions and to fill in the gaps in human relation factor influences on worker's performance and development that included management education, open lines of communication, and other methods are used to enhance the efficiency and productivity of teams developing innovative health interventions. Some examples of common system-level interventions that the study identified were integrated training, quality improvement, performance monitoring, incentives for retention, and distant region deployment of the HWF's. This connection affects both the independent and dependent variables in the research.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

A research design is a plan for conducting a study. It includes a description of the participants, the setting, the interventions, and the measures. You have some understanding of the topic at hand when you can quantify your claims, but your understanding will be limited and unsatisfying if you cannot do either researcher adopted was a descriptive cross sectional design survey was the study design employing quantitative methods (Kothari, 2008).

3.2 Locations of the study

The study was conducted in Kisumu County private and public 39 health facilities in which 17 were sample with a catchment population of 968,909 people. The reason of the selection is due to their highly diseases occurrences and well trained skills professional HWs distribution and inter-structured closeness and geographical region position in the Nyanza Region.

3.3 Study population

The study population was the 92 sample out of the 1080 health worker's employees at the 17 sample county health facilities which are managed by a multidisciplinary team of administration and professionals and houses almost all the departments that are necessary for primary health care.

3.3.1 Exclusion Criteria

Health worker's employees who had worked less than two (2) years were excluded from the study. It was assumed that 2 years was enough time for a health worker to participate in the study because they had gathered enough experience on the human relation practices employed in the hospitals where they work and had worked for more than two (2) years.

3.3.2 Inclusion Criteria

Respondents were willing to participate

3.4 Study Variables

The variable used in the study included

:3.4.1 Independent variables were the Health Workers Social-demographic characteristics, recognition program, effects of employee participation in decision making, importance of job design

3.4.2 Dependent variable: performances.

3.5 Sample size

Table 3.1

Sample Techniques and Size

Carders of Health Workers	No. of Staff	Sample size
Clinicians & diagnostics	258	22
Rehabilitations & services	257	22
Preventions & promotions	251	21
Administrators & management	314	27
Total	1080	92

3.6 Sample Size Determination

The sample for the study was the respondents drawn from the health workers from the private and public health facilities in Kisumu County. Using stratified random sampling, the population was first sub-divided into four mutually exclusive segment, called strata, based on categories of one a combination of relevant variables at a ratio of 0.1 of the categories comprising the population. Each selected respondent is drawn from the various health worker's. This carder was picked through sample random sampling that resulted to a sample of 1080 which using the rule of 'thumb' as proposed by (Mugenda & Mugenda, 2004) state was appropriate for statistical techniques sample frames for each health worker category employee at the health facilities. Respondents were picked using the systematic sample form of the (10th) tenth elements after the first were picked randomly and the (11th) were picked by the (10) if it was not unavailable.

The term sampling technique according to Mugenda and Mugenda (2004) is that part of a research plan that indicated how the research respondents are to be selected for observation. Stratified method of sampling was carried out to determine the same size. Using stratified random sampling, the population was first sub-divided into four mutually exchange segment, called strata. The Four strata were as follows clinicians & diagnostics (direct medical health workers), rehabilitations & care services (in-direct medical health workers), preventions & promotions (non-direct medical health workers) administrators & management (non-in direct medical health workers) see Table 3.1.

To arrive at the desired sample size, Fishers et al. (1998) formula was used.

Thus;

$$n = \frac{z^2 pq}{d^2}$$

Where; n was the desired sample size

Z was the confidence limit of 95% which is given at 1.96

p was estimated rate of prevalence of target population which is 22% (0.22)

d was the degree of accuracy desired which is 0.05

q was statistical notation of 1-p

Thus,

$$n = \frac{1.96^2 \times 0.12 \times 0.88}{0.05d^2}$$

$$= 0.4057 \div 0.0025$$

=92

Since the population was less than 10,000 the sample size required was further computed, hence Fisher et al. (1996) formula was used.

Thus,

$$nf = \frac{n}{1 + \frac{n}{N}}$$

Where nf= desired number of sample size when the population is less than 10,000.

n= desired sample size when target population is 10,000 and above.

1= constant

N= estimated population size of infected target population in the division.

Therefore;

= 92 respondents

Each selected respondent was drawn from the various health worker's carder. These carders were picked through simple random sampling that resulted to a sample of 1080 which using the rule of 'thumb' as proposed by Kothari (2008) state was appropriate for statistical techniques sample frames for each health worker category employee at the health facilities. Therefore, the final sample was 92 distributed as given in table 3.1.

3.7 Instrumentation

Your information is robust and satisfying if it can be measured and expressed numerically; else, it is limited and unsatisfying. "Data's was collected through semi- structured interviews and data observation using scaling technique, questionnaires in aspersing performance was used as the scale of, measurement and ordinal.

Tools used in the study included close-ended interviews schedule for purpose of assessing health worker's participation, recognition, job design and work-life balancing and observation checklist to assess the respondents working climate environment and key informant interview guide to measure the respondent dimensions at work. Further the data was obtained through the focus group discussions and documentary analysis of the hospital records. These included review of records and reports on hospitals organization and background information on the study area

3.11 Pre Test Study

A feasibility study was done in 2 days to enhance content validity and reliability for the research instruments to be used was appraised through a pilot study. The pilot study was done and conducted at the 2nd largest Kisumu sub-county hospital Kisumu county in which included all types of 10 health workers from the different category professionals and the sample who were not included in the actual study. Piloting was done to test whether the instruments were able to gather valid responses for the main study.

3.10 Validity

After reviewing the results of the pilot study, we revised or scrapped any questions that were too vague or didn't yield useful information. Further validity was improved during the supervisor's assessment of the research instruments construction.

3.11 Reliability

However, reliability was employed to demonstrate how consistently research instruments yielded the same results throughout multiple iterations of the primary field study. The Cronbach alpha coefficient confirmed its reliability at 0.7 and the coefficient was established at 0.75 which is above the threshold. Therefore, the instruments were considered reliable, (Mugenda & Mugenda, 2004).

3.12 Data analysis

The data procedure was presented and done in two phases using self-administered questionnaires, the interviews of 92 HWs working in the four (4) cadres in public private, Fob's health's facilities in Kisumu County. an schedule interview questioner which then was presented to the respondent and an observation appraisal list which was filled by the researcher during the exercises after the field work the technique used for the analysis of the questionnaires were checked for completeness which they were numbered in readiness for analysis thereafter the data was coded, entered and analyzed using SPSS statistics versions 23 package the output was then presented through a form of frequency distribution in form of tables, pie charts and bar graphs and an observation rate sheet. These data were described in frequencies, percentages, means and standard deviations the researcher also used correlation analysis to measure the association between independent and dependent variables a content analysis was used to analyze data from open ended questions.

3.13 Ethical Consideration

Permission was obtained from the Kenya Methodist University (KeMU) Scientific and Ethical Review Committee (SERC), National Commission for Science, Technology & Innovation (NACOSTI) and the Kisumu sub -County Hospital Boards (KCHB) in which a written consent was sought from each of the participating public and private health facilities. In data collection, interviewers were informed carefully in a covering letter and statement to protect their privacy and confidentiality this included; the assurance of subject's anonymity and voluntary to participation in this study.

CHAPTER FOUR

DISCUSSION OF RESULTS AND FINDINGS

4.1 Introduction

This chapter describes the findings, and analysis of data, presentation of results for the study and discussion. The data presented covers respondents on the socio-demographic data, human relation factors influences among the health workers in the Health facilities in Kisumu sub - County. The data collection approach and tools were validated during the pre-test; the data collection was done in 3 phase using self-administered questionnaires in the interviews of people working in the four (4) cadres in public and private health facilities in Kisumu County.

This cross sectional exploratory study was conducted using closed and open ended questions. The study mainly concentrated in the non-monetary aspects of the Human Relations factors influences towards performance in the health workers at the various public, private and FBO health facilities Kisumu County.

4.2 Data Analysis, presentation and interpretation

The study sought to answer the following research questions: what is HRI of the socio-demographic characteristics of H.W performance? Explains the Human relationship influences recognition towards performances? What are the effects of HRI.s job design towards performance? Describe the extent of HWs participation toward performances? The findings have been presented according to the study objectives and the research questions.

4.3 Response Rate and Reliability of Data

Of the 92 responses, all were available for interview in the four (4) days data collection hence the response rate was 100%. The respondents were interviewed at their work place of the sample 17 health facilities. The interviews data were recorded and transcribed, the data then was coded and analysis using the statistical package for social sciences (SPSS version 23) software in which the data was presented in a graphical presentation.

The table below indicates that the researcher achieved the target sample of respondent.

Table 4.1***Returned Questionnaire***

Strata	Diagnostic &Clinicians	Rehabilitation & Services	Prevention & Promotions	Administration & Management	Total
Self-administered questionnaire	26	23	23	20	92
Observational questionnaire	26	23	23	20	92
Achieved sample	26	23	23	20	92

Note: This chapter describes the findings, and analysis of data, presentation of results for the study and discussion. The data presented covers respondents on the Human Relation Factors Influences Performance of the Health workers in the socio-demographic characteristics, participations, recognition, and job design, in the Health facilities Kisumu County.

The study adopted the following regression model:

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

Where:

Y = Human relation Influences in HWs performance.

β_0 = Constant Term

β_1 - β_4 = Regression coefficients

X_1 = Socio-Demography

X_2 = participation

X_3 = Recognition

X_4 = Job design

e = error term

4.4 Factors of Socio- Demographic Characteristics.

The Study population characteristics technically refer as the Demography profile of the Health Workers shows the Human nature that focus on the HWs gender, age, marital status, academic and work load. All of the social acts or socializations in which influences or modify the behavior of other person, from a theoretical perspective, human capital is analogous to physical capital, and investments in education and training are the primary means through which the stock of human capital may be modified and the level of accessible expertise can be established. Knowledge, unlike physical assets, does not depreciate with time. However, just as outdated machinery necessitates replacement, so too does human capital that has become outdated due to technological advancements. Existing abilities must be kept current with technological progress and new knowledge, which calls for ongoing education and training on the job. The loss of human capital due to retirement and mortality is another metric used to analyze the economy of the human race.

Table 4.2

Gender distribution of respondents (n=92)

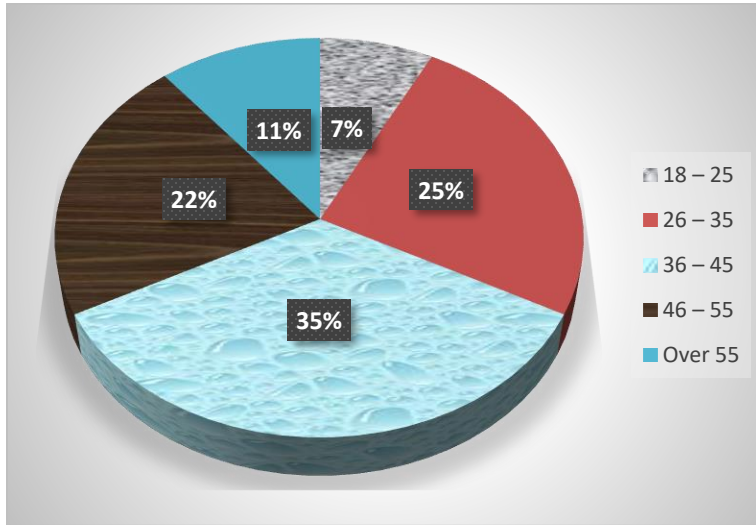
<i>Gender</i>	<i>No. of Respondents</i>	<i>Percentage (%)</i>
Male	34	37
Female	58	63
Total	92	100

Note: According to the study findings, the results indicate that more of the respondents were female 58 (63%) than male 34 (37%) of the health workers professional and management profile. This also implies that the study was fair and opinions on their views collected were balanced since both genders respond 40%.and this influence the health workers gender distribution in performance. The study sought to establish the socio-demographic information in order to determine whether it had influence on human relation

influence among the health worker's employees in Kisumu County.

Figure: 4.2.

Age Distribution



Note: The pie chart illustrate the age distribution of the respondents shows that majority were aged 36 -51years,52 (56.5%) and the least was 20-35 years 30 (32.6%)and over 52years 10 (10.8%) who are in employment in the public and private health facilities.

Table 4.3

Marital status with and without children (n = 92)

<i>Marital Status</i>	<i>No. of Children</i>		
	<i>No. of Respondents</i>	<i>With Children</i>	<i>Without Children</i>

		%		%		%
Single	29	31	6	7	23	25
Married	43	47	39	42	4	4
Separation/Divorces	8	9	8	9	0	0
Widow/widower	12	13	11	12	1	1
<i>Total</i>	<i>92</i>	<i>100</i>	<i>64</i>	<i>70</i>	<i>28</i>	<i>30</i>

Note:The majority 43(47%) were still married with 39(42 %) with children and 4 (4 %) without children, while 29(31%), 6(7%) were single parents with children and 23 (25%) had no children, 8(9%) of the respondents were separation or divorces and all of them had children, 12 (13%) were widow/widows who had children and only 1(1%) had no Children widower/ widow and single parents who show were more

Table 4.4

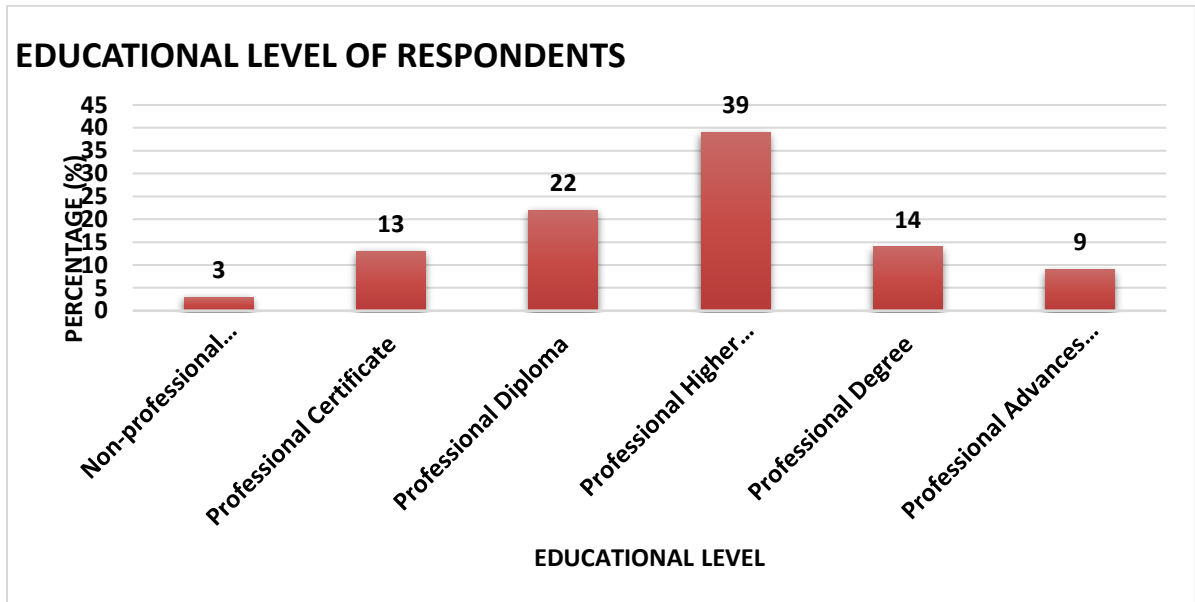
Nationality of citizen and non-citizen of respondents (n = 92)

Nationality	No. of Respondents	Percentage (%)
Citizen	75	82
Non-Citizen	17	18
Total	92	100

Note:The nationality distribution shows 75(82%) were citizen, while non-citizen was only 17(18%). The study finding shows the majority of the respondents were citizens.

Figure: 4.3

Education level (n = 92)



Note According to the study findings in the academic level the majority of the respondents were Diploma and Higher Diploma Education level 61(66.3%) while a few 14(15.2%) had University degree level of Education, and the least qualification of non-professional and professional certificate 25(27.1%) the wide gap that exists between the respondent in their Academic level is due to the policies of the Medical Education boards and regulations and the high stander of the university medical entrances examinations.

Table 4.5

Work Experience (n= 92)

<i>Years</i>	<i>No. of Respondents</i>	<i>Percentage (%)</i>
0 – 5	21	23
6– 10	32	35
11– 15	29	31

Over 16	10	11
Total	92	100

Based on the study findings the work experience of the respondents in years from the highest, 10 (11%) had over 15 years, while the lowest experience had 21 (23%) 0 – 5 years, and the majority of the health workers between 6 – 10 years 32 (35%) and 10 – 15 years ‘work experiences 29 (31%). The study findings show the moderate working experiences 0-10 years 53 (58%) and 11 and above 16years 39(42.3%) across the broad within the respondents working experience which is influences by the socio-economic, employment survey and county health indicator.

Table 4.6

Hours of time work load (n= 92)

<i>Hours of Time work load</i>	<i>Number of Respondents</i>	<i>Percentage (%)</i>
0 – 8	28	30.4
8 – 12	60	65.2
12 – 16	2	2.2
16 – 24	2	2.2
TOTAL	92	100

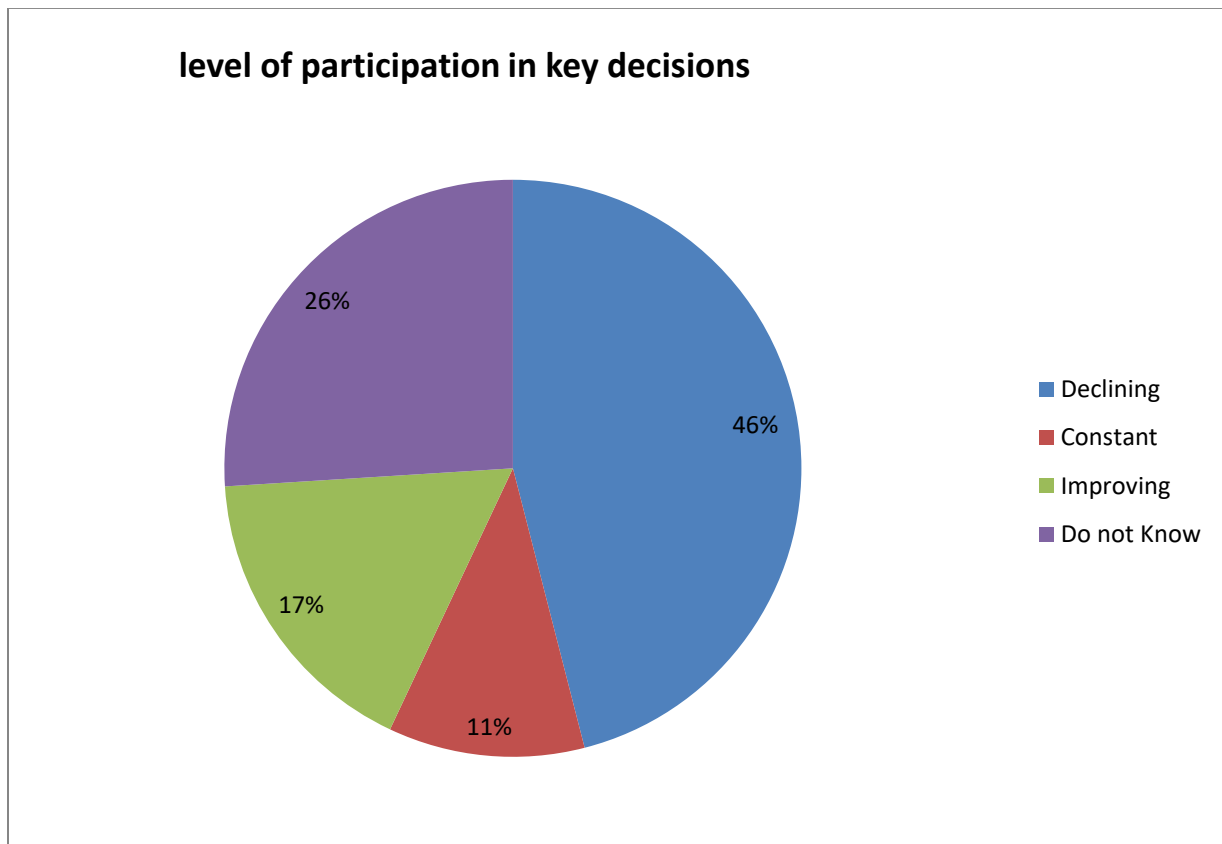
Note: The work load per day shows the majority had 60 (65.2%), 8 – 12 hours and 0 – 8 hours 28(30.4%) while 2 (2.2%) shows the highest work load per day 12 – 16 hours and 16 – 24 hours’. The important is that the work load of the health workers is control strictly by the health facilities time shifts of 24 hours’ time

4.5 HWs Decisions in participation.

In broad terms, HW participation in decisions describes the involvement of workers below the managerial level in the decision-making processes of an organization. Employee participation, defined as "the practice of encouraging and facilitating employee input into management decision-making," is predicated on the idea that both the business and its workers have a vested interest in the company's success. Cole maintains that a more engaged workforce, even if just through enhanced dialogue, can contribute to greater efficiency and effectiveness in delivering products and services to customers.

Figure 4.4

Level of Key decisions



Note: The study findings show in the pie chart shows the level of participation of employees in key decisions declining 42 (47%) while 24 (26%) are not aware. It also shows that the level of

participation in key decisions is improving and the other 10 (11%) shows that it is constant. Employee participation, in the broadest sense (as defined by Cole, 2002), is the involvement of workers who are not managers in the strategic and operational decisions that affect their business.

Table 4.7

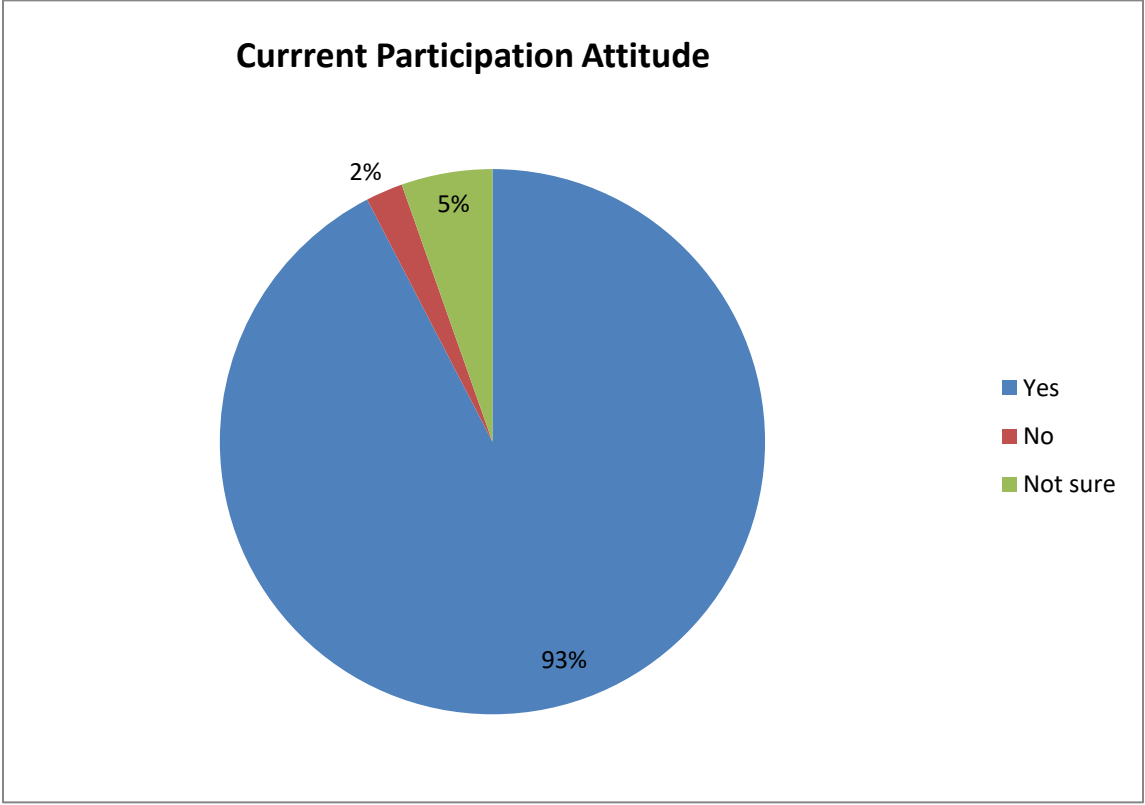
Participation in Decision Making

State of Extent	Number of Respondents (f)	Percentage (%)
Little	30	33
None	62	67
Total	92	100

Note: The findings show 62 (67%) of No Extent or none influence of participation in decision making while only 30 (33%) shows little extent of participation influence state of extent. According to Kurniati (2015), when workers have a say in decision-making, they help shape the process and end up with a product that benefits everyone.

Figure 4.5:

Current Participation Attribute



Note: The findings show the above pie chart that 85 (92%) shows current participation attribute of employee participation in the health sector while 2 (2%) indicate No and while 5(5.4%) were not sure. Employee voice, as defined by Mupara et al. (2022), encompasses a wide range of methods and structures that enable and sometimes empower employees to provide input into decision making within the company.

Table 4.8

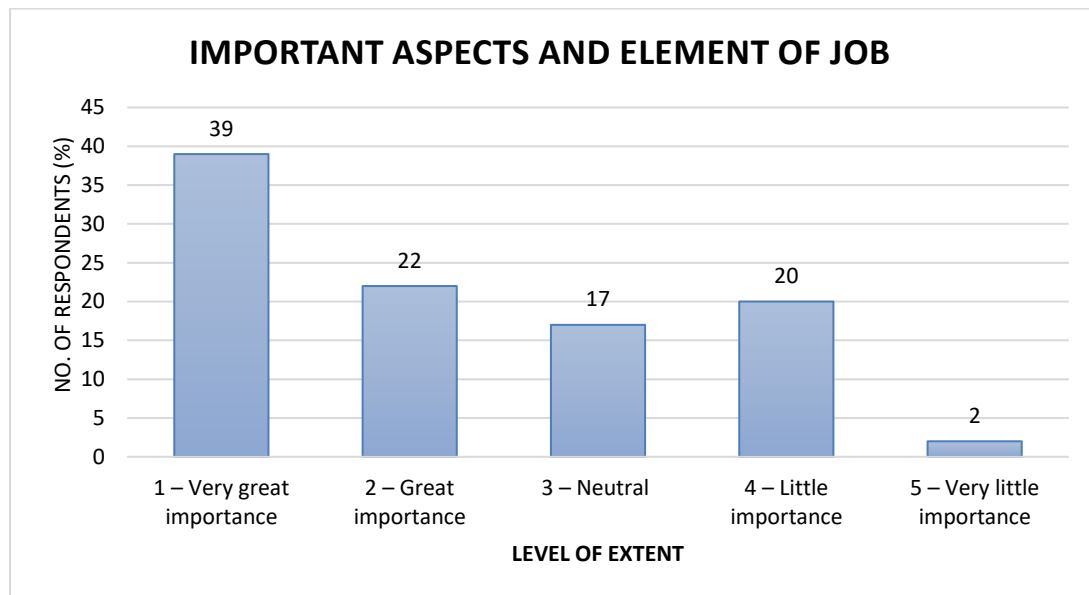
Participation Operation and Decision Making

Extent State	Number of Respondents (f)	Percentage (%)
Moderate Extent	16	17
Little Extent	12	13
No Extent	64	70
Total	92	100

Note: Based on the findings of the participation of employees in the health facilities operations and decision making which has influenced organization shows that No extent 64 (70%) while moderate extent 16 (17%) and little 12 (13%). The term "employee participation management," as coined by Samal et al. (2011), refers to a method by which people in different social positions can work together to make decisions.

Figure 4.6.

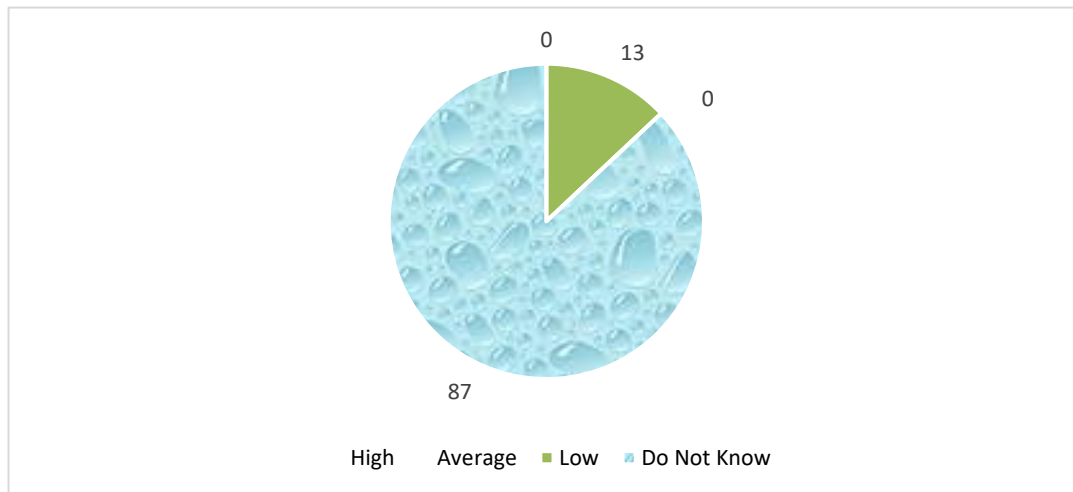
Important Aspects and Element of job



Note: The study findings that the bar-chart above illustrates the level of important aspect and element of job status shows that 36 (39%) of the respondents identifying that good salaries and wages have very great importance followed by security of tenure 20 (22%). In the clear job description 16 (17%) had some natural respondents with little importance to the society and 10 (11%) shows little importance of good environment and employment conditions. According to research conducted by Micah (2022), the act of recognition and the esteem it confers on employees is at the very core of the motivation supplied by non-monetary acknowledgment.

Figure 4.7

Turnover rate of employment



Note: The study findings revealed that the employment turnover rate shows that about 80 (87%) do not know and only 12 (13%) indicates a low turnover rate, in the current employment turnover rate. People need to know not only how well they have achieved the set but also their turnover at work

Table 4.9

Activities focused on recognitions

Activity focused	Number of Respondents (f)	Percentage (%)
Moderate extent	12	13
Little extent	8	9
No extent	72	78
Total	92	100

Note: The above, illustrates table of activities that focused on staff recognition shows that 72(78%) no extent while 12 (13%) respondents show moderate extent, and only 8 (9%) show little extent while none with moderate great extent that activities that focused on recognition research by Herzberg (1968) highlighted the value of being acknowledged. His main point was that rewarding people for their efforts encourages them to continue working hard.

Table 4.10

Recognition in Decision Making

Recognition Practices that are taken up by the Health workers		
	No. of respondents (f)	Percentage (%)
WHO Days –(T.B, Diabetes, Mental Health, HIV/Aids)	35	38
Health courses Tracing	22	24
Health Education and Promotions events	20	22
Welfare activities	13	14
Others	2	2
Total	92	100

Note: The study findings revealed that the health worker’s recognition in decision making that have been taken up. Shows that WHO days 35 (38%) of the respondents recognized the practices followed by short health courses 22 (24%) and Health Education and Promotion events 20 (22%) while only 13(14%) shows staff welfare activities and only 2 (2 %) other health programs such as free clinics activities, polio vaccination etc. Based on the data, we may infer that praise is a sort of positive reinforcement because it informs recipients of their achievements.

Table 4.11
Roles of Recognition of Staff

Role	Number of Respondents (f)	Percentage (%)
Motivating the staff	30	33
Assessment of operations	42	46
Improving effectiveness	5	5
Promotions	5	5
No Role	10	11
Total	92	100

The roles of recognition of staffs help in assessment of operations shows 42 (46%) while motivating the staffs 30(33%) while improving effectiveness and promotions both shows 5 (5%) each while 10 (11%) had no roles.

4.7 Job Design

Work design's goals are to raise morale by lowering turnover and increasing productivity while simultaneously lowering costs by minimizing issues with workers (such as complaints and absences). People would be managed rationally, and industrial unrest issues would be solved scientifically, under scientific management. Benefiting workers extensively is the driving force behind this ideology. Managers would ensure that their employees have access to the greatest possible economic benefits through the implementation of streamlined procedures. Companies have long been portrayed as rationalized sites, constructed and managed in line with a set of technical norms imported from the realm of logic (Armstrong, 2005). The purpose of job design is to organize tasks in such a way that the monotony and anxiety associated with performing the same thing over and over again are reduced or eliminated altogether.

Table 4.12

Job Design as a Tool to Improve Performance

Opinion	Number of Respondents	Percentage (%)
Yes	32	35

No	10	11
Do Not Know	50	54
Total	92	100

Note: The study findings of the above illustrates of JD as the tool to improve performances shows that Yes 32 (35%) of the respondents agree and No 10 (11%) of the respondents in which more than 50 (54%) did not know that the job design is a tool to improve performance job satisfaction, through input, quality and to reduced employee problems (*Armstrong, 2005*)

Table: 4 .13

Relevant of Job Designated in public and private sectors

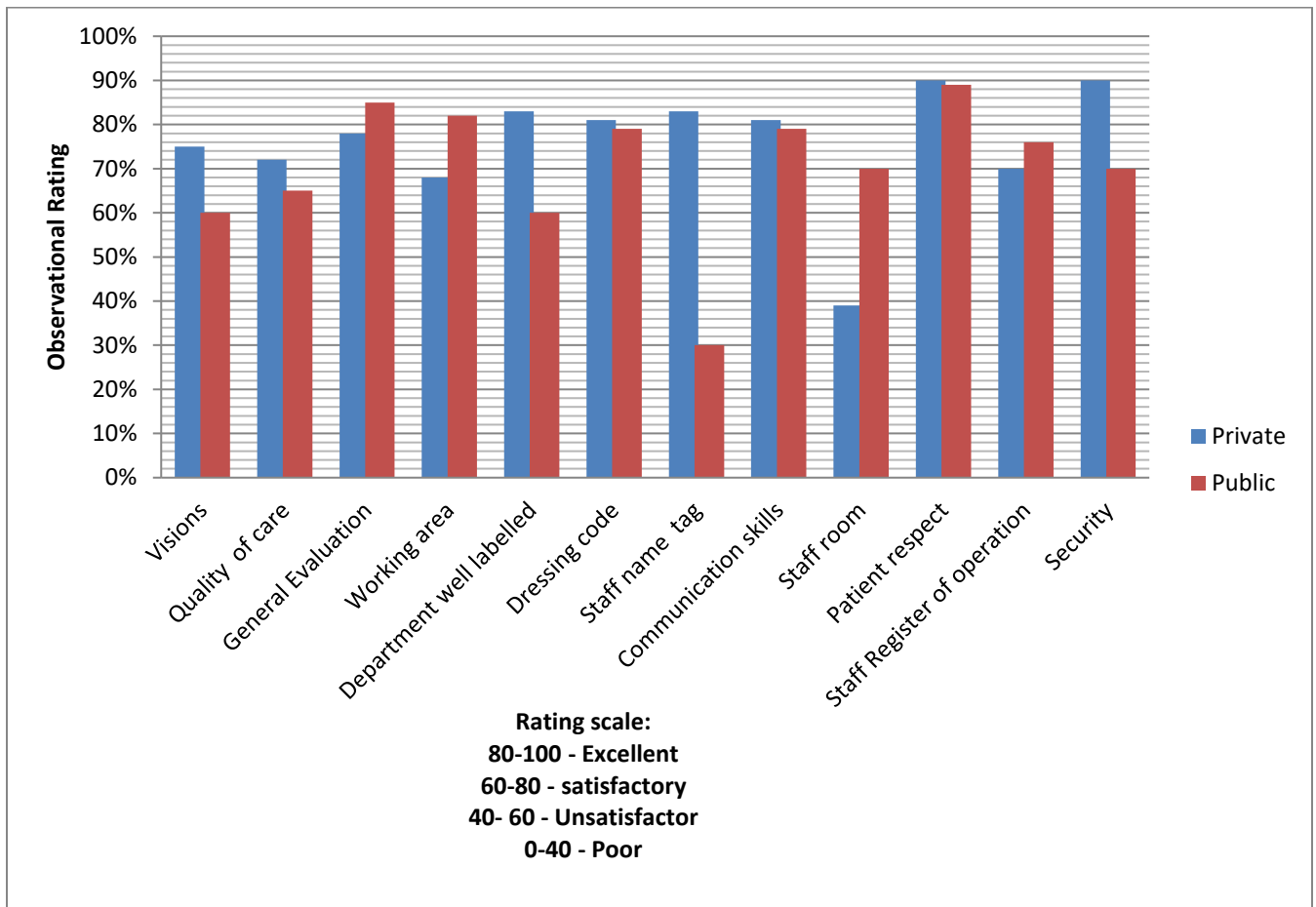
Reason	Number of Respondents (f)	Percentage (%)
Employees concentrate on duties	74	80
Improves quality of work	10	11
Reduces labor turnover	2	2
Set standards	6	7
Total	92	100

Based on the study findings, it shows that 74 (80%) employees concentrate on relevant duties, while 10 (11%) shows improvement on quality of work, and only 6 (7%) set standards used. Companies must adapt to the needs of their technical infrastructure, as stated by Thuku et al. (2020) due to the introduction of modern machinery. As a result, companies are now putting more effort into ensuring their employees are happy and motivated to work, rather of focusing solely on HR.

Observation schedule Informant of human relations performance on health facilities management

Figure 4.8

Bar chart



(Source: Kisumu sub – County, 2017)

Based on the study findings

Note: The bar chart in the study findings show that out of the 12 indicators/standards of performance management of the organization total rating shows that:

Private health facilities performances in organization – excellent (10) rate, satisfactory (2)

rate, unsatisfactory (0) rate, poor (0) rate and non-existence (0) rate.

Public health facilities show the performances organization – excellent (5) rates, satisfactory (6) rates, unsatisfactory (1) rate, poor (0) rates and no existence (0) rate.

FBO health facilities show the performances in organization - excellent (6) rates, satisfactory (4) rates, unsatisfactory (1) rate, poor (1) rate and non-existence (0) rate.

The Health facilities observations schedule Informant performance on management check-list:

- 1) **Mission statement and visions of the health facilities organization** shows positive accessibility and equitable distribution of health care services access and fairness was shown in all of the sample health facilities. Rate scale was guided by the following keys; sign board, customer care desk, mission and vision statement of the organizations: Mission statement and vision shows that Private health facilities rates excellent public health facilities satisfy and FBO unsatisfying.
- 2) **Quality of care.** The rate shows that the shortage of staffing affected the number of hours that health facilities remain open especially in the emerging/ casualty and surgical services provided 24 hours services including week days and holiday. Closed time however depended on the number of patients waiting to access the services, out-patient and support services like x-Ray, physiotherapy etc. we're not available to the public during the weekends and public holidays. Rate scale was guided by the following keys: access to services efficiency and affectability, affordability, fairness and equity. Quality care shows that private health facilities satisfactory, public health facilities satisfactory and FBO also satisfactory.
- 3) **Environment cleanliness.** Shows the general hospitals quality of cleanliness is highly done very professional service by the administrator's department supportive services which included the wards and laundry. Rate scale was guided by the following keys: medical refuses and sewage disposals, words, laundry, kitchen and general sanitations. General Environmental cleanliness shows that private health facilities excellent, public health facilities satisfying and FBO excellent.
- 4) **Work area shows the different departments work area environments,** their work stations and rests rooms facilities were available. Rate scale was guided by the following

keys: spacious, overcrowded, empty, untidy. Working area shows that private health facilities satisfactory public health facilities excellent and FBO excellent.

- 5) **Department well labeled.** Shows the wording and direction for access to services and movements to identify the hospitals organization such as personal services: general wards, out patients, maternity, care of under-five, dental care etc. were shown at all the health facilities in the county. The rate scale was guided by the following keys; proper design signs, safety signs, direction towards and medical Centre. Department well labeled shows that private health facilities excellent public health facilities satisfying and FBO excellent.
- 6) **Dressing code** shows proper professional dressing on professional ethics at the health facilities with religion dressing code in the FBO. The rate scale was guided by the following keys: smart and well kempt, dirty and unkempt, colorful and neat dress. Dressing code shows that private health facilities excellent, public health facilities excellent FBO excellent.
- 7) **Staff display name tag.** Shows the medical professional cadre and the name of the service giver staff identification were common among the medical officers and less on the administrators and management. The rate scale was guided by the following keys: fully expose; some staff only, none. Staff name tag shows that private health facilities excellent, public health facilities unsatisfactory and FBO poor.
- 8) **Communication skills** shows in all the health facilities staffs were professionals and close collaboration with each other discipline even establish an inter-professional relationship. The rate scale was guided by the following keys: friendly, helpful, aggression, quite. Communication skills show that private health facilities excellent, public health facilities excellent and FBO satisfying
- 9) **Staff room** shows the availability of private and work station including tea-room, ICT equipment, rest room facilities in private and FBO health facilities and very low in public health facilities. The rate scale was guided by the following keys: not spacious, spacious, no rest room, not enough chairs and tables, no ICT equipment. Staff room availability shows that private health facilities unsatisfactory, public health facilities satisfactory and FBO excellent.
- 10) **Patient respects towards staff members** shows one of the main features of patients in respect and obedient towards the medical professionals at all the health facilities. The rate

scale was guided by the following keys: smiling, respect, rude, restless. Patient respects to staff shows that private health facilities excellent public health facilities excellent, and FBO excellent.

11) **Staffs register of time schedule** shows a well display plan schedule of day to day activities of all staff members. The rate scale was guided by the following keys: notable timetable, clock in time, record staff duty registers. Staff respects of time shows that private health facilities excellent public health facilities excellent and FBO satisfactory.

12) **Security** shows that all the health facilities have private security firms that control and guide the facilities. The rate scale was guided by the following keys: watch-man, steel gate, fences, ICT monitoring: Security availability shows that private health facilities excellent, public health facilities satisfactory and FBO satisfactory

4.6. Infernal Statistic Findings

The finding of the study reveals that most of the interpersonal perception of the socio-demographic of the health workers employees is seen as an incidental rather than control part of their roles at work. According to the study findings, the results indicate that more of the respondents were female than male in the health workers professional and management profile

Table 4.14

Standard deviation

Standard deviation (s)	7.01
<i>Standard deviation of the sampling</i>	
<i>distribution of the sample mean</i>	0.10

In the marital status the majorities were married with children followed by widower/widow and single parents which show were more than half of the respondents.

Table 4.15***Marital status with and without children***

	172	
Std. dev. (s)	.23	Std. dev. (s)
Std. dev. of the sampling distributed. of the sample mean	0.10	Std. dev. of the sampling distribut. of the sample mean

The majority of the respondents were citizen only a few were non-citizen who is working as missionary voluntary and NGOS. according to the study findings in the Academic level the majority of the respondents were diploma and Higher Diploma Education level while a few had University degree, the wide gaps that exist between the respondent in their academic level is due to the policies of the medical professional and education regulations.

Table 4.16***Standard deviation***

Nationality	No. of Respondents	(x)²
Citizen	75	5,625.00
Non-Citizen	17	289.00
Total	92	5,914.00
Standard deviation (s)		8.02
Standard deviation of the sampling distribution of the sample mean		0.10

Table 4.17***Work Experience***

<i>Years</i>	<i>No. of Respondents</i>	<i>Class mid-point (MP)</i>	<i>(f x MP)</i>	<i>Difference (MP-mean)</i>	<i>f x (MP-mean)</i>
0 – 5	21	2.5	52.5	-6.690	-140.495
6– 10	32	8	256	-1.190	-38.087
11– 15	29	13	377	3.810	110.484
Over 16	10	16	160	6.810	68.098
Total	92		845.5		68.098
Mean deviation					0.740

Table 4.18***Hours of time work load (n= 92)***

<i>Hours of Time work load</i>	<i>Number of Respondents</i>	<i>Class mid-point (MP)</i>	<i>(f x MP)</i>	<i>Difference (MP-mean)</i>	<i>f x (MP-mean)</i>
0 – 8	28	4	112	2.782608696	77.91304348
8 – 12	60	10	600	3.47826087	208.6956522
12 – 16	2	14	28	13.69565217	27.39130435
16 – 24	2	20	40	19.56521739	39.13043478
TOTAL	92		780		353.1304348
Mean deviation					3.838374291

In the level of participation showed a majority of the respondents declining in participation in key decisions followed by not aware. Even if it's just through more discussions, people should be always working to improve and be a part of the decision-making process. Therefore, non-management staff members' involvement in the organization's decision-making processes is what is meant by "employee engagement" in the broadest sense. Lessen the complexity of the study's conclusions.

Table 4.19***Participation in Decision Making***

State of Extent	Number of Respondents (f)	(x)²
Little	30	900.00
None	62	3,844.00
Total	92	4,744.00
	Standard deviation (s)	7.18
	Standard deviation of the sampling distribution of the sample mean	0.10

Table 4.20***Participation Operation and Decision Making***

Extent State	Number of Respondents (f)	(x)²
Moderate Extent	16	256.00
Little Extent	12	144.00
No Extent	64	4,096.00
Total	92	4,496.00
	Standard deviation (s)	6.99
	Standard deviation of the sampling distribution of the sample mean	0.10

From the analysis of the means findings, the employment turnover rates shows the majority do not know and only a few Indicates a low turnover rate in the current employment turnover People need to know not only how well they have achieved their set objectives but also that their achievement are appreciated The study sought to determine the activities that focused on recognition of staff the majority indicated no extent while only moderate extent towards activities that focused on staffs recognizing,

Table 4.21***Activities focused on recognitions (n=92)***

Activity focused	Number of Respondents (f)	(x)²
Moderate extent	12	144.00
Little extent	8	64.00
No extent	72	5,184.00
Total	92	5,392.00
	Standard deviation (s)	7.66
	Standard deviation of the sampling distribution of the sample mean	0.10

The responses revealed that the respondents towards recognition practices shows WHO days a events take the majority of recognition followed closely by Health courses and training, while Health Education and promotion activities, with welfare events the least

Table 4.22***Recognition Practices***

Recognition Practices that are taken up by the HWE	No. of respondents (f)	(x)²
WHO Days –(T.B, Diabetes, Mental Health, HIV/Aids)	35	1,225.00
Health courses Tracing	22	484.00
Health Education and Promotions events	20	400.00
Welfare activities	13	169.00
Others	2	4.00
TOTAL	92	2,282.00

Table 4.23***Roles of Recognition of Staff***

Role	Number of Respondents (f)	(x)²
Motivating the staff	30	900.00
Assessment of operations	42	1,764.00
Improving effectiveness	5	25.00
Promotions	5	25.00
No Role	10	100.00
Total	92	2,814.00
	Standard deviation (s)	5.53
	Standard deviation of the sampling distribution of the sample mean	0.10

Table 4.24***Job Design as a Tool to Improve Participation***

Opinion	Number of Respondents	(x)²
Yes	32	1,024.00
No	10	100.00
Do Not Know	50	2,500.00
Total	92	3,624.00
	Standard deviation (s)	6.28
	Standard deviation of the sampling distribution of the sample mean	0.10

Table 4.25***Relevant of Job Designated in public and private sectors***

Reason	Number of Respondents (f)	(x)²
Employees concentrate on duties	74	5,476.00
Improves quality of work	10	100.00
Reduces labor turnover	2	4.00
Set standards	6	36.00
Total	92	5,616.00
	Standard deviation (s)	7.81
	Standard deviation of the sampling distribution of the sample mean	0.10

Job Design as a tool to improve performance shows the majority did not know that it can be used to improve performance only a few agree that it is a tool. Also the level of extent of job design that the contribution of detailed job description was high among the respondents while a few show politics contribution and orientation of new employees on politics researches information is gathered through investments or instruments like the Job Observation Schedule (JOS) and the Multi-Method Job Design Questionnaire (MMJDQ) for functionalist analyses of job design (JEDQ).

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The research provided clear conclusion regarding the challenges that required towards the study of human relations factors influences on performances.

The first objective conclusions was the of the socio- demographic characteristics of the health-workers towards performances. Most of the health professional – workers seen as an incidental rather than central art of their role’s at work, an assessment interview on finding out their gender distribution, range of age, mental status with and without children, nationality, academic level, work experiences and hours of time workloads on the Health worker’s human influences on the aspects of communications and management within their socializations with each other’s.

The second objective were the challenges was to establish the Human Relation factor influences participation toward performances among the employee considered as a combination of different roles designed to increase employment of various degree in managerial decision making the effects of recognition programmed level of extent, current employee turnover, activities that focused on recognition of staffs and the major role of recognition in the health care. Sectors, the findings, shows commitment, reduction of employee intentions to turnover aid absenteeism, increase in production and motivation

The third objective conclusions of the study wanted to determine the Human Relation Factor Influence on recognition programs towards performances. One of the most effective forms of motivation is acknowledgment for a job well done. Employees need to know not just how successfully they have accomplished their goals, but also that their efforts are valued. This type of praise goes a long way toward making this employee view himself as an important asset to the company, as evidenced by the rate in key decisions, influenced current performance attribute, and the state of employees in the Health care sectors in operation and decisions influenced in performance. Longevity bonuses, emblems of prestige, paid time off, and business trips are all possible kinds of acknowledgment. In a performance review meeting or in a more personal setting, you can express your appreciation for their efforts. Praise from the public can be gratifying as well. One of an organization's core values is recognition, which may be fostered through a wide variety of management techniques but which must be sincere and reserved for deserving recipients. As a kind of monetary

compensation, voucher programs are popular because they allow workers a measure of agency. But unlike a cash bonus, vouchers can't just be folded into the employee's regular pay and forgotten about. Vouchers can be viewed as a two-for-one reward system, rewarding the recipient both at the time of voucher issuance and again at the time of voucher redemption. Organizations should cater to the preferences of their employees when choosing on a voucher system, therefore they should offer multiple options. Voucher practicality, including expiration date and ease of usage (such as proximity to a branch or store) must also be considered by the company.

Investigating how human relations factors affect the significance of job design in terms of performance was the focus of our fourth and final set of conclusions. Workplace design (or re-design) that aims to lessen or eliminate the negative effects of routine, mechanical labour on worker morale and productivity. The study reveals how people feel about the value of a J.D. in the workplace, how in-depth their knowledge is on various J.D.-related topics, how extensive they think health sector administrations are, and why they choose their current profession. Job design is one way in which businesses try to entice workers to work harder by providing incentives other than money, such the feeling of pride that comes from doing a difficult task or living up to a higher standard of performance. Workplace design tries to lessen employee issues like complaints and absences by boosting morale and enhancing productivity and quality. With scientific management in place, workers' grievances would be addressed rationally, and society as a whole would benefit from a more peaceful workplace. Under this theory, managers would ensure that their subordinates had access to the greatest of economic gains via rationalized processes, with the goal of providing them with a maximum return on investment. There was a conception of organizations as rationalized places, built and run in accordance with a set of technical rules for rationality (Armstrong, 2005).

The finally but not least the Health facilities observations schedule Informant performance on management check-list: Performance management in any When a business has a history of failure, it might be tempting to try to boost performance by enforcing stricter policies, implementing more stringent practices, and keeping closer tabs on people. Targets, standards, and indicators of achievement are the main points of attention. From the findings it shows the private health facilities are central by Board of trustees and investors are the highest performances organization, followed by public health families that are controlled by the Medical director county government and FBO which is controlled by Religious management of faith organization In Summary Human resources performance is more concerned with forward-looking strategies for enhancing and improving performance, as well as individual growth, than with analyzing past performance approach it has already been mentioned that in a complex organization such as the hospital setting, have a certain portion of decisions making must of necessity be left to the judgment of those closest to the particular situation. The health organization must rely upon the competence of the various professional work groups, in which four things are of paramount importance: technical skills, humanitarian purpose, flexibility, and organization, in the health system people with the necessary technical skills must be selected and hires and the way made easy for them to adjust to the requirements of their work, their various activities must be effectively coordinated, and at the same time there must be sufficient freedom left for them to exercise their own professional judgment. When flexibility runs out it is the human workers “who must supply it”. It is they who provide the grease when friction begins to burn out the bearing, who gives directions when other human beings involved get themselves in a triangle. Many Health workers thought they would be focusing on technical skills when they entered the health professional Instead they find themselves spending a great deal of time among each other therefore the study focus on the human relations factors influences their performance reference to the public, private and faith based health facilities.

5.2 Recommendations

Health worker's human influences on the aspects of communications and management within their socializations with each other's based on the findings, the study in spite of the limitation with respect of availability of information from the sample respondents with health facilities, clearly establish the significance of human relation factor influences among Health workers in performances from the results obtained. The following recommendation may be drawn; in the socio-demographic status of the respondents in the hospital, four things are of paramount importance: technical skills, humanitarian purpose, flexibility and organization on the health care sector setting. People with the necessary technical skills must be selected and hired and the way made easy for them to adjust to the requirements of their work their various activities must be effectively coordinated, and at the same time there must be sufficient freedom left for them to exercise their own decision and professional judgment.

5.2.1 The following recommendations were considered.

Most of the health professional – workers at work seen as an incidental rather than central art of their role's at work, an assessment interview on finding out their gender distribution, range of age, mental status with and without children, nationality, academic level, work experiences and hours of time workloads on the Health workers human influences on the aspects of communications and management within their socializations with each other's recognition programs shown having employees who are less likely to leave and show up for work more often is a surefire way to boost output and morale. In order to encourage workers to have a voice in managerial decision-making, a number of different types of participation programs were proposed. Importance of job design in how a working arrangement (or arrangement) is arrived at to lessen or get around job discontent and mechanical duty.

5.2 Recommendation for the future

Suggestions for further research study on human relations testing out and experimenting with different incentive packages for different health worker's professionals and management evaluating workloads in relation to the aspect of the human resource deficit on productivity and performance shortage of staffs on brain drained situations in key departments especially in the diagnostic/clinicians, service and rehabilitation, promotions and preventives essential to work in close collaboration with other disciplines and even to establish with other

departments Well run hospitals are tempted to take many important services for granted, and only realize how critical these are when they find them missing or inadequate among these services are proper manageable laundry, Bio-Engineering workshop and the transport section solid and refuse disposal of medical waste from Human habitations effective utilization of water resources and treatment of sewage and hygienic aspect of sludge utilization and sewage disposal eventually all of the sewage find its way into the natural drainage channels of recognition.

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APPENDICES

APPENDIX I: INFORMED CONSENT FORM

Kenya Methodist University

P.O. Box 267-00200,

Meru, Kenya

Subject: Informed Consent

Dear Respondent,

My name is **Charles Onyango Ang'awa**. I am a Masters student from Kenya Methodist University. I am conducting a study titled Human Relations factors Influencing Health Workers Performance: A Case of Public Private and FBO Health Facilities in Kisumu County. The information obtained will be used to for improving the management of health workers in the devolved health system, improve their performance in public health facilities, and contribute towards adding to the body of knowledge in managing HRH in strengthening health service delivery in Kenya.

Procedure to be followed

Study Instruments

Participation in this study will require that; I ask you some questions and also access the hospital and the staff. I will present to you the attached self-administered questionnaire for your honest action and response and record information on your responses to the Key Informant Interview Guide.

Voluntary participation: 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 work.

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 me to formulate appropriate HRH Practices for strengthening the management of Human Resources in a devolved Health System in Kenya which is important for better health service provided by competent and motivated health workers. You will benefit from this study because it will help us strengthen health systems in our County in achieving stated global, regional health related goals as well as improving the management of key Human Resource for Health management practices to achieve Country and Country health strategic plans.

Rewards: If you agree to participate in this study it will be voluntary and that no monetary rewards will be provided but will thank you for your participation.

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.

Contact Information: If you have any questions you may contact the following supervisors: 1. Mr. Musa Oluoch Ong’ombe and 2. Dr. Wanja-Mwaura-Tenambergen (PhD) in the Department of Health Systems Management (HSM) of Kenya Methodist University or Kenya Methodist University research review committee of Box 267-00200, Meru, Kenya.

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..... **(Optional)**
Date.....
Signature.....

Investigator’s Statement

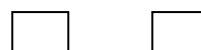
I, the undersigned, have explained to the volunteer in a language she/he understands, the procedures to be followed in the study and the risks and the benefits involved.

Name
Interviewer.....Date.....

APPENDIX II: SELF ADMINISTERED QUESTIONNAIRE

Dear Respondent

I am carrying a research on **Human Relations Influencing Health Workers Performance in the Hospital Setting.** You’re honest and completion of this questionnaire was make the study a success. I hereby request for your utmost cooperation; responses will be treated with utmost confidentiality. I would be grateful



if you kindly spare 15 minutes to fill the questionnaire.

Questionnaire No Public Private FBO

Human Relations Practices for scaling up Health workers performance in Hospital settings.

Section A – Demographic Characteristics

1. Gender distribution? Male () Female ()
2. Age in years
 20-25 () 26 – 35 () 36 -45 () 46 - 55 () over 55 ()
3. Marital status with children without children
 Single () () ()
 Married/ re-married () () ()
 Separation /Divorce () () ()
 Widow/widower () () ()
4. Citizen Yes () No ()
 If No, which nationality
5. Academic level
 Professional certificate () Diploma () Higher Diploma ()Degrees ()master()
 Decorate ()
6. Work experience select(√)
 Voluntary () Part time () Contract () Permanent ()
 Years 0-5 () 5-10 () 10-15 () over 15 ()
7. Time workloads in Hours
 Hours 0-8 () 8-12 () 12-16 () 16-24 ()

SECTION B – Influence of Recognition in Decision Making

8. Please indicate (√) the level of extent to which the following are important aspects or elements about your job? (1 = Very great importance, 2 = Great importance, 3 = Neutral, 4= Little importance and 5 = Very little importance)

Statement	1	2	3	4	5
Importance to society					

Good Environment and employment conditions					
Good salaries and wages					
Access to social amenities					
Clear job description					
Security of tenure					
Good governance					

9. What is the current employment turnover rate in your place of work?

High () Average ()

Low ()

10. To what extent does your health facility have activities that are focused on recognizing its staff?

Great Extent () Moderate extent ()

Little Extent () No extent ()

11. Please name some of the Recognition Practices that are taken up

What is the major role of the Recognition and especially for the Health care sector?

Helps in motivating the staff () Helps in assessment of operations ()

Helps in improving effectiveness () For promotions ()

Has no role ()

SECTION C – Influence of Recognition in Decision Making

12. How would you rate the level of employee participation in key decisions in your organization for the previous 3 years

Declining () Constant () Improving () Do not know ()

13. Has participation of employees in decision making in your organization influenced your performance in any way? (Kindly state the extent)

To a very great extent () To a great extent ()

To a moderate extent () To a little extent ()

To no extent ()

14. Would you attribute the current performance of your organization to the level of employee participation?

Yes () No () Not sure ()

15. Kindly state the extent to which participation of employees in the health facilities operations and decisions has influenced organizational performance

To a very great extent () to a great extent ()

To a moderate extent () to a little extent ()

To no extent ()

SECTION D – Influence of Job Design

16. In your opinion do you think that job design is a tool that can be used to improve performance of employees?

Yes () No () Not sure ()

17. Please indicate (✓) the level of extent to which the following aspects of job design have contributed to improved performance of employees in the health sector in Kisumu County?

(= Very great extent, 2 = Great extent, 3= Moderate extent, 4=Little extent and 5= Very little extent)

Important aspects of job design	1	2	3	4	5
Detailed job description					
Employee participation in politics					
Orientation of new employees on politics					

18. According to your own opinion to what extent does the health sector administration's overall job design impact on the motivation and performance of the staff?

Great Extent () Moderate extent ()

Little Extent () No extent ()

19. Please indicate to what extent you believe the following reasons for job designate most relevant in the public and private health sector?

Reasons	1	2	3	4	5

Helps employees concentrate on relevant duties					
Improves quality of work					
Reduces labor turnover					
Set standards used in other institutions					

APPENDIX I1:

Observational schedule performances of management rate

Tick (✓) Public <input type="checkbox"/> Private <input type="checkbox"/> F.B.O <input type="checkbox"/>		5-4	4-3	3-2	2-1	1-0
		Excellent	Satisfactory	Unsatisfactory	Poor	None existent
1	Mission statement and visions of the organizations					

2	Quality of care					
3	General environment cleanliness					
4	Spacious working area					
5	Department well labeled					
6	Dress codes of respective professionals					
7	Staff display name tags of identification					
8	Communication skills					
9	Spacious staff rooms					
10	Patient respects towards staffs					
11	Staff register of time table operation					
12	Security					

**APPENDIX III:
RESEARCH CRITIQUE CHECKLIST**

	Good	Satisfactory	Poor	Not Applicable
<ul style="list-style-type: none"> • Researcher title • Background information • Objectives • Research questions • Justification of the study • Purposes of the study • Problem Statement • Review of the Literature • Theoretical/Conceptual Framework • Limitations • Hypothesis(es) • Definition of Terms • Research Design • Population and Sample • Data collection Methods • Data collection Instruments • Data Analysis • Discussion of Findings • Conclusions • Recommendations 				

APPENDIX IV:**PROFESSIONAL HEALTH WORKER AND MANAGEMENT**

Group Identity HWs employees	Total Respondents
Direct Medical Service : <ul style="list-style-type: none">• Doctors,• Clinical officers• Nurses,• Paramedics)	24
In-direct Medical : <ul style="list-style-type: none">• Physiotherapy• Orthopedics technology• Med- Laboratory ,• X-Rays,• Health Records & information	24
Non- Direct health workers services <ul style="list-style-type: none">• Environmental health• Medical engineering• Dental technology• Mortuary attendees	23
Non- In Direct health worker services <ul style="list-style-type: none">• Administration & finance• Human Resource• Security• Drivers	21

APPENDIX V:
KISUMU COUNTY 17 HEALTH FACILITIES

BOYA RURAL NURSING HOME – PRIVATE

DUNGA MATERNITY & NURSING HOME - PRIVATE

H.H AGA KHAN DISP. & MAT. HOSPITAL KISUMU - FAITH BASED

JALARAM NURSING & MATERNITY HOME - PRIVATE

KISUMU DISTRICT HOSPITAL (KISUMU) - PUBLIC

MILIMANI MATERNITY HOSPITAL- PRIVATE

NIGHTGALE MATERNITY & NURSING HOME - PUBLIC

OGRA MEDICAL CENTRE & COMMUNITY - PUBLIC

PROVINCIAL GENERAL HOSPITAL KISUMU - PUBLIC

RACHAR SUGAR BELT NURSING HOME - PRIVATE

ST. CONSOLATA KISUMU HOSPITAL – FAITH BASED

ST. ELIZABETH CHIGA DISPENSARY - PUBLIC

ST. JOSEPH’S HOSPITAL (NYABONDO) – FAITH BASED

ST. LUKES MEDICAL CENTRE – FAITH BASED

STAR CHILDREN HOSPITAL - PUBLIC

THE PORT FLORENCE COMMUNITY HOSPITAL - PRIVATE

VICTORIA HOSPITAL (KISUMU) – PUBLIC

APPENDIX VI

LOCATION OF KISUMU COUNTY

