

**SELECTED HUMAN RESOURCE MANAGEMENT PRACTICES AND  
SERVICE DELIVERY IN THE PUBLIC HEALTH SECTOR OF BUNGOMA  
AND SIAYA COUNTY GOVERNMENTS, KENYA**

**BY**

**PAMELA NAFULA NYONGESA**

**A Thesis Submitted in Partial Fulfillment of the Requirements for the Award of  
Degree**

**Of**

**DOCTOR OF PHILOSOPHY IN HUMAN RESOURCE MANAGEMENT**

**Department of Management and Tourism**

**SCHOOL OF BUSINESS AND ECONOMICS**

**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND  
TECHNOLOGY**

**Copyright, 2024**

## **DECLARATION AND APPROVAL**

### **Declaration**

This thesis is my original work and has not been presented for an award of a degree or diploma in any other university or institution.

**Signature** .....**Date:** .....

**Pamela Nafula Nyongesa**

**B161/4233/2017**

### **Approval**

This proposal has been submitted for examination with our approval as university supervisors

**Signature** .....**Date:** .....

**Prof. Maria Onyango**

Department of Management and Tourism

Jaramogi Oginga Odinga University of Science and Technology (JOOUST)

**Signature** .....**Date:** .....

**Dr. Elijah Museve**

Department of Accounting and Economics

Jaramogi Oginga Odinga University of Science and Technology (JOOUST)

## **DEDICATION**

To the Almighty God for His grace, divine enablement and provision during this journey. To my late dad Alfred Juma Mojo and mum Marcellina Nekesa Juma for being my first teachers and mentors. To my beloved husband Benson Nyongesa for your patience and unwavering support throughout the period of my study and my children Alex, Tonny, Beverly and Mellan; that my effort may be a source of inspiration to you.

## **ACKNOWLEDGEMENT**

I wish to most sincerely thank my erudite supervisors Prof. Maria Onyango and Dr. Elijah Museve for their valued input, guidance, patience and encouragement during this thesis development. I thank my family for being patient, supportive and for cheering me on throughout this period of my study. Finally, I return all the glory and honour to the Almighty God for the gift of life, for enabling me to reach this far and for the divine provision.

I extend my sincere appreciation to the faculty at the School of Business and Economics for their significant and valuable support throughout the entire development and completion of this thesis. Their guidance has played a crucial role in enhancing the quality and depth of this work.

## ABSTRACT

The Kenyan Constitution of 2010 aimed to improve provision of public health services by mandating counties to offer decentralized services. Counties have continually made reforms to ensure provision of high-quality and effective services. Despite constant reforms, challenges persist in delivering efficient services. Public sector hospitals are struggling to perform well because they haven't fully embraced the WHO's recommended good practices due to: poor management, inefficiency, underfunding, inadequate healthcare workers, poor physical facilities, and issues with technology and pharmaceuticals, contributing to substandard services. This study aimed to assess selected HR practices' effect on service delivery in the public health sectors of Bungoma and Siaya counties. The objectives were: assess the effect of recruitment and selection practice, determine the effect of leadership style, assess the effect of career development management, establish the effect of employee motivation on service delivery and determine the moderating effect of work environment on the relationship between HR practices and service delivery in the public health sectors of Bungoma and Siaya counties. Resource-based view theory, Herzberg's two factor theory, and agency theory were adopted. Pragmatism philosophy was adopted. A mixed methods research design was used. The target population was 3,549 comprising of healthcare workers, inpatients and HROs from both counties and a sample size of 369 respondents was selected using proportional allocation. Multi-stage sampling approaches were used. Questionnaires and interview guides were used for data collection. Data was analyzed using descriptive and inferential statistics and SPSS. These included: Simple linear regression, Pearson correlation coefficient and multiple linear regression models. The findings indicate that recruitment and selection practice, leadership style, career development management and employee motivation have a significant effect on service delivery with  $\beta = 0.647, 0.764, 0.876, 0.685$  and  $p = \text{values} < 0.05$  respectively. Work environment has a moderation effect on the relationship between recruitment and selection practice with  $\beta = 0.0997, p = 0.0297 < 0.05$ , career development management  $\beta = 0.1054, p\text{-value} = 0.0374 < 0.05$  and employee motivation  $\beta = 0.1495, p = 0.001 < 0.05$  on public health sector service delivery. It did not have significant moderation effect on the relationship between leadership style and public health sector service delivery with  $\beta = -0.0891, t = 0.4999, p = -0.618 > 0.05$ . The study recommends that counties to: embrace and proficiently implement the selected HR practices, formulate and adopt improved recruitment and selection strategies, invest in training programs for managers and supervisors in the health sector to enhance their capacity for quality supervision, develop comprehensive career progression guidelines to promote fair advancement opportunities for healthcare workers across cadres, formulating enhanced motivation strategies that acknowledge and reward performance thus ensuring fairness in the promotion and training processes for healthcare workers, substantially invest in cultivating a conducive work environment in the public health sector by providing ample facilities to ensure a sustainable work environment. The study purposes to fill the knowledge gap by exploring and analyzing the dynamics of HR practices' application and their effect on service delivery within the public health sectors of Bungoma and Siaya counties since the advent of devolution. The following suggestions are made: a comparative study in the private health sector, an inquiry to establish why work environment does not moderate the relationship between leadership style and service delivery and a similar research be conducted in other counties.

## TABLE OF CONTENTS

DECLARATION AND APPROVAL .....	ii
DEDICATION .....	iii
ACKNOWLEDGEMENT .....	iv
ABSTRACT .....	v
TABLE OF CONTENTS.....	vi
LIST OF TABLES .....	xii
LIST OF FIGURES .....	xiv
LIST OF APPENDICES.....	xv
ABBREVIATIONS AND ACRONYMS .....	xvi
CONCEPTUAL DEFINITION OF TERMS .....	xviii
<b>CHAPTER ONE .....</b>	<b>1</b>
<b>INTRODUCTION.....</b>	<b>1</b>
1.0 Introduction.....	1
1.1 Background of the Study .....	1
1.1.1 Service Delivery in the Public Health Sector. ....	7
<u>    1.1.1.1 Overview of Bungoma County Public Health Sector.....</u>	<u>15</u>
<u>    1.1.1.2 Overview of Siaya County Public Health Sector.....</u>	<u>17</u>
1.2 Statement of the Problem.....	18
1.3 Objectives of the Study.....	20
1.3.1 Specific Objectives .....	20
1.3.2 Study Hypothesis .....	21
1.4 Significance of the Study .....	21
1.5 Justification of the Study .....	23
1.6 Scope and of the Study .....	24
1.7 Limitations of the Study.....	25
1.7.1 Delimitations of the Study .....	26
1.8 Assumptions of the Study .....	26
<b>CHAPETER TWO.....</b>	<b>27</b>
<b>LITERATURE REVIEW .....</b>	<b>27</b>
2.0 Introduction.....	27

2.1 Theoretical Framework.....	27
2.1.1 Resource Based View Theory (RBV).....	27
2.1.2. Hertzberg’s Two Factor Theory.....	28
2.1.3 Agency Theory.....	30
2.2 Human Resource Management Concept.....	31
2.2.1 Recruitment and Selection .....	33
2.2.2 Empirical Review of the Literature on Recruitment and Selection .....	34
2.2.3 Leadership Style and Service Delivery .....	37
2.2.4 Career Development Management and Service Delivery .....	43
2.2.5 Employee Motivation and Service Delivery .....	47
2.2.6 The Concept of Service Delivery in the Health Sector .....	49
2.2.7 The Concept Work Environment .....	56
2.3 Empirical Review of the Literature on Work Environment.....	61
2.4 Research Gaps.....	64
2.5 Conceptual Framework.....	73
2.5.1 Operationalization of Conceptual Framework Variables .....	74
<b>CHAPTER THREE .....</b>	<b>76</b>
<b>RESEARCH METHODOLOGY .....</b>	<b>76</b>
3.0 Introduction.....	76
3.1 Research Philosophy .....	76
3.2 Research Design.....	77
3.3 Area of the Study .....	78
3.4 Target Population of the Study .....	79
3.5 Sample Size and Sampling Techniques. ....	80
3.5.1 Sampling Technique .....	81
3.6 Data Collection Instruments .....	84
3.6.1 Primary Sources of Data .....	84
3.6.2 Secondary Data .....	85
3.7 Reliability of Research Instruments.....	85
3.8 Pilot Study.....	86
3.9 Validity of Research Instruments.....	87

3.10 Data Collection Procedure .....	89
3.11 Data Analysis .....	89
3.11.1 Quantitative Analysis.....	89
3.11.2 Pearson Correlation Analysis.....	90
3.12 Tests for Linear Regression Assumptions .....	91
3.12.1 Simple Linear Regression Analysis .....	91
3.12.2 Multiple Linear Regression Analysis.....	92
3.12.3 Moderation Analysis.....	93
3.12.5 Qualitative Analysis.....	94
3.12.6 Normality Test .....	94
3.12.7 Test for Linearity .....	94
3.12.8 Homoscedasticity Test.....	94
3.13 Data Presentation .....	95
3.14 Ethical Considerations .....	95
<b>CHAPTER FOUR.....</b>	<b>96</b>
<b>FINDINGS AND DISCUSSIONS.....</b>	<b>96</b>
4.0. Introduction.....	96
4.1. Demographic Characteristics .....	96
4.3. The Assessment of the effect of Recruitment and Selection Practice on Health.....	118
4.4 Test for Linear Regression Assumptions .....	124
4.4.1 Normality Test .....	125
4.4.2 Linearity Test .....	126
4.4.3 Homoscedasticity Test.....	127
4.4.4 Test for Outliers .....	128
4.4.6 Correlation Analysis between Recruitment and Selection Practice and Public Health Sector Service Delivery in Bungoma and Siaya County Governments .....	129
4.4.7 Simple Linear Regression Analysis between Recruitment and Selection Practice and Health Sector Service Delivery in Bungoma and Siaya County Governments .....	130
4.5. The Determination of the Effect of Leadership Style on Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya.....	133



4.5.1	Descriptive Statistics for Leadership Style .....	133
4.5.2.	Test for Linear Regression Assumptions .....	139
4.5.2.	Normality Test .....	139
4.5.3	Linearity Test .....	140
4.5.4	Homoscedasticity Test .....	140
4.6.	Correlation Analysis between Leadership style and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya.....	141
4.6.1.	Simple Linear Regression Analysis between Leadership style and Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya .....	142
4.7	The Assessment of the Effect of Career Development Management on Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya.....	146
4.7.1	Descriptive Statistics for Career Development Management .....	146
4.7.2.	Test for Linear Regression Assumptions .....	152
4.7.2.1	Normality Test .....	152
4.7.2.2	Linearity Test .....	153
4.7.2.3	Homoscedasticity Test .....	154
4.7.3	Correlation Analysis between Career Development Management and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya.....	155
4.7.4.	Simple Linear Regression Analysis between Career Development Management and Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya .....	156
4.8	To Establish the Effect of Employee Motivation on Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya .....	159
4.8.1	Descriptive Statistics for Employee Motivation .....	159
4.8.2.	Test for Linear Regression Assumptions .....	162
4.8.2.1.	Normality Test .....	162
4.8.2.2	Linearity Test .....	163
4.8.2.3	Homoscedasticity Test .....	164
4.8.3	Correlation Analysis between Employee Motivation, and Health Sector Service Delivery in the County governments of Bungoma and Siaya.....	166

4.8.4. Simple Linear Regression Analysis between Employee Motivation and Service.....	167
4.9 Determination of the Moderating Effect of Work Environment on the Relationship between HR Practices and Service Delivery in the Public Health Sector in Bungoma and Siaya.....	173
4.9.1 Descriptive Statistics for Work Environment.....	173
4.9.2 Moderation Analysis of the Moderating Effect of Work Environment on the Relationship between HR Practices and Public Health Sector Service Delivery in Bungoma and Siaya County Governments.....	177
4.9.3 Moderation Effect of Work Environment on the Relationship Between HR Practices and Health Sector Service Delivery in Bungoma and Siaya County Governments.....	179
4.9.4 Moderation Effect of Work Environment on the Relationship Between Recruitment and Selection Practice, and Health Sector Service Delivery in Bungoma and Siaya Counties.....	182
4.9.5 Moderation Effect of Work Environment on the Relationship between Leadership style and Health Sector Service Delivery in County Governments of Bungoma and Siaya.....	185
4.9.6 Moderation Effect of Work Environment on the Relationship Between Career Development Management and Health Sector Service Delivery in the County Governments of Bungoma and Siaya.....	187
4.9.7 Moderation Effect of Work Environment on the Relationship between Employee Motivation and the Health Sector Service Delivery in the County Governments of Bungoma and Siaya.....	190
<b>CHAPTER FIVE .....</b>	<b>194</b>
<b>SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.194</b>	
5.1 Introduction.....	194
5. 2 Summary of the Major Findings of the Study .....	194
5.2.1 Recruitment and Selection Practice on Public Health Sector Service Delivery in Bungoma and Siaya County Governments.....	195

5.2.2 Leadership Style on Health Sector Service Delivery on Public Health Sector Service Delivery in Bungoma and Siaya County Governments .....	196
5.2.3 Career Development Management on Health Sector Service Delivery on Public Health Sector Service Delivery in Bungoma and Siaya County Governments .....	196
5.2.4 Effect of Employee motivation on Health Sector Service Delivery .....	197
5.2.5 Moderating Role of Work Environment on the Relationship Between HR Practices and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya.....	198
5.3 Conclusions.....	200
5.4 Recommendations.....	202
5.5 Suggestions for Further Research .....	203
5.6 Contribution to New Knowledge .....	204
<b>REFERENCES.....</b>	<b>206</b>
<b>APPENDICES .....</b>	<b>226</b>

## LIST OF TABLES

Table 2. 1: Knowledge Gaps.....	66
Table 3.1: Sampling Frame.....	80
Table 3.2: Sample Size Based on Proportional Allocation.....	83
Table 3.3: Reliability Test Results.....	86
Table 3. 4: Sample Size for the Pilot Study .....	87
Table 4.1: Response rate .....	96
Table 4.2: Gender Representation for HRH .....	98
Table 4.3: Respondents’ Age .....	98
Table 4.4: Respondents by Marital status .....	99
Table 4.5: Respondents’ Academic qualifications.....	99
Table 4.6: Respondents’ Designation .....	100
Table 4.7: Respondents Length of Service at the Health Facility.....	100
Table 4.8: Respondents’ Terms of Employment .....	101
Table 4.9: Descriptive Analysis for the Dependent Variable (Service Delivery - HRH).....	104
Table 4.10: Descriptive Analysis for Service Delivery (Inpatients):.....	112
Table 4.11: Descriptive Statistics for Recruitment and Selection Practice .....	119
Table 4.12: Test for Normality .....	125
Table 4.13: Correlation Analysis Output between Recruitment and Selection Practice and Public Health Sector Service Delivery in Bungoma and Siaya County Governments.....	129
Table 4.14: Simple Linear Regression Analysis Output between Recruitment and Selection Practice and Service Delivery in the Health Sector in the Devolved Units of Bungoma and Siaya.....	130
Table 4.15: Descriptive Analysis for Leadership Style .....	134
Table 4.16: Test for Normality .....	139
Table 4.17: Correlation Analysis Output between Leadership style and Health Sector Service Delivery in Devolved Units .....	141
Table 4.18: Linear Regression Analysis Output between Leadership Style and Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya .....	143

Table 4.19: Descriptive Analysis for Career Development Management .....	147
Table 4.20: Test for Normality .....	153
Table 4.21: Correlation Analysis Output between Career Development Management and Public Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya .....	155
Table 4.22: Linear Regression Analysis Output between Career Development Management and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya .....	156
Table 4.23: Descriptive Analysis for Employee Motivation .....	160
Table 4.24: Test for Normality .....	163
Table 4.25: Correlation Analysis Output between Employee Motivation and Health Sector Service Delivery in Devolved Units of Bungoma and Siaya	166
Table 4.26 Linear Regression Analysis Output between Employee Motivation and Service Delivery in the Public Health Sector in the County Governments of Bungoma and Siaya .....	167
Table 4.27: Summary of Hypothesis Test Results .....	171
Table 4.28: Correlation Matrix .....	171
Table 4.29 Multicollinearity .....	172
Table 4.30: Descriptive Analysis for Work Environment .....	174
Table 4.31: Moderation Effect of Work Environment on the Relationship between HR Practices and Health Sector Service Delivery in Bungoma and Siaya County Governments .....	180

## LIST OF FIGURES

Figure 2.1: Conceptual Framework .....	73
Figure 4.1: County of Residence for Human Resource for Health.....	97
Figure 4.2: County of Residence (For In-Patients).....	101
Figure 4.3: Demographic Characteristics for In-Patient .....	102
Figure 4.4: Health Sector Service Delivery in the Two Devolved Units.....	103
Figure 4. 5: Normal P-P Plot of Regression Standardized Residual for Recruitment and Selection Practice and Service Delivery in the Two Devolved Units. ....	126
Figure 4.6: Scatter Plot of Standardized Residuals for Recruitment and Selection Practice.....	127
Figure 4.7: Test of Presence of Outliers Using Box Plots .....	128
Figure 4.8: Normal P-P Plot of Regression Standardized Residual for Leadership style and Health Sector Service Delivery in Devolved Units .....	140
Figure 4.9: Scatter Plot of Standardized Residuals for Leadership style.....	141
Figure 10: Normal P-P Plot of Regression Standardized Residual for Career Development and Health Sector Service Delivery in Devolved Units .....	153
Figure 4.11: Scatter Plot of Standardized Residuals for Career Development.....	154
Figure 4.12: Normal P-P Plot of Regression Standardized Residual for Employee Motivation.....	164
Figure 4.13: Scatter Plot of Standardized Residuals for Employee Motivation .....	165
Figure 4.14: Interaction Plot for the effect of work environment on the relationship between recruitment and selection practice, and the health sector service delivery in Bungoma and Siaya Counties .....	183
Figure 4.15: Interaction Plot for the Effect of Work Environment on the relationship between Career Development Management, and the Health Sector Service Delivery in the County Governments of Bungoma and Siaya.....	183
Figure 16: Interaction Plot for Effect of Work Environment on the relationship between Employee Motivation, and the Health Sector Service Delivery in Bungoma and Siaya .....	191

## LIST OF APPENDICES

Appendix 1: Questionnaire for HRH .....	226
Appendix II: Questionnaire for in Patients on Service Delivery .....	230
Appendix III. Service Delivery (Questionnaire for HRH).....	231
Appendix IV: Interview Schedule for Human Resource Officers (HROs) .....	232
Appendix V. Interview Schedule for the In- charge .....	233
Appendix VI: Document Analysis Guide .....	234
Appendix VII: Bungoma County HRH Per Cadre Per Facility .....	237
Appendix VIII: County Governments of Kenya.....	244
Appendix IX: Authority to Conduct Research.....	245
Appendix X: Research License.....	246
Appendix XI: Authority to conduct Research in Siaya County.....	247
Appendix XI: Authority to conduct Research in Bungoma County .....	248
Appendix XI: Authority to conduct Research in Bungoma County .....	249

## **ABBREVIATIONS AND ACRONYMS**

<b>ART</b>	-	Anti-Retroviral Therapy
<b>BeTA</b>	-	Bottom – up Economic Transformation Agenda
<b>CHU</b>	-	Community Health Units
<b>CIDP</b>	-	County Integrated Development Plan
<b>COVID 19</b>	-	Corona Virus Disease
<b>CPSB</b>	-	County Public Service Board
<b>CPSBs</b>	-	County Public Service Boards
<b>CRA</b>	-	Commission on Revenue Allocation
<b>DHIS</b>	-	Division of Health Informatics and Surveillance
<b>FBO</b>	-	Faith Based Organizations
<b>GOK</b>	-	Government of Kenya
<b>HCWs</b>	-	Health Care Workers
<b>HIV/AIDS</b>	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>HRH</b>	-	Human Resources for Health
<b>HRM</b>	-	Human Resource Management
<b>HR</b>	-	Human Resource
<b>HROs</b>	-	Human Resource Officers
<b>IDP</b>	-	Integrated Development Plan
<b>KHIS</b>	-	Kenya Health Information System
<b>KMO</b>	-	Kaiser – Meyer – Olkin
<b>KSML</b>	-	Kushtia Sugar Mills Ltd
<b>KARPR</b>	-	Kenya AIDS Response Progress Report
<b>MDGs</b>	-	Millenium Development Goals
<b>MOs</b>	-	Medical Officers
<b>MOH</b>	-	Ministry of Health
<b>NACOSTI</b>	-	National Commission for Science, Technology and Innovation



<b>NHSSP</b>	-	National Health Sector Strategic Plan
<b>PMTCT</b>	-	Prevention of Mother to Child Transmission
<b>PSC</b>	-	Public Service Commission
<b>RBV</b>	-	Resource Based View
<b>RTI</b>	-	Respiratory Tract Infections
<b>SARAM</b>	-	Kenya Service Availability and Readiness Assessment Mapping
<b>SCH</b>	-	Sub- County Hospital
<b>TANESCO</b>	-	Tanzania Electric Supply Company
<b>TMT</b>	-	Top Management Team
<b>UHC</b>	-	Universal Health Coverage

## CONCEPTUAL DEFINITION OF TERMS

**HR practices:** These are deliberate methods and policies that are put in place by an institution to make sure that its human resource contributes to the realization of its goals efficiently and effectively (Uzoma, 2014).

**Service Delivery:** This is the supply of services from the provider to the client. In this study, service delivery is the care given to the patients/clients by the healthcare workers from the time they enter a health facility seeking the services to the time they exit after getting the services they were seeking.

**Recruitment:** This refers to the process of attracting potential, qualified and most suitable individuals to join the organization (Hoi, 2013, Ganapathy, 2018). It entails advertising.

**Selection:** It refers to the process of assessing the applicants and determining the most suitable for the position that exists by use of different methods like interviews, assessment centres and tests (Quinn, 2014, Armstrong, 2006).

**Leadership:** This is the process of guiding others to recognize and decide on what ought to be done and in what way it should be done, and the process of enabling individual and collective synergy to achieve collective objectives (Yukl, (2006).

## **Career Development**

**management:** Is an endless process of building an employee's vocation that entails moving to higher occupational obligations, preparing new aptitudes for professional growth and involves career goal advancement, development, professional ability development, promotion and speed of remunerating growth (Biswakarma, 2016, Fieldman *et al*, 2004).

**Motivation:** It refers to all the processes aimed at stimulating employees in an organization/institution to accomplish their objectives.

**Work environment:** In this study it refers to processes, systems, structures, tools and conditions at the work place which positively or negatively affect performance of an individual and include policies, rules, culture, resources, working relationships, work location, internal and external factors of environment which influence the performance of an employee in an organization (Ollukkaran *et al*, 2012).

**County Governments:** They are the 47 geographical units within the country created by Article 176 of the 2010 constitution (GOK, 2010)

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.0 Introduction**

This chapter highlights the following: background of the study, service delivery in the public health sector, statement of the problem, objectives of the study, hypothesis of the study, significance of the study, justification, scope, limitations, delimitations and assumptions of the study.

### **1.1 Background of the Study**

An organization typically employs human resource management practices to achieve various goals. These include: safeguarding the wellbeing of its employees, recruiting and selecting qualified human capital, fostering the development of productive and autonomous teams, implementing equitable and incentive - driven compensation systems, providing training in key areas, establishing a horizontally structured and participatory workplace culture, and ensuring that relevant information is readily available to those who require it.

In selective hiring, organizations strive to assemble workers with the right skills and competencies. They want people who are fit for the job. Organizations do their utmost best to hire exceptional people because they add the most value to the business. This brings the need for structured prioritization with a fair selection process.

Challenges could be with legal obligations, internal diversity goals, and a more diverse workforce; the hiring processes used by the counties may also have implications in the way employees are attracted to fill open positions. Although sharing information is crucial, many large businesses struggle to ensure a smooth flow of information exchange.

Pfeffer, (2009) suggests two reasons why information sharing is crucial for HR optimization. Firstly, it fosters a culture of trust by being honest about strategy, finances, and operations. Employees are genuinely involved in the business. This has the effect of reducing hearsay and unfavorable casual conversation. Second, constructive idea exchange will be facilitated by having a thorough awareness of what is happening within a business.

The current trend in human resource management is the increasing emphasis on skills-oriented training programs aimed at boosting employee productivity. Alongside formal training initiatives, on- the- job learning, feedback-oriented approaches and coaching interventions are gaining importance as key contributors to effective teamwork geared towards achieving organizational objectives.

HRM practices are considered significant to attaining an organization's goals and gaining a competitive advantage (Laursen & Foss, 2003). The success of any organization depends upon many factors, but Resource Based View (RBV) considers employees to be the most important resource. Organizations can achieve excellence by encapsulating the benefits of good HRM practices and innovation in routine business processes. Past research has discussed these practices in the perspective of "valuable, rare, inimitable and non-substitutable" resources, arguing that these qualities of human resources contribute to organizational excellence. This means that HR practices implementations are becoming critical to organizations. Management staff are very interested in how well their company can use HRM methods to positively influence how people behave at work and fully utilize their capability to provide creative business processes, support the

achievement of organizational goals, and ultimately achieve efficiency (Rasool, Maqbool, Samma, Zhao & Anjum, 2019).

Like all other sectors, human resources for health play a key role in the provision of services to the citizens making healthcare a critical component in the development of any nation. The quality of services offered in the public health facilities depends largely on the performance of these healthcare providers among other things. For efficient services to be achieved in the public health sector, HR management need to consider this key resource as critical giving impetus to management practices directed at optimizing this rare resource.

The growth of any country is hinged on a functioning and dynamic health system making health a key indicator of development thus requiring a functioning and vibrant health system to enhance access and quality of services delivered (CIDP 2018-2022, County Government of Bungoma). This role is played majorly by the health care workers (HCWs). Therefore, the performance of healthcare providers becomes a critical component in improving service delivery in the public health sector for the attainment of Sustainable Development Goal 3 (SDG3). This makes management of HRH in the counties' public health sector significant for efficient service delivery because health is a devolved function and there is more demand for good and consistent services from clients lately (Issa, 2011) following the prominence put on Universal Health Coverage (UHC) by the national government.

According to empirical research on HR practices, HR planning, recruitment and selection, placement, pay and rewards, career development, training and development, health and safety, career planning, industrial relations, talent management, employee

motivation, and succession planning are examples of human resource management practices (Mutembei *et al*, 2014, Yahiaou, *et al*, 2015, Issa, 2011; Lankeu *et al*, 2012) that enhance performance in organizations. To achieve the bottom line and improve the efficiency and effectiveness of county government services in the public health sector, it is necessary for the county governments to harness and develop their human resources. This study focused on the following HR practices as applied in the public health sector in Bungoma and Siaya county governments: recruitment and selection practice, leadership style, career development management and employee motivation.

In a highly competitive workplace, organizations should recruit and choose employees who are appropriately qualified, encouraging the use of best practices in hiring and selection of employees (Hoi, 2013). Recruitment is the process of attracting potential, qualified and most suitable individuals to join the organization (Hoi, 2013, Ganapathy, 2018). According to Joshi, (2013) it is the first stage process of filling vacancies in an organization that may arise due to: creation of a new position, resignation or termination of an existing employee or exit as a result of natural attrition and it entails advertising. The hiring process can start internally, where a job is filled by an individual already employed by the institution but in a different capacity, or externally, where a position is filled by a source outside the organization which calls for newspaper advertisements, the use of recruiting consultants, or advertisements on organizations' or recruitment websites (Joshi, 2013).

Selection is the process of evaluating applications and choosing the most qualified for the open position using a variety of techniques/ methods (Quinn, 2014).

According to Armstrong, (2006) selection methods include; interviews, assessment centres and tests. Organizations should determine the selection criteria that best aligns with their goals and guarantees the retention of qualified workers (Huselid, 1995). By adopting the best recruiting and selection practices that best suit their objectives and ensures retention of the qualified employees for improved services, county governments should follow proper recruitment and selection practices in order to attract highly qualified healthcare staff that will provide efficient services to the populace (Huselid, 1995) emphasizing the need for adoption of proper recruitment and selection practices in the health sector in the county governments of Bungoma and Siaya.

Yukl, (2006) defines leadership as the process of assisting others in recognizing and choosing what needs to be done and how it should be done, as well as the process of facilitating individual and group synergy to accomplish shared goals. It comprises delegating work to others and guiding people to take a better path (Chitra,2013).

Oladipo *et al*, (2013) assert that the achievement or failure of an institution, nation or other social units is attributed to the nature of leadership style. Leadership style in an organization is critical in improving or decelerating the interest and commitment from the people within an organization (Obiwuru *et al*, 2011). When it comes to motivating and enabling people to work hard and contribute to the success of the organization, a leader has a significant impact on those under him or her, to enable efficient service delivery in the public health sector.

Fieldman *et al*, (2004) defines career development as an endless process of building an employee's vocation that entails moving to higher occupational obligations, preparing new aptitudes for professional growth and involves career goal advancement,



development, professional ability development, promotion and speed of remunerating growth. Weng *et al*, (2012) state that organizations that provide mechanisms for employee career advancement create a common investment type of relationship with their employees tying career development to important outcomes like organizational commitment and retention leading to improved performance. Career development management in this study entails promotion opportunities, development opportunities and internal promotions as applied in the public health sector in the devolved units of Bungoma and Siaya. Kirigia *et al* (2006) observed that lack of professional development opportunities and clear development opportunities among healthcare workers in Kenya are some of the factors that have contributed to the migration of health workers to developed countries hampering efficient service delivery in the public health sector due to brain drain.

Employee motivation on the other hand has been a focal point in both private and public organizations to ensure their work performance is improved. Organizations are majorly concerned with measures to be put in place to ensure employees performance is at the highest levels. According to Armstrong, (2006) these organizations have focused on motivating their employees through means like rewards, incentives, promotions and creating a good work environment that ensures employees' service delivery is at the highest levels. It is the responsibility of HR managers in these organizations to ensure that employees stay motivated for them to attain the bottom-line. This therefore calls for deliberate efforts to ensure employees performance is optimal by having motivation schemes owing to the fact that motivation influences behavior and consequently performance (Faraji, 2013).

### **1.1.1 Service Delivery in the Public Health Sector.**

Since the health sector plays a pivotal role in the development of a nation, a lot of prominence has been put on strengthening and continual improvement of health care systems of countries around the world as espoused in the Millenium Development Goals (MDGs) and currently the Sustainable Development Goals – SDG3; which is health related - good health and wellbeing (Malik, 2022). Priority has been given to the development of health systems for attainment of the goals aimed at eradicating social and economic challenges.

Nations all over the world are constantly implementing reforms to enhance the provision of health services for high-quality care by utilizing the existing healthcare workforce to improve the quality and accessibility of services rendered, but despite the reforms and effort, they continue to face difficulties in providing effective health services to the populace (WHO, 2015).

The World Health Organization Report, 2000 elucidates the objectives of a health system as: improvement of the health system, responsiveness (how the health system responds to the genuine expectations of its clients) and equality of financial contribution (WHO, 2000). The World Health Organization noted that health systems have a large number of highly skilled human resources for health (HRH) at all community levels for the achievement of outstanding improvements, but these efforts have sadly been hindered by ineffective management and organization, and underfunding of the health systems (WHO, 2000). According to the report, these barriers are caused by imbalances in the availability of healthcare workers, physical facilities, technology, and pharmaceuticals. Developing nations struggle with lack of qualified staff, underpaid healthcare workers,

brain drain, outdated facilities, and inadequate equipment that hinder the efficient delivery of services that are primarily accessed by the poor majority in the public health sector (WHO, 2000).

World Health Organization (WHO) in its quest to improve the state of healthcare provision came up with six building blocks as part of an effort to strengthen healthcare systems around the world and achieve better results; Service delivery, health workforce, health information systems, access to information, access to necessary medications, funding, leadership, and governance are some of these building components (WHO, 2010); being indicators of an effective health system output. It highlighted the significance of enhancing service delivery in order to achieve the Millennium Development Goals even further (MDGs) that are health related: which include the delivery of interventions to reduce child mortality, maternal mortality and the burden of HIV/AIDS, tuberculosis and malaria. Unfortunately, providing subpar services is still a problem for the health industry around the world. Thus, service delivery or provision becomes a direct result of the investment to be made in the health sector. Improved service delivery and increased access to healthcare for the majority of the population that meets the necessary minimum quality criteria should result from inputs such as the health personnel, procurement, supplies, and financing (WHO, 2015). Notwithstanding the efforts, provision of efficient and effective healthcare services for citizens still remains a mirage to many countries in spite of health being a central human right (GOK, 2010). Delivering of efficient and quality services in the health sector is a responsibility of a health facility/hospital giving the motivation for this study on the effect of HR practices

on service delivery in the public health sector in the county governments of Bungoma and Siaya.

Malik (2022) in his study on fragility and challenges of health systems in pandemic; lessons from India's second wave of coronavirus disease 2019 (COVID-19) established that the health sector in India is dealing with issues like inadequate infrastructure, insufficient funding, lack of transparency, and bad management—problems that were even worse during the pandemic time. He discovered the following issues plaguing the Indian health sector: recruitment processes that are opaque and not subject to public scrutiny; lack of adequate training for medical staff with an emphasis on urban curative care rather than training for officers of primary health centers and rewards that are not linked to performance, highlighting the difficulties in implementing effective HR practices for the efficient provision of services in India's health sector. Malik, (2022) further found that disparities across states and in rural and urban areas define the Indian health sector. According to him, it is defined by issues of poor access, coverage, and inefficient service delivery that cause an excessive reliance on private health facilities that are out of reach for the bulk of the population, which results in inaccessibility and subpar health outcomes.

In South Africa for instance, the public health sector experiences impediments associated with governance, responsibility and inadequate healthcare providers that have led to poor health outcomes (Malakoane *et al*, 2021). In their study on improving the public health sector service delivery in the Free States, South Africa, they found that the delivery of healthcare services to the public is hampered by systemic deficiencies, operational

difficulties, the breakdown of frontline healthcare services, poor governance, lack of accountability, and insufficient health care personnel.

Inefficiencies in the Tanzanian public health sector is occasioned by inadequate financing caused by the decrease in funding between 2002 and 2013 from 45% to 36% of the total health financing as per the World Health Statistics, 2016 negatively affecting service delivery as espoused by (WHO, 2016). Tanzania was ranked number 156 out of 159 with regard to efficiency of health services. The overall efficiency index was 0.422 according to WHO (2019). Some district hospitals were operating at an efficiency level of 56.26% in 2016 whereas the district hospitals efficiency scale was at 78.95% as established by Fumbwe *et al's* (2021) study on examination of scale efficiency in public hospitals in Tanzania witnessing to poor service delivery.

Kenya was ushered into a new political dispensation of devolution on 27<sup>th</sup> August, 2010, with the repeal of the 1963 constitution and the promulgation of the new constitution marking a new milestone in the way the country is managed. This changed the structure and management of public service. The constitution that was promulgated in 2010 created two levels of government namely; the national government and the forty-seven (47) county governments that are distinct and interdependent (GOK, 2010). This came into effect after the general elections of 2013 with agriculture, health, water and sanitation, tourism, education (pre- primary, village polytechnics and adult education) being devolved to county governments. The forty – seven counties are: Mombasa, Kwale, Tana River, Lamu, Taita Taveta, Garissa, Wajir, Mandera Marsabit, Isiolo, Meru, Tharaka Nithi, Embu, Kitui, Machakos, Makeni, Nyandarua, Nyeri, Kirinyaga, Murang'a, Kiambu, Turkana, West Pokot, Samburu, Trans-Nzoia, Uasin Gishu, Elgeyo

Marakwet, Nandi, Baringo, Laikipia, Nakuru, Narok, Kajiado, Bomet, Kakamega, Vihiga, Bungoma, Busia, Siaya, Kisumu, Homa Bay, Migori, Kisii, Nyamira and Nairobi respectively.

With the inception of county governments in 2013, came the County Public Service Boards (CSPBs) created by Article 57 of the County Governments Act, (GOK, 2012) whose role among others is to: recruit staff, discipline, ensure efficient, effective, timely and reasonable delivery of services and provide equal chances for employment, training and progression of all cadres in the public service.

County governments are therefore supposed to recruit, place, promote, reward, train, develop and discipline their own staff while observing equity, efficiency, non-discrimination, transparency and accountability and continual improvement of standards and quality as espoused in the County Governments Act of 2012 (GOK, 2012). Devarajan *et al* (2009) assert that the motivation for devolution was as a result of failure by central governments to offer services like health, water and sanitation, agriculture and education to the poor majority; which counties are to improve on and increase availability, adequacy and access.

The interdependence between the national government and the 47 county governments with relation to the management of health is explicitly stated in the 2010 Kenyan Constitution. The national government is responsible for developing policies, increasing the skills of healthcare workers, enforcing rules and regulations, and managing national referral hospitals as well as semi-autonomous organizations in the health sector, while county governments are in charge of overseeing the health facilities in their respective counties (GOK, 2010) for efficient delivery of health care services providing the

motivation for this study on the effect of HR practices on service delivery in the public health sector in the county governments of Bungoma and Siaya.

Kenya is aiming to implement Universal Health Coverage (UHC), whose goal is to improve service access and quality. However, due to delays in the delivery of healthcare services brought about by insufficient healthcare workers, unequal distribution of healthcare workers, lack of medical and non-medical supplies, and frequent strikes that cause delays in care provided, the public health sector is still not prepared for a high inflow of patients seeking healthcare services (Moses *et al*, 2020, Gwaro & Owino, 2017). In the study on the assessment of the country healthcare system in Kenya: a mixed- methods analysis, Moses *et al* (2021) determined that county governments are faced with poor staffing levels with the nursing cadre being the worst hit. Inadequate medical supplies or stock outs demoralize health workers as a result of eroded confidence due to unmet patients' expectations.

Nyawira *et al* (2022) did a study on the management of human resources for health; implications for health systems efficiency in Kenya and established that counties experience the challenge of insufficient health workers. They discovered that lack of specialists led to a shifting of jobs in which non-specialist health care workers (HCWs) took on the responsibilities of specialists, lowering the standard of treatment provided. Counties also have an uneven distribution of health professionals, with higher level facilities having a more equitable staffing ratio than lower-level ones. As a result, the quality of primary healthcare has been adversely impacted by unnecessary referrals to higher-level hospitals. The efficiency of services provided in public health facilities run by county governments is also hampered by additional issues like delayed salary

payments, inconsistent contract terms, and low motivation of health personnel. According to other studies, Kenya's health sector exhibits poor performance as a result of resource theft that results in subpar results, lack of effective county government leadership, under motivated healthcare workers, and protracted labor disputes that result in poor service delivery in the county governments' public health sector.

Kirigia *et al*, (2002), assert that though strategies have been put in place by the devolved units to ensure that Universal Health Coverage (UHC) is realized, the Ministry of Health (MOH) notes that there is need for improved equity in access, and that the quality of care provided is acceptable as espoused in the Constitution of Kenya, 2010 (Health Sector Performance Report Financial year 2018/2019). According to the 2010 constitution, all persons have a right to the highest attainable standards of health putting a great obligation to the county governments towards realization of this constitutional right (GOK, 2010).

The reforms encapsulated in the constitution have however not achieved the envisioned results due to transfer of functions to counties before building capacity at the county level to enable them undertake the devolved functions effectively and efficiently (Tsofa *et al*, 2017) especially in the health sector despite major policy, system and infrastructural changes to “fix” the health system, augment access, improve service delivery, reduce costs and increase accountability and improve responsiveness (KPMG Conference Report,2010). That is why this study sought to assess HR practices’ effect on service delivery in the public health sector in Bungoma and Siaya county governments.

Challenges of provision of efficient services in the public health sector in the county governments still persist. According to the findings by MOH’s, (2014) report, Kenya’s health workers are faced with severe shortage of crucial cadres, incapacity to attract and



retain health workers, poor pay among cadres, unequal distribution of staff, lack of medical and non- medical supplies, reduced efficiency among health workers, workers' strikes and poor leadership and governance. Nzinga, (2016) reported that despite the World Health Organization's recommendations for improving the health care provided given, the performance of public sector hospitals is low due to significant gaps in the adoption of good practices. He went on to establish that Kenya's public health facilities have poor compliance because professionals' behavior has not changed. Additionally, because of the delay between devolution and real operationalization, the public health sector received poor services as a result (Ochieng, 2017). The researcher discovered that internal conflict between the two tiers of government—national and county governments has resulted in lack of resources to enable the delivery of high-quality healthcare services, despite the fact that the constitution upholds the right of every citizen to good health standards, which can be provided by ensuring that there are enough healthcare workers who are fairly distributed, recruited, and trained (MOH, 2018).

According to the Kenya Health Sector Strategic Plan 2018-2023 mid – term review synthesis, county governments in Kenya have varied levels of efficiency with regard to provision of health service to the public. The current study sought to assess the effect of HR practices on delivery of services in the public health sector in Bungoma and Siaya county governments. World Health Organization (WHO, 2018) avers that countries in sub- Saharan Africa are still lagging behind with regard to improved health due to inequalities in the provision of care.

People's expectations of the health system have increased recently and health systems must strengthen their resilience to meet them. Unfortunately, poor management,

ineffectiveness, and poorly designed and underfunded health systems are harming the public more than they are benefiting it (WHO, 2000). In terms of responsiveness and financial support, many nations fall short of expectations according to the World Health Report of 2000. This results in serious shortcomings in the performance of the health sector in these nations, which in turn causes untold suffering, inequality in the delivery of healthcare, and denial of this fundamental human right. The severity of the challenges in poor countries cannot be overstated (WHO, 2000) giving this study the drive to assess human resource management practices' effect on public health sector service delivery in the county governments of Bungoma and Siaya.

#### **1.1.1.1 Overview of Bungoma County Public Health Sector**

The County Government of Bungoma was established in 2013 after the promulgation of the new constitution in 2010. The county borders Uganda to the north, Trans –Nzoia, Kakamega and Busia counties and covers an area of 3032.4 km<sup>2</sup> (CIDP, 2013 – 2017, Bungoma County) with a population of 1,630,930 (Commission on Revenue Allocation 2011). It comprises of nine (9) sub - counties/constituencies namely: Kanduyi, Kabuchai, Sirisia, Kimilili, Tongaren, Webuye East, Webuye West, Mt. Elgon and Bumula (CIDP, 2013 – 2017, Bungoma County) with a total of 123 public health facilities in the following categories: county referral hospital (1), sub- county hospitals (6), health centres (14), and 102 dispensaries (DHIS, 2016) spread across all the sub- counties.

The County's functional health facilities are fairly distributed. The major causes of morbidity in the county are malaria, pneumonia, diarrhoea, peptic ulcers, upper respiratory tract infections (RTI) and typhoid (DHIS, 2017, Bungoma County HIV & AIDS Strategic Plan 2014/2015 – 2018/2019). In terms of malnutrition, 24% of children

under 5 years are stunted against the national's 26%, children who are wasted due to malnutrition stand at 2% against the national's figure of 4%. The county has an estimated population of 27,780 adults, 4,143 young adults aged 15 – 24 years, and 2,883 adolescents living with HIV/AIDS (Bungoma County HIV & AIDS Strategic Plan 2014/2015 – 2018/2019). Access to ART programmes and health facilities are a challenge due to the distance as the nearest facility for the majority population is averagely 5km resulting from low ART centres in the county.

The County's Public sector HCWs are not adequate which results in absenteeism, late arrivals to work by the healthcare professionals translating into long waiting period before accessing health services, a high degree of staff turnover, and a poor work environment that is marked by congested wards and a heavy workload (Wafula *et al*, 2021) impeding quality of care provided. In their study on the effect of devolution of healthcare services on the motivation and retention of medical personnel in Bungoma County, they found that the county's health institutions have limited staff quarters and poor physical infrastructure which contributed to an unfavorable work environment that hindered the delivery of high-quality care by healthcare workers (HCWs). The health care workers are reeling under the burden of work overload resulting in poor health outcomes brought about by burnout and demotivation, which manifests itself in poor medical care in the health sector leading to medical negligence cases as evidenced in Petition Case No. 5 of 2014 (eKLR, 2018); where a mother was physically and verbally abused for giving birth on the floor of a maternity ward. In the said case the presiding judge of the High Court of Bungoma in her judgement asserted that the national government and the County government of Bungoma failed to ensure availability of

quality health care services as espoused in the constitution providing the stimulus for this study. Wafula *et al* (2021) recommended that the county government of Bungoma to come up with strategies for career progression and promotion of HRH for improvement of their motivation providing the motivation for this study.

#### **1.1.1.2 Overview of Siaya County Public Health Sector**

The County of Siaya borders Busia County to the North West, Vihiga and Kakamega Counties to North East and Homabay County with a total population of about 885,762 people; 419,227 males and 466,535 females (Kenya National Bureau of Statistics, 2012, Population Projections as cited in Siaya County CIDP, 2013 – 2017). Siaya County is comprised of six (6) Sub- Counties; Alego Usonga, Ugenya, Ugunja, Bondo, Gem and Rarieda. With a population of 885,762 people, the County is being served by one hundred and forty-eight (148) public health facilities that are fairly distributed across the County. They include one (1) County Referral Hospital, nine (9) Sub - County Hospitals and thirty-six (36) health centres and one hundred and two (102) primary care facilities spread across all the six sub- Counties. (CIDP, 2013 – 2017, Siaya County Government). For Siaya County, the common causes of morbidity are malaria, respiratory tract infections and diarrhea with 22.79% of children under five years being stunted.

The Siaya county public health sector in its quest to provide efficient services to the citizens is faced with the challenge of inadequate health workers who are poorly distributed with the rural areas being adversely affected. According to the County Integrated Development Plan 2018 – 2022 for Siaya County, compared to the national ratio of 1:600, the nurse population ratio is 1:1999. The WHO recommends a ratio of 1:400. The county's doctor population ratio is 1: 17,236 compared to the national ratio of

1: 8,500 and the WHO standard of 1: 1,000, indicating a serious staffing shortage that results in poor public health services provided by Siaya County Government. Further Sijenyi (2022) studied 'Health Resource Allocation Trends in Subnational Governments of Kenya. A case of the County Government of Siaya and determined that inadequate funding of the health sector in Siaya County negatively affected the provision of effective healthcare as well as preventive services. It was established that 70% of the total budget is allocated to recurrent expenditure (personnel emoluments) leaving the health department in the county with a paltry 18%, negatively impacting service delivery. That is why this study sought to assess the effect of human resource management practices on public health sector service delivery in Bungoma and Siaya county governments.

### **1.2 Statement of the Problem**

The devolution of health services following the promulgation of the Constitution in 2010 and subsequent inception of county governments in 2013 aimed at enhancing service delivery and improve quality. This has however been associated with dissatisfaction in delivery of public health services as the new mandate requiring county governments to offer decentralized public health services appears to be problematic. The reforms requiring counties to recruit, place, promote, reward, train, develop and discipline their own staff while observing equity, efficiency, non-discrimination, transparency and accountability and continual improvement of standards have failed to achieve the envisioned results. This is due to the transfer of functions to counties before building capacity to enable them undertake the devolved functions effectively and efficiently (Tsofa *et al*, 2017) causing confusion.

Bungoma County's public health sector is grappling with persistent challenges, including prolonged labor disputes, overcrowded facilities, low motivation among healthcare

workers, frequent stockouts, unevenly distributed and inadequate staff, preferential treatment of patients, and work overload that impacts on their motivation (Wafula *et al.*, 2021, Gwaro *et al.*, 2017). These issues have significantly hampered service delivery, leading to medical negligence litigations as illustrated in Petition Case No. 5 of 2014 (eKLR, 2018).

Similarly, Siaya County's public health sector faces enduring challenges marked by prolonged labor disputes, overcrowding attributed to insufficient facilities, uneven distribution of inadequately staffed healthcare workers as outlined in the County Integrated Development Plan (CIDP) 2018–2022 for Siaya County Government, and underfunding as emphasized by Sijenyi (2022), having a detrimental impact on service delivery.

The persistence of poor service delivery raises concerns about the adoption and effective implementation of HR practices on overall service delivery in the two counties' public health sectors. This not only poses immediate concerns but is also linked to adverse health outcomes, contributing to a significant number of preventable deaths and disabilities. Despite substantial efforts to rectify the situation, the persisting issues indicate a need for further investigation into the root causes. Therefore, this study sought to assess the effect of HR practices on public health sector service delivery in Bungoma and Siaya County Governments aiming to identify specific areas where interventions may be necessary to address the ongoing challenges and enhance the quality and accessibility of healthcare services to the poor majority of the population predominantly relying on public health facilities in these counties. By improving HR practices, there is a potential to enhance service delivery, ultimately benefiting the vulnerable providing the impetus

for this study to assess the effect of HR practices on public health sector service delivery in Bungoma and Busia County Governments.

### **1.3 Objectives of the Study**

This study sought to determine selected human resource management practices' effect on Service delivery in the public health sector in Bungoma and Siaya county governments.

#### **1.3.1 Specific Objectives**

The specific objectives of the study were: -

- i. To assess the effect of recruitment and selection practice on public health sector service delivery in Bungoma and Siaya county governments
- ii. To determine the effect of leadership style on public health sector service delivery in Bungoma and Siaya county governments.
- iii. To assess the effect of career development management on public health sector service delivery in Bungoma and Siaya county governments.
- iv. To establish the effect of employee motivation on public health sector service delivery in Bungoma and Siaya county governments.
- v. Determine the moderating role of work environment on the relationship between HR practices and public health sector service delivery in Bungoma and Siaya county governments.

### **1.3.2 Study Hypothesis**

This study was guided by the following null hypotheses:

- H<sub>01</sub>: Recruitment and selection practice has no significant effect on public health sector service delivery in Bungoma and Siaya county governments.
- H<sub>02</sub>: Leadership style has no significant effect on public health sector service delivery in Bungoma and Siaya county governments.
- H<sub>03</sub>: Career development management has no significant effect on public health sector service delivery in Bungoma and Siaya county governments.
- H<sub>04</sub>: Employee motivation has no significant effect on public health sector service delivery in Bungoma and Siaya county governments.
- H<sub>05</sub>: Work environment does not significantly moderate the relationship between HR practices and public health sector service delivery in Bungoma and Siaya county governments.

### **1.4 Significance of the Study**

This study holds valuable insights for policymakers in government focused on enhancing service delivery in the public health sector. The findings have the potential to bring attention to the ongoing issue of poor service delivery, prompting a heightened awareness among policymakers. Such awareness could pave the way for more effective intervention strategies, fostering improvements in policies, procedures, and training programs. Ultimately, these enhancements aim to elevate the overall quality of service delivery in the public health sector and improve on public health sector service delivery imperatives since health is one of the of the enablers of the Bottom- up Economic Transformation Agenda (BeTA).



Given the limited research conducted in the public health sector of Bungoma and Siaya counties, the study's outcomes would serve as valuable reference material for county managers and policymakers. This information can be instrumental in formulating effective strategies, interventions, and policies to address the well-being of healthcare workers. Consequently, these measures have the potential to generate a significant positive impact on performance within the healthcare sector.

The responsibility of healthcare provision fundamentally rests on healthcare workers, and despite efforts made to enhance services in this critical sector, the persistent challenges of poor service delivery endure. The findings of this study hold particular value for healthcare workers (HCWs) as they underscore the importance of delivering high-quality services to clients seeking medical care in public health facilities. By raising awareness among HCWs about efficient service delivery, the results aim to foster a significant positive impact on the overall provision of services to citizens.

The results of this study offer valuable insights for managers and supervisors in the health sectors of the counties, as well as those in the broader public service domain. The empirical evidence presented in the literature highlights that the adoption and effective implementation of sound HR practices have the potential to significantly enhance the efficiency of healthcare workers in delivering services.

Additionally, the results of this study would contribute to enriching the current body of knowledge concerning HRM in the public health sector of Bungoma and Siaya counties. This contribution is vital in closing existing gaps in our understanding of HRM practices within these specific county contexts.

### **1.5 Justification of the Study**

Universal Health Coverage (UHC) serves as an enabler of the Bottom - up Economic Transformation Agenda of the Kenyan government whose primary objective is to guarantee access to high-quality health services for the population, recognizing that health serves as a fundamental precursor to overall development.

The public health sector plays a pivotal role in delivering quality, efficient, and effective services to the poor majority. The establishment of county governments in 2013 aimed to strengthen service delivery to citizens in devolved units by improving equity, access, and efficiency in healthcare. Despite these intentions, inefficiencies persist in the public health sector, providing the motivation for this study.

Limited research has been undertaken on HR practices and service delivery in the public health sector of Bungoma and Siaya county governments since the advent of devolution in 2013. The outcomes of this study aim to fill this gap by offering empirical insights into HR practices and service delivery in the public health sector.

These findings are intended to serve as valuable reference material for county policymakers and officials involved in public service delivery. This will enable policymakers and HRM officers in county governments and the broader public service to formulate policies, establish frameworks, and adopt effective HR practices. These initiatives are crucial for enhancing efficiency in healthcare service delivery to the citizenry.

The HR practices, recruitment and selection practice, leadership style, career development management and employee motivation were selected as they are critical in enhancing service delivery in an organization. Recruitment and selection practice ensure

that the right people are hired (person - organization fit). Leadership style shapes the organization culture and employee behaviour whereas career development management supports employee retention and growth and employee motivation directly affects service quality. All these are interconnected and play a pivotal role in delivering exceptional services which is essential for organizational success in today's service-oriented institutions.

### **1.6 Scope and of the Study**

This study concentrated on the public health sector in Bungoma and Siaya county governments because little research has been done on the public health sector in the two county governments on HR practices and service delivery since the inception of devolution in Kenya in 2013.

It also focused on the public health sector only because that is where majority of the poor population access health care services due to inaccessibility of the private health facilities occasioned by skyrocketing cost of medical services. The public facilities were focused on too due to the fact that they are funded from the exchequer necessitating the demand for value for money from the tax payer.

The study concentrated on five cadres of healthcare providers only; medical officers, clinical officers, nurses, laboratory technologists/technicians and pharmaceutical technologists/technicians. This is premised on the fact that though provision of health services involves multiple cadres of staff, the five cadres focused on are the ones who have long interaction period(s) with the patients in a health facility as opposed to the other cadres and these interactions lead to patient outcomes.

There are many HR practices that can impact on service delivery in the public health sector but in terms of conceptual scope, the study only focused on recruitment and selection practice, leadership style, career development management, and employee motivation as applied in the public health sector in Bungoma and Siaya counties. These HR practices and their effect on service delivery in Bungoma and Siaya county governments' public health sector have not been adequately researched on.

The study too focused on the health sector only and not any other sector in the two counties though there are other functions that were devolved like agriculture, water and sanitation and education (pre-primary and adult education). This was premised on the fact that health is one of the drivers of the Big 4 Agenda and a BeTA enabler and is also a precursor to the development of families, units, nations and the entire globe.

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

The study used primary sources of data collection. Questionnaires and interviews as sources of primary data can be prone to subjectivity based on the prejudices of the respondents, but the researcher mitigated that by imploring upon the respondents to be honest in giving their responses. Some of the respondents especially the inpatients were not willing to participate in the study for fear of being reprimanded or neglected by the healthcare workers. They were however talked to and assured of confidentiality and that the information gathered was purely for academic purpose.

COVID 19 pandemic hampered the progress of this study as data was collected during the peak season of the pandemic. The researcher mitigated that by adhering to the strict COVID 19 mitigation protocols provided by the Ministry of Health and as directed by the

in-charge and the duty nurses in the wards on the modalities of interacting with the patients during the pandemic period.

### **1.7.1 Delimitations of the Study**

The researcher did not include cadres like: Radiologists, nutritionists, physiotherapists and support staff though they contribute to patient outcome. It also left out private health facilities because majority of the populace seek medical attention in the public health facilities making them the primary focus of study. The study too used a moderating variable (work environment) and not an intervening variable. Additionally, though there are other research designs that could be used by the researcher, this study adopted a mixed methods research design.

### **1.8 Assumptions of the Study**

In this study, the researcher assumed that the responses that were provided by the healthcare workers, HROs and the inpatients from the health facilities in Bungoma and Siaya counties during collection of data were true and honest.

## **CHAPETER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

The chapter reviewed relevant literature on HRM and service delivery and it also presented appropriate HRM theories and models related to the study. Presented too were theoretical and empirical reviews on past studies done in the area which support the gaps proposed to be addressed in the current study, and the research gap.

#### **2.1 Theoretical Framework**

The following three theories guided the study; Resource Based View (RBV) theory, Hertzberg's Two Factor Theory, and Agency Theory.

##### **2.1.1 Resource Based View Theory (RBV)**

This is the main theory for this study. RBV is proposed by Barney (1991). He proposes that a firm's resources are key and can be exploited to gain a competitive advantage. He proposes that this advantage can only be achieved if organizations focus on their internal resources to create the competitive edge as opposed to looking at the environment that is competitive. He holds that such resources have to be valuable, rare, inimitable and not substitutable. This can be achieved if organizations use the existing internal resources to exploit external opportunities. Hence the need for organizations to build these core competencies for them to have a competitive edge. According to Barney (1991), technology and finances can be imitable but the rare, valuable and inimitable resources are the HR resources of an organization. Quansah, (2013) assert that HRM is to ensure that staff meet this role. It is the HR practices in organizations that will enable organizations meet this criterion. Coberlt, (2004) reiterates the salience of RBV in determining the firm's available resources and relates them to its capabilities in a silent

manner. He argues that a firm's competitive advantage can only be gained if the organization utilizes its resources in a unique and valuable manner.

Das *et al*, (2000) affirm that excellent capability of an organization can only be gained due to the excellent and non-substitutable human resources that a firm has making it more successful. RBV is applicable in the recruitment and selection of employees in organizations to ensure they bring on board staff who will add value.

The resources from within the organizations be trained to ensure they create a competitive advantage. Pay, rewards and performance management can be used to create the unique and inimitable resources in organizations to ensure higher organizational performance (Kozlenkova *et al*, 2014). The RBV theory is relevant to this study as it recognizes that organizations ought to harness and develop its human resource by creating strategies like proper recruitment and selection practice, training and development, pay and compensation and performance appraisal that will guarantee a firm's success. Managers are to make deliberate efforts to identify, understand and classify core competencies of an organization and focus and invest in developing and nurturing organizational learning and maintenance of the resources for effective service delivery. RBV is a lens through which organizations are to nurture and develop its human resource to gain a competitive advantage.

### **2.1.2. Herzberg's Two Factor Theory**

Herzberg (1959) proposed the two-factor theory of job satisfaction from his analysis of the feelings of 200 engineers and accountants. Their responses about the good and bad experiences are what led to the theory. The good feelings relate to job content (motivators) and the bad feelings are associated with job context (hygiene factors). This

theory proposes that some job factors (motivators) results into satisfaction whereas others (hygiene factors) prevent dissatisfaction. Motivators find their root within the job itself. These include: achievement, recognition, growth possibilities and promotional opportunities, level of responsibility and meaningful work; interesting and challenging to motivate an employee to perform optimally.

Hygiene related factors do not have any inspirational value when present but they have a de- motivational value if not present. They are extrinsic to the work itself, for instance fringe benefits, company policies and administration, supervision, interpersonal relations, status, job security, personal life and working environment. Employers therefore have to ensure their employees' job satisfaction as postulated by Breed *et al.*, (1997) that job satisfaction reduces absenteeism, complaints and labour unrest. Hence employees who are contented will remain in an organization for a longer period leading to increased productivity. In contrast, employees who are not motivated will be less useful and have a high propensity of quitting their jobs (Crossman, 2003). According to Herzberg (1959), employee satisfaction can be gained by managers/supervisors using both intrinsic and extrinsic elements to improve on employee retention and increase productivity in organizations (Mensah, 2010). Tan (2013) postulates that the generation factor is currently critical in the favorability of the employee in being intrinsically or extrinsically motivated. He alludes that the younger generation employees are more motivated with extrinsic motivation factors to perform whereas the older generation of workers on the contrary are motivated by intrinsic motivation factors. Organizations have to therefore consider employees' differences with regard to inclinations for motivation factors to enhance their organizational performance (Bourgault *et al.*, 2008) owing to individuals'



discrepancies in their basic motivation drive (Saraswathi,2011); making the balancing act for organizations tricky. This theory is applicable and will improve value as it can help guide the supervisors and the leadership in the health sector in the devolved units to recognize the two categories of their employee's needs and strategize and work towards meeting them so as to motivate the HRH in order to enhance their performance and reduce labour unrest in this crucial sector.

### **2.1.3 Agency Theory**

It was founded by Jensen and Meckling (1976). It posits that agency theory is a contractual relationship in which the principals are owners and managers are agents. The Principal hires the agent to perform or execute duties for them. Decision making is delegated to the agent and the decisions made affect both the principal and the agent leading to a dilemma. They postulate that when the agents act in their own best interests that are contrary to those of the principals, there arises conflict of interest. McColgan, (2001) agree that it is imperative that the agent works in the best interest of the principal to avoid the agency dilemma. Moldoveanu *et al* (2001) allude to the fact that the principal hires the agent due to his capabilities that he believes will safeguard and increase the organization's assets. Once done, he (the principal) has to transfer his/her decision-making rights over to the agent (Moldoveanu *et al*, 2001). Lupia, (2001) concurs that for an agency relationship to be successful, the principal must delegate decision-making rights and authority/power. Over time, principals learn which incentives are most effective, and agents learn more about the preferences of their principals (Granovetter,1985) resulting in an enduring relationship that leads to an optimal contract

whose main purpose is to entice managers make decisions that are in the principal's best interest (Denis, 2000 as cited by McColgan,2001).

Moreover, to improve performance and delivery of services in organizations, Jensen and Meckling, (1976) are of the view that agency problem can be solved by the agent being motivated by incentives like bonuses, higher pay/rewards and be well compensated to ensure they work in their (Principal's) best interests. Employers are to ensure this too by monitoring the performance of employees through performance appraisal, performance contracting and disciplining of the employees and giving incentives to motivate staff. This theory can be applicable in compensation pay and rewards, performance appraisal and recruitment and selection and motivation. Mechanisms of reducing agency loss and a framework for organizations to design and come up with governance and controls that will ensure employees' efficient and effective performance (Eisenhardt,1989). The theory is applicable in management where the employers are the principals and the employees are the agents and their relationship can lead to increased productivity from the employee or conversely lead to a demotivated staff that cannot deliver. The theory is applicable to this study as it can be used to guide the control of HRH and motivate them to improve their job performance in the public health institutions. It can also help in the guidance of not only the operations and strategies at the public health facilities in the devolved units but the aspect of behaviour of HRH too in the improvement of service delivery.

## **2.2 Human Resource Management Concept**

HRM is a distinct method to management of employees with a view to gaining an edge through very highly committed work force that is capable of using a range of operational and peoples' techniques (Storey,1993). It is an official system that involves philosophy,

policies and practices in an organization to guarantee effective utilization of information, competencies and capabilities of employees to achieve the goals of an organization (Pynes, 2009).

Bratton (2007) elucidates that it is a strategic approach to managing employee relations that emphasizes the importance of leveraging HR's competencies to acquire a competitive edge. This can be done by implementing a unique collection of varied employment policies, programs, and practices. Conclusively, HRM is a blend of employee centered management practices that sees employees as resources, not expenses and its purpose is to create and uphold a skilled workforce that is committed in order to have competitive edge (Senyucel, 2009). Organizations round the world are experiencing sweeping and rapid changes in what they do, how they do it and even why they do it and that employees who succeed in the 21<sup>st</sup> century are those who embrace new learning and are motivated to acquire new skills and competencies. Organizations therefore have a crucial role to play in up skilling their people and nurturing new leaders. These can be achieved through a combination of both soft and hard HRM. Soft HRM centres on employee training, development, participation and commitment whereas hard HRM's focal point is on strategy where the organizations HR are used to attain the objectives of the organizations and mostly deal with cost control and head count strategies like retrenchment and pay cuts (Beardweel *et al*, 2007).

According to Armstrong, (2004) HRM is a deliberate way to managing of an institution's key resource – the employees who individually and as a team contribute to the accomplishment of its objectives.

### **2.2.1 Recruitment and Selection**

Organizations ought to attract and select staffs that are highly capable and competent in an extremely competitive work environment requiring the adoption of best practices in recruitment and selection (Hoi, 2013). Recruitment is the process of attracting potential, qualified and most suitable individuals to join the organization (Hoi, 2013, Ganapathy, 2018). According to Joshi, (2013) It is the initial step in the process of filling positions that may become vacant in an organization owing to the formation of a new post, the resignation or termination of an existing employee, or an exit due to natural attrition, and it involves advertising. It can be initiated internally when a vacancy is filled by a person currently employed by the organization but in a different role, or externally where a gap is filled by a source from outside the organization. It necessitates advertising in the newspapers, using recruitment consultants or advertising on the organizations' or recruitment websites (Joshi, 2013).

Russel HR Consulting, (2012) underscores the importance of gathering adequate information on the nature of the job before advertising. They opine that job description, job purpose, responsibilities and outputs required of the employee; how the designation fits into the organization's structure and the abilities and qualities needed to execute the role successfully form the basis of the job description. Hence the need for proper and careful planning of recruitment to attract the right applicant (Armstrong, 2006) which will in turn enhance the chances of coming up with a suitable selection and appointment (Joshi, 2013). Recruitment encompasses the applicant and the organization trying to discover how their interests converge.

Selection is the process of assessing the applicants and determining the most suitable for the position that exists by use of different methods (Quinn, 2014). According to Armstrong, (2006) selection methods include; interviews, assessment centres and tests. Organizations ought to choose the best selection criteria that best suits their objectives and ensures retention of the qualified employees (Huselid, 1995).

### **2.2.2 Empirical Review of the Literature on Recruitment and Selection**

Many studies have been done on recruitment and selection and how recruiting qualified personnel with key skills and competencies impact on the organization's performance giving it a competitive advantage. Regardless of the above, organizations still face a challenge of attaining their bottom-line (Gberevbie, 2009). Purohit & Martineau, (2016) contend that though organizations spend a lot of resources on recruiting qualified employees with person- organization fit and remunerate them well in order to have them retained in the organizations and help in the attainment of the goals, challenges still persist. They studied the challenges and issues in recruitment of government doctors in Gujarat India and found that recruitment systems were believed to be unreliable therefore had a negative impact on retention of employees as supported by Ricardo, (2014). They recommended the need for the health sector to have a reliable recruitment system to address the slow nature of the recruitment process. Adano, (2008) found that it takes as long as two years to fill a vacant position in the Kenyan health sector even with availability of funds. There is therefore need to have good strategies of recruitment in organizations (Banjok, 2013). Further, Adano, (2008) reiterates that strengthening the recruitment process will help institutions combat the challenge of fraud and poor leadership leading to improved image. Other empirical studies have found that

recruitment has a link between employees' intention to quit and performance (Purohit *et al*, 2016.). Asiedu-Appiah *et al*'s (2013) study revealed that attracting and hiring the right people lead to improved efficiency translating to enhanced performance of the organization. His study on the Effect of HRM Practices on Employee Retention: A case of Mining Industry in Ghana determined that work place health, safety and welfare, training and development, communication and information sharing, compensation and job security influence turnover in the mining industry in Ghana. Mamuli's (2017) study whose objectives were to: establish the influence of recruitment practices on academic staff retention in universities in Kenya, determine the influence of selection practices on academic staff retention in Kenya, assess the influence of reward practices on academic staff retention in universities in Kenya and establish the moderating influence of commitment on the relationship between HRM practices and academic staff retention in Kenya. A mixed research design was employed. From the study, recruitment and selection practices significantly influenced academic staff retention in universities and that workload did not significantly influence academic staff retention in private universities in Kenya. The study suggested that other studies to develop the best models for reward, recruitment and selection that can improve staff retention be done. Mamuli's (2017) work focused on universities but this research paid attention to the health sector in two county governments of Bungoma and Siaya.

Mensah (2010) carried out a study on the Ghanaian banking industry whose objectives were to: determine the effect of compensation on the retention of bank employees in Ghana, investigate the effect of career management practices on retention of employees in Ghanaian banks, establish the effect of employee work- life balance on employee

retention in the Ghanaian banks and establish the moderating effect of job satisfaction on the relationship between HRM practices and employee retention in the banks in Ghana. This study employed an explanatory cross-sectional survey design. The findings established that HR practices like compensation, work- life balance and employee engagement influence employee retention in the banks. It too established that career management practices did not have a significant effect on employee retention whereas job satisfaction could not moderate the interaction between HRM practices and employee retention. Career management was found to have an insignificant effect on employee retention and job satisfaction did not moderate the interaction effect between HRM practices and employee retention in the banking sector in Ghana. She suggested that longitudinal studies be undertaken to evaluate the practices that affect retention and that future studies to employ mixed methods. The study was on the banks in Ghana whereas this research is on the public health sector in the county governments of Bungoma and Siaya.

Riaz *et al* (2012) studied the relationship between HR practices; performance evaluation, promotion practices and compensation practices on hospital employee's performance in Pakistan. They established that there is a positive association between compensation practices and employee productivity. Additionally, there was a positive relation between promotion practices with employee performance while there was a weak association between performance evaluation practices and HRH performance. They recommended that Pakistan government and the hospitals to devise career development programme for employees. Their study was conducted in two (2) hospitals in Pakistan while this study is on the public health sector in County Governments of Bungoma and Siaya.

Jalil, *et al* (2014) studied HRM practices and organizational performance of KSML in Bangladesh. The study focused on the impact of operational performance of KSML and outlined HRM activities that may have positive impact on the operational performance of the sugar industry. The study established that recruitment and selection and performance evaluation practice had a positive relationship with performance. Involving employees in the management activities, communication and employee relations were found to have a significant relationship. Notably, they established that there was a negative correlation between compensation and performance while training and development had a positive effect on operational performance of KSML. A descriptive research design was adopted. They suggested that future research be replicated to other sectors and be extended to include the effect of other factors that affect operational performance. Their study focused on one organization (KSML) in the sugar sector in Bangladesh with only 62 respondents; This study focused on the public health sector in Bungoma and Siaya county governments.

### **2.2.3 Leadership Style and Service Delivery**

Bass & Bass (2008) state the evolution of leadership over a period of time. In the 1940s, leadership was defined as a person's capacity to direct and influence others as a result of their position's inherent power and authority. They point out that 21<sup>st</sup> century leadership necessitates a leader being held accountable and legally responsible for the organization's deeds.

Leadership involves the responsibility that purposes to achieve the bottom-line by using the available human and physical resources for a unified organizational process (Ololube, 2013). Yukl, (2006) define leadership as the process of guiding others to recognize and



decide on what ought to be done and in what way it should be done, and the process of enabling individual and collective synergy to achieve collective objectives. Leadership thus entails stimulating individuals to do their best and to get them be committed and motivated to attain the desired goals in an organization. Influence and persuasiveness from the leader to the followers are characteristics of leadership, and this association is crucial in determining how well employees work in a company (Adekanbi, 2016).

Chipeta *et al*, (2016) found that cordial working relations amongst nurses and their supervisors impact positively on satisfaction and performance. They further reveal that good interpersonal skills, conflict resolution, teamwork and effective communication lead to improved supervisor/employee relationship, job satisfaction, quality care and good work environment. The significance of good leaders in organizations cannot therefore be overstated. According to Chitra (2013) leadership entails accomplishing tasks through others and directing to change to a better journey. Joshi, (2013) state that employees place leadership expectations on managers, for instance they expect them to meet their social and personal needs; expectations a manger has to deal with. Further, he states that the responsibilities of a manager are: 1) Encourages teamwork, 2) Establishes a warm and trusting working climate in the department, 3) Promptly handles employees' problems, 4) Provides a clear explanation of all matters regarding the jobs, 5) Trains employees in job related skills, 6) Discuss planned changes before they take place, 7) Develop satisfactory level of positive attitudes among employees, and 8) Have a fair relationship with employees.

Oladipo *et al*, (2013) assert that the achievement or failure of an institution, nation or other social unit is attributed to the nature of leadership style. Leadership style in an

organization is critical in improving or decelerating the interest and commitment from the people within an organization (Obiwuru *et al*, 2011). Different styles of leadership include transformational, transactional, democratic, bureaucratic, charismatic, authentic and laissez- faire (Bass, 1985, Khan, 2016, Oladipo *et al*, 2013, Trottier *et al*, 2008, Leroy *et al*, 2012).

Since organizations aim at delivering efficient and quality services to their clientele at various levels; local, national and regional like the health sector in Kenya, the behaviour of an organization is dependent on the way employees are and the way its managers direct and lead it as they involve a range of practices (Senyucel, 2016) underscoring the salience of leadership style in any organization. A leader has a great influence on his/her subordinates with regard to inspiring and empowering them to perform and work towards the success of the organization. This gives the leadership style the drive it needs to improve output and/or service performance.

Studies done on leadership have established that the style of leadership is vital in influencing organizational performance and work outcomes (Amgheib, 2016) underscoring the importance of personality traits of a leader. He however notes that there is some divergence on what constitutes the leadership behaviours that have a grander impact on performance giving impetus to this study on the effect of HR practices on public health service delivery in Bungoma and Siaya county governments. Yee (2015) observed that an organization's success is largely dependent on the leadership style that is practiced by the leader. This calls for effective leadership skills by the leader apart from formulating detailed plans to take care of daily operations (Yee, 2015). Leadership comes with experience, commitment, knowledge, patience and negotiation skills affirming the

narrative that leaders are not born but made (Amanchukwu *et al*, 2015). A leader's decisions and actions have an influence on the attainment of organizational objectives making strong character and selfless devotion to the organization imperative (Amanchukwu *et al*, 2015).

Many leadership styles have been proposed due to the fact that there is no universal style. Of great significance is the fact that good leadership motivates, inspires and directs activities that ameliorates group or organizational goals (Amanchukwu *et al*, 2015). Sharma *et al* (2013) explicates four factors of leadership as: 1) Leader: to understand who he is, what he knows and what he can do, 2) Followers; different people require diverse styles of leadership, 3) Communication; to be two- way, 4) Situations; are different giving impetus to different leadership styles for each situation. But poor leadership repudiates progress in organizations. Currently, perspectives on leadership divide leadership behavior into two categories: transformational leadership and transactional leadership (Bass & Avolio, 1993). Adekanbi, (2016) in her study on 'an investigation into the impact of leadership styles on employee retention: identifying which leadership style best encourages employee retention in the Nigerian Banking Sector. A Case study of Zenith Bank Plc., Nigeria' established that leadership style has a significant impact on employee retention.

Transformational leadership motivates, inspires, and transforms the follower into a leader (Khan, 2016). It is inspiring to the workers to broaden their own interest and make them innovative and creative enhancing their competencies to comprehend their tasks well leading to enhanced performance (Nielsen *et al*, 2008 as cited by Khan, 2016). Transformational leadership aims to motivate followers to go beyond what they envision

can be accomplished (Bass & Bass, 2008). This leader develops a clear objective and conveys it in a way that is appealing and understood by the team members which encourages motivation, dedication, and improved performance (Rees-Caldwell, *et al*, 2013). Transformational and transactional leadership are the two forms of leadership styles that Bass (1990) emphasizes. He claims that transformational leadership involves encouraging people to look beyond self-interest and driving them to perform above expectations. This involves increasing employees' interests by making them aware of the need to accept the group's goal and bottom line. He also captures the traits of transformational leadership such as inspiration, motivation, intellectual allure, and individual consideration. Transactional leadership style entails the exchange of rewards and targets between employees and management; employees are remunerated for attaining specific objectives or standards of performance (Oladipo *et al*, 2013). Transactional leaders fulfill the employee's needs of rewards when targets are met through the subordinates, in this case they may not always think innovatively leading to them being supervised based on predetermined criteria (Oladipo *et al*, 2013). Bass (1990) opines that transactional leadership involve a leader offering rewards to his employees in return for performance, compliance and successful accomplishment of tasks. This type of leader doesn't stimulate admiration and enthusiasm among employees and is characterized by exchange of rewards for effort, watching for deviation from regulations and values and taking remedial action and intercedes only when criteria are not met (Bass, 1990). Transactional leadership motivates followers through extrinsic rewards (Bass 1985) for services provided. Khan, (2016) allude that a leader's style ought to show path to the subordinates for them to find their rewards like promotions and/or growth

within the organization for them to be motivated resulting in desired outcomes in the organization.

Laissez – Faire leadership involves a leader being passive and not willing to influence subordinates’ substantial autonomy to the point of handing over his/her duties (James & Collins, 2008). This style is least effective as employees do not respect their leader (Trottier *et al.*, 2008). A study by Oladipo *et al.*, (2013) established that the leadership style of a manager is very vital in making employees get committed to the job within an organization in Nigeria underscoring the critical role of leadership in enhancing service delivery in any organization.

According to Leroy *et al.*, (2012) authentic leadership at the workplace calls for a leader to be honest with himself/herself by acknowledging personal flaws and by telling the subordinates the truth. A leader ought to behave in a way that reflects his/her personal values (Kernis 2003 as cited in Leeroy *et al.*, 2013). Leadership should encompass the following fundamental elements: 1) Influence by controlling the performance of others, 2) Group, and 3) Goal; where focus is on achieving of the set objectives (Ergeneli, 2007 as cited in Abuorabl, 2012).

Schwarz *et al.* (2016) in their study underscored the importance of servant leadership where leaders’ focus is on the individual and professional development of their employees beyond financial gains of the organization. The importance of leaders being mentors and offering services to others improves job performance leading to motivation of followers who emulate their attitude concerning the significance of serving stakeholders in organizations. They established that leadership influences job performance of employees in organizations. Other empirical studies have linked

transformational leadership with job satisfaction (Yagambaram, 2012, Abuorabl, 2012, Yee, 2015), follower engagement (Crossen, 2015) and performance (Jackson, 2016) which this study agrees with. The leadership style of an individual depends on his /her personality and the prevailing situation. Ntenga *et al*, (2018) established that leadership style has a significant influence on employee turnover.

Bureaucratic leadership style involves a leader putting emphasis and focus on procedures and processes but not the human capital in an organization (Ojukuku, *et al*, 2012) failing to motivate them. Other styles of leadership include: charismatic leadership, in which the leader's personality endears his or her followers and encourages them to attain the desired outcomes (Ojukuku, *et al*, 2012). In democratic leadership employees in the organization are inspired to participate in the process of decision making in an organization. Subordinates are motivated to make contributions and authority is delegated to them. Employees are given the freedom to make their own well-informed decisions (Puni, *et al*, 2014).

#### **2.2.4 Career Development Management and Service Delivery**

Fieldman *et al*, (2004) defines career development as an endless process of building an employee's vocation that entails moving to higher occupational obligations, preparing new aptitudes for professional growth and involves career goal advancement, development, professional ability development, promotion and speed of remunerating growth (Weng, 2012). It is a sequence of activities or the continuing process of developing one's career and entails career goal advancement, development of professional ability, speed of promotion and remuneration progression (Weng *et al*, 2010 cited in Biswakarma, 2016).

Savickas, (2011) observed that the career of employees initially was the preserve of an organization, but today employees steer their own career and worth noting is the fact that younger generations give career development more emphasis and tend to leave organizations more easily looking for better options. Tsui, *et al*, (1997) opine that career development has an implication on an individual's intention to leave. Organizations that provide mechanisms for employee career advancement therefore create a common investment type of relationship with their employees tying career development to important outcomes like organizational commitment (Weng *et al*, 2012) and retention.

Conversely, insufficient employee development in any organization results to career plateau which results in increased employee intention to quit (Ongori & Agolla, 2009) causing a decline in productivity (Kwenin, 2013). Ongori *et al* (2009) opine that many employees are caught in jobs that don't offer opportunities in terms of upward movement in organizations. They contend that it is the responsibility of HR professionals to manage career plateau in order to increase employee retention in their organizations and enhance performance. Employees become job seekers when they lack opportunities for career growth. Plateau employees have a higher labour turnover due to their desire to advance their careers in a different environment (Lee,2003) and have a high propensity of quitting their organization because of reduced opportunity for growth in their present organization (Yamamoto, 2006). This gives impetus for organizations to strengthen their relationships with their employees by investing in their development as employees who benefit from their organization's training and development programs have a high tendency of getting committed and being loyal to their organizations (Kwenin, 2013). She further posits that educated and trained employees play a vital role in increasing productivity resulting in

unremitting competitive advantage for the organization. A good career development practice develops the capabilities of employees to match contemporary issues in the work place (Huselid, 1993) and provide learning and growth opportunities which improve employee commitment, motivation and job satisfaction (London, 1993).

Currently, an employee's career is not tied to one company because work flexibility and career switching are now common. Employees must therefore create a balance between their desire for career advancement and their attitude toward the organization (Biswakarma, 2016, Rousseau, 1998). Weng *et al*, (2012) allude that an employee's career development is a combination of both his/her determination and the willingness of the institution and its ability to remunerate such effort. Weng, *et al* (2012) agree that organizations that have put in place ways of career growth for their employees create a common investment kind of relationship with them which nurtures future leaders within those organizations with relevant capability and experiences required for implementation strategies within an organization.

Huwitz, (1990) postulates that while development is a continuous series of activities intended to take an employee or the organization to the next level of performance so that he/she is able to perform certain jobs or new responsibilities in the future, training helps to improve the capabilities of employees to enable them to perform their job efficiently and effectively. Owing to the fact that life employment is no longer considered in organizations today unless employees are given opportunities for growth. It is imperative that they train and develop their staff to enable them meet their career needs and the organization's needs too. Career development can be used to nurture future leaders in organizations. For these to be achieved, organizations ought to develop and implement



career development initiatives that are geared towards making sure that employees are contented, engaged and motivated; making career development a tool to strengthen organizational capabilities. Foday, (2014) found that majority of organizations struggle with lack of adequately planned career development programs, but those who are committed to performance improvement make an investment type of relationship with their staff members' professional growth. He further noted that effective execution is necessary because the career development of employees is entwined with recruitment and selection, induction, performance management, learning, reward, and recognition. Due to the fact that career development enhances performance and productivity, organizations must acknowledge that every individual has needs in this area. As a result, organizations must pay attention to and support career development. The process of career development entails provision of opportunity for development and learning by the employer to the employees as they steer their career path ensuring a highly skilled and effective workforce that has the requisite knowledge for execution of their duties (Foday, 2014).

According to Foday, (2014) organizations are aware that if they don't create and put into place initiatives aimed at assuring employee satisfaction, motivation, and engagement, they won't be able to accomplish their bottom line. Career development apart from motivating employees it too influences employee retention. It is imperative that employers implore upon their employees not only to enhance job performance but network. Provision of training and development opportunities hence becomes imperative for employee job performance. Biswakarma's (2016) study on Nepalese private commercial banks established the rate of promotion and remuneration progress as factors that impacts on employee turnover intentions. He further concludes that organizations

ought to enhance the rate of promotion and remuneration progress of their employees for effectiveness and productivity. Kwenin (2003) determined that career development opportunities significantly affect employee retention in organizations. Employees require to strike a balance between their personal preferences and work and are supposed to make decisions on their career basing on prevailing circumstances and personal preferences. If employees have a match between their career and the job setting, they will experience high work satisfaction levels, organizational loyalty and reduce the level of intentions to leave as opposed to those who have a mismatch (Clinton-Baker, 2013)

### **2.2.5 Employee Motivation and Service Delivery**

Employee motivation has been a focal point in both private and public organizations to ensure employees' work performance is improved. Organizations are majorly concerned with measures to be put in place to ensure employees performance is at the highest levels. According to Armstrong (2006), these organizations have focused on motivating their employees through means like rewards, incentives, promotions and creating a work environment that ensures employees' service delivery is at the highest levels. It is the responsibility of HR managers in these organizations to ensure that employees stay motivated for them to attain the bottom-line. This therefore calls for deliberate efforts to ensure employees' performance is optimal by being motivated schemes owing to the fact that motivation influences behavior and consequently performance (Faraji, 2013). He further established that organizations use different means like providing fringe benefits, payment of bonuses to staff that put in extra effort, promoting of employees whose performance is exemplary and fair treatment of staff to motivate their employees.

Armstrong (2006) opine that theories of motivation: Herzberg's two factor theory, (1957), Maslow's hierarchy of needs theory (1954), Goal theory (Lotham and Locke, 1979) and Vroom's Expectancy theory (1979) illustrate the reasons for peoples' behaviour at the work place with regard to efforts exerted, direction they take and what organizations ought to do to inspire their staff to improve performance, achieve organization goals and meet their needs too. Faraji, (2013) agrees that motivation is a salient factor that impacts on employee performance. Rutachururwa's (2013) study established that employees who are motivated are productive and profitable and exhibit high morale due to reduced turnover and absenteeism. Further, he established that equitable reward system, training, promotion, good communication and transparency improved employee motivation in TANESCO. Additionally, a good environment, interesting and diverse tasks, high degree of independence, understanding and engaged management and a reasonable degree of social interaction at work are critical in motivating employees (Armstrong, 2006).

However, not all employees in an organization are motivated by the same thing(s) as what may motivate some employees to perform well may demotivate or discourage others (Nduka, 2016) creating a big challenge to the leaders. Conclusively, she posits that it is imperative that employees in organizations are motivated for them to meet and accomplish organizations' goals and objectives. This view gives impetus to leaders and managers to handle employees' motivation effectively and efficiently due to the fact that demotivated employees are very expensive to the organization as they exert little effort in job performance, are absent and have poor output of work (Nduka, 2016).

Motivated employees grow the organization though motivating them is a challenge as not all employees are motivated the same way since what motivates them keeps on changing but Nduka (2016) allude that motivation is personal and deliberate too. Kyaruzi (2017) established that apart from employee increased commitment and retention, motivation increased the productivity and performance of employees at MHS Massana Hospital. Medical allowances, training, salary, overtime, responsibility allowance and promotion were found to be the key motivators of health workforce increasing job performance in the hospital and inspire to achieve the goals desired. Salary and promotion were major factors that motivated staff at the hospital. This study was carried out in Tanzania among healthcare workers whereas the current study was carried out in the public health sector in the county governments of Bungoma and Siaya. Ojukuku & Salami (2011) as cited by Kyaruzi (2017) found interpersonal relationships, good quality supervision, sufficient working tools and equipment, fairness of the manager, welfare of staff, and training significantly affected the health workforce' satisfaction with their work. Managers should endeavor to motivate their employees to perform optimally (Muathe & Nyambane, 2017).

### **2.2.6 The Concept of Service Delivery in the Health Sector**

Service delivery in the health sector involves care rendered to the patients, the settings, and healthcare workers where services allude to the varieties of healthcare given, settings denote services provided by different health institutions/facilities whereas healthcare workers signify the human resources for health (WHO, 2015). According to World Health Organization, health services that are of good quality entail defined care at the right time and responding to the needs of patients and their preferences while curtailing maltreatment and wastage of resources. The Organization for Economic Co-operation

and Development (OECD, 2008) state that the quality and availability of crucial services like healthcare is a vital gauge of governance, thus there is a nexus between access to good health services by the public and good governance. WHO (2015) state that the poor majority of the population are most negatively affected when the public health sector is unable to provide high-quality health services, necessitating the need for efficiency and effectiveness of the services offered. Service delivery in the public health sector can be obstructed by the following: government's incapability, government's reluctance, corruption, poor infrastructure, poor technical as well as managerial capacity and absence of an effective policy framework. Across the world, there is evidence of countries' health systems being unable to provide good health services causing governments to seek solutions to improve efficiency and responsiveness in the quest to mend service provision perception by clients (Lannes, 2015).

The World Health Organization notes that there are regional disparities in the delivery of healthcare services and a significant share of patients do not receive the necessary care. According to estimates, 20 percent of health facilities in low and middle-income nations lack proper sanitation, and nearly 40 percent of these facilities lack cleaner water. This lowers the quality of the services offered (WHO, 2018). Poor delivery of health services leads to disease burden and health needs that are not met that culminate to cost implications to societies across the globe.

Health services that are not effective result into waste of resources due to poor distribution of resources in a manner that translates to insufficient improvement of health. According to the World Health Organization, qualified healthcare personnel who are well supported are required for the delivery of high-quality healthcare services. They contend

that the systems and circumstances in which healthcare workers operate frequently undermine their desire to deliver excellent care for patients. Ineffective resource management and poor service delivery/care waste the limited resources and do not improve health outcomes. Faults in delivery of services result to hurting of health that makes hospitals to incur an extra cost of fixing medical mistakes that can be stopped (WHO, 2017, Petition Case No. 5 of 2014, eKLR, 2018). The World Health Report 2010 (WHO,2010) indicate that lack of a sufficient mix of health personnel, corruption, excessive use of medical equipment that results in inefficiency, and discrepancies in processes culminating to inadequate service delivery in the health sector. Due to these obstacles, the services provided are of poor quality, which in turn causes recipients to reject them and fuels this problem giving impetus to this study on HR practices' effect on delivery of services in the public health sector in the county governments of Bungoma and Siaya.

In Africa, the health sector is neither adequately staffed nor well-funded making it overstretched (Africa Development Bank, 2013). When it comes to shortage of healthcare professionals, Africa is the worst hit. For instance, compared to the global average of 14, there are only two (2) doctors for every 10,000 people in the country compared to the global average of 28 for 10,000, the population ratio of nurses and midwives is 11 for 10,000 (WHO 2011) obstructing service delivery. The continent still remains behind on health pointers and attainment of health-related goals (African Development Bank, 2013). There are still many obstacles to gaining access to health services in Africa and the services delivered are usually deficient due to inefficient health systems and dealing with the disproportions that exist among the poor majority and the rural population will

enhance service delivery (African Development Bank, 2013). It is against this background that this study sought to assess the effect of HR practices on service delivery in the public health sector in Bungoma and Siaya County governments.

The public health sector in South Africa faces challenges of service delivery culminating in poor health outcomes among the population requiring interventions for improvement (Malakoane, *et al*, 2022). Some of these interventions according World Health Organizations' health systems building blocks include: reducing of waiting times, improving availability of medicines, patient and staff welfare, health workers' attitudes, recruitment of more human resources for health, appointment of staff on merit, improvement of facility cleanliness, improvement of emergency medical services response time, enhancement of team building activities and monitoring of performance of the healthcare workers (WHO, 2010). The Africa Health Strategy 2016 - 2030 recommends the implementation of the following reforms to enhance service delivery to the general public: establishment of continent and sub-regional norms and standards; proper management of healthcare workers' progress; recruitment, training, placement, and retention of healthcare professionals.

In Rwanda, Lannes, (2015) in his study on analysis of health service delivery observed that the health system struggles with challenges of inadequate healthcare workers affecting service delivery mainly to the poor majority translating to poor health outcomes. It has been noted that the health system struggles with issues related to insufficient healthcare staff that primarily affect service delivery to the impoverished majority and result in poor health outcomes. She asserts that reducing absenteeism, having better quality supervision, being more responsive to clients, boosting the

motivation of healthcare professionals, and creating a positive work environment are all ways to improve the performance of human resources for health. Evaluation of healthcare providers' service delivery be based on responsiveness, availability, capability, and output. Health care workers to have their delivery of services evaluated based on availability, capability, responsiveness and output (WHO, 2006).

Srinivasan, *et al* (2015) in their study on delivery of public healthcare services: assessing customer satisfaction using servqual approach opine that the due to the following factors: A hostile attitude toward patients among healthcare professionals, the attitude of the healthcare professionals, and outdated medical equipment, the public health sector in Ethiopia provides poor quality services to its clients. They established that Arba Minch General Hospital is characterized by patients waiting for long duration before getting services, and inadequate information given to patients regarding their health concerns and about the facility.

According to the Kenya health workforce report: The status of healthcare professionals in Kenya, a health system's capability to provide quality health care services relies on availability and accessibility of the healthcare workers that are responsive to the constantly changing health systems (MOH, 2015). The health sector is focused on improving efficiency and equity in the provision of services through methodology centered on rights with the aim of having all users have equal access to distinct results regardless of the differences in the catchment population (MOH, 2006). However, in the study on performance assessment of the county healthcare systems in Kenya: a mixed-methods analysis, Moses, *et al* (2021) established that counties' public health sector in Kenya grapples with a challenge of delayed funding which hampers efficient delivery of



services. Service delivery in the health sector according to World Health Organization involves services rendered, settings/environment and healthcare workers (WHO, 2015).

According to the Commission for the Implementation of the Constitution (CIC) some of the health facilities' performance in Bungoma County are marred by: numerous cases of absenteeism amongst the human resources for health, lateness of staff, long tea and lunch breaks, drugs stock outs and using of trainees to attend to the patients without any supervision causing delay in service delivery to the patients and compromising the quality of services rendered (CIC, 2015). In their report on the assessment of Bungoma County health facilities, patients were given preferential treatment depending on their socioeconomic level, prioritizing those who could afford it while ignoring the poor and failing to give them enough information about their health concerns.

According to the report, 32% of healthcare workers indicated the need to improve inpatient services, 43% pointed out the need for increased investment in laboratory and diagnostic services, 35% emphasized the difficulty of having insufficient staff, and 43% highlighted the need for increased staffing, all of which point to poor service delivery in the county's health sector providing the impetus for this study on the effect of human resource management practices on public health sector service delivery in Bungoma and Siaya county governments.

Kipruto & Leting (2017) did a study on the 'Factors Influencing Provision of Health Care in A Devolved System of Government, Bungoma County, Kenya' whose objectives were: Assess the extent to which disbursement of adequate finances, supplies and equipment affect healthcare provision, determine the effect of procurement and distribution of drugs on healthcare provision and establish the extent to which healthcare

personnel challenges affect healthcare provision in devolved system of Bungoma County. They established that the health facilities in the county were underfunded affecting service delivery. The study too established that Bungoma County had a challenge of procurement of medicines. It was further observed that the human resources for health suffered from low motivation occasioned by delayed or missed salaries that led to workers strikes. The study determined that health care personnel have a positive and significant effect on healthcare provision. That is why this study sought to assess the effect of HR practices on service delivery in the public health sector in Bungoma and Siaya County governments. Their study employed a descriptive survey design and focused on one county only. The current study employed a mixed methods research design and had work environment as a moderating variable with a focus on the county governments of Bungoma and Siaya.

Sijenyi (2022) studied 'Health Resource Allocation Trends in Subnational Governments of Kenya. A case of the County Government of Siaya' and determined that inadequate funding of the health sector in Siaya County negatively affected the provision of effective healthcare as well as preventive services. This study focused on the medical officers, clinical officers, nurses, laboratory technologists/ technician, pharmaceutical technologists/ technicians as the service providers, the HROs as the custodians of HR policies and implementers of HR practices and the inpatients as the recipients of the healthcare services given. Service delivery indicator in this study was evaluated based on responsiveness, timeliness, the availability of health care workers and communication as alluded by Fithri, Mayasari, Hassan & Wirdianto, (2019) that the indicators of

performance include staff turnout, quality of work, timeliness of results and the ability to work together as a team.

At its 53<sup>rd</sup> World Health Assembly, World Health Organization indicated that some of its goals are the improvement of health and responsiveness to the genuine expectation of the populace (WHO, 2000). Improvement of the services in the public health sector requires cultivation of healthcare workers' attitudes to adopt a compassionate outlook toward the patient and other healthcare consumers (Engelbrecht & Crisp, 2010). They insist that responsiveness does not only entail the extent to which a health system reacts to the need of health but is inclusive of the consistency to the need of each patient. The health systems in the public health sector need to improve on delivery of services to the citizens by improving on the following indicators of service delivery; time of waiting and satisfaction of the patient who goes to the health facility seeking service (Engelbrecht, *et al*, 2010). Improving on the safety of the patients, drugs' accessibility, reduced waiting time, clean physical environment and an encouraging and compassionate attitude are critical in the delivery of health services to the population. This gave the motivation for this study to assess the effect of HR practices on public health sector service delivery in the Bungoma and Siaya county governments.

### **2.2.7 The Concept Work Environment**

Work environment involve the practices, systems, structures, implements, policies, guidelines, resources, working interactions, work setting together with the exterior and interior environmental factors that have either a negative or positive effect on the job performance of an employee (Ollukkaran & Gunaseelan, 2012). It is composed of physical components; which is the ability of office occupants to interact with their

surroundings (comfort and office design) whereas office occupant etiquettes are interactions among office occupants that denote relationships and distractions (Gachui, Were & Namusonge, 2020). This has an effect on the ability of an employee to execute the tasks that are assigned to them, their health and wellbeing as well.

Employees' work environments have an impact on their level of motivation, which can either impede or enhance efficiency and service performance. This is predicated on how engaged a person is with their immediate work environment, which affects their rate of error, amount of innovation, and collaboration with coworkers. Gachui, *et al*, (2020) did a study on 'The effect of work environment on employee performance at the Ministry of Education Headquarters in Kenya.' The objective of the study was to establish the effect of work environment on employee performance at the Ministry of Education in Kenya. In their study, they found that workplace environment had a favourable and significant impact on employee's ability to accomplish tasks. They contend that improving the work environment enhances work performance. Ollukkaran, *et al*, (2012) in their study on the impact of work environment on employee performance found elements like positive interpersonal interactions, career prospects, training resources, awards and recognitions, a secure workplace, and job stability impacted employees' performance. They further opine that majority of the organizations operate in unsafe and unhealthy work environments, which is the motivation behind this study on the effect of HR practices on service delivery in the public health sector in Bungoma and Siaya county governments with work environment as a moderating factor.

An outstanding service delivery is dependent on a positive, healthy, and nontoxic work environment (Karamanis *et al*, 2019). In their study they found that an employee's

performance is dependent on several elements that contribute to the work environment. These factors include: 1) Social support (assistance that an employee receives from colleagues and the supervisor). 2) Physical conditions, and 3) Training and development (activities designed to enhance capabilities for efficient and effective performance).

Kodarlikar *et al*, (2020) add that a work place environment encompasses the immediate environment, interpersonal relationships, physical location which includes the immediate environs, working relations and locality that impact the employees' performance. They also point out that organizations with positive work environment help retain employees who have the necessary skills. Improved communication is essential to any workplace as established by. Aruasa, Chirchir & Chebon (2019) in their study on determinants of physicians and nurses' professional satisfaction at the Moi Teaching and Referral Hospital, Eldoret, Kenya and found that the supervisor's discussion of the healthcare provider's behavior in front of patients generated an environment that resulted in staff demoralization, which had an impact on performance. They further established that supportive supervisors generated an environment that is supportive of higher performance, which led to a decrease in errors and mistakes, demonstrating the importance of excellent working relationships in raising performance in the healthcare industry. Theuri *et al*, (2020) add that service delivery was hindered by issues like outdated or broken equipment and inadequate medications in the public health sector which led to patients being turned away and resulting to complications in the very patients. In this regard, a good work environment should be properly managed in order to reduce stress among workers. According to the Swedish Work Environment Authority (2002), all occupations have certain risks which call for proper management to mitigate

the risk factors. Every profession carries some hazards that need to be properly managed to reduce the risk factors. Fast-paced jobs, work overloads, repetitive, physically demanding and monotonous work, physical violence, erratic work schedules or shifts, insults, harassment, conflicts, unrealistic expectations, unclear job descriptions, lack of job security, the physical workplace, mishaps, and poor working relationships are some of the risks. The Authority calls on the employers to regularly scrutinize and evaluate the work environment in order to reduce the hazards identified and increase performance. Employers should routinely inspect and assess the workplace. It suggests techniques for employers to adopt, such as workplace meetings, physical examinations of workstations, medical examinations, and baseline surveys, to routinely examine the work environment and assign the responsibility for managing workplace risks to supervisors or other personnel. (Swedish Work Environment Authority, 2002) for enhanced performance. A physical work environment is made up of elements like cleanliness, airflow, safety and noise, whereas a non-physical work environment consists of interactions with superiors, coworkers, and juniors (Fithri, *et al*, 2019). They found that one of the components of the workplace environment that is most important with regard to a supportive work environment that enhances performance/service delivery is relationships with supervisors and among employees. They found that the physical and non-physical work environment and employees' job performance in Padang city are positively and significantly correlated. In the health sector, work environment comprises physical facilities like the availability of adequate theatres for operations and handling of emergency cases, adequate laboratories, offices for healthcare workers, medical and non- medical supplies, working relationships and adequate wards and beds. The physical and non-physical

environment that healthcare employees work in has an impact on how well they function. It has been determined that a suitable workspace and the availability of medical equipment have a significant impact on the performance of healthcare personnel (Yusefzadeh & Nabilou, 2020).

In the study on nurses' perception of their work environment at a referral hospital in western Kenya Chebor, Simiyu, Tarus, Mangeni & Obel (2014) found that a hospital work environment that relates to service delivery is managed by nurses. In this sense, they assert that enhancing the working conditions for nurses will increase retention and boost patient care. In addition, they claim that while the hospital's efforts to create a pleasant work environment helped attract and keep talented nurses, the nurses' low morale and strained interactions with the doctors hampered the provision of services. Aruasa, *et al* (2019) found that delivery of healthcare services is dependent on factors like healthcare staff, mechanisms for providing the required services, and facility infrastructure, all of which are essential for effective healthcare delivery. This highlights the crucial part a physical, social, and psychological work environment plays in enhancing the provision of services in the health sector, which serves as the inspiration for this study on HR practices and service delivery in the public health sector in the county governments of Bungoma and Siaya with work environment as a moderator. The aspects of work environment focused on in this study include physical facilities like adequate theatres, laboratories, office space for health care workers, availability of medical and no- medical supplies as well as working relationship amongst human resource for health.

### **2.3 Empirical Review of the Literature on Work Environment**

For years, research into the relationship between work environment, performance and job satisfaction has been conducted in a various contexts all over the world (Raziq, & Maulabakhsh, 2015, Linda, Sloane, Clarke, Poghosyan, You, Finlayson, Kanai-Pak, & Aunguroch, 2011, Gitonga & Gachunga, 2015).

Organizations today face a number of difficulties as a result of the environment's constant change. Keeping its workforce happy is one of each organizations' tasks in order to succeed and stay competitive in a constantly changing and evolving environment. Good working conditions are one way for a business to meet the demands of its employees and boost their efficiency, effectiveness, productivity, and devotion to their jobs (Raziq & Maulabakhsh, (2015). They did a study on the impact of working environment on job satisfaction whose objective was to analyze the impact of working environment on job satisfaction. The target population comprised of educational institutes, the banking sector and telecommunication industry that operated in the city of Quetta in Pakistan. A simple random sampling procedure was used to collect data from 210 employees. It was established that there is a positive relationship between work environment and employee motivation.

Bakotic & Babic's (2013) study on the relationship between working conditions and job satisfaction: the case of Croatian shipbuilding company found that there is a positive relationship between working environment and employee job satisfaction. They established that employee who work under difficulty working conditions are dissatisfied. and suggested the need for improvement of their working conditions for an improved performance.



Spector, (1997) noted that the majority of organizations pay little attention to the workplace culture, which has a negative impact on workers' productivity. In his study on job satisfaction: application, assessment, causes and consequences, he elucidates that a safe workplace includes employment stability, positive relationships with coworkers, desire to perform well, acknowledgment of accomplishments, and involvement in the company's decision-making process. It was established that when workers know that they are valued by the company, they will be highly committed and will have a strong feeling of ownership over the company. Making work environment at the work place critical in the performance of its employees.

Gitonga & Gachunga's (2015) study on the influence of work environment on organizational performance in government ministries adopted the use of the following research questions: I) What is the influence of ergonomics on organizational performance in government ministries in Kenya? II) Does supervisor support influence organizational performance in government ministries in Kenya? From the findings, it was established that: ergonomics influences organizational performance in government ministries to a large extent and that office design had a positive effect on employee concentration at work. It was established that office furniture (chairs and tables) were not comfortable with regard to height and posture, that supervisors support influence. Further, it was established that supervisor support influences organizational performance in government ministries. The findings indicated that management at work place in the government ministries did not respect employees and neither did they treat them fairly. That management did not provide adequate tools at work witnessing to a crucial role played by the work environment in the performance of employees in an organization. Their study

adopted a descriptive research design with a target population of 7913 staff from 6 government ministries headquarters located in Nairobi. Their results agree with the current study which established that work environment had a significant moderation effect on the relationship between the following HR practices: recruitment and selection practice, career development management and employee motivation on public health sector in Bungoma and Siaya counties.

Many studies conducted in the health sector have established that work environment is essential for enablement of healthcare workers to provide quality patient care, reduction of hospital acquired infections rates, hospital mortality, readmissions and attracting and retaining of healthcare workers (Braithwaite *et al*, 2018, Stalpers, *et al*, 2015).

Stalpers, *et al*, (2015) did a study on associations between characteristics of the nurse work environment and five nurse-sensitive patient outcomes in hospitals: a systematic review of literature. They used qualitative studies published from 2004 and 2012 and investigated relationships between the workplace and the following patient outcomes: pressure, ulcers, delirium, malnourishment, pain, and patient falls. It was established that the following aspects of the work environment, aside from nurse staffing, were found to have significant effects: (i) collaborative relationships; higher levels of education among nurses were linked to lower rates of patient falls and pressure ulcers; (ii) nursing experience; lower levels of experience were linked to higher rates of pressure ulcers and patient falls; and (iii) positive perceptions of communication between nurses and physicians. Many studies that established a positive relationship between work environment and performance (Saidi, N., S., A., Michael, F., L., Sumilan, H., Lim, S., O., L., Jonathan, V., Hamidi, H., & Ahma, A., I. A., (2019), Aiken *et al* (2012, Gitonga, *et*

*al.*, (2015), job satisfaction (Goetz, K., Marx, M., Marx, I., Brodowski, M., Nafula, M., Prytherch, H., Awour, I., K., E., O., & Szecsenyi, J., 2015). Most researches have established a positive relationship between work environment and performance, job satisfaction, and employee motivation agreeing with the finding of this study that work environment moderates the relation between HR practices; recruitment and selection practice, career development management and employee motivation and service delivery in the public health sector in the two devolved units.

#### **2.4 Research Gaps**

A Study by Sani and Maharani, (2015) on HR practices and organizational performance did not focus on the moderating influence of work environment on the relationship between HR practices and organizational performance. The focus was on organizational commitment. This study purposed to determine the effect of HR practices on service delivery in the health sector in Bungoma and Siaya counties with work environment as a moderating variable presenting a conceptual gap.

The literature reviewed indicate that, little research has been conducted on HR practices in the health sector in Kenya since the promulgation of the new constitution in 2010 and subsequent inception of county governments in 2013 (Tsofa *et al.*, 2017, Nziga, 2016). Most of the empirical studies carried out are in India, Asia, Thailand, Mauritius and Malawi (Ramguttay – Wong, 2014, Maher & Bedawy, 2015, and Purohit & Martineu ,2016) giving impetus to this study on the effect of HRM practices on service delivery in the public health sector be done in the county governments of Bungoma and Siaya.

Studies that have been conducted on HRM practices and organizational performance dwelt on other sectors like the banking industry (Mensah, 2014) and not the health sector.

This study concentrated on the HR practices and service delivery in the public health sector in the two devolved units. Additionally, most of the empirical studies done in Kenya focused on HR practices and employee retention and not service delivery/performance (Mamuli, 2017, Kwenin, 2003, and Wambui *et al*, 2014,) providing the motivation for this study in the least researched area of public health sector in the devolved units of Bungoma and Siaya.

Previous research by Adano, (2008) looked at recruitment in the health sector and established that it took too long to replace staff who had exited service. He established that it took as long as two years to fill a vacant position in the Kenyan public health sector even with availability of funds. This study sought to establish how long it currently takes to fill a vacant position to replace staffs who have exited service in the public health sector in the two devolved units. Banjok, (2013) on the other hand emphasized the need to strengthen the recruitment process to help institutions combat the challenge of corruption and poor governance leading to improved image and efficiency. This research would like to establish if things have changed since devolution giving stimulus to this study to establish the effect of HR practices on service delivery in the devolved units of Bungoma and Siaya. In their study on work environment and performance of employees in public health sector in Nairobi City County, Kenya, Kiiru & Kiiru (2022) found that in the public health sector in Nairobi County, Kenya, employees' performance was positively impacted by their physical workspace, supervisor support, and psychological work environment, demonstrating the crucial role that a positive work environment plays in enhancing the provision of services in the public health sector. The current study purposed to determine the effect of HR practices on service delivery in the public health sector in Bungoma and Siaya counties with work environment as a moderating variable.

**Table 2. 1: Knowledge Gaps**

<b>Author</b>	<b>Title</b>	<b>Objectives</b>	<b>Methodology</b>	<b>Findings</b>	<b>Conclusion and recommendations</b>	<b>Gaps</b>
Mufeed <i>et al</i> (2015)	Effects of HRM practices on organization performance; an empirical study of state Bank of India.	Establishing the link between HRM practices and organizational performance Outline the impact of HRM practices on organizational performance	Critical literature review Descriptive analysis	Diverse HRM practices are recognized by managers and subordinates. HRM practices that show the level of satisfaction of employees towards management are rated with varying level of relationship	Managers displayed a good attitude towards HRM practices of the organization	Research methodology and area of study where the current study was carried out in the public health sector and the previous one in the banking sector. HR practices applied may differ from one institution to the other.
Wambui <i>et al</i> (2014)	Effect of HRM Practices on Employee Retention in Institutions of Higher Learning in Kenya: A Case of Kenyatta University	Assess the level of training and recruitment on employee retention.	Descriptive research design	Training contributes to employees' retention. There is a direct and positive correlation between training and employees' retention. Recruitment has an influence on employee retention	There is need for Training needs assessments guide and schedule before conducting trainings  Recruitment and selection policies ought to be improved to attract more professional teaching staff	Their study focused on how HR practices impacted on employee retention presenting a conceptual gap. Previous study was carried out in the institutions of higher learning whereas this study was conducted in the public health sector in the county governments of Bungoma and Siaya.

<p>Mensah (2014)</p>	<p>Effects of HRM practices on employee retention in Banking sector in Ghana.</p>	<p>Establish the impact of compensation on employee retention in Ghanaian banks</p> <p>Examine the effects of career management practices on retention of employees in Ghanaian Banks.</p> <p>Determine the effect of employee work-life balance on employee retention in Ghanaian Banks.</p> <p>Examine the effect of employee engagement on employee retention in the Ghanaian banks.</p> <p>Determine the moderating effect of job satisfaction on the relationship between HRM practices and employee retention in the banks in Ghana.</p>	<p>Explanatory cross-sectional design</p>	<p>Compensation, work-life balance and employee engagement influence employee retention in the banks.</p> <p>Career management had an insignificant effect on employee retention, Job satisfaction could not moderate the interaction between HRM practices and employee retention</p>	<p>HRM practices such as Compensation, work-life balance and employee engagement influence employee retention in the banks.</p> <p>Compensation alone cannot guarantee retention of workforce that has skills, motivation and experience though it has a significant effect on employee retention in the banks</p>	<p>Area of study. The study was in the banking sector whereas the current study focused on the public health sector in the devolved units of Bungoma and Siaya. Study had compensation, work life, balance as the independent variables and job satisfaction as a moderator presenting a conceptual gap.</p>
----------------------	---	--	---	--	--	--

Kwenin, (2013)	Linkage between Work Environment, Career Development Opportunities and Employee Retention in Vodafone Ghana Limited.	Null and Alternate hypothesis. The work environment has no statistically significant relationship with employee retention. The work environment has a statistically significant relationship with employee retention Career Development opportunities do not significantly relate to employee retention Career Development opportunities significantly relate employee retention	Descriptive research survey	Work environment and career development opportunities had positive relationship with employee retention Quality work environment actually contributes to employee retention	Management to provide attractive work environment for employees to boost their decisions to stay with the organization. Provide development opportunities to increase employees' career growth and boost their satisfaction in the organization Recommends that future studies should be directed towards investigating how variables like work/life balance, organizational commitment, supervisor support, financial reward and job satisfaction can influence employee retention	Research methodology and Area of study. The previous study used a descriptive survey research design. The current study used a mixed methods research design. The independent variables adopted are different from the current study's presenting a conceptual gap.
Ng'ethe al (2012)	Influence of Leadership Style on Academic Staff Retention in Public Universities in Kenya	Identify the influence of leadership style on academic staff retention in public universities	Descriptive Analysis	Leadership contributes to the effectiveness of the company. Leadership practiced by most of the leaders in these institutions was not favorable for retention	Types of Leadership influences academic staff retention in Kenyan public universities	Research methodology where a descriptive analysis was used and the current adopted a mixed methods research design. Their study focused on how leadership impacted staff retention presenting a conceptual gap.

<p>Maher &amp; Bedawy (2015)</p>	<p>Human Resources Management in outheastern Asia’s Local Government Case Study: Philippine and Thailand.</p>	<p>Show the existing framework for the HRM at the local government. Review the international experiences of some countries regarding the application of the of the HRM at the local government</p>	<p>Descriptive analysis</p>	<p>Confirmed examples of cases of embezzlement in the local government under decentralization.</p> <p>Certain cities adhere to rules and regulations on civil service management put by the central government. They have succeeded in observing regulations and being transparent.</p>	<p>Most of traditional HRM practices are until now being used by HR professionals at the local level. Non-competent managers affect the performance of public firms.</p> <p>Focus on the importance of the public organizations’ missions and on the intrinsic motivations of the public employees, such as duty and the public service–related aims of government work</p>	<p>Area of study and research methodology. The current study employed a mixed methods study design and focused on 5 cadres of health care providers in Kenya with work environment as a moderating variable whereas the previous study focused on doctors’ cadre only.</p>
----------------------------------	---	--	-----------------------------	---	---	--

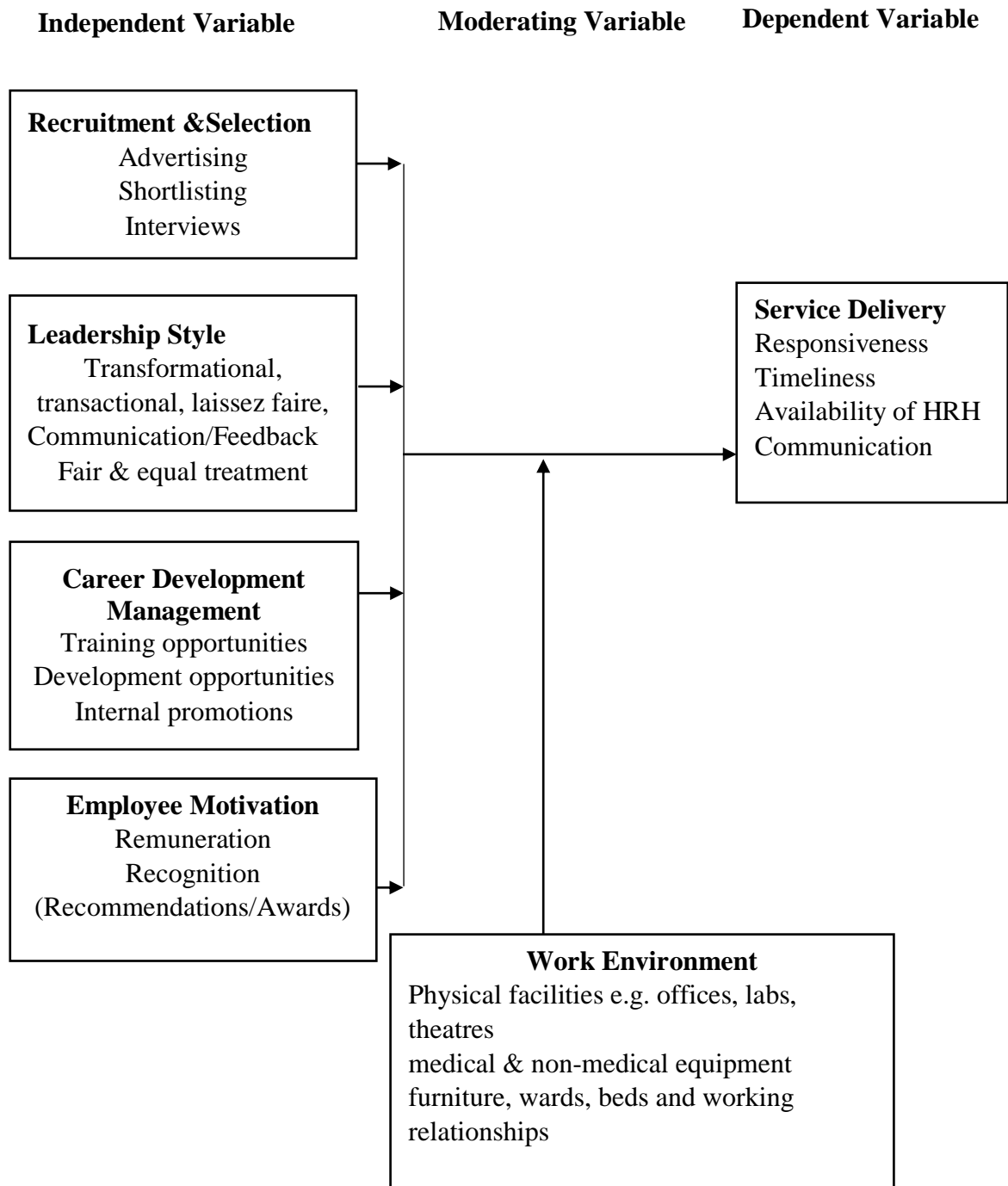


Luballo & Korir (2017)	HRM Practices and Service Delivery in County Government of Siaya, Kenya	<p>Assess the role of recruitment and selection on service delivery</p> <p>Determine how training services affect the service delivery</p> <p>Establish the relationship between performance management practices and service delivery</p> <p>Assess the moderating effect of environmental factors on the relationship between service delivery and HRM practices.</p> <p>Determine the moderating role of environmental factors on HRM practices and service delivery</p>	cross sectional survey research design	<p>Training and performance management affect service delivery positively</p> <p>HR outcomes mediate the relationship between HRM practices and service delivery</p> <p>There is no moderating effect of environmental factors on the relationship between HRM practices and service delivery</p>	<p>HRM practices affect service delivery directly</p> <p>HR managers ought to ensure they carry out employee appraisals to determine their performance.</p> <p>There is need for more research in other geographical areas to allow generalization of results.</p>	<p>Research methodology and area of study. This study focused on frontline healthcare service providers in the counties of Bungoma and Siaya while the previous study was on the county government employees but not the healthcare providers. The independent variables training services, performance management are different from the current study's practices presenting a conceptual gap.</p>
------------------------	---	---	--	---	--	--

Purohit & Martineau (2016)	Challenges and issues in Recruitment for Government Doctors in Gujarat, India	Comprehend the current recruitment policies for government doctors Highlight issues that deter effective recruitment	Qualitative study design	Recruitment systems were believed to be unreliable therefore had a negative impact on retention of employees.	The health section ought to have a reliable recruitment system to address the slow nature of the recruitment system There is need to address the job insecurity which affects employee benefits	Methodology, Area of study. The current study employed a mixed methods study design and focused on 5 cadres of health care providers Bungoma and Siaya counties whereas previous study only looked at the doctors' cadre only. Recruitment and selection practices may differ from one organization to the other. Recruitment systems were found to have a negative impact on retention. This study found recruitment and section practice to have a positive and significant effect on service delivery presenting a conceptual gap.
Chipeta <i>et al</i> (2016)	Relationships Between Obstetric Care Staff and Managers: A Critical Incident Analysis.	Establish the relationship between obstetric care staff and their employees.	A qualitative exploratory study	Poor leadership affect the relations among the staffs.	The following factors demotivate the obstetric staff; effects of mismanagement, relationship among staff, insufficient support for staff performance, absence of transparency in training and resource distribution.	Area of study and research methodology where the current study focused on a mixed methods research design and the previous study used a qualitative exploratory study. Focus was on one cadre of HCWs whose results might not be generalizable. Current study's focus was on 5 cadres of HCWs.

<p>Muathe &amp; Nyambane (2017)</p>	<p>Strategic HRM Practices and Performance of Employees in Health ministry in Nairobi.</p>	<p>Determine the influence of recruitment, career management, reward practices and performance appraisal management practices on performance of employees</p>	<p>Descriptive research design</p>	<p>The following strategic HRM practices like recruitment, career management, reward and performance appraisal practices have not been fully exhausted. Efficiency of employees, productivity and meeting deadlines are currently low</p>	<p>Institutions that recruit qualified staff have exceptional performance, good image and meets the deadlines. Job performance should be considered in employee compensation and performance.</p>	<p>Area of study and research methodology. The previous study focused on employees in the ministry of health, Nairobi and employed a descriptive research design. This study was on health care workers in the county governments of Bungoma and Siaya and used a mixed methods research design. The independent variables reward and performance appraisal are different from this study's presenting a conceptual gap.</p>
-------------------------------------	--	---	------------------------------------	---	---	--

## 2.5 Conceptual Framework



Source: Field Conceptualization, 2020

Figure 2.1: Conceptual Framework

### **2.5.1 Operationalization of Conceptual Framework Variables**

The independent variable for this study was HR practices and the dependent variable was service delivery whereas the moderating variable was work environment. The independent variable had the following constructs: Recruitment and selection practice which had advertising, shortlisting and interviews as its constructs.

Leadership style had transformational, transactional and laissez faire leadership styles, communication/feedback and fair and equal treatment as its constructs. Career development management had training opportunities, development opportunities and internal promotions as its constructs. Employee motivation's constructs were recognition, remuneration, recommendations/awards. The indicators for an effective recruitment and selection process include advertising for the vacant positions by the organizations to attract a pool of qualified candidates, shortlisting and conducting interviews. To determine the above mentioned, interviews were conducted to the HROs and the in-charge of the five cadres in both counties and questionnaires administered to the health care workers. Descriptive analysis was used to assess feedback from the qualitative data, simple linear regression was used to establish the relationship between recruitment and selection practice and service delivery whereas multiple linear regression method was used to determine the moderating effect of work environment on the relation between recruitment and selection practice and service delivery.

Leadership style had transformational, transactional and laissez- faire leadership styles, communication/feedback and fair and equal treatment of HRH as the indicators to be measured. These were assessed using quantitative data and simple linear regression was used to assess the relationship between leadership style and service delivery whereas

multiple linear regression was used to determine the moderating effect of work environment on the relationship between leadership style and service delivery.

Career development management variable had training opportunities, development opportunities and internal promotions constructs that were assessed. Both quantitative and qualitative data were used and simple linear regression analysis was used to establish the relationship between career development management and service delivery. Multiple linear regression was used to determine the moderating effect of work environment on the relationship between career development management and service delivery.

Employee motivation's constructs were remuneration and recognition that were assessed using both qualitative and quantitative data. Simple linear regression was used to assess the relationship between employee motivation and service delivery whereas multiple linear regression was used to determine the moderating effect of work environment on the relationship between employee motivation and service delivery.

This study had service delivery as the dependent variable whose indicators were responsiveness which entailed dealing with unexpected situations (responsiveness), timeliness which involved time taken to render a service/completion time, availability of HRH to attend to the inpatients as required and communication/feedback. The moderating variable for this study was work environment and physical facilities like offices, laboratories, theatres, wards, beds, medical and non- medical supplies, and working relationships as its indicators.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.0 Introduction

This chapter presents the methods, techniques and approaches that were used to collect and analyze the data. It presents the: research philosophy, research design, area of study, target population, sample size and sampling technique, instruments for data collection, data analysis, analysis model, validity of the research instruments, pilot study, reliability, data collection procedure, data analysis, test for linear regression assumption, data presentation and ethical considerations.

#### 3.1 Research Philosophy

The study was anchored on pragmatism philosophical approach. Pragmatism as a research philosophy embraces the notion that concepts are deemed relevant only when they contribute to practical action. They acknowledge the existence of diverse perspectives in interpreting the world and conducting research hence the emphasis that no singular viewpoint can fully encapsulate the entirety of a situation, recognizing the potential existence of multiple realities. Consequently, their foundational principle is rooted in "change," emphasizing that what was considered true in the past may not necessarily hold true in the present (Morgan, 2014).

In this context, he states that pragmatism's emphasis on practical outcomes and the flexibility it offers in choosing research methods aligns well with the integrative nature of mixed methods research design hence it's adoption in this study. Pragmatism is frequently recognized in the mixed methods research literature as the suitable paradigm for conducting mixed methods research (Howe,1988; Tashakkori & Teddlie,1998),

making it a preferred choice for researchers seeking a balanced and comprehensive approach.

Morgan, (2014) redefined Dewey's (1993) five-step approach to problem-solving, illustrating a dynamic system within pragmatist research methodology to include: 1) Encountering a situation; the researcher identifies a situation and recognizes it as research problem. 2) Reflecting on the problem; researcher reflects on the nature of the problem leading to a new version of the problem. 3) Considering possible actions; the researcher contemplates possible actions and various ways to address the research problem and potential research design. 4) Reflecting on research methods; researcher considers the most suitable method(s) to address the problem. 5) Conducting the research; where multiple rounds of designing the research and selecting methods providing the impetus for adoption of constructivism philosophy in this study.

### **3.2 Research Design**

The purpose of this study was to assess the effect of human resource management practices on the delivery of services in the public health sector in the devolved units of Bungoma and Siaya. To realize this a mixed methods research design was used where the researcher employed a combination of both quantitative and qualitative approaches. This research design involves the simultaneous collection of both quantitative and qualitative data by a researcher. Subsequently, the overall results are integrated to provide a comprehensive analysis of the research problem (Barnes, 2019; Creswell, 2014). The research design provides for triangulation of the results which serves the purpose of enhancing and fortifying research outcomes by employing diverse methods of both data collection and analysis to investigate the research problem. The goal is to attain a



comprehensive understanding of the problem. Additionally, triangulation is utilized to verify findings obtained through one method by comparing them with those derived from another method (Molina-Azorin, 2016; Tashakkori & Teddlie, 2003) increasing the validity of the findings. Triangulation was done by verifying quantitative from questionnaires using qualitative responses from interviewees, cross-checking results between quantitative (from questionnaires) and qualitative data (from interviews) with a purpose of identifying if they agree or disagree. The consistency in the findings from both types of data enhances the validity. Additionally, secondary data was used to supplement primary data for comparisons or additional dimension to the research.

This design was successfully used by Mamuli (2017) in her study on the ‘Influence of Human Resource Management Practice on Academic Staff Retention in Universities.’ This research design too provides a robust and reliable interpretation of the study results effective.

### **3.3 Area of the Study**

The investigation was undertaken in the public health sectors of Bungoma and Siaya County governments, deliberately selected due to a notable scarcity of research on HR practices and service delivery following a comprehensive review of existing literature, revealing a conspicuous dearth of documented information pertaining to HR practices and their effect on service delivery in their public health sectors. The dearth of research in these areas since the inception of devolution further accentuated the need for an in-depth examination, making Bungoma and Siaya compelling choices for this study.

### **3.4 Target Population of the Study**

Target population refers to the unit of the population where a sample can be drawn (Bhattacharjee, 2012). For this study, the target population was 3,549 respondents from Bungoma and Siaya county governments' public health facilities comprising of: 102 medical doctors, 244 clinical officers, 1,346 nurses, 134 laboratory technologists, 56 pharmaceutical technologists, 10 in-charge of cadres, 1,655 inpatients and 2 human resource officers (HROs). The HRH were chosen because they are the providers of healthcare services in the public health sector and these are the cadres that come in constant contact with all patients as opposed to other cadres. The human resource officers (HROs); one from each county were sampled purposively to participate in this study as the custodians and implementers of HR policies. The in-charge of cadres were purposively sampled as the immediate supervisors of the healthcare workers and the information provided was used to corroborate the information gathered from the human resource officers. A total of 1,655 inpatients from Bungoma and Siaya County Referral Hospitals were selected because they are the consumers of the services rendered in the public health facilities by the healthcare workers. The sampling frame is as indicated in Table 3.1 below:

**Table 3.1: Sampling Frame**

<b>County</b>	<b>Category/Cadre</b>	<b>Target Population</b>	<b>Sample</b>
Bungoma	Medical Officers	76	8
	Clinical Officers	172	18
	Nurses	862	87
	Pharmaceutical Technologists	43	4
	Laboratory Technologists	102	11
	In- charge	*5	*5
	HR officers	*1	*1
	Inpatients	1,156	116
Siaya	Medical Officers	26	3
	Clinical Officers	72	7
	Nurses	484	49
	Pharmaceutical Technologists	13	1
	Laboratory Technologists	32	3
	In- charge	*5	*5
	HR officers	*1	*1
	Inpatients	499	50
<b>Total</b>		<b>3,549</b>	<b>369</b>

### **3.5 Sample Size and Sampling Techniques.**

A sample size is a small group from whom one can gather the requisite information (Kumar, 2011). For this study a sample size of 369 respondents was selected from both Bungoma and Siaya counties' public health facilities based on proportional allocation. This comprised of 11 medical officers, 25 clinical officers, 136 nurses, 5 pharmaceutical technologists and 14 laboratory technologists, 10 in- charge of cadres, 166 inpatients and 2 HROs. Medical officers, clinical officers, nurses, pharmaceutical technologists and laboratory technologists were selected based on stratified sampling technique together with simple random sampling procedure. Stratified sampling entails putting the population into strata that are homogenous before sampling (Igwenagu, 2016, Kumar, 2011). The HROs were purposively sampled to participate in this study as the custodians and implementers of HR policies. The in - charge of each cadres were purposively sampled to participate in the study as the immediate supervisors and implementers of HR

practices in the public health facilities. In patients who had been admitted in the general wards for a period of 3 – 10 days in the month of October, 2021 were selected through purposive sampling because there are several wards like: maternity, surgical, psychiatric and pediatric. After which simple random sampling procedure was used to get the inpatient respondents. They were accessed from the selected wards with the guidance and direction of the duty nurses and those who were processing discharge were accessed from the institutions' billing centres. The human resources for health were targeted due to the fact that they are the ones affected by the HR practices (recruitment and selection practice, leadership style, career development management and employee motivation) as adopted and applied by the HROs and the in- charge of the cadres. Inpatients were too targeted to provide information on service delivery as recipients of the services provided by the health care workers.

### **3.5.1 Sampling Technique**

This study adopted several sampling procedures due to the big and heterogeneous population involved. The techniques used include: multi - stage sampling, purposive, simple random sampling, and stratified sampling (Dawson, 2002, Kothari, 2004, Jackson, 2009). First, a multi - stage sampling technique was adopted to get the number of health facilities to participate in the study. The Public health facilities in Bungoma and Siaya counties were grouped into two (according to counties). Further, the facilities were stratified according to the levels to ensure inclusion; that is dispensaries, health centres, sub- county hospitals and county referral hospital in each county. Stratified sampling entails apportioning the population in small groups that are homogenous to increase the sample's representativeness by means of reducing the sampling error (Igwenagu, 2016).

The two county referral hospitals were purposively selected to participate in this study as the apex health facilities in these two devolved units where managerial and policy decisions and directives are made and disseminated to the lower levels facilities.

Stratified sampling technique was further used to get the healthcare workers to participate in the study as respondents from each county. The healthcare workers in each county were put in strata based on their job profile after which simple random sampling method, Proportional allocation were used to obtain samples from each stratum as espoused by Mugenda & Mugenda (2012) who opined that 10% to 30% percent sample of the population is considered acceptable.

Purposive sampling method was used to select the 2 HROs from both county governments and the 10 in- charge of cadres in the county governments to participate in the study as interviewees due to the fact that the HROs are the custodians and implementers of HR policies in the public health facilities. The in- charge deal directly with the healthcare providers as their supervisors and implementers of HR practices.

The 166 Inpatients to participate in this study were sampled through purposive sampling where those admitted in general wards only for a period of between 3-10 days in the month of October, 2021 were sought to respond to the questionnaires and those who were processing their discharge from the wards were sought at the facilities' billing centres. Then simple random sampling procedure was used to get the inpatients to participate in the study to provide their opinion on the services rendered by the healthcare workers. For the critically ill patients, caretakers were sought and requested to respond to the questionnaires on their behalf. Proportional allocation was used as indicated in Table 3.2 below and the sample size as shown.

**Table 3.2: Sample Size Based on Proportional Allocation**

<b>County</b>	<b>Cadre of Staff</b>	<b>N</b>	<b>Proportional allocation for each cadre (10% of N)</b>
<b>1 Bungoma</b>	Medical Officers	76	8
	Clinical Officers	172	18
	Nurses	862	87
	Pharmaceutical Technologists	43	4
	Laboratory Technologists	102	11
	In charge of each cadre	*5	*5
	Human Resource Officer	* 1	*1
	<b>Sub Total A</b>	<b>1,261</b>	<b>134</b>
<b>2 Siaya</b>	Medical Officers	26	3
	Clinical Officers	72	7
	Nurses	484	49
	Pharmaceutical Technologists	13	1
	Laboratory Technologists	32	3
	In charge of each cadre	*5	*5
	Human Resource Officer	* 1	*1
	<b>Sub Total B</b>	<b>633</b>	<b>69</b>
<b>Patients</b>			
Bungoma County	Patients admitted in the general wards (of 13years of age and above)	1,156	116
Siaya County	Patients admitted in the general wards (of 13 years of age and above)	499	50
	<b>Sub Total C</b>	<b>1,655</b>	<b>166</b>
	<b>Grand Total</b>	<b>3,549</b>	<b>369</b>

*Source: Data from the offices of the Directors of Health, Bungoma and Siaya County Governments and Kenya Health Information System, KHIS)*

### **3.6 Data Collection Instruments**

#### **3.6.1 Primary Sources of Data**

Questionnaires and interview guide were used as data collection instruments to get responses from the healthcare workers, HROs and inpatients. Questionnaires are recorded questions whose replies are provided by the respondents (Kumar, 2011, Gupta *et al*, 2002) and are cost effective (Mugenda & Mugenda, 2003). They were on a 5-point Likert scale with both closed and open-ended questions. In this study the questionnaires for the HRH were self-administered due to the level of literacy of the respondents. The inpatients' questionnaires were not self-administered due to the low literacy level of some patients and owing to the fact that some patients were too weak to personally respond to the questionnaires. These were inpatients admitted in the general wards for a period of 3-10 days in month of October, 2021 and those who had just been discharged from the sampled wards and were in the process of clearing. They were accessed at the institutions' billing centres. Questionnaires are used if the respondents cover a wide geographical area, are less expensive and provide anonymity (Kumar, 2011).

The study also used interview schedules to collect data from the HROs as the custodians and implementers of HR policies and from the in-charge of cadres in the two counties as the immediate supervisors of the healthcare workers and the implementers of HR practices in the health facilities. Interviews administered by the researcher assisted in obtaining information from the respondents that is detailed and the information gathered was used for triangulation where quantitative data from questionnaires was verified using qualitative responses (Mugenda & Mugenda, 2003; Maarouf, 2019) with a purpose of identifying if they agree or disagree. secondary data was used to supplement primary data

with the relevant secondary data for comparisons or additional dimension to the research, thus enhancing the validity of the validity.

### **3.6.2 Secondary Data**

Document analysis was used for secondary data. These included journal articles, theses, and other documented materials and books that were examined for suitability and appropriateness in covering the research objectives for the purpose of gaining a larger understanding of the topic and to compare and contrast results/ findings from primary data.

### **3.7 Reliability of Research Instruments**

Reliability refers to an indication of the consistency of a measuring tool (Jackson, 2009) and the purpose is to determine whether the measure being used is effective. For a measure to be reliable it is supposed to give the same score each time the measuring tool is used. Reliability test was conducted to assess the reliability of the 5-point Likert scale that was used in the questionnaire for the items assessing the study variables (constructs). Cronbach's Alpha was used to assess internal consistency as it is a reliability coefficient that indicates how well items in a set are linked positively to one another. A Cronbach's Alpha coefficient of 0.7 is the minimum acceptable threshold for the scale to be relied on for further analysis (Gill *et al.*, 2010). Thus, an indication of the stability and constancy with which the tool evaluates the concept and assists to determine the goodness of the measure. The findings for the Cronbach Alpha test for reliability indicated that the alpha coefficients for all the study variables were above 0.7 which is the minimum threshold. The results of the reliability test are as presented in Table 3.3 below.



**Table 3.3: Reliability Test Results**

<b>Variables (Constructs)</b>	<b>Number of items</b>	<b>Cronbach Alpha</b>
Service Delivery-HRH	5	0.772
Service Delivery- IP	8	0.753
Recruitment and selection practice	6	0.870
Leadership style	11	0.804
Employees' CDM	14	0.952
Employee Motivation	6	0.870
Work Environment	8	0.827

The findings for the Cronbach Alpha test for reliability as indicated in Table 3.4 above illustrates that the alpha coefficients for all the study variables were above the required minimum threshold of 0.7 as suggested by (Gill *et al.*, 2010); Service Delivery-HRH = 0.772, Service Delivery-IP = 0.753, Recruitment and selection practice = 0.870, Leadership style = 0.804, Career Development Management= 0.952, Employee Motivation=0.870 and Work Environment = 0.827. Therefore, the study concluded that the 5-point Likert scale of the items adopted to measure the study constructs was reliable and suitable for further analysis.

### **3.8 Pilot Study**

A pilot study is a small study that is undertaken for the purpose of testing the approaches that are designed for the main study (Arain, Campbell, Cooper, & Lancaster, 2010). A pilot study was conducted to respondents at Busia County because it was not covered under this study. The respondents were not statistically selected. A total of 40 (10%) questionnaires were administered to the respondents (HRH and inpatients) in the County Referral Hospital as espoused by Mugenda and Mugenda (2003) that pre-test sample to be between 1% and 10% subject to the sample size. An interview was administered to one HRO and one of the in- charge of a cadre based on availability. The purpose of the pilot study was to determine the validity and reliability of the research instruments. It is

also used to assess the appropriateness of the methods and procedures for the study (Polit & Beck, 2017). The findings of the Cronbach Alpha test for reliability indicated that the alpha coefficients for all the study variables were beyond the required minimum threshold of 0.7 as suggested by (Gill *et al.*, 2010); Service Delivery-HRH = 0.772, Service Delivery-IP = 0.753, Recruitment and selection practice = 0.870, Leadership style = 0.804, Career Development Management= 0.952, Employee Motivation=0.870 and Work Environment = 0.827. Therefore, we conclude that the 5-point Likert scale of the items adopted to measure the study constructs was reliable and suitable for further analysis.

The sample size for the pilot study was as in Table 3.4 below:

**Table 3. 4:** *Sample Size for the Pilot Study*

<b>Cadre of Staff</b>	<b>Study Sample size</b>	<b>%</b>	<b>Pilot Study Size Sample</b>
Medical Officers	11	10%	1
Clinical Officers	25	10%	3
Nurses	136	10%	14
Pharmaceutical Technologists	5	10%	1
Laboratory Technologists	14	10%	2
In - charge of each cadre	10	10%	1
Inpatients over 5 years	166	10%	17
HROs	2		1
<b>Grand Total</b>	<b>369</b>		<b>40</b>

### **3. 9 Validity of Research Instruments**

It is the degree to which the instrument assesses what it is supposed to measure; whether a measure is truthful or genuine. It measures the degree to which the instrument covers a representative sample of the domain of behaviours covered (Jackson, 2009, Kothari, 2004). In this study, construct and content validity was established.

Content validity was determined by subjecting the data collection tools to experts; the two supervisors and other faculty in the School of Business and Economics of Jaramogi Oginga Odinga University of Science and Technology who evaluated the questionnaire to ascertain its relevance. The tool was evaluated and adjustments were made and the experts determined that the content of the final questionnaire was valid and relevant for the purpose of the study before it was subjected to data collection.

Construct validity is the ability of the research tool to measure the actual study hypothesis (Oluwatayo, 2012); that is, if the items measuring each of the study variables were actually adequate, coming from the same population and assessing the same thing. Kaiser-Meyer-Olkin (KMO) and Bartlett's test of Sphericity was used to assess the sampling suitability of the items measuring each of the study variables. KMO value is between 0 and 1 with a value of 1 representing perfect adequacy while a value of 0 signifying a perfectly inadequate number of items measuring the variable (Sarstedt, *et al*, 2014). He established that a KMO value of 0.6 is the minimum threshold to indicate acceptable degree of sampling adequacy. Bartlett's Test of Sphericity, which is a Chi-square technique, was employed to assess whether the items for each of the variables were drawn from a population with equal variance; a significant Chi-square result indicate that the items actually come from a population with equal variance (Sarstedt, *et al*, 2014). The Robust construct validity confirmed that the measures used in the study were an accurate reflection of the theoretical constructs under investigation, thus enhancing the confidence in generalizing the results of this study to the broader population.

### **3.10 Data Collection Procedure**

With the help of 3 research assistants, questionnaires were distributed vide drop and pick method to respondents (HRH) who had been priory contacted. The researcher undertook to conduct interviews personally for uniformity and also for a chance to carry out in-depth probing where it was deemed necessary. The questionnaires were administered to the relevant respondents in the two counties. The healthcare workers were given a period of one and half weeks to fill the questionnaire. The purpose was to minimize cost and time. This was also occasioned by the COVID 19 pandemic which put a strain on the workload of the HRH requiring ample time to complete filling questionnaires. For inpatients the questionnaires were administered individually by the researcher from the selected wards (general wards) and at the billing centres of the health facilities as directed and guided by the nursing officers in charge in Bungoma and Siaya County Referral hospitals. The researcher was allowed 10 days to collect data from the inpatients in Bungoma County and 5 days for Siaya County. Interviews were administered to the HROs and the in- charge of cadres in the two county referral hospitals. Document analysis was also used to collect data that assisted the researcher by exploring the Kenya Health Sector Strategic and Investment Plan (KHSSIP), (2012) which provided insights into trends and developments and tracing the changes in the public health sector over time.

### **3.11 Data Analysis**

#### **3.11.1 Quantitative Analysis**

Data collected was processed. This entailed editing, coding, classification and tabulating of the data collected (Kothari, 2004). Editing was done to ascertain completeness and consistency. After editing, the data was coded and entered into the computer software (SPSS version 23) for analysis. Descriptive statistics was used for presentation of

quantitative data. Inferential statistics included simple linear regression to describe the relationship between the variables; HR practices and service delivery, multiple linear regression for testing of the moderating variable (Campbell & Campbell, 2008). Multiple linear regression was used to determine the moderating role of work environment on the relationship between HR practices and service delivery in the public health sector in Bungoma and Siaya county governments. Correlation analysis was used to determine the degree of the relationship between the independent variable (HR practices) and the dependent variable (service delivery) as espoused by Mugenda & Mugenda, (2003).

### **3.11.2 Pearson Correlation Analysis**

The study used correlation as it measures the degree of relationship between two measured constructs (Jackson, 2009, Mugenda & Mugenda, 2003) and if the variables correlate with each other, then prediction from one variable to the other can be made with a certain degree of accuracy.

Pearson Correlation Coefficient was used to test the strength and direction of the relationship between the independent and dependent variables. The value of  $r$  lies between +1 where the positive values of  $r$  indicate a perfect positive relationship between the two variables and a negative (-) value of  $r$  indicate a perfect negative correlation. A zero value indicate lack of association between the two variables. Pearson correlation coefficient was used in this study to establish the relationship between HR practices and service delivery.

### **3.12 Tests for Linear Regression Assumptions**

The study dataset was assessed to determine whether it met the assumptions of this model which are: Normality, linearity, homoscedasticity and presence of outliers. The normality test for the data for this study was tested using Shapiro – Wilk Test which is founded on the relationship between the data and conforming normal scores (Ghasemi *et al*, 2012). The p- values for all the variables have to be greater than 0.05 significance level. Linearity was checked by use of normal probability (P-P) plots. Points lying along a reasonably straight diagonal line are an indicator that there is a direct relationship between the variables under study. Homoscedasticity denotes the assumption that the dependent variable shows same amounts of variance across the range of values for an independent variable. A Scatterplot was used and there should not be a clear pattern in the distribution otherwise the data is heteroscedastic. Outliers refer to a score for a particular variable that is high, but not very much unique from the other cluster of scores (Tabachnick *et. al*, 2007). Outliers were identified using a box-plot. According to SPSS points are outliers if they outspread more than 1.5 box-lengths from the edge of the box and extreme points are those that spread more than 3 box-lengths from the edge of the boxplot (Gravetter *et al*, 2000).

#### **3.12.1 Simple Linear Regression Analysis**

The study used simple linear regression to test the objectives. It examined how change in the human resource management practices (recruitment and selection practice, leadership style, career development management, and employee motivation) influenced change in service delivery in the public health sector in Bungoma and Siaya county governments. To predict service delivery (Y) in the public health sector in Bungoma and Siaya county

governments given each individual human resource management practice (X), the following model was used:

**Equation 1: Simple Linear Regression model**

$$Y = \beta_0 + \beta_i X_i + \varepsilon_i; i = 1, 2, 3, 4 \dots \dots \dots 1$$

Where:

$\beta_0, \beta_1, \beta_2, \beta_3, \beta_4$ , are constants

$X_1$  = recruitment and selection practice

$X_2$  = leadership style

$X_3$  = career development management

$X_4$  = employee motivation

Y = service delivery (dependent variable)

$\varepsilon$  = Error term.

**3.12.2 Multiple Linear Regression Analysis**

Multiple linear regression analysis was adopted to determine the strength of the relationship between the study variables. P value was used to test the hypothesis which formed the basis of the decision on whether to accept or reject the null hypothesis and a significant level of 0.05 was used as recommended by Mugenda & Mugenda, (2012). In multiple linear regression, two or more independent variables are used to predict an independent variable. Service delivery was modelled using multiple linear regression to establish the predicting capability of HR practices (regressors) upon service delivery (regressands). This also enabled comparison of the strength of the human resource management practices (recruitment and selection practice, leadership style, career development management, employee motivation and work environment) as a moderator

in predicting service delivery in the health sector in Bungoma and Siaya county governments. To predict the effect of HR practices (recruitment and selection practice, leadership style, career development management, employee motivation, and work environment) on service delivery in the health sector in Bungoma and Siaya county governments, the following linear regression model was applied:

**Equation 2: Multiple Linear Regression Model**

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 + \varepsilon. \dots\dots\dots 2$$

Where:

- X<sub>1</sub> = recruitment and selection practice
- X<sub>2</sub> = leadership style
- X<sub>3</sub> = career development management,
- X<sub>4</sub> = employee motivation
- X<sub>5</sub> = work environment
- Y = service delivery (dependent variable)
- ε = Error term
- β<sub>0</sub> = Constant
- β<sub>1</sub>, β<sub>2</sub>, β<sub>3</sub>, β<sub>4</sub>, β<sub>5</sub> = Regression Coefficients.

**3.12.3 Moderation Analysis**

Moderation analysis was done to determine the moderating role of work environment on the relationship between HR practices and public health service delivery in Bungoma and Siaya county governments. Hierarchical linear regression analysis was used. The model was used to determine the interaction effect between the moderator variable (work environment) and the independence variable (HR practices) constructs to establish the presence or absence of the moderation effect. Moderation effect exists when the interaction effect between the independent variable and the moderator (work environment) is significant.



### **3.12.5 Qualitative Analysis**

Qualitative data that was collected from interviews conducted with the 2 HROs and the 10 in-charge of the 5 cadres under study from each county government was analysed and presented thematically based on the objectives and triangulated with the findings of the quantitative data.

### **3.12.6 Normality Test**

The purpose was to determine if the scores for the study variables were normally distributed. Assessing the normality of the data is a requirement for linear regression analysis (Mishra *et al*, 2019). The null hypothesis was that the scores for the study variables were not considerably different from a normal distribution. Shapiro-Wilk Test was used. When the  $p > 0.5$ , we reject the null hypothesis and conclude that the scores for the study variables were normally distributed (Mishra *et al*, 2019).

### **3.12.7 Test for Linearity**

The study used normal probability plots to test for the linearity between human resource management practices (recruitment and selection practice, leadership style, career development management, and employee motivation) and service delivery in the devolved units of Bungoma and Siaya. Normal Probability Plots were used to test the linearity between HR practices and service delivery variables in the two devolved units.

### **3.12.8 Homoscedasticity Test**

It refers to the supposition that the dependent variable reveals same amounts of variance across the range of values for an independent variable. The study adopted the use of a Scatterplot to test for this simple linear assumption. In this case, there should not be a

clear pattern in the distribution otherwise the data is heteroscedastic. Scatter plots were used to test this assumption.

### **3.13 Data Presentation**

Descriptive statistics was used to present the findings. Thus, the results/findings were presented in form of percentages, pie charts, graphs, tables, bar charts and narrative.

### **3.14 Ethical Considerations**

The study included a number of ethical issues. The researcher concealed the identity of the respondents by serializing the questionnaires. The respondents were advised not to put their names on the questionnaires. They were too assured of confidentiality as the health sector dealt with very confidential and classified information as espoused by Kumar, (2011). Further, they were assured that the information gathered was purely for academic research and not any other purpose.

The researcher further sought the assistance and guidance of the duty nurses in the general wards on how to access inpatients who had been targeted in this study as this is a restricted area.

COVID 19 containment protocols were adhered to by the researcher as guided by the nursing officers in charge of the two county referral hospitals and the duty nurses due to the fact that data collection was done when the pandemic was at the peak. The researcher adhered to the do's and don'ts while in the wards collecting data from the patients as guided and directed by the duty nurses.

**CHAPTER FOUR**  
**FINDINGS AND DISCUSSIONS**

**4.0. Introduction**

In this chapter the findings based on the research data obtained from Bungoma and Siaya County Governments on HRM practices and service delivery are presented. Data collected were analyzed using descriptive and inferential statistics using Statistical Package for Social Sciences (SPSS) version 23. The findings from the data collected were presented in tables, pie charts, bar charts and narrations. The findings are discussed based on the study objectives.

**4.1. Demographic Characteristics**

The respondents; human resources for health and in- patients’ details were collected in the following criteria: gender, county, age, marital status, academic qualification, designation, working period at the facility, admission period at the referral hospital and the employment terms. The findings were as presented in the following tables and figures.

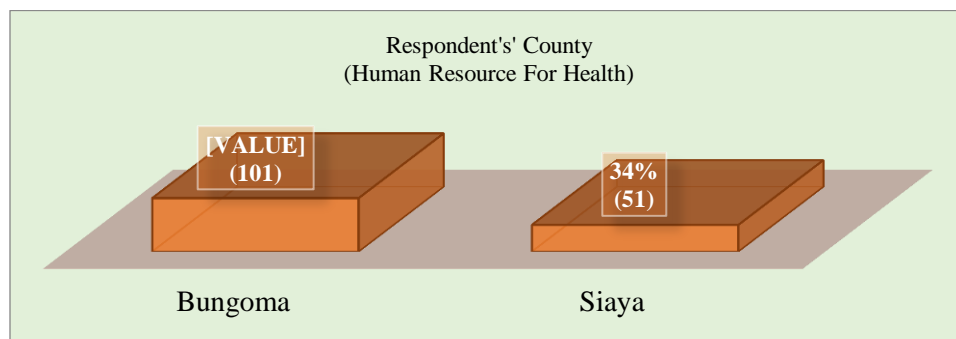
**Table 4.1:** *Response rate*

<b>Cadre of Staff</b>	<b>Sample size (Siaya &amp; Bungoma)</b>	<b>Participants</b>	<b>Return rate (%)</b>
Medical Officers	11	9	81.8%
Clinical Officers	25	21	84%
Nurses	136	108	82.6%
Pharmaceutical Technologists	5	4	80%
Laboratory Technologists	14	11	78.6%
In-Patients	166	115	69.3%
<b>Total</b>	<b>357</b>	<b>272</b>	<b>80%</b>

*Source: Research Data, 2021*

The data collection process was specifically carried out in the devolved units of Bungoma and Siaya’s public health facilities. A total of 191 questionnaires were administered to the human resources for health (HRH) in both counties. Ten (10) interviews were conducted with the in-charge of each cadre in both county governments (5 in each county) and 2 HROs bringing the total HRH respondents (HRH) to two hundred and three (203). The questionnaires for the human resources for health (HRH) were randomly given out. Additionally, 166 questionnaires were randomly administered among the in-patients in both Bungoma and Siaya County Referral Hospitals. A total of 150 out of 191 HRH and 115 out of 166 patients respectively filled the questionnaires and gave them back to the researcher. This translates to a response rate of 80% for HRH and 69% for in-patients respectively and a general response rate of 80% as opined by Hendra and Hill, (2019) and shown in Table 4.1 above, which clearly is above the minimum threshold of 50% as suggested by (Sarstedt, *et al*, 2014). The high rate of response was adequate to proceed for data analysis based on the objectives of the study.

Majority of the HRH respondents were from Bungoma County as indicated by 66% while 34% were from Siaya County as shown in Figure 4.1 below.



**Source: Research Data, 2021**

**Figure 4.1:** *County of Residence for Human Resource for Health*

This is an indication that respondents in the two devolved units for this study were able to effectively participate in this study research.

**Table 4.2: Gender Representation for HRH**

Demographic Variable	Category	Research Sample Size (n=153)	
		Frequency	Percentage (%)
Gender	Male	91	59.5
	Female	62	40.5
<b>Total</b>		<b>153</b>	<b>100</b>

The overall gender representation for Human Resources for Health in Bungoma and Siaya County Governments for this study indicate that 91 representing 59.5% were male and 62 representing 40.5% were female who took part in this study as shown in Table 4.2 above. The significance of determining the gender representation was for inclusivity and representativeness.

**Table 4.3: Respondents' Age**

		Frequency	Percentage (%)
Age	Below 30 years	18	11.8
	31- 40	21	13.7
	41- 50	110	71.9
	51- 60	4	2.6
<b>Total</b>		<b>153</b>	<b>100</b>

The age of the respondents as indicated in Table 4.3 above ranged from below 30 to 60 years with the highest frequency and percentage of 71.9% being in the age bracket of 41 to 50 years. 13.7% translating to 21 respondents were between 31 to 40 years whereas those below 30 years were 18 (11.8%). There were only 4 (2.6. %) respondents who were above 50 years. From the study data gathered, all the age groups were represented though majority of the HRH in Bungoma and Siaya County Governments are middle aged. The purpose was to determine the experience and the suitability of the participants to respond to the questionnaire and career advancement of the respondents.

**Table 4.4: Respondents by Marital status**

		<b>Frequency</b>	<b>Percentage (%)</b>
<b>Marital Status</b>	Single	11	7.2
	Married	105	68.6
	Widowed	16	10.5
	Separated	15	9.8
	No Response	6	3.9
<b>Total</b>		<b>153</b>	<b>100</b>

The respondents' marital status findings indicated that 68.6% (105) of the respondents were married, 10.5% (16) were widowed, 9.8% (15) were separated and 7.2% were single as evidently shown in Table 4.4 above. The no response rate was at 2.0 % (3) as indicate below.

**Table 4.5: Respondents' Academic qualifications**

		<b>Frequency</b>	<b>Percentage (%)</b>
<b>Highest Educational Qualification</b>	Certificate	7	4.6
	Diploma	85	55.6
	Higher National Diploma	22	14.4
	Diploma		
	Degree	22	14.4
	Masters	14	9.2
	No Response	3	2.0
<b>Total</b>		<b>153</b>	<b>100</b>

The study too engaged respondents of different academic qualifications which comprised certificate, Diploma, Higher National diploma, Degree and Masters. All the respondents were adequately trained and could therefore execute their duties effectively and efficiently and respond to the questionnaire adequately. Additionally, the academic qualification has an impact on efficiency. From the data gathered, the highest percentage (55.6%) of respondents was Diploma holders.

**Table 4.6: Respondents' Designation**

		<b>Frequency</b>	<b>Percentage (%)</b>
Designation	Medical Officers	9	5.9
	Clinical Officers	21	13.7
	Nurses	108	70.6
	Pharmaceutical Technologists	4	2.6
	Laboratory Technologists	11	7.2
<b>Total</b>		<b>153</b>	<b>100</b>

Table 4.6 reveals that the cadre of nurses carried majority of the HRH at 70.6% .13.7% were clinical Officers, 7.2% Laboratory Technologists, 5.9% medical officers and 2.6% Pharmaceutical Technologist.

**Table 4.7: Respondents Length of Service at the Health Facility**

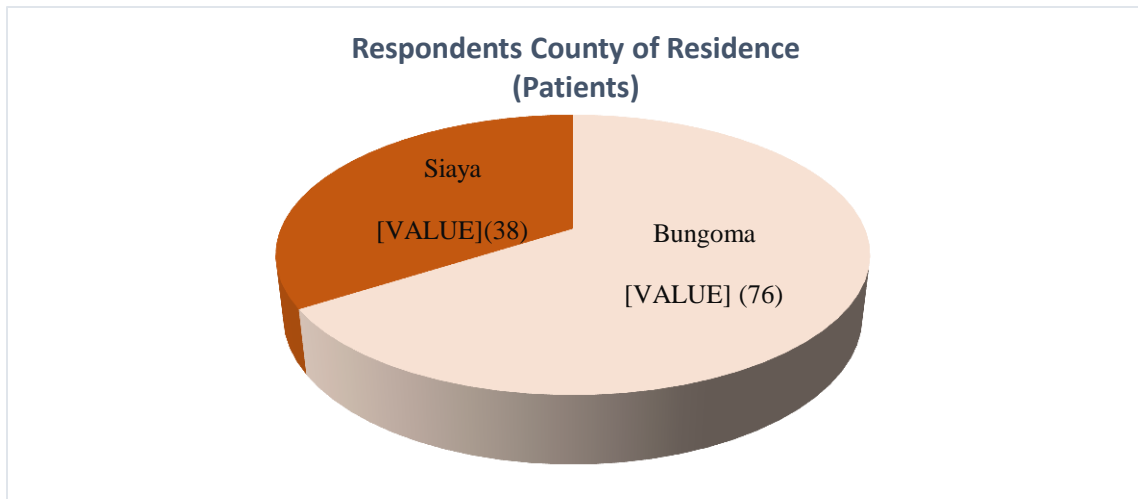
		<b>Frequency</b>	<b>Percentage (%)</b>
Length of Service at the Health Facility	Below 2 years	24	15.7
	3-5 years	68	44.4
	6-10 years	53	34.6
	Over 10 years	8	5.2
<b>Total</b>		<b>153</b>	<b>100</b>

The data gathered indicates that 44.4% of the HRH had worked in their present stations for 3 to 5 years; 34.6% had worked for 6 to 10 years, 15.7% for a period of below 2 years and 5.2% had worked for over 10 years as indicated in Table 4.7. This is an indicator that Bungoma and Siaya county governments have their HRH working at the facilities for a long time as supported by Uzoma (2014) who opine that unwanted employee turnover is the biggest and costliest problem that organizations experience.

**Table 4.8: Respondents' Terms of Employment**

		<b>Frequency</b>	<b>Percentage (%)</b>
Employment Terms	Permanent and Pensionable	60	39.2
	Contract	78	51.0
	Others	15	9.8
	<b>Total</b>	<b>153</b>	<b>100</b>

With regard to the terms of employment of the HRH, the findings indicated that; 51.0% were on contract with their respective employers while 39.2% were employed on permanent and pensionable terms.

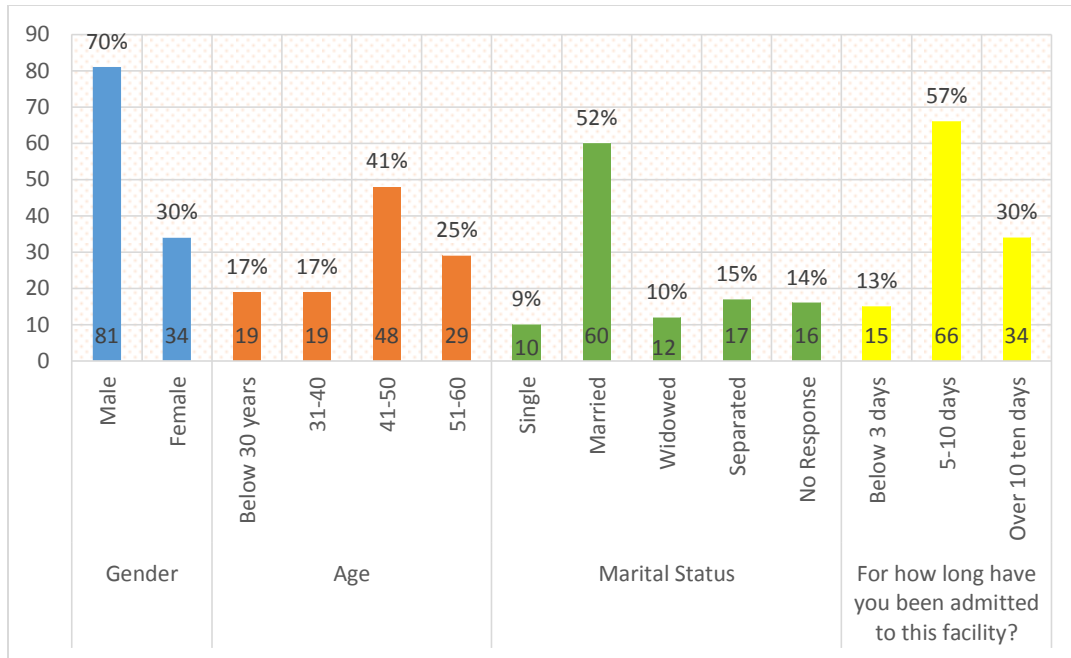


**Figure 4.2: County of Residence (For In-Patients)**

*Source: Field Data, 2021*

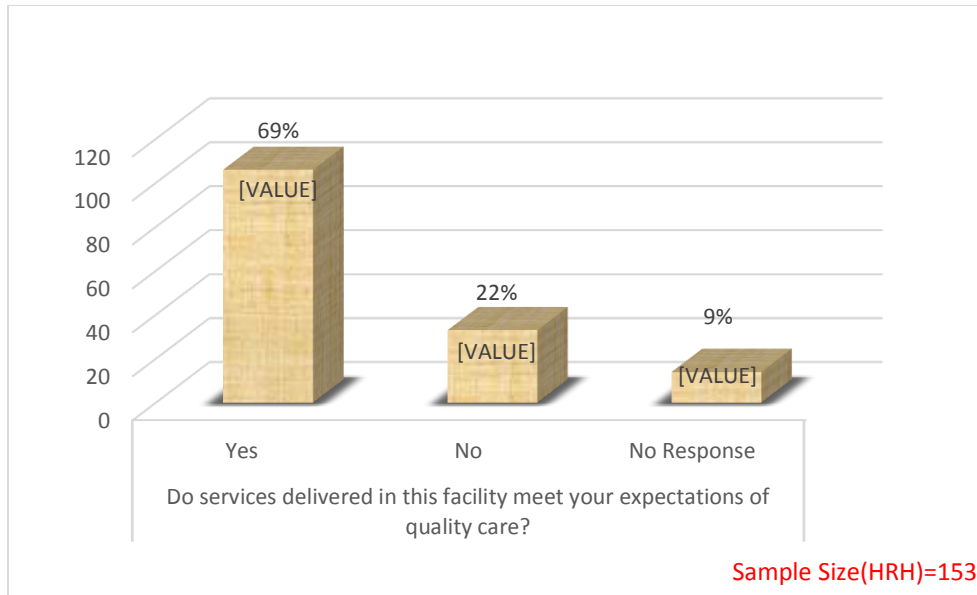
In Figure 4.2 above, 66% of the inpatients were from Bungoma County while 34% were from Siaya County as shown in Figure 4.3 below. The two targeted regions for this study were able to effectively participate in this study. In this study, the term "county of residence" refers to the county where patients were admitted at the time when data collection took place.





**Figure 4.3: Demographic Characteristics for In-Patient**  
**Source: Field Data, 2021**

From Figure 4.3 above, male patients were more than the female patients as indicated by 70% male and 30% female that participated in the study. With regard to morbidity, the issue of gender balance cannot suffice since it is not an issue of choice or deliberate action. In addition, 41% of the in-patients were between 41-50 years old, 25% were between 51-60 years old while 17% were in the age bracket of 31- 40 years and 17% below 30 years. From the data gathered, majority of the in-patients admitted at Bungoma and Siaya County Referral Hospitals were middle aged. Regarding the length of stay at the facility, 57% of the in-patients had been admitted at the facility for between 5 to 10 days, whereas 30% having been admitted for over 10 days at the two facilities and 13% below 3 days; this portends that the patients had adequate experiences to give their honest opinion on the service delivery indicator.



**Figure 4.4:** *Health Sector Service Delivery in the Two Devolved Units*  
*Source: Filed Data, 2021*

More than a half of the respondents (HRH) seemed pleased with the services they offered at their respective facilities as indicated. Above average, 69% (106) of the respondents were happy with the services they offered while 22% indicated that the services delivered at their facility did not meet their expectations of quality care.

The dependent variable for this study was service delivery whose constructs were responsiveness, timeliness, availability of the human resources for health (HRH) and communication. The results for the descriptive analysis for this variable; service delivery in Bungoma and Siaya counties’ public health sector are presented in this section. A Likert scale of 1- 5 was adopted to show the extent of agreement with each of the statements on service delivery in the public health sector in Bungoma and Siaya. The responses from HRH where; 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree, and the results are as presented below.

**Table 4.9: Descriptive Analysis for the Dependent Variable (Service Delivery - HRH)**

<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>	<b>Std. Dev.</b>
The Services offered in the hospital are affordable within the capability of most patients.	15	78	29	14	15	2.58	1.110
	10%	52%	19%	9%	10%		
The healthcare services are easily accessible by the patients.	20	82	16	19	12	2.47	1.124
	13%	55%	11%	13%	8%		
The facility is adequately equipped to offer relevant services to most of the patients' needs.	22	85	19	15	8	2.34	1.025
	15%	57%	13%	10%	5%		
The hospital has enhanced emergency services for timely response to emergencies	21	87	16	12	14	2.41	1.118
	14%	58%	11%	8%	9%		
The workload for HRH is adequate for efficient service delivery.	25	68	18	25	15	2.58	1.129
	17%	45%	12%	17%	10%		

<b>Average level of Service Delivery (HRH)</b>	<b>Mean (%Mean)</b>	<b>Std. Dev.</b>	<b>Std. Error of mean</b>	<b>Min</b>	<b>Max</b>
	<b>2.467 (49.6%)</b>	<b>0.82454</b>	<b>0.06710</b>	<b>1.00</b>	<b>5.00</b>

*Source: Field Research, 2021*

The respondents were asked to provide their opinion on whether the services in the public health facilities offered in the two counties were affordable. The responses were to be provided on a Likert scale whose values ranged from 1-5 as: strongly disagree, disagree, neutral, agree and strongly agree.

From the human resources for health (HRH) responses, it is evident that a mere 19% (29) either agreed or strongly agreed that the services being offered in their respective county governments were affordable. Majority of the HRH 52% (78) disagreed, that the services offered in the hospitals are affordable and within the capability of most patients whereas 19% (29) were neutral, 9% (14) agreed and 10% (15) strongly agreed. The statement had a mean value of 2.58 and a standard deviation of 1.110. This signifies the large extent to which the healthcare workers disagreed with the statement providing the evidence that the services offered in the public health facilities in the two counties are not affordable and are not within the capability of most patients. These study findings agree with Axene's (2003) study which established that affordability of healthcare includes whether an individual or an institution has adequate finances to cater for or provide for expenses of healthcare provision. WHO (2018) found that building quality care requires investment of capital and other resources which in their opinion is not beyond reach even for the poorest countries. They emphasize that investment in quality health care delivers better individuals and a healthy population that leads to economic and social development. There is need for investment by county governments in healthcare. These results are supported by Weiner, *et al*, (2018) who established that significant problems associated with the healthcare costs such as high deductibles that discourage people from seeking healthcare, gaps in the insurance benefits and erosion of wages due to rising health insurance premiums were being experienced world over. They concluded that affordability is a cost barrier to needed care, delayed or skipped care and high levels of medical debt; a critical issue to individuals and families. To address the issue of healthcare affordability in the public sector, Weiner, *et al*, (2018) suggest the need for

policies that ought to reflect an understanding of the most key costs that lead to public concern and consider targeted interventions that would lessen the burden of healthcare costs.

On whether the health services are easily accessible by the patients, 13% (20) of the human resource for health strongly disagreed, 55% (82) disagreed, 11% (16) were neutral, 13% (19) agreed and only 8% (12) strongly agreed with mean of 2.24 and the standard deviation of 1.124 indicating a high level of disagreement with the statement from the respondents. These results demonstrate that majority of the citizens in Bungoma and Siaya county governments do not easily access healthcare services. These findings are indicative of the fact that majority of the respondents, 82% did not agree with the statement that healthcare services are easily accessible to patients. Chuma & Okungu (2011) agree with the findings following their establishment that Kenya experiences inequalities in the access to healthcare, a factor attributed to the differences in the socio-economic status between the poor and the rich resulting in poor health indicators. To bridge this gap, Kenya has adopted healthcare financing model as a means to attaining universal access to healthcare among all. The model embraces equitable prepayment and pooling at population level and doing away with point of delivery payments that lead to financial constraint (Chuma, *et al*, 2011, WHO, 2011) so as to attain equity, effectiveness and enhance access among its populace (McIntyre,2007).

Respondents were also asked to provide opinion on whether the facilities are adequately equipped to offer relevant services to most of the patients' needs, 15% (22) strongly disagreed, 57% (85) disagreed, 10% (15) agreed, 5% (8) strongly agreed and 13% (19) remained neutral. This is evidenced from the mean value of 2.34 and a standard deviation

of 1.025 signifying poor perception of the indicator from the healthcare workers. Bungoma and Siaya county governments ought to equip their public health facilities adequately for efficient delivery of services. Jaeger, *et al* (2018) agree that challenges like delayed supply of important medical supplies and stock-outs, lack of running water, infamous lack of soap and gloves, lack of electricity supply and inadequate staff among essential cadres are some of the reasons for the health facilities not being adequately equipped to offer quality services to the citizenry. The findings are further supported by WHO, (2011) where at its 64<sup>th</sup> World Health Assembly, World Health Organization was concerned about the shortage and misdistribution of nurses and midwives in many countries and contend that the shortage impacted healthcare provision due to the fact that nursing and midwifery really contribute to the strengthening of health systems, enhancing access to comprehensive health services for the people being served and achieving the internationally agreed health related development goals.

The participants were too requested to provide their opinion on whether the health facilities have enhanced emergency services for timely response to emergencies. 14% (21) of the respondents strongly disagreed, (58%) (87) disagreed, 11% (16) were neutral whereas 8% (12) agreed and only 9% (14) strongly agreed with the statement. From the results most of the health facilities are not adequately prepared to handle emergencies as evidenced in the mean of 2.41 and a standard deviation of 1.118 on the statement. This implies that the public health facilities in the two county governments are ill equipped to handle emergencies due to the high number of respondents who disagreed with the statement. The results are supported by Wachira, *et al's* (2011) study on the state of emergency care in Kenya which established that most patients used their own means to

access healthcare in case of emergency. There is need for county governments in Bungoma and Siaya to properly equip the public health facilities to enable them adequately handle emergencies.

The statement ‘The workload for HRH is adequate for efficient service delivery in the health facilities’ in the two counties had the results indicate that 17% (25) strongly disagreed, 45% (68) disagreed, 12% (18) were neutral, 17% (25) agreed and 10% (15) strongly agreed that the workload of HRH is adequate for efficient service delivery. The statement had a mean value of 2.58 and a standard deviation of 1.129 which is an indicator of a low level of agreement by respondents on the statement. This is attributed to inadequate healthcare workers complicated by unequal distribution of the health workers with facilities in the urban centres being fairly staffed than those in the rural settings. Other empirical studies reveal that Kenya is faced with the challenge of scarce health specialists across the counties and the few who are available are unevenly distributed culminating to inequalities in the quality and unavailability of health services leading to work overload (Mulaki & Muchiri, 2019). They further observed that though HRH are a vital component in the health system, Kenya is faced with severe shortage of essential cadres (MOH, 2014) and the inability to attract and retain health workers has led to diminished productivity due to work overload (Gwaro & Owino, 2017). Additionally, Jaegger, *et al*, (2018) observed that there is a discrepancy between the tasks and responsibilities expected by the human resources for health, a situation that leads to overload compromising quality of healthcare provided and the overwhelmed staff feel left alone.

To address this challenge, the Ministry of Health came up with standards and norms for service delivery. To them, service delivery standards deal with expectations of each level of care with regard to service delivery and the human resources needed to provide the expectation whereas service delivery norms describe the quantities, the resources and inputs required to efficiently offer the package of services sustainably. These are realistically defined for different levels to ensure adequate and suitable HRH for the work load and include: adequate human resources that are required for each level of care, anticipated standards of service delivery that ought to be maintained for the different cadres at each level of care and the numbers of each staff cadre required to deliver the stated set of services. According to the Kenya Health Sector Strategic Plan 2018 – 2023), all regions in Kenya have had inadequate HRH that are inappropriately and inequitably distributed with urban centres having better access than rural areas (Mulaki *et al*, (2019). The Strategic Plan further suggests the following remedies: recruitment of additional staff, rationalization of HRH skill mix for each health facility, assess and complement standards that are related to: placement of interns in government healthcare facilities, inter-country transfer of HRH, the wellbeing and scheme of service for HRH professionals, managing and rotating of specialists and maintaining of a main list for all HRH in the country. These remedies are critical in the achievement of Universal Health Coverage (UHC) by the year 2022 as underpinned by Mulaki *et al*, (2019) that the shortage of medical staff remains a significant factor restricting access to healthcare negating the UHC initiative that is considered fundamental in enhancing access to healthcare without exposing the users to financial hardships (WHO, 2018).



Generally, the level of service delivery by the responses from the human resource for health in devolved units of Bungoma and Siaya County Governments was at 49.6% (Mean=2.467, Std. Dev= 0.82454) rated low. This is an indicator that the level of service delivery in public health sector in both Bungoma and Siaya county governments is very low. From the summary statistics in Table 4.9 the respondents showed a serious inadequacy on the statement ‘The hospital is adequately equipped to offer relevant services to most of the patients’ needs with a mean value of 2.34 on a scale of 1.0 to 5.0 was the lowest item. The Services offered in the hospital are affordable within the capability of most patients in the two counties was the highest item with a mean value of 2.58 and standard deviation of 1.110.

These results can easily be corroborated by the inpatient descriptive findings below in Table 4.10. The results of the low level of service delivery in the two counties concur with Bold *et al* (2010) who opine that efficient service delivery in Africa is often poor or non-existent due to the health clinics not being opened as required and the health workers are frequently absent from their work stations therefore not serving the intended beneficiaries even when available. They further assert that drugs, vaccines and equipment are misused and public funds are expropriated causing suffering to the poor when the public health sector fails to deliver. They conclude that inadequate service delivery leads to poor results in health outcomes. The low rating in service delivery in Bungoma and Siaya counties shows poor performance of the public health sector and there is need for enhancement of performance since governance is key in raising performance in healthcare delivery. Chatterjee, *et al*, (2013) too allude that healthcare institutions worldwide face challenges in the delivery and provisioning of health services yet patient

care has currently become more relevant as healthcare services have a special and moral quality. This requires county governments to identify the most critical processes and have a systematic way of monitoring and evaluating them in order to build institutional ability to execute the functions (Oyaya, *et al*, 2003). On the overall, the means for all the responses are below 3 as evidenced in the mean value of 2.467 and standard deviation of 0.82454 signifying a low level of agreement with the given statements by the respondents.

In table 4.10 below, a Likert scale of 1- 5 was adopted to indicate the extent of inpatients' agreement with each of the following items; 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree. Means, standard deviations and percentages were used to determine the level of agreement with the statements and the results are summarized in this section in table 4.10 below.

**Table 4.10:** *Descriptive Analysis for Service Delivery (Inpatients):*

<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>	<b>Std. Dev.</b>
The process of admission at this facility did not take long.	10	44	20	24	12	2.85	1.187
The doctor's visits were regular and timely as indicated.	9%	40%	18%	22%	11%		
The hospital staff responded quickly whenever I needed their assistance.	56	30	16	7	1	1.79	.978
Staff don't take too long to respond to patients requests for assistance.	51%	27%	15%	6%	1%		
Patients in this facility are handled well.	25	47	34	5	1	2.20	.868
Staff allow patients to seek more information from them regarding their condition.	22%	42%	30%	4%	1%		
Staff are friendly and very supportive.	54	31	20	7	1	1.85	.984
Staff are caring and attend to patients timely and regularly.	48%	27%	18%	6%	1%		
	29	10	44	12	8	2.61	1.231
	28%	10%	42%	12%	8%		
	11	50	33	5	3	2.40	.859
	11%	49%	32%	5%	3%		
	59	32	4	3	6	1.70	1.078
	57%	31%	4%	3%	6%		
	43	12	7	16	25	2.69	1.686
	42%	12%	7%	16%	24%		
<b>Average level of Service Delivery (In-Patients)</b>	<b>Mean(%Mean)</b>	<b>Std. Dev</b>	<b>Std. Error of mean</b>	<b>Min</b>	<b>Max</b>		
	<b>2.254 (45%)</b>	<b>0.48967</b>	<b>0.04566</b>	<b>1.00</b>	<b>3.63</b>		

*Source: Field Research, 2021*

The respondents were asked to provide their views on the statement that the process of admission at the facility doesn't take long. The findings in Table 4.10 above reveal that 9% (10) strongly disagreed, 40% (44) disagreed 18% (20) were neutral, 22% (24) agreed and 11% (12) strongly agreed. The mean value for the item was 2.85 and a standard deviation of 1.187 indicative of the low level of agreement by the respondents. Most of the respondents (inpatients) disagreed that the process of admission at that particular health facility doesn't take long. The findings established that the process of admission to the health facilities took long. Several factors are attributed to the situation, for instance low bed capacity and staff shortage as established by Mulaki, *et al* 2019). Further, Maphumulo, *et al* (2019) concur that sub-Saharan Africa health systems have a major weakness of prolonged waiting time due to inadequate human resources and unequal distribution of public health sector professionals resulting in physical and mental fatigue of the patients and in some cases further deteriorating their condition.

The respondents were asked to give their opinion on whether the doctor's visits were regular and timely. 51% (56) strongly disagreed that the doctor's visits were regular and timely as indicated, 27% (30) disagreed, 15% (16) were neutral, 6% (7) agreed and only 11% (12) strongly agreed. The responses reveal that the doctor's visits were not regular and timely as evidenced in the mean value of 1.70 and a standard deviation of 0.978 indicative of the highest level of disagreement with the statement from the respondents. This is attributable to several factors like serious shortage of staff in essential cadres, incapability to attract and retain health workers, unequal distribution of health workers and numerous health workers' strikes (Gwaro & Owino, 2017, GOK, 2012, Mulaki, *et al*, 2019, and Ong'ayo, *et al*, 2019). More empirical studies put weight on the matter. For

instance, Bold, *et al* (2010) opine that poor health service delivery is as a result of health clinics not being opened as required, health workers being frequently absent from their work stations and therefore not serving the intended beneficiaries even when available. The unexcused absences are a form of fraud as alluded by Lewis & Petterson, (2009). This therefore calls for measures to curb the challenge and improve on service delivery. Lewis & Gunilla (2009) recommend that physician and nurse absentee data can be collected by surprise visits, direct observation at the health facilities, and attendance records kept by health facility administrators. Further, Mulaki *et al*, (2019) recommend that county governments to earmark more resources to health based on the resource needs, enhance supervision, build capacity at both county and national levels on the politics of industrial relations, conflict management and negotiations skills, explore ways of increasing efficiency and staff productivity in order to reduce absenteeism and turnover and make appropriate use of available HRH (Kimanzi, 2014).

On whether the HRH responded quickly to their requests for assistance, 48% (54) of them strongly disagreed, 27% (31) disagreed, 18% (20) were neutral, 6% (7) agreed and 1% (1) strongly agreed that the hospital staff responded quickly whenever they needed their assistance. The item had a mean value of 2.20 and a standard deviation of 0.866. The findings agree with Mirzoevu & Kane, (2017) who assert that responsiveness is a significant national health system parameter that is an indicator of how the health system deals with genuine expectations of those seeking health services and includes real involvement of personnel and the health system. Coulter and Jenkinson, (2005) as cited by Mirzoevu & Kane, (2017) too emphasized that responsiveness involves patient –

health worker engagements and the subsequent people's perception of what they went through while using the service.

They were also asked to indicate whether patients are handled well and 28% (29) strongly disagreed, 10% (10) disagreed, 42% (44) were neutral, 12% (12) agreed and 8% (8) strongly agreed. Worth noting is the fact that a whopping 42% of the respondents (in-patients) were uncertain on whether patients in that particular health facility are handled well. The item had a mean of 2.61 and a standard deviation of 1.232 which indicates a low rating. An indicator that majority of the respondents disagree with the statement. This calls for the public health sector in Bungoma and Siaya County governments to ensure that the healthcare workers' handling of patients is improved on so as to change the poor perception of the respondents on the indicator.

The measure on whether patients are allowed to seek more information from staff regarding their condition had the results indicate 11% (11) strongly disagreed, 49% (50) disagreed, 32% (33) were neutral 5% (5) agreed and 3% (6) strongly agreed. The item had a mean value of 2.40 and a standard deviation of 0.859 an indicator of the poor perception that respondents have on this item. These findings are supported by the ruling of the High Court Judge of Bungoma High Court in Petition Case No. 5 of 2014 where the judge noted that 'National and County Governments lack laid down measures to implement, monitor and provide minimum acceptable standards of health care thus violating our own Constitution' (Petition 5 of 2014, eKLR 2018).

On whether staff are friendly and very supportive, majority of the respondents (in-patients) strongly disagreed with the sentiments as indicated by 57% (59) who strongly disagreed, 31% (32) disagreed, 4% (4) were neutral, 3% (3) agreed and 6% (6) strongly

agreed. This indicator had a mean value of 1.70 and a standard deviation of 1.078 signifying the highest level of disagreement by the respondents. On the other hand, 42% (43) of the respondents strongly disagreed with the sentiments that staff are caring and attend to patients timely and regularly, 12% (12) disagreed, 7% (7) were neutral, 16% (16) agreed and 24% (25) strongly agreed. The mean value is 2.69 and standard deviation of 1.686.

On average, the level of service delivery (inpatients) in the devolved units of Bungoma and Siaya was at 45%, an average mean value of 2.254 and a standard deviation of 0.48967 translating into a very low rating. Evidencing that public health care service delivery in Bungoma and Siaya county governments is poor. A mean that is below 2.0 is indicative of the high level of disagreement with the statement by the respondents. Further, statement 4 on 'Staff don't take too long to respond to patients requests for assistance' had a mean of 1.85. Additionally, statement 7 'Staff are friendly and very supportive' too had a mean of 1.70 which is the lowest mean rank, evidencing that healthcare workers in the two counties were not attending to the patients well hence the highest level of disagreement from the recipients of the services offered. Generally, all the statements had mean values that were below 3.0 indicating that most respondents disagreed with the statements given signifying a high level of poor service delivery in the public sector in Bungoma and Siaya county governments' public health sector. These results agree with Maphumulo, *et al* (2019) that sub - Saharan Africa health systems have a major weakness of prolonged waiting time due to inadequate human resources, unequal distribution of public health sector professionals resulting in physical and mental fatigue of the patients and in some cases further deteriorating their condition. Tana, (2013) as

cited by Maphumulo *et al*, (2019) further agree that in adverse circumstances, patients' conditions worsened leading to death as a result of being send away from the public health facility or denied accessing healthcare services. Maphumulo, *et al*, (2019) further note that such incidents lead to proliferation of medical negligence litigations resulting in large payout that strain the health budget as evidenced in Petition Case No. 5 of 2014, eKLR (2018) in which the petitioner delivered on floor of the maternity ward because all the beds in the labour ward were full and was slapped, abused by the midwife and forced to carry her own placenta using bare hands and dispose. In the said case, the court awarded the petitioner Kshs 2,500,000/= (two million and five hundred thousand) as damages. The trial judge stated that 'The right to healthcare encompassed proper treatment at hospital, availability of necessary equipment, facilities and medication. The Petitioner did not receive that at the hospital. The Respondents failed to avail basics such as drugs and cotton wool. Requiring poor women to buy cotton wool at a public hospital, where healthcare was anchored on the constitution and a presidential directive which was specific on the provision of free maternal healthcare, was a violation of basic rights.'

The situation is exacerbated by factors like recruitment of incompetent healthcare workers as one of the key informants during the interview said (quoted the verbatim), "The newly employed staff are brought on board based on nepotism and they see their high-profile relatives and instead of service delivery they are reluctant because of the godfathers. They are recruited according to qualification but less competency due to inexperience". Veld, *et al*, (2014) affirm that lack of sufficient recruitment particularly in rural areas, poor retention strategies and not managing human resources is a challenge



across the world that put a strain on the healthcare system in South Africa (Mokoele, 2012).

Delayed replacement of the retired county government health staffs seems to have also influenced the low service delivery as one of the key informants said (quoted the verbatim), “No replacements have been done since inception of county government”. While another key informant when asked how long it takes for the county government to replace staff who have exited service. The response was that (quoted the verbatim), “This has never been effectively done. Many who retired years back have not been replaced”. Other factors that might have caused this poor service delivery include; recruitment and selection practice, leadership style, career development management and employee motivation. These factors were investigated in this study and each of their findings (inclusive of the descriptive and inferential analysis) are as discussed in the following sections.

#### **4.3. The Assessment of the effect of Recruitment and Selection Practice on Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya**

The foremost objective of this study was to assess the effect of recruitment and selection practice on health sector service delivery in the two devolved units. Recruitment is the process of attracting potential, qualified and most suitable individuals to join the organization (Hoi, 2013, Ganapathy, 2018). Selection is the process of assessing the applicants and determining the most suitable for the position that exist by use of different methods (Quinn, 2014).

The descriptive analysis of recruitment and selection practice findings is as presented in table 4.11 below. A Likert scale of 1- 5 was adopted to indicate the extent of agreement with each of the items on recruitment and selection practice in the respondents' facility where; 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree.

**Table 4.11:** *Descriptive Statistics for Recruitment and Selection Practice*

<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>	<b>Std. Dev.</b>
Departments do carry out staff needs assessment to determine staffing needs in this organization.	94	10	15	10	23	2.07	1.531
	61%	7%	10%	7%	15%		
Vacant positions are declared and advertised externally to attract a large number of qualified people to apply	89	15	22	15	10	1.95	1.318
	59%	10%	15%	10%	7%		
Applicants are subjected to a competitive shortlisting process.	8	16	97	16	15	3.09	0.901
	5%	11%	64%	11%	10%		
The composition of the selection ensures qualified and competent personnel are hired.	11	87	16	15	18	2.61	1.156
	7%	59%	11%	10%	12%		
Only qualified and competent persons are appointed after competitive interviews to ensure efficient and effective service delivery.	9	91	26	8	16	2.54	1.060
	6%	61%	17%	5%	11%		
Internal promotions are done first before vacant positions are advertised to be filled externally.	6	99	19	13	13	2.54	1.031
	4%	66%	13%	9%	9%		
<b>Average level of Recruitment and Selection Practice</b>	<b>Mean(%Mean)</b>	<b>Std. Dev.</b>	<b>Std. Error of mean</b>	<b>Min</b>	<b>Max</b>		
	<b>2.4667 (49.4%)</b>	<b>0.86931</b>	<b>0.07028</b>	<b>1.33</b>	<b>5.00</b>		

*Source: Field Research, 2021*

The findings of the recruitment and selection practice showed that majority of the respondents strongly disagreed that departments do carry out staff needs assessment to determine staffing needs in this organization. From the responses provided, 61% (94) strongly disagreed, 7% (10) disagreed, 10% (15) were neutral, 7% (10) agreed and 15% (23) strongly agreed translating to a mean value of 2.07 and a standard deviation of 1.531. From these findings, it's imperative that departments be allowed to carry out staff needs assessment to determine their staffing needs as Lewis & Gunilla (2009) underscored the importance of recruitment and selection practice by observing that healthcare production is highly labour intensive and that the management of HR and their performance define the scope and quality of healthcare service delivery. Bertone, *et al* (2018) reiterate that the challenge of attracting, selecting and hiring the right persons based on the needs is grave and relevant.

Vacant positions are declared and advertised externally to attract many eligible people to apply. The results indicate that 59% (89) of the respondents strongly disagreed with the sentiment, 10% (15) disagreed, 15% (22) were neutral, 10% (15) agreed and 7 % (10) strongly agreed respectively as in Table 4.11 above. The mean for this item is 1.95 and standard deviation of 1.531 which is a low score indicative of the poor perception that respondents have on the indicator due to the high level of disagreement with the statement. The results signify that there is need for county governments of Bungoma and Siaya to externally advertise for the vacant positions in order to attract a large pool of applicants from whom qualified persons can be selected. Decenzo & Robins (2007) postulate that more applications received from potential candidates during recruitment exercise is an indicator of better chances for the recruiter to find best suited individuals to

perform the required job. Hoi (2013) agrees that the skill(s) needed by the organization can be obtained by advertising. Alonso (2014) add that organizations aim to create a pool of most promising prospects by advertising the characteristics of their work places or showcase their particular culture in the hope of attracting employees that thrive in their environment. He further emphasizes that, organizations ought to adopt new selection techniques in order to get applicants that perform. It is good for organizations to show that it's their tradition to provide a variety of suitable applicants the chance to show interest in the organization even when there is an internal staff who has already been earmarked to be suitable for the job (Russell HR Consulting, 2012).

The respondents were asked to indicate if applicants are subjected to a competitive shortlisting process. From the responses 64% (97) of the respondents were undecided on whether the applicants are subjected to a competitive shortlisting process, 5% (8) strongly disagreed, 11% (16) disagreed, 11% (16) agreed and 10% (15) strongly agreed. The item had a moderate score of a mean of 3.09 a standard deviation of 0.901, an indicator that the perception of the respondents on the item was moderate basing on a scale of 1.0 to 5.0 signifying a moderate level of satisfaction with the indicator in the two county governments. County governments ought to improve on recruitment so as to make the shortlisting process competitive in order to attract qualified and competent persons. An observation by Alonso (2014) reveal that organizations grapple with the challenge of selecting the most suitable workers as stronger emphasis is currently placed on hiring the right worker for the organization.

On whether the selection panel is well composed to ensure competent personnel are hired, majority of the respondents as indicated by 59% (87) disagreed 7% (11) strongly

disagreed, 11% (16) were neutral, 10% (15) agreed and 12% (18) strongly agreed. The indicator had a mean value of 2.61 and a standard deviation of 1.156. They were also asked to provide information on whether only qualified persons are appointed after competitive interviews to ensure efficient and effective service delivery and 6% (9) strongly disagreed 61% (91) disagreed, 17% (26) were neutral 5% (8) agreed, and 11% (16) strongly agreed. The mean value for the statement was 2.54 and a standard deviation of 1.060 signifying low level of satisfaction with the indicator by the respondents. From these findings, there is need to streamline the selection process and make it open to all. Alonso (2014) opine that improved screening of applicants leads to more informative interview resulting to job seekers to have a less noisy estimate of match value. On their part Russel HR Consulting contend that interviewers are to be fully briefed and trained. Furthermore, the hiring verdict to be jointly made in order to curb the slow and erratic nature of the recruitment process and attract more doctors, address the issue of insecurity among medical officers and curb loss of doctors during the recruitment and selection process (Purohit & Martineau,2016). They emphasize that addressing the challenge of recruitment and selection can lead to enhancing the motivation of doctors and avert losing some due to voluntary resignation leading to better retention.

The respondents were also asked to give their opinion on whether internal promotions are done first before vacant positions are advertised to be filled externally as indicated in Table 4.11 above. 4% (6) strongly disagreed, 66% (99) disagreed, 13% (19) were neutral, 9% (13) agreed and further 9% (13) strongly agreed. The mean value for the statement was 2.54 and the standard deviation of 1.031 The findings are a clear revelation that county governments ought to have clear HR policies on recruitment as postulated by

Purohit *et al* (2016) who state that HR policies and management to incorporate recruitment, selection, training and retention strategies.

The findings are a clear revelation that county governments ought to have clear HR policies on recruitment as postulated by Purohit *et al* (2016) who state that HR policies and management to incorporate recruitment, selection, training and retention strategies.

The results from KII concurred that recruitment and selection of healthcare workers is not based on merit but largely based on other external influences like political interests as one informant stated. One KII had this to say, ‘There are many vested interests from the politicians and other county officers which influence the outcome of the recruitment and selection process. The candidate for the job is usually known or determined before the interviews take place leaving no space for objectivity in the whole process. What i mean is that people go to conduct interviews with a name in mind.’ The expression was suggestive that recruitment of healthcare workers in the county governments lacked transparency and wrong personnel got into the job they had no capacity for. Generally, the level of recruitment and selection practice in the devolved units on average was at 49.4% (Mean=2.4667, Std. Dev.= 0.07028), a low rating; which clearly portends that the level of satisfaction with recruitment and selection practice by respondents in the two devolved units is low and wanting and there is dire need for the development of HR policies and guidelines by county governments to streamline the recruitment and selection process. The results are supported by information gathered from the interviews with the in- charge of the cadres who underscored the significance of HR policy guidelines. It was established that recruitment and selection criteria are developed by the CPSB in liaison with the Chief Officer for Health. Majority of the interviewees reiterated

the importance of having clear guidelines on recruitment and selection. From the interview findings on if the employees' promotions are based on performance, majority disagreed and one stated that (quoted the verbatim), "No- It's based on whom you know and what you give". These sentiments concur with the interview findings from the in charge of cadres where more than a half of the key informants stated that political interference does influence the recruitment of employees in their respective organizations. The statement 'Applicants are subjected to a competitive shortlisting process' had the highest mean value of 3.09 and a standard deviation of 0.0901 whereas the statement 'Vacant positions are declared and advertised externally to attract a large number of qualified people had the lowest mean value of 1.95 and a standard deviation of 1.318; a low level of agreement with the indicator by the respondents. The finding was consistent with results from regression coefficient results in Table 4.30 which found that the coefficients for recruitment and selection practice in all the models are not significant with p- values that are greater than 0.05 (0.0795, 0.4065, 0.1917 and 0.159) respectively. Thus, recruitment and selection practice as applied in the two county governments lacks objectivity and it is affected by other factors like political interference and corruption. It's evident that poor recruitment and selection practices in the devolved units of Bungoma and Siaya seems to be one of the major causes of poor service delivery in these facilities providing the need for improvement of the recruitment and selection practices for efficient service delivery.

#### **4.4 Test for Linear Regression Assumptions**

The examination of the effect of recruitment and selection practice on the health sector service delivery in the devolved units of Bungoma and Siaya was carried out using a simple linear regression model. This statistical model was used to describe the

relationship between these two variables. The study dataset was assessed to determine whether it met the assumptions of this model which are: Normality, linearity, homoscedasticity and presence of outliers. The results were as presented below.

#### 4.4.1 Normality Test

The purpose was to determine if the scores for the recruitment and selection practice and service delivery were normally distributed. Shapiro-Wilk Test was used and the results were as presented in Table 4.12 below. The null hypothesis was that the scores for the recruitment and selection practice and service delivery variables were not considerably different from a normal distribution.

**Table 4.12:** *Test for Normality*

Variables	Shapiro-Wilk Test		
	Statistic (W)	Df	P-value
Service Delivery (HRH)	.868	151	.089
Recruitment and Selection Practice	.806	151	.291

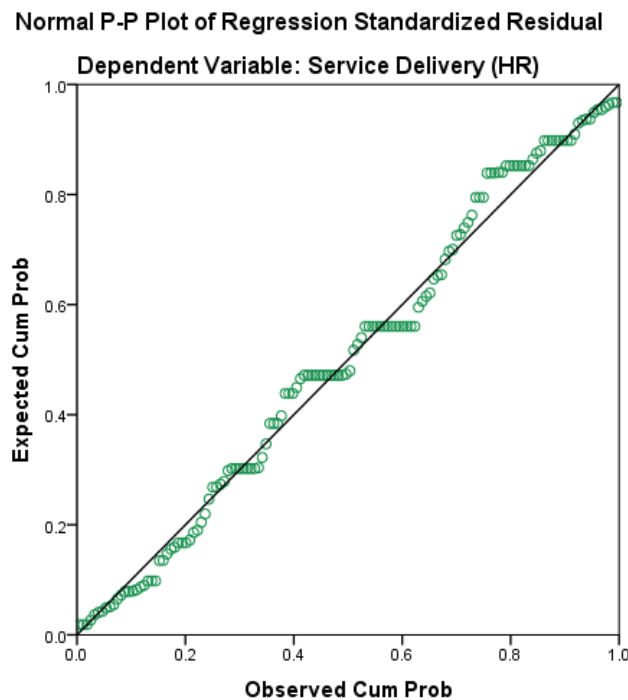
**Source:** *Field Research, 2021*

The test results in Table 4.12 above indicate that all the p-values for both variables were greater than 0.05 significance level; Service Delivery (HRH) (W=0.868, p-value=0.089>0.05) and, recruitment and selection practice (W=0.806, p-value=0.291>0.05). We therefore reject the null hypothesis and conclude that the scores for the two variables were significantly normally distributed.



#### 4.4.2 Linearity Test

The study used normal probability plots to test for the linearity between recruitment and selection practice and service delivery in the two devolved units. The results are as indicated in Figure 4.5.



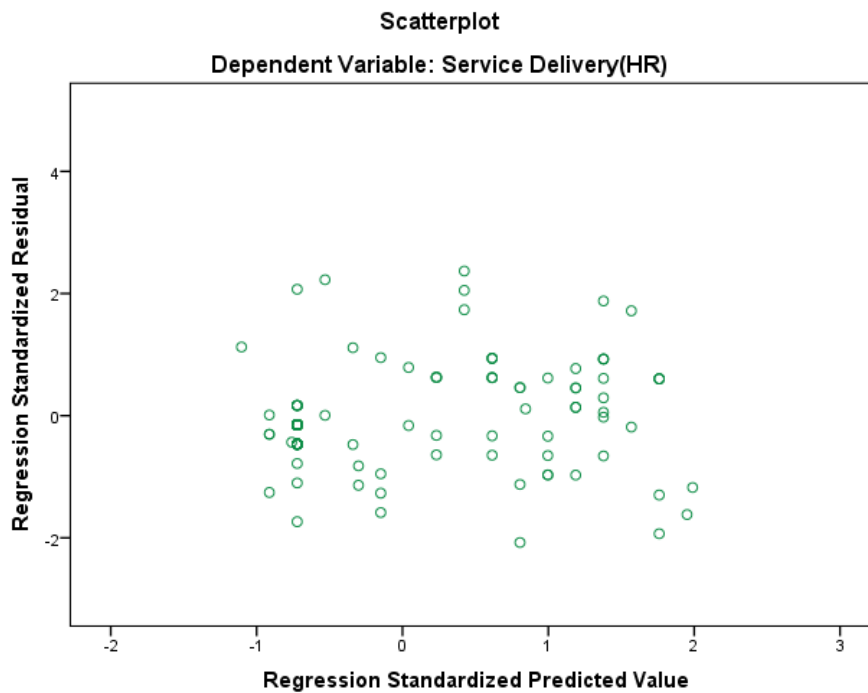
*Source: Field Research, 2021*

**Figure 4. 5.** *Normal P-P Plot of Regression Standardized Residual for Recruitment and Selection Practice and Service Delivery in the Two Devolved Units.*

Figure 4.5 above reveal the points lying along a reasonably straight diagonal line, an indicator that there is a direct relationship between recruitment and selection practice, and the health sector service delivery in the devolved units proving that the assumption for linearity holds.

### 4.4.3 Homoscedasticity Test

Homoscedasticity test denotes the assumption that the dependent variable shows same amounts of variance across the range of values for an independent variable. A Scatterplot was used and there should not be a clear pattern in the distribution otherwise, the data is heteroscedastic. The results were as presented in Figure 4.6 below.



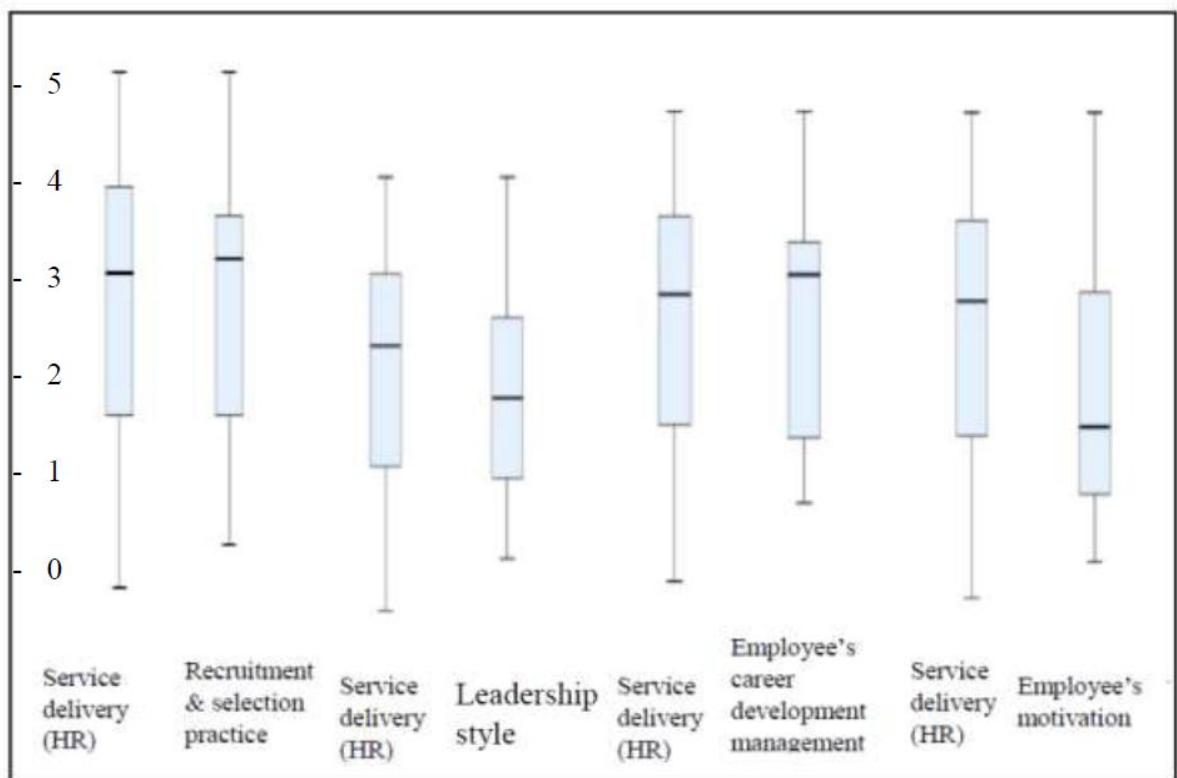
*Source: Field Research, 2021*

**Figure 4.6:** Scatter Plot of Standardized Residuals for Recruitment and Selection Practice

In Figure 4.6 above, the residuals are somehow distributed in a rectangular way and not forming a cone-shaped pattern, most of the scores concentrated at the centre, indicating that the assumption of homoscedasticity holds.

#### 4.4.4 Test for Outliers

Outliers refer to a score for a particular variable that is high, but not very much unique from the other cluster of scores (Tabachnick *et. al*, 2007). For scale variables recruitment and selection practice, leadership style, career development management, employee motivation and service delivery constructs, the outliers were identified using a box-plot. According to SPSS points are outliers if they outspread more than 1.5 box-lengths from the edge of the box and extreme points are those that spread more than 3 box-lengths from the edge of the boxplot (Gravetter *et al*, 2000). Figure 4.7 below shows the findings after checking for outliers and extreme values.



**Figure 4.7:** *Test of Presence of Outliers Using Box Plots*

Figure 4.7 above shows that there was absence of extreme values and outliers in the data scores for all the variables since there was no point that extended more than 1.5 box-lengths from the edge of the box (outliers) and no point extended more than 3 box-lengths from the edge of the boxplot (extreme values) hence, the assumption holds. Conclusively, the study dataset met all the assumptions of simple linear regression and therefore was suitable to model the relationship HR practices and service delivery in the public health sector in devolved units of Bungoma and Siaya using simple linear regression model.

#### **4.4.6 Correlation Analysis between Recruitment and Selection Practice and Public Health Sector Service Delivery in Bungoma and Siaya County Governments**

The study sought to establish the strength and direction of the relationship between recruitment and selection practice and public health sector service delivery in the devolved units of Bungoma and Siaya. Pearson Correlation analysis was done to show this relationship. The results were as presented in Table 4.13 below.

**Table 4.13:** *Correlation Analysis Output between Recruitment and Selection Practice and Public Health Sector Service Delivery in Bungoma and Siaya County Governments*

		<b>Service Delivery (HR)</b>
	Pearson Correlation	
Recruitment	and coefficient (r)	0.647**
Selection Practice	Sig. (2-tailed)	0.000
	N	151

\*\*

From the results of Table 4.13 above, recruitment and selection practice variable had a significantly strong positive relationship with service delivery in the two devolved units; ( $r = 0.647 > 0.5$ ,  $p = 0.000 < 0.05$ ). A coefficient (r) between +0.5 and +1 or -0.5 and -1 shows a strong relationship. Therefore, recruitment and selection practice has a

significantly strong positive relationship with service delivery in the public health sector in the devolved units of Bungoma and Siaya.

#### 4.4.7 Simple Linear Regression Analysis between Recruitment and Selection Practice and Health Sector Service Delivery in Bungoma and Siaya County Governments

To realize the first objective, the study used simple linear regression analysis model to assess the effect of recruitment and selection practice on health sector service delivery in Bungoma and Siaya county governments. The following hypothesis was tested:

$H_{01}$ : *Recruitment and selection practice has no significant effect on health sector service delivery in Bungoma and Siaya County Governments.* The findings were as shown in

Table 4.14 below:

**Table 4.14:** *Simple Linear Regression Analysis Output between Recruitment and Selection Practice and Service Delivery in the Health Sector in the Devolved Units of Bungoma and Siaya*

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.647 <sup>a</sup>	.419	.415	0.63065		
<i>Predictors: (Constant), Recruitment and Selection Practice</i>						
<i>Dependent Variable: Service Delivery (HRH)</i>						
ANOVA <sup>a</sup>						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	42.720	1	42.720	107.411	.000 <sup>b</sup>
	Residual	59.261	149	0.398		
	Total	101.981	150			
<i>a. Dependent Variable: Service Delivery (HRH)</i>						
<i>b. Predictors: (Constant), Recruitment and Selection Practice</i>						
Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		$\beta$	Std. Error	Beta		
1	(Constant)	.974	.154		6.318	.000
	Recruitment and Selection Practice	.611	.059	.647	10.364	.000
<i>a. Dependent Variable: Service Delivery (HR)</i>						

The results from the ANOVA test as established in Table 4.14 were:  $F(1, 149) = 42.720$ ,  $P = 0.000 < 0.05$ ; ascertaining the appropriateness of simple linear regression model to the dataset. The model (recruitment and selection practice) was able to explicate 41.5% of the variation in the health sector service delivery in the two devolved units as specified by the Adjusted R Square = 0.415 as presented in the summary of the model in Table 4.14. The regression coefficient results established that  $\beta = 0.647$   $t = 10.364$ ,  $p = 0.000 < 0.05$ ; rejecting the null hypothesis and concluding that recruitment and selection practice has a statistically significant effect on the health sector service delivery in Bungoma and Siaya county governments. Recruitment and selection practice had a positive standardized beta coefficient = 0.647 as shown in the coefficients results of Table 4.14. The results show that a unit enhancement in the recruitment and selection practice was likely to lead to an improvement in service delivery in the health sector in two devolved units by 64.7%.

From these findings it's clear that recruitment and selection practice can improve public health sector service delivery in the two devolved units by a great extent. This can be corroborated by the key informants' suggestions on what could be done to improve the recruitment and selection process in these facilities as quoted (Quoted Verbatim), "Recruit best candidates, ensure recruitment is done on regular basis, advertise for quick replacement of staff who retire, resigns or die, allocate enough resources and during interview the line of profession questions should account for 75% of total score." These findings are backed by the agency theory proposed by Jansen & Meckling (1976) and the Resource Based View theory (RBV) proposed by Barney (1991). The agency theory postulates that the principal hires the agent to perform or execute duties for them

delegating decision making to the agent and that the decisions made affect both the principal and the agent leading to a dilemma. It is therefore incumbent upon the selection (interview) panels to recruit the best candidates as postulated by the resource-based review theory that firms can only gain a competitive edge by focusing on their internal resources for them to be invaluable, exceptional, inimitable and cannot be substituted; these are HR resources that ought to be recruited and selected in a transparent manner; underscoring the salience of proper recruitment and selection process. Coberlt, (2004) reiterates the importance of RBV in determining the firm's available resources and relates them to its capabilities in a silent manner. He argues that a firm's competitive advantage can only be gained if the organization utilizes its resources in a unique and valuable manner.

Adano's (2008) study too agree with the findings of this study that it took more than two years to replace staff even when resources were available as corroborated by one of the respondents that there is need to advertise for replacement of staff who retire, die or resign. He affirms that recruitment and selection and appointment on merit is the best method for county governments to improve efficiency in the public health sector. He observed that Kenya is grappling with the challenge of inadequate health workers despite the fact that there is a substantial pool of HRH who are still not employed and are available for the local labour market. He established that Nyanza and Western regions are the worst hit when it comes to health worker shortage. Purohit *et al*, (2016) too agree with the findings of this study that the best candidates be recruited. They established that recruitment of civil servants in many countries has been affected by corruption and always associated with embezzlement of funds and employment of people without skills.

They suggested that merit – based recruitment be adopted as it prevents corruption, stimulates economic growth and promotes qualified people being hired. Appropriate recruitment of workforce is of paramount importance for any organization to realize its goals making recruitment and selection a fundamental function that requires careful implementation (Gberevbie 2009, Bartol & Martin, 1998). There is therefore need to recruit HRH based on merit with regard to suitable skills, experience and academic qualifications that can increase the employment of competent staff for enhanced efficiency (Gberevbie, 2009; Amadasu, 2003).

#### **4.5. The Determination of the Effect of Leadership Style on Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya**

The second objective was to determine the effect of leadership style on health sector service delivery in the devolved units of Bungoma and Siaya. According to Ng’ethe *et al* (2012) leadership refers to the process of inspiring and supporting others to work towards the attainment of an organization’s goals enthusiastically and influence their subordinates through actions that impact them. To achieve this objective, descriptive and inferential statistics were carried out as shown and discussed in the subsequent sub-sections.

##### **4.5.1 Descriptive Statistics for Leadership Style**

The second objective was to determine the effect of leadership style on service delivery in the public health sector in Bungoma and Siaya county governments. The descriptive analysis of the leadership style findings was indicated in Table 4.15.

A Likert scale of 1- 5 was adopted to indicate the extent of agreement with each of the items on leadership style in the respondents’ organizations as shown below where; 1- Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree. This variable was tested using eleven (11) statements that the respondents replied to and the results are presented in Table 4.15 below.



**Table 4.15:** *Descriptive Analysis for Leadership Style*

<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>	<b>Std. Dev.</b>
He/she gives new 762 suggestions on how to complete assigned tasks quickly.	85 6%	14 9%	17 11%	21 14%	15 10%	2.13	1.453
Employees are encouraged to make decisions that can improve their performance.	7 5%	85 57%	22 15%	22 15%	14 9%	2.67	1.084
Open communication is encouraged by the supervisor/leader in this organization.	9 6%	89 59%	14 9%	28 18%	12 8%	2.64	1.095
Leader appreciates and communicates satisfaction when targets are met.	80 53%	17 11%	25 16%	22 14%	8 5%	2.09	1.322
He/she exudes confidence and is knowledgeable in relation to work.	9 6%	91 60%	30 20%	15 10%	6 4%	2.46	0.900
Rarely makes decisions.	8 5%	105 70%	20 13%	12 8%	5 3%	3.66	0.834
Does not focus on the mistakes, shortcomings and threatens employees.	90 59%	20 13%	17 11%	14 9%	12 8%	4.06	1.334
Is sensitive to the needs of the employees and encourages a sense of purpose in them.	2 1%	85 59%	27 19%	15 10%	15 10%	2.69	1.040
The leader is never present when needed.	7 5%	23 16%	100 68%	10 7%	8 5%	3.07	0.792
Instills a sense of pride and unity of purpose in his/her staff.	6 4%	7 5%	97 65%	21 14%	18 12%	3.26	0.879
My supervisor treats everyone with respect at work.	6 4%	8 5%	100 68%	18 12%	15 10%	3.19	0.847
<b>Average level of Leadership Style</b>	<b>Mean (%Mean)</b> 2.9018 (51.5%)	<b>Std. Dev.</b> 0.72364	<b>Std. Error of mean</b> 0.05850	<b>Min</b> 1.73	<b>Max</b> 4.55		

*Source: Field Research, 2021*

From Table 4.15 above, the respondents were asked to give their views on the leader giving new suggestions on how to complete tasks quickly, majority of the respondents 56% (85) strongly disagreed, 9% (14) disagreed, 11% (17) were neutral, 14% (21) agreed and 10 % (15) strongly agreed that their leaders give new suggestions on how to complete assigned tasks quickly. The statement had a mean value of 2.13 and a standard deviation of 1.453 signifying a low rating.

They were too asked to give their opinion on the statement that employees are encouraged to make decisions that can improve their performance. From their responses, 5% (7) strongly disagreed, 57% (85) disagreed, 15%, (22) were neutral, 15% (22) agreed and 9% (14) strongly agreed with the statement. The statement had a low level of satisfaction from the respondents as evidenced in the mean value of 2.67 and a standard deviation of 1.084; a below average rating.

On whether open communication is encouraged by the leader/supervisor, 6% (9) strongly disagreed, 59% (89) disagreed, 9% (14) neutral, 18% (28) agreed and only 8% (12) strongly agreed with the statement that open communication is encouraged by the supervisor/leader in this organization with a mean value of 2.64 and a standard deviation of 1.095. Similarly, 53% (80) of the respondents strongly disagreed that the leader appreciates and communicates satisfaction when targets are met, 11% (17) disagreed, 16% (25) were neutral, 14% (22) agreed whereas only 5% (8) strongly agreed. The indicator had a mean value of 2.09 and a standard deviation of 1.322 indicating a high level of disagreement with the statement from the respondents. Further, more than half of the respondents disagreed with the following sentiment; that their leader exudes confidence and is knowledgeable in relation to work. The responses were as follows: 6% (9) strongly

disagreed, 60% (91) disagreed, 20% (30) were undecided, 10% (15) agreed and 4% (6) strongly agreed with the statement with a mean value of 2.46 and a standard deviation of 0.900. Concerning the statement that the leader rarely makes decisions, 5% (8) strongly disagreed, 70% (70) disagreed, 13% (20) were undecided, 8% (12) agreed and 3% (5) strongly agreed. This indicator had a moderate level of agreement from the respondents with a mean value of 3.66 and a standard deviation of 0.834 signifying a moderate agreement with the statement.

Also, 59% (90) of the respondents strongly disagreed that their leader does not focus on the mistakes, shortcomings and threaten employees while 13% (20) disagreed, 11% (17) were undecided, 9% (14) agreed and 8% (12) strongly agreed with the statement. This statement had the highest mean rank of 4.06 and a standard deviation of 1.334 which may signify that leadership that does not focus on the mistakes, shortcomings and threatens employees spurs efficient service delivery in the two counties' public health sector.

On whether the leader is sensitive to the needs of the employees and encourages a sense of purpose in them, 1% (2) strongly disagreed, 59% (85) disagreed, 19% (27) were undecided 10% (15) agreed and another 10% (15) strongly agreed with the statement. The mean value for the item was 2.69 and a standard deviation of 1.040. Five per cent 5%, (7) strongly disagreed with the statement that the leader is never present when needed, 16% (23) disagreed, and a majority 68% (100) were undecided, 7% (10) agreed and only 5% (8) strongly agreed. The mean value for the statement was 3.07 and a standard deviation of 0.792. The respondents were asked to provide their opinion on the statement that the leader instills a sense of pride in his/her staff. The statement had only 4% (6) who strongly disagreed with the sentiment, 5% (7) disagreed, a majority 65% (97)

were undecided, 14% (21) agreed and 12% (18) strongly agreed. The mean value for the indicator was 3.26 and a standard deviation of 0.899; a moderate level of satisfaction with the indicator basing on a scale of 1.0 to 5.0. On the statement, my supervisor treats everyone with respect at work, 4% (6) strongly disagreed, 5% (8) disagreed, 68% (100) were undecided, 12% (18) agreed and 10% (15) strongly agreed with the statement with a mean value of 3.19 and a standard deviation of 0.847.

Generally, the level of leadership style in the public health sector in the devolved units of Bungoma and Siaya county governments on average was at 51.5% (Mean=2.9018, Std. Dev. =0.72364) a low rating. Most indicators had mean value of below 3.0 from a maximum of 5.0 demonstrating that majority of the respondents disagreed with the statements in this section. This is a pointer that leadership style is key in determining the performance of health workers in the devolved units of Bungoma and Siaya. Johnson (2002) espoused that leadership does with inculcating the spirit of freedom and raising of levels of energy to develop and grow followers and entails influencing subordinates. Effective leadership creates conducive working environment of trust between leaders and followers aiding creativity and innovation that augment organizational competitiveness. They emphasized that leadership is critical in minimizing politics in an organization. Hence the significance of the leadership style as proposed by Oladipo, *et al* (2013) that the style of leadership is a major factor towards the organizational failure or success as it plays a vital role in formulating, pursuing, attaining and sustaining collective endeavor. The style of leadership in an organization contributes in enhancing or slowing the interest and employees' engagement in an organization (Obiwuru, *et al*, 2011). Other empirical studies concluded that a manager's leadership style is a crucial factor in the employee

engagement (Oladipo, 2013). From the findings, leaders in the public health sector in the devolved units of Bungoma and Siaya should work on encouraging a sense of purpose in the followers, avoid threatening employees and appreciate and communicate satisfaction when targets are met. These will help to improve the HRH service delivery in these counties. From the results, most of the mean values are below 3.66 indicating that majority of the respondents disagreed with the given statements. However, there was a high level of agreement on the statement ‘Does not focus on the mistakes, shortcomings and threatens employees’ with mean values of 4.06 and a standard deviation of 1.334 followed by ‘Rarely makes decisions.’ This had a fairly high mean value of 3.66 and a standard deviation of 0.834.

Responses from KII indicated that bad blood between some of the supervisors and the nurses impacted service delivery. One HRO shared that leaders in the health sector lack supportive attitude towards workforce which encourage poor working relationship between doctors and nurses affecting their (nurses’) performance. According to KII there was need for capacity building of supervisors in order to improve outcomes in the public health sector in the county governments.

The results are supported by the findings from the HCWs responses. Based on the regression coefficient results in Table 4.30. All the p- values for leadership style are greater than 0.05 significance level (0.4930, 0.4999, 0.3673 and 0.429) respectively. The beta values for the variables in all the four models are negative as indicated in Table 4.30 (-0.0562, -0.891, -0.074 and -0.063) respectively. This is an indicator that the public health sector in the Bungoma and Siaya county governments is bedeviled with poor leadership which impacts service delivery.

#### 4.5.2. Test for Linear Regression Assumptions

The investigation of the effect of leadership style on the health sector service delivery in the devolved units of Bungoma and Siaya county governments (sample: Bungoma and Siaya county governments) was carried out using a simple linear regression model. This statistical model was adopted to describe the relationship between these two variables. The study dataset was assessed to determine if it fulfilled all the assumptions of the model that included: normality, linearity, homoscedasticity and presence of outliers. The results of the assumption tests were as indicated below.

#### 4.5.2. Normality Test

The study endeavoured to determine whether the scores for the leadership style and service delivery were normally distributed. Shapiro-Wilk Test was used to achieve this and the results were as presented in Table 4.16. As per the null hypothesis; the scores for leadership style and service delivery variables were not significantly different from a normal distribution.

**Table 4.16:** *Test for Normality*

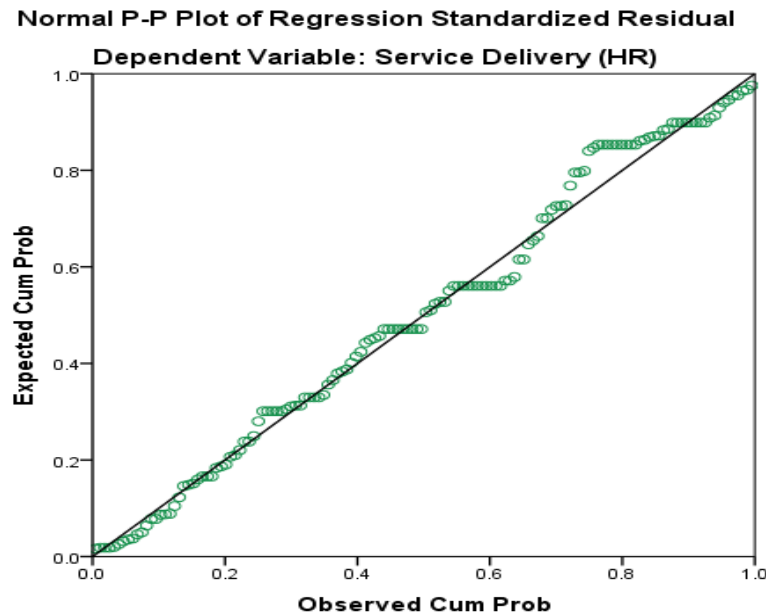
Variables	Shapiro-Wilk Test		
	Statistic (W)	Df	P-value
Service Delivery	.868	151	.089
Leadership style	.807	151	.110

**Source:** *Field Research, 2021*

The results of the Shapiro-Wilk test in table 4.16 above indicate that the p-values for both variables were greater than 0.05 significance level; Service Delivery (W=0.868, p-value=0.089>0.05) and, leadership style (W=0.807, p-value=0.110>0.05). We therefore reject the null hypothesis and conclude that all the scores for the two variables were significantly normally distributed.

### 4.5.3 Linearity Test

The study adopted normal probability plots to test for the linearity between leadership style and service delivery in the two devolved units. The results of the test were as presented in Figure 4.8 below.



**Figure 4.8.** Normal P-P Plot of Regression Standardized Residual for Leadership style and Health Sector Service Delivery in Devolved Units

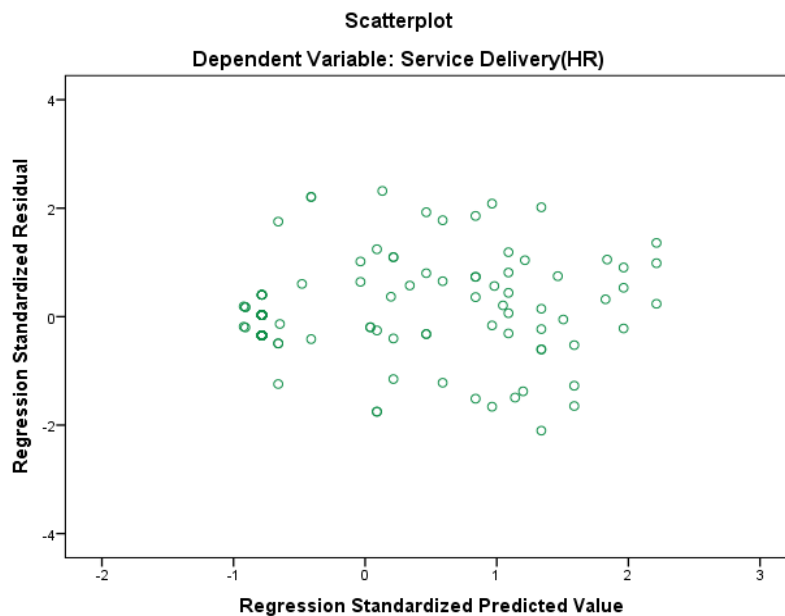
*Source: Field Research, 2021*

Figure 4.8 above, reveal that the points lie along a straight diagonal line, a pointer that there is a direct relationship between leadership style and service delivery in the public health sector in devolved units of Bungoma and Siaya. Therefore, the assumption for linearity holds.

### 4.5.4 Homoscedasticity Test

Test of homoscedasticity is a supposition that the dependent variable demonstrates similar amounts of variance across the range of values for an independent variable. The study adopted the use of a Scatterplot to test for the simple linear assumption. In this

case, there should not be a clear pattern in the distribution otherwise the data is heteroscedastic. The results are as shown in Figure 4.9 below.



**Figure 4.9:** *Scatter Plot of Standardized Residuals for Leadership style*  
*Source: Field Research, 2021*

In Figure 4.9 above the residuals are roughly distributed in a rectangular way and do not form a cone-shaped pattern and most of the scores are concentrated at the centre signifying that the postulation of homoscedasticity holds.

#### **4.6. Correlation Analysis between Leadership style and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya**

The study was to determine the strength and direction of the relationship between leadership style and service delivery in the devolved units of Bungoma and Siaya. This was realized through Pearson Correlation analysis and the findings are indicated in Table 4.17 below.



**Table 4.17:** *Correlation Analysis Output between Leadership style and Health Sector Service Delivery in Devolved Units*

		<b>Service Delivery (HR)</b>
<b>Leadership style</b>	Pearson Correlation coefficient (r)	0.764**
	Sig. (2-tailed)	0.000
	N	151

From the results in Table 4.17 above, leadership style variable had a significantly strong positive relationship with service delivery in the two devolved units ( $r = 0.764 > 0.5$ ,  $p = 0.000 < 0.05$ ). A coefficient (r) between 0.5 and 1 or -0.5 and -1 connotes a strong relationship as opined by Lyndsay (2009), concluding that leadership style has a significantly strong positive relationship with service delivery in the health sector in the two devolved units.

#### **4.6.1. Simple Linear Regression Analysis between Leadership style and Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya**

To realize the second objective, a simple linear regression analysis model was used to determine the effect of leadership style on health sector service delivery in the devolved units of Bungoma and Siaya. The following hypothesis was tested:

*H<sub>02</sub>: Leadership style has no significant effect on health sector service delivery in the devolved Units of Bungoma and Siaya.*

The results were as presented in Table 4.18 below:

**Table 4.18:** Linear Regression Analysis Output between Leadership Style and Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.764 <sup>a</sup>	.583	.580	.53411		
<i>Predictors: (Constant), Leadership style</i>						
<i>Dependent Variable: Service Delivery (HRH)</i>						
ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	59.475	1	59.475	208.487	.000 <sup>b</sup>
	Residual	42.505	149	.285		
	Total	101.981	150			
<i>a. Dependent Variable: Service Delivery</i>						
<i>b. Predictors: (Constant), Leadership style</i>						
Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		$\beta$	Std. Error	Beta		
1	(Constant)	.254	.160		1.589	.000
	Leadership style	.865	.060	.764	14.439	.000
<i>a. Dependent Variable: Service Delivery</i>						

The results of the ANOVA test in Table 4.18 above were  $F(1, 149) = 59.475$ ,  $P = 0.000 < 0.05$ ; indicating that the simple linear regression model was appropriate to the dataset. The model (leadership style) explained 58.0% of the variation in the health sector service delivery in devolved units of Bungoma and Siaya as shown by the Adjusted R Square = 0.580 as in the model summary of Table 4.18. The results of the regression coefficient reveal that  $\beta = 0.764$ ,  $t = 14.439$ ,  $p = 0.000 < 0.05$ ; leading to the rejection of the null hypothesis and concluding that leadership style has a significant effect on service delivery in the health sector in the devolved units of Bungoma and Siaya. Leadership style had a positive standardized beta coefficient = 0.764 as indicated in the results in

Table 4.18; implying that a unit enhancement in the leadership style was likely to result to an improvement in the health sector service delivery in devolved units by 76.4%.

Despite having the following mechanisms for addressing complaints at these health facilities: “Customer care desk with a book for registering complains, community dialogue, suggestion boxes, open discussions with the complainants, advisory meetings with staff and complain resolution procedure in place for root cause analysis, there is still a challenge in relation to the style of some leaders here as stated by an informant. This provides impetus for the health sector leadership in the devolved units of Bungoma and Siaya to address them so as to improve service delivery. These findings are in line with Herzberg’s Two Factor theory that postulates among other things that although hygiene factors like supervision and work environment do not have any motivational value when present, they however have a de - motivational value if they are absent and can lead to demotivation of employees resulting to poor service delivery. The findings are also anchored on the agency theory where the agent acts on behalf of the principal and the decision made by the agent affects both the principal and the agent as alluded by Moldoveanu *et al* (2001) that the principal hires the agent due to his capabilities that s/he believes will safeguard and increase the organization’s assets; human resources being one of them. This requires the principal to hire the best candidates to leadership positions in order to enable the public health facilities to gain competitive advantage as espoused in the Resource Based Review (RBV) theory. Ng’ethe *et al* (2012) concur with the findings of this study. They established that leadership styles practiced by most of the leaders in these organizations were not conducive for retention. Their study adopted a descriptive analysis method only and was carried out in the public universities in Kenya and on

academic staff only. It focused on academic staff retention and not service delivery. Other empirical studies that support these findings are Maphumulo, *et al* (2019) and Chipeta *et al* (2016) who agree with the findings that poor styles of leadership affected the working relationships between obstetric care staff and their managers. They concluded that the negative effect of poor management, staff relations together with inadequate support for employee performance and wellbeing were complicated by lack of transparency in HRM practices. Coovadia *et al*, (2009) as cited by Maphumulo *et al*, (2019) further affirm that many problems in the healthcare system are allied to placing inexperienced managers in senior positions resulting to poor quality service delivery emanating from tolerance to misconduct and lack of monitoring approaches that lead to employees failing to abide by the law (Siddle, 2011, Petition Case No. 5 of 2014 eKLR, 2018) calling for leadership that will provide strategic direction for better performance owing to the fact that the organization's environment should be monitored by the in - charge of nurses for early identification of issues of concern for action; failure to which leads to adverse consequences like decline in patient continuity care due to high turnover of nurses and decreased patient results due to incompetent health care workers. He further underscored the salience of transformational leadership that promotes conflict resolution process where issues are brought to fore without fear of ramification or isolation contrary to the leadership style where errors that happen in the course of the day are punished and demonstrated to others instead of taking an individual aside and coming up with a strategy to enhance the skill level and restore confidence in the staff. Gerardi, (2004) opine that delivering care to patients is associated with stress which can lead to inappropriate disruptive behaviour that affects the quality of care and recommends the

importance of a leader fostering a bond of solidarity for optimal performance. He emphasizes the need for instilling principles of fairness, confidentiality and non-retribution in the leaders. Wong *et al*, (2013) established that there is a strong association between the leadership styles and lesser patient deaths, low medication errors, restraint use and low hospital –acquired infections. They concluded that effective nurse leadership ensures appropriate staffing and availability of other resources to ensure optimum patient outcomes making leadership style fundamental in whittling the relationships between leaders/managers and their employees, impelling the behaviour of employees and enhancing productivity leading to the success of an organization.

#### **4.7 The Assessment of the Effect of Career Development Management on Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya**

The third objective was to assess the effect of career development management on service delivery in the health sector in the two county governments. According to Fieldman & Thomas, (2004) career development is a continuous process of building an employee's vocation that entails moving to higher occupational obligations, preparing new aptitudes for professional growth and involves career goal progression, development, professional capability progress, advancement and promptness of remunerating progress (Weng *et al*, 2012). To achieve this objective, descriptive and inferential statistics was carried out as shown and discussed in the following sub-sections.

##### **4.7.1 Descriptive Statistics for Career Development Management**

The descriptive analysis of the career development management results was as indicated in Table 4.19 below.

A Likert scale of 1 - 5 was adopted to show the extent of agreement with each of the items on career development management in the respondents' organizations where; 1-

Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree. The results are as presented in Table 4.19 below:

**Table 4.19:** *Descriptive Analysis for Career Development Management*

<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>	<b>Std. Dev.</b>
This organization provides very good opportunities for promotion.	4	99	22	13	11	2.52	0.963
	3%	66%	15%	9%	7%		
The process of promoting employees in this organization is fair to all.	7	91	17	23	12	2.61	1.060
	5%	61%	11%	15%	8%		
Opportunities for promotion are offered equally to all employees.	83	15	19	18	15	2.11	1.436
	55%	10%	13%	12%	10%		
Those who get additional qualifications are usually considered for promotion.	12	5	90	16	22	3.21	1.022
	8%	3%	62%	11%	15%		
Only qualified and deserving employees get opportunities for promotion.	5	13	97	20	12	3.14	0.819
	3%	9%	66%	14%	8%		
There is a clear succession plan in this organization.	4	85	30	17	15	2.70	1.046
	3%	56%	20%	11%	10%		
Employees are adequately and properly trained when their job entails new tasks and responsibilities.	9	89	19	19	13	2.58	1.072
	6%	60%	13%	13%	9%		
My chances of being promoted in this organization are very high.	12	90	21	16	10	2.48	1.017
	8%	60%	14%	11%	7%		
This institution provides adequate number of training opportunities to prepare employees do their job efficiently.	13	90	16	15	16	2.54	1.127
	9%	60%	11%	10%	11%		
The training opportunities provided suit my job needs.	6	86	15	28	16	2.75	1.133
	4%	57%	10%	19%	11%		
I have been well equipped to handle more challenging work and situations better.	7	87	21	23	12	2.64	1.057
	5%	58%	14%	15%	8%		
Employees who have a clear path for career growth tend to perform better.	6	93	22	18	9	2.53	0.972
	4%	63%	15%	12%	6%		
I discuss my career aspirations with my supervisor.	9	93	16	17	12	2.52	1.049
	6%	63%	11%	12%	8%		
Employees are advised and encouraged to be responsible for their own personal growth and development.	11	84	16	22	16	2.65	1.150
	7%	56%	11%	15%	11%		
<b>Average level of CDM</b>	<b>Mean(%Mean)</b>	<b>Std. Dev.</b>	<b>Std. Error of mean</b>	<b>Min</b>	<b>Max</b>		
	<b>2.6414 (53%)</b>	<b>0.80960</b>	<b>0.06567</b>	<b>1.29</b>	<b>5.00</b>		

*Source: Field Research, 2021*

Evidently, 3% (4) of the respondents strongly disagreed with the statement that their organization provides very good opportunities for promotion, 66% (99) disagreed, 15% (22) were undecided, 9% (13) agreed and 7% (11) strongly agreed. The statement had a mean value of 2.52 and a standard deviation of 0.962. The low mean value is an indicator of the necessity for Bungoma and Siaya counties' public health sector's need for provision of opportunities for promotion of the healthcare workers (HCWs). On the statement that the process of promoting employees in their organization is fair to all as indicated in Table 4.19 above, 5% (7) of the respondents strongly disagreed, 61% (91) disagreed, 11% (17) were undecided, 15% (23) agreed whereas 8% (12) strongly agreed. The mean value was 2.61 and a standard deviation of 1.060; a low rating for the indicator. 55% (83) strongly disagreed that opportunities for promotion are offered equally to all employees, 10% (15) disagreed, 13% (19) were neutral, 12% (18) agreed and 10% (15) strongly agreed. The mean value was 2.11 and a standard deviation of 1.436. 8% (12) of the respondents strongly disagreed that those who get additional qualifications are usually considered for promotion, 3% (5) disagreed, 62% (90) were undecided, 11% (16) agreed and 15% (22) strongly agreed. The statement had a mean value of 3.21 and a standard deviation of 1.022 which is a low rating. Additionally, 3% (5) strongly disagreed that only qualified and deserving employees get opportunities for promotion, 9% (13) disagreed, 66% (97) were neutral, 14% (20) agreed with 8% (12) strongly agreeing. The mean value on the indicator was 3.14 and a standard deviation of 0.819 signifying that qualified and deserving employee are not given opportunities for promotion. 3% (4) strongly disagreed with the statement that there is a clear succession plan in the organization, 56% (85) disagreed, 20% (30) were undecided, 11% (17) agreed

and 10% (15) strongly agreed. This statement had a mean value of 2.70 an indicator that most respondents disagreed with the statement due to the low rating. Whereas 6% (9) strongly disagreed that employees are adequately and properly trained when their jobs entail new tasks and responsibilities, 60% (89) disagreed, 13% (19) were neutral, 13% (19) agreed, and only 9% (13) strongly agreed. The indicator had a mean value of 2.58 and a standard deviation of 1.072 which is a low rating. On being asked to give their opinion on the statement 'My chances of being promoted in this organization are very high', 8% (12) strongly disagreed, 60% (90) disagreed, 14% (21) were undecided, 11% (16) agreed and 7% (10) strongly agreed. This indicator's mean value was 2.48 and a standard deviation of 1.017 signifying that healthcare workers in the public health sector in the county governments of Bungoma and Siaya have a low perception of the statement. 9% (13) strongly disagreed that their institution provides adequate number of training opportunities to prepare employees do their job efficiently, 60% (90) disagreed, 11% (16) were undecided, 10% (15) agreed and another 11% (16) strongly agreed with the statement. The statement's mean value was 2.54 and a standard deviation of 1.127 translating to a low rating of the indicator. 4% (6) of the respondents strongly disagreed with the statement that the training opportunities provided suit my job, 57% (86) disagreed, 10% (15) were neutral, 19% (28) agreed and 11% (16) strongly agreed, with a mean value of 2.75 and a standard deviation of 1.133 which is a low rating for the statement. 5% (7) strongly disagreed that they had been well equipped to handled more challenging work situations better, 58% (87) disagreed, 14% (21) were undecided, 15% (23) agreed 8% (12) strongly agreed. The mean value for the indicator was 2.64 and a standard deviation of 1.057. Further, 4% (6) of the respondents strongly disagreed that



employees who have a clear path for career growth tend to perform better, 63% (93) disagreed, 15% (22) were neutral, 12% (18) agreed and only 6% (9) strongly agreed. The statement had a mean value of 2.53 and a standard deviation of 0.972. 6% (9) of them strongly disagreed that they discuss their career aspirations with their supervisor, 63% (93) disagreed, 11% (16) were undecided, 12% (17) agreed and 8% (12) strongly agreed. The mean value for the statement was 2.52 and a standard deviation of 1.049 which is a low rating of the indicator signifying the need for the healthcare workers to discuss their career aspirations with their supervisors. 7% (11) of the respondents strongly disagreed with the statement that employees are advised and encouraged to be responsible for their own personal growth and development, 56% (84) disagreed, 11% (16) were neutral, 15% (22) agreed and 11% (16) strongly agreed. The statement had a mean value of 2.65 and a standard deviation of 1.150.

Generally, the level of career development management in the public health sector in the two devolved units on average was at 53% (Mean=2.6414, Std. Dev.=0.80960), a low rating. This is an indication that there is need for improvement in career development management in the public health sector in the devolved units of Bungoma and Siaya as it tends to affect the health workers' morale towards service delivery. These results were bolstered with the interview findings whereby despite most of the key informants indicating that there is a training policy at their respective facility, some disagreed that all employees have an equal opportunity for training. The interview results indicate that there is a challenge of limited training opportunities for the HRH and that it takes a long period before all staff especially nurses are trained and in the event of a new skill or technology in the management of an ailment is introduced, few staff in the area are

trained and will in turn train the rest. This has an impact on the morale of the healthcare workers due to the fact that the criterion for choosing those to be taken for training is usually not fair. There are just particular people who will always go for training whenever opportunities arise (*Key informant*). These interview results corroborate with what Kirwa & Leting (2017) established that the HRH in Bungoma County did not get access to training in their health facilities occasioned by the public health sector having limited training opportunities available for HRH, making the demand for training slots to be high due to insufficient capacity (Kiambati *et al*, 2013). Weng *et al*, (2012) on their part postulate that organizations that have provided mechanisms for career development of their employees create a common investment type of relationship with their staffs tying career development to important outcomes like organizational commitment and retention. Ongori & Agolla, (2009) postulate that lack of personal growth in an organization leads to career plateau resulting in increased intention to quit from employees causing a decline in productivity. Further, Chen *et al*, (2014) determined that readiness of managers to properly plan and effectively manage career help employees to develop their career paths leading to job satisfaction hence improved efficiency. Ismail *et al*, (2014) established that the manager's ability to appropriately plan and manage career programmes adequately plays a critical role in assisting employees develop career paths culminating into positive attitudinal and behavioural outcomes like good performance, fairness and ethical behaviour enhancing organizational competitiveness in an era of knowledge-based economies. Interview responses from HROs confirmed that career development positively affects the performance of a healthcare workers and that availability of training opportunities for the HRH boosts their morale. They expressed

that the greatest challenge with regard to training was inadequate funding and limited opportunities for training healthcare workers impacting their career development. These interview results agree with the findings as established in Table 4.30 on career development management where the p-values for career development management of all the models were less than 0.05 significance level ( $p = < 0.000$ ) signifying that professionalism and regulation of the different cadres in the public health sector in Bungoma and Siaya county governments is practiced as career progression of each cadre is harmonized. Career development management thus plays a critical role in improving service delivery in the two county governments' public health sector.

#### **4.7.2. Test for Linear Regression Assumptions**

The assessment of the effect of career development management on the health sector service delivery in the devolved units of Bungoma and Siaya was carried out using a simple linear regression model. This statistical model was used to describe the relationship between the two variables. The dataset was tested to determine whether it fulfilled all the assumptions of this model that included: Normality, linearity and homoscedasticity. The results of these assumption tests were as stated below.

##### **4.7.2.1 Normality Test**

The study sought to assess whether the scores for career development management and service delivery were normally distributed. A Shapiro-Wilk test was used to realize this. The results are as presented in Table 4.20. As per the null hypothesis, the scores for career development management and service delivery variables were not significantly different from a normal distribution.

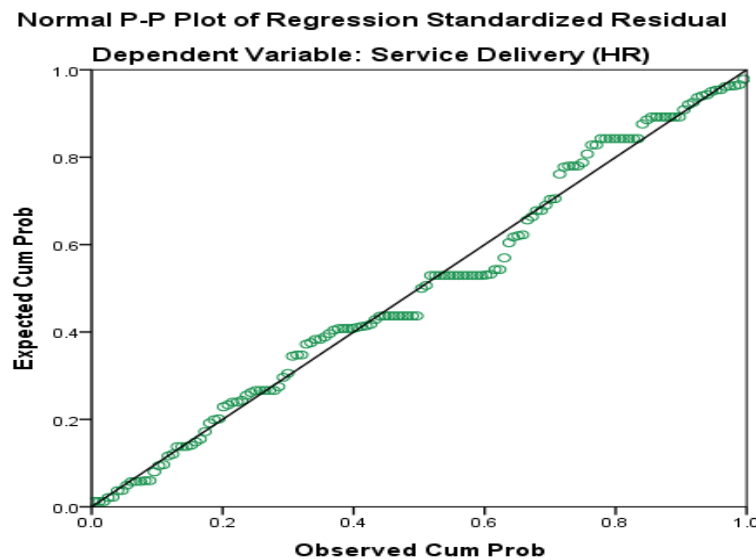
**Table 4.20:** *Test for Normality*

Variables	Shapiro-Wilk Test		
	Statistic (W)	Df	P-value
Service Delivery (HR)	.868	151	.089
Career Development	.832	151	.320

Table 4.20 present the results of the Shapiro-Wilk Test that indicate that the p-values for both variables were greater than 0.05 significance level, service delivery (HR) (W=0.868, p-value=0.089>0.05) and, career development management (W=0.832, p-value=.320>0.05). The null hypothesis was thus rejected and a conclusion drawn that the scores for all the two variables were significantly normally distributed.

#### 4.7.2.2 Linearity Test

To test for linearity between career development and service delivery in devolved units of Bungoma and Siaya, normal probability plots were adopted. The results of the test were as presented in Figure 4.10.



**Figure 4.10:** *Normal P-P Plot of Regression Standardized Residual for Career Development and Health Sector Service Delivery in Devolved Units*  
*Source: Field Data, 2021*

In Figure 4.10, the points are lying along a reasonably straight diagonal line an indication that there is a direct association between career development and service delivery in the health sector in devolved units of Bungoma and Siaya. This proves that the assumption for linearity holds.

#### 4.7.2.3 Homoscedasticity Test

It refers to the supposition that the dependent variable reveals same amounts of variance across the range of values for an independent variable. The study adopted the use of a Scatterplot to test for this simple linear regression assumption. In this case, there should not be a clear pattern in the distribution otherwise the data is heteroscedastic. The results were as presented in Figure 4.11 below.



**Figure 4.11:** *Scatter Plot of Standardized Residuals for Career Development*  
*Source: Field Data, 2021*

The results of the Scatterplot in Figure 4.11 above indicate that the residuals are roughly rectangular distributed and not forming a cone-shaped pattern, having most of the scores concentrated at the centre, thus signifying that homoscedasticity assumption holds.

The study dataset fulfilled all the simple linear regression assumptions finding it suitable to model the association between career development management and health sector service delivery in devolved units of Bungoma and Siaya employing simple linear regression model.

#### **4.7.3 Correlation Analysis between Career Development Management and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya**

The study was to determine the strength and direction of the relationship between career development management and service delivery in Bungoma and Siaya county governments. It was attained through Pearson Correlation analysis and the results were as indicated in Table 4.21 below.

**Table 4.21:** *Correlation Analysis Output between Career Development Management and Public Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya*

		<b>Service Delivery</b>
Career Development Management	Pearson Correlation coefficient (r)	0.876**
	Sig. (2-tailed)	0.000
	N	151

From the results in Table 4.21 above, career development management variable had a significantly strong positive relationship with service delivery in the public health sector in Bungoma and Siaya county governments ( $r = 0.876 > 0.05$ ,  $p = 0.000 < 0.05$ ). A coefficient (r) between +0.5 and +1 or -0.5 and -1 indicates a strong relationship. The study therefore concludes that career development management has a significantly strong

positive relationship with service delivery in the public health sector in the devolved units of Bungoma and Siaya.

#### 4.7.4. Simple Linear Regression Analysis between Career Development Management and Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya

Simple Linear Regression Analysis Model was used to assess the effect of career development management on health sector service delivery in Bungoma and Siaya county governments. The researcher pursued to test for the following hypothesis:

*H<sub>03</sub>: Career development management has no significant effect on health sector service delivery in Bungoma and Siaya county governments.*

The findings were as presented in Table 4.22 below:

**Table 4.22:** *Linear Regression Analysis Output between Career Development Management and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya*

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.876 <sup>a</sup>	.768	.766	.39864		
<i>Predictors: (Constant), Career Development Management</i>						
<i>Dependent Variable: Service Delivery (HR)</i>						
ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	78.303	1	78.303	492.752	.000 <sup>b</sup>
	Residual	23.678	149	.159		
	Total	101.981	150			
<i>a. Dependent Variable: Service Delivery (HR)</i>						
<i>b. Predictors: (Constant), Career Development Management</i>						
Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		$\beta$	Std. Error	Beta		
1	(Constant)	.108	.112		.966	.000
	<i>Career Development Management</i>	.898	.040	.876	22.198	.000
<i>a. Dependent Variable: Service Delivery (HR)</i>						

The outcome of the ANOVA test results as in Table 4.22 were  $F(1, 149) = 78.303$ ,  $P = 0.000 < 0.05$ ; signifying that the simple linear regression model was suitable for the study dataset. The model (career development management) managed to clarify 76.6% of the variation in service delivery in the health sector in devolved units as revealed by the Adjusted R Square = 0.766 as shown in the model summary of Table 4.22. The results of the regression coefficient indicated that  $\beta = 0.876$ ,  $t = 22.189$ ,  $p = 0.000 < 0.05$ ; rejecting the null hypothesis and concluding that career development management has a significant effect on service delivery in the health sector in the two devolved units. Career development management had a positive standardized beta coefficient = 0.876 as shown in the coefficient results in Table 4.22. This signifies that a unit improvement in career development management was likely to lead to an improvement in the health sector service delivery in the two devolved units by 87.6%.

According to these results, it is evident that career development management lead to improvement in service delivery in the public health sector in the devolved units of Bungoma and Siaya. A study by Kwenin (2013) supports the findings of this study. She established that work environment and career development opportunities had a positive association with employee retention. Her study employed a descriptive research survey design and was conducted in Ghana in Vodafone. Further, Muathe, *et al* (2017) too concur with the finding of this study. They established that strategic human resource management practices like career management has not been fully exhausted and that employees' competence, output and capability to meet deadlines are low. A descriptive research design was conducted in Nairobi County on the Ministry of Health employees. It was further agreed by Ongori *et al*, (2009) that lack of personal development in an



organization leads to career plateau which results in increased employee intention to quit causing a decline in productivity. They further assert that it is the responsibility of HR professionals to manage career plateau in order to increase employee retention in their organizations and enhance performance.

Kakui & Gachunga, (2016) postulate that the objective of career development management is to reduce the gap between present performance and the anticipated future performance. Further, they opine that most staff in the public sector have trained yet remain stagnant with little evidence of career advancement, as supported by 60% of the respondents who disagreed that their chances of being promoted in the organization are high. Development of capacity and ability of employees especially managers have an impact on the efficacy, effectiveness, motivation and viability of an organization (Kakui *et al*, 2016). Having internal promotions create a feeling that career development provides good career progression opportunities that lead to motivation of employees to remain in the public health sector (Balaji,2004 as cited by Kakui, *et al*, 2016). However, they assert that lack of advancement after training is still a great challenge and the hindrances to career development are not yet well known (Kakui *et al*, 2016). Organizations are to therefore come up with ways of developing their employees for efficient service delivery. The findings of this study are anchored on the Resource Based View theory which proposes the need to train the resources from within the organizations to ensure they create the competitive advantage. Managers are to make deliberate effort to identify, understand and classify core competencies of an organization, focus, invest in developing and nurturing organizational learning and maintenance of the resources for effective service delivery. He concludes by indicating that RBV is a lens through which

organizations are to nurture and develop its human resource to gain a competitive advantage.

#### **4.8 To Establish the Effect of Employee Motivation on Service Delivery in the Public Health Sector in the Devolved Units of Bungoma and Siaya**

The fourth objective was to establish the effect of employee motivation on public health sector service delivery in the devolved units of Bungoma and Siaya. Organizations are majorly concerned with measures to be put in place to ensure employees performance is at the highest levels. According to Armstrong (2006), these organizations have focused on motivating their employees through means like rewards, incentives, promotions and creating a work environment that ensures employees' service delivery is at the highest levels. To achieve this objective, descriptive and inferential statistics was carried out as shown and discussed in the following sub-sections.

##### **4.8.1 Descriptive Statistics for Employee Motivation**

The descriptive analysis of the employee motivation findings was as presented in Table 4.23 below.

A Likert scale of 1- 5 was adopted to indicate the degree of agreement with each of the items on employee motivation in the respondents' organization where; 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree. The percentages, mean ranks and standard deviations were obtained to establish the level of agreement with the given statements. The findings are presented in Table 4.23 below.

**Table 4.23:** *Descriptive Analysis for Employee Motivation*

<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>	<b>Std. Dev.</b>
The salary that I get is commensurate to the job that I do.	4	96	25	13	11	2.54	0.962
	3%	64%	17%	9%	7%		
The work that I do is appreciated by my supervisor.	10	88	17	23	12	2.59	1.081
	7%	59%	11%	15%	8%		
My general satisfaction at work is highly considered by my employer.	79	19	19	18	15	2.14	1.424
	53%	13%	13%	12%	10%		
Promotion decisions made are based on the performance appraisal results.	12	9	86	16	22	3.19	1.041
	8%	6%	59%	11%	15%		
Employees in this organization are satisfied with their salary.	5	16	94	20	12	3.12	0.835
	3%	11%	64%	14%	8%		
<b>Average Level of Employee Motivation</b>	<b>Mean(%Mean)</b>	<b>Std. Dev.</b>	<b>Std. Error of Mean</b>		<b>Min</b>	<b>Max</b>	
	<b>2.716 (54.1%)</b>	<b>0.86480</b>	<b>0.07014</b>		<b>1.00</b>	<b>5.00</b>	

*Source: Field Data, 2021*

In Table 4.23 above, 3% (4) of the respondents strongly disagreed that the salary they get is commensurate to the job that they do, 64% (96) disagreed, 17% (25) were neutral, 9% (13) agreed and 7% (11) strongly disagreed. This indicator had a low mean value of 2.54 and a standard deviation of 0.962 signifying that the healthcare workers in the two county governments do not get a salary that is proportionate to the job they do. 7% (10) strongly disagreed that the work they do is appreciated by their supervisor, 59% (88) disagreed, 11% (17) were neutral, 15% (23) agreed and 8% (12) strongly agreed. The statement had a mean value of 2.59 and standard deviation of 1.081 from a scale of 1.0 to 5.0 translating to a low rating. 53% (79) strongly disagreed that their general satisfaction at work is highly considered by their employer, 13% (19) disagreed, further 13% (19) were

undecided, 12% (18) agreed and 10% (15) strongly agreed. This indicator had the lowest mean value of 2.14 and a standard deviation of 1.424. Thus, the two county governments do not consider the overall satisfaction of their healthcare workers. On whether promotion decisions are based on performance appraisal results, 8% (12) strongly disagreed, 6% (9) disagreed, 59% (86) were undecided, 11% (16) agreed and 15% (22) strongly agreed. The indicator had a mean value of 3.19 and a standard deviation of 1.041 which is fairly moderate. 3% (5) of the respondents strongly disagreed that employees in their organization were satisfied with their salary, 11% (16) disagreed, 64% (94) were undecided, 14% (20) agreed and 8% (12) strongly agreed. With a mean value of 3.12 and a standard deviation of 0.835, the indicator had a moderate rating concluding that healthcare workers in both Bungoma and Siaya county governments are not satisfied with their salary. This calls for the devolved units to consider reviewing the salaries of their HCWs in order to boost their morale.

Employee motivation level in the public health sector in the two devolved units of Bungoma and Siaya generally on average was at 54.1% (Mean=2.716, Std. Dev.=0.86480), rated as low. From the results above, most of the mean ranks for the statements are below 3.5 an indicator that majority of the respondents disagreed with the given statements signifying the low level of motivation among healthcare workers. Responding to the issues on incentives KII expressed that some of the hospital management did not give incentives to employees who showed exemplary performance; an action that also seemed to demotivate the workers who weren't incentivized to serve grudgingly. According to one senior KII "There is no mechanism for giving incentives for an exemplary job performance. How I wish they would introduce awards for each

cadre just the way it is done in sports where there is a sports personality of the year award and if not possible give letters of commendation to staff who do an excellent job” There was a general feeling from majority of KIIs that promotion and other rewards would be necessary for enhancing workers’ morale. The interviewed HROs concurred that motivation of staff was imperative and that promotion of staff, reduction of work load, improvement of work environment and salary increase were the major aspects in boosting the morale of staff followed by increase in allowances like uniform allowance and provision of training opportunities in the two county governments. The results support the findings on employee motivation in Table 4.30 where all the p= values for employee motivation are significant (p= 0.000) an indicator that motivation of the healthcare workers enhances service delivery and the two county governments to come up with a policy framework for the motivation of healthcare workers.

#### **4.8.2. Test for Linear Regression Assumptions**

The establishment of the effect of employee motivation (independent variable) on the public health sector service delivery (dependent variable) in Bungoma and Siaya county governments was carried out using a simple linear regression model. This statistical model was employed to describe the association between the two variables; employee motivation and service delivery. The dataset for the study was tested to determine whether it fulfilled all the assumptions of this model: normality, linearity and homoscedasticity. The results were as indicated below.

##### **4.8.2.1. Normality Test**

The study was to establish whether the scores for employee motivation and service delivery were normally distributed. The study used the Shapiro-Wilk Test to realize this,

the results were then presented as in Table 4.24 below. From the hypothesis, the scores for employee motivation and service delivery variables were not significantly different from a normal distribution.

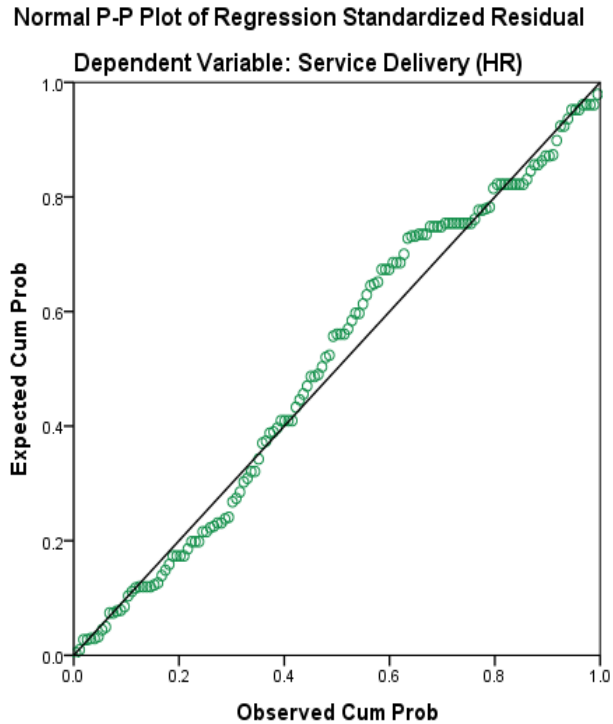
**Table 4.24:** *Test for Normality*

Variables	Shapiro-Wilk Test		
	Statistic (W)	Df	P-value
Service Delivery	.868	151	.089
Employee Motivation	.851	151	.108

The results of the Shapiro-Wilk test as indicated in Table 4.24 reveal that both variables had p- values that were greater than 0.05 significance level; service delivery (W=0.868, p-value=0.089>0.05) and, employee motivation (W=0.851, p-value=0.108>0.05). The study therefore rejects the null hypothesis and concludes that the scores for all the two variables were considerably normally distributed.

#### **4.8.2.2 Linearity Test**

Normal probability plots were used to test for the direct relationship (linearity) between employee motivation and service delivery in Bungoma and Siaya county governments. The findings were as presented in Figure 4.12 below.



*Source: Field Data, 2021*

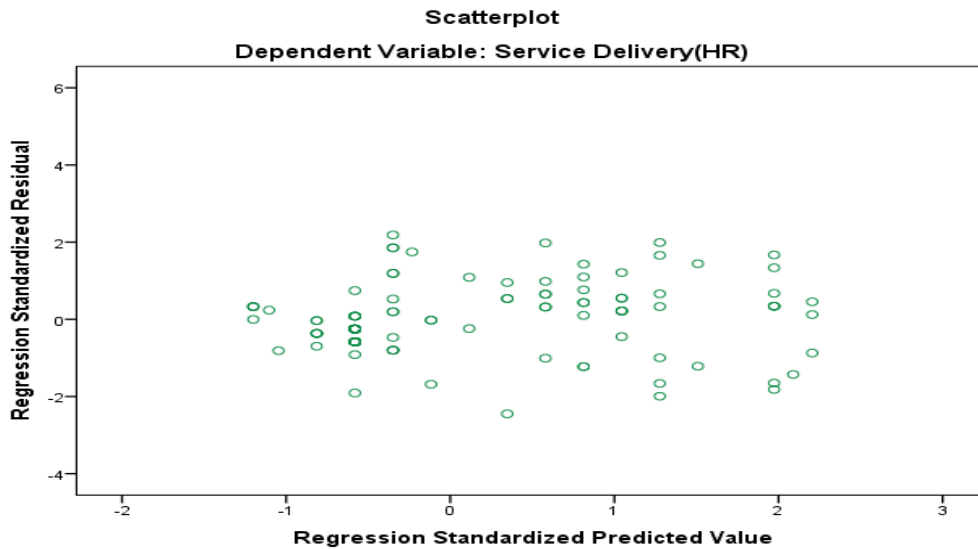
**Figure 4.12:** *Normal P-P Plot of Regression Standardized Residual for Employee Motivation*

In Figure 4.12 above, the points lie along a reasonably straight diagonal line signifying that there is a direct linear relationship between employee motivation, and health sector service delivery in Bungoma and Siaya county governments. Therefore, this clearly proves that the assumption for linearity holds.

#### **4.8.2.3 Homoscedasticity Test**

Homoscedasticity test is the supposition that the dependent variable shows same amounts of variance amongst the range of values for an independent variable. The study adopted use of a Scatterplot to determine this simple linear assumption, in this case, there should

not be a clear pattern in the distribution otherwise the data is heteroscedastic. The results were as indicated in Figure 4.13 below.



**Figure 4.13:** *Scatter Plot of Standardized Residuals for Employee Motivation*

*Source: Field Data, 2021*

In the Scatterplot in Figure 4.13 above, the residuals are distributed roughly in rectangular manner and don't form a cone-shaped pattern, and most of the scores are concentrated at the centre indicating that homoscedasticity assumption holds.

The dataset for the study met all the assumptions of simple linear regression and was therefore suitable to model the relationship between employee motivation (independent variable) and service delivery in the public health sector (dependent variable) in the devolved units of Bungoma and Siaya using simple linear regression model.



### 4.8.3 Correlation Analysis between Employee Motivation, and Health Sector Service Delivery in the County governments of Bungoma and Siaya

The study was to establish the strength and direction of the relationship between employee motivation and service delivery in Bungoma and Siaya county governments. Pearson Correlation analysis was applied to realize this and the results were as in Table 4.25 below.

**Table 4.25:** *Correlation Analysis Output between Employee Motivation and Health Sector Service Delivery in Devolved Units of Bungoma and Siaya*

	Service Delivery (HR)	
Employee Motivation	Pearson Correlation coefficient (r)	0.685**
	Sig. (2-tailed)	0.000
	N	151

From the results of Table 4.25 above, employee motivation variable had a significantly strong positive relationship with service delivery in Bungoma and Siaya county governments ( $r = 0.685 > 0.5$ ,  $p = 0.000 < 0.05$ ). A coefficient (r) between +0.5 and +1 or -0.5 and -1 is indicative of a strong relationship. Hence it is concluded that employee motivation has a significantly strong positive relationship with public health sector service delivery in Bungoma and Siaya county governments.' These findings agree with Rutachururwa (2013) who found that employees who are motivated are productive and profitable and exhibit high morale due to reduced turnover and absenteeism. Nduka, (2016) further allude that demotivated employees are very expensive employees to the organization as they exert little effort in job performance, are absent and have poor output

of work; making employee motivation a critical factor in enhancing service delivery in the public health sector in the two county governments.

#### 4.8.4. Simple Linear Regression Analysis between Employee Motivation and Service

Delivery in the Public Health Sector in the County Governments of Bungoma and Siaya

To realize the fourth objective, simple linear regression analysis model was adopted to determine the effect of employee motivation on health sector service delivery in the county governments of Bungoma and Siaya. The researcher sought to test for the following hypothesis:

*H<sub>04</sub>: Employee motivation has no significant effect on health sector service delivery in Bungoma and Siaya county governments.*

The results are as in Table 4.26 below:

**Table 4.26:** Linear Regression Analysis Output between Employee Motivation and Service Delivery in the Public Health Sector in the County Governments of Bungoma and Siaya

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.685 <sup>a</sup>	.470	.466	.60257		
<i>Predictors: (Constant), Employee Motivation</i>						
<i>Dependent Variable: Service Delivery</i>						
ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	f	Sig.
1	Regression	47.881	1	47.881	131.871	.000 <sup>b</sup>
	Residual	54.100	149	.363		
	Total	101.981	150			
<i>a. Dependent Variable: Service Delivery (HR)</i>						
<i>b. Predictors: (Constant), Employee Motivation</i>						
Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		$\beta$	Std. Error	Beta		
1	(Constant)	.708	.162		4.373	.000
	<i>Employee Motivation</i>	.656	.057	.685	11.484	.000
<i>a. Dependent Variable: Service Delivery</i>						

The ANOVA test results in Table 4.26 above indicate:  $F(1, 149) = 47.881$ ,  $P = 0.000 < 0.05$ ; signifying that the simple linear regression model was an appropriate fit for the dataset. The model (employee motivation) was able to explain 46.6% of the difference in the public health sector service delivery in the county governments of Bungoma and Siaya as shown by the Adjusted R Square = 0.466 as indicated in the model summary in Table 4.26. The regression coefficient results showed that  $\beta = 0.685$ ,  $t = 11.484$ ,  $p = 0.000 < 0.05$ ; hence rejecting the null hypothesis and concluding that employee motivation has a significant effect on the public health sector service delivery in Bungoma and Siaya county governments. Employee motivation had a positive standardized beta coefficient = 0.685 as shown in the coefficients results in Table 4.26; this signifies that a unit improvement in employee motivation was likely to lead to an improvement in the health sector service delivery in the two county governments by 68.5%. These results are supported by Faraji's (2013) study that established that motivation influences behavior and consequently performance. He opines that organizations use different means like providing fringe benefits, payment of bonuses to staff who put in extra effort, promoting of employees whose performance is exemplary and fair treatment of staff to motivate their employees. Thus, the need for Bungoma and Siaya county governments to motivate their healthcare workers in order to improve service delivery in the public health sector.

From the findings, employee motivation has a significant positive effect on service delivery in the public health sector of Bungoma and Siaya county governments. These findings are anchored on Herzberg's two factor theory which postulate that some job

factors result into satisfaction; these include: achievement, recognition, growth possibilities and promotional opportunities, responsibility level and meaningful work; interesting and challenging to motivate an employee to perform optimally. Other factors that are extrinsic to the work itself like pay, fringe benefits, organization's policy and management supervision, relationships that exists among employees, status, job security, private life and the working environment prevent dissatisfaction. It is imperative that employers (county governments) therefore have to ensure their employees' job satisfaction for efficient service delivery. Faraji, (2013) established that motivation is a vital factor that impacts on employee performance. This calls for deliberate efforts to ensure employees' performance is optimal by having motivation schemes owing to the fact that motivation influences behavior and consequently performance. Nduka, (2016) concurs by underscoring the importance for organizations to ensure that staffs are motivated in order to accomplish their goals and objectives. Amabile, (1993) also underscored the importance of leaders in organizations to appreciate and efficiently handle the motivation of their employees because employees who are motivated are critical to a successful organization. Ojukuku & Salami (2011) state that issues that are not monetary like relationships among employees, supervision, availability of equipment and tools, fairness of management, support for training and welfare, medical allowance, paid leave and overtime affect the satisfaction of health workers (Kyaruzi, 2017). They however conclude that monetary factors too like promotion and salary have an impact on performance. Conversely, Amabile, (1993) opine that an unmotivated employee contributes little effort in his/her job, absents himself/herself from the workplace as much as possible and make low quality work. Though many studies have established the link

between motivation and performance (Rutachurwa, 2013, Kyaruzi, 2013) there is evidence of poor motivation among healthcare workers all over the world. Empirical studies have established that, world over, the health sector is grappling with delivery of efficient services. This challenge could be attributed to work overload leading to discrepancy between the expected duties and responsibilities to be performed and the available HRH due to staff shortages, poor recognition and support, working conditions and wish for more supervision (Jaeger,2018), shortage of highly skilled workers exacerbated by skewed distribution of HRH (Shemdoe *et al*, 2016, Mulaki *et al*, 2019), industrial action, corruption, lack of transparency and accountability, ethnicity, lack of medical and non- medical supplies, and delayed/lack of promotion and poor remuneration (Gwaro, *et al*,, 2017, Waithaka, *et al*, 2017, Lankeu, *et al*,, 2012). The above cited being big contributors to diminished morale among HRH despite a number of measures put in place by county governments to improve access to health care and enhance service delivery. To be able to motivate employees in an organization, the following measures are to be put in place: identify individual differences, objectives and results, individual participation in decision making, relationship between reward and performance and controlling system with regard to equality. He further opines that any kind of change in an organization depends on internal motivation of employees. Therefore, for public health facilities in the devolved units of Bungoma and Siaya to have a turnaround in service delivery, they should seek to motivate their staff.

**Table 4.27: Summary of Hypothesis Test Results**

Coefficient	Variable	P-value	Conclusion
$\beta_0$		0.000	Significant
$\beta_1$	X <sub>1</sub>	0.000	Significant
$\beta_2$	X <sub>2</sub>	0.000	Significant
$\beta_3$	X <sub>3</sub>	0.000	Significant
$\beta_4$	X <sub>4</sub>	0.000	Significant

From the summary of the hypothesis test results, the p values for all the variables are statistically significant as indicated Table 4.27 above.

**Table 4.28: Correlation Matrix**

Correlations							
		Work Environment	Employees' Career Development Management	Recruitment and Selection	Leadership Style	Employee Motivation	Service Delivery
Service Delivery	Pearson Correlation	.368**	.876**	.647**	.682**	.685**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	149	151	151	151	151	151
**. Correlation is significant at the 0.01 level (2-tailed).							

From the correlation matrix in Table 4.28 above, there were no coefficients that were above 0.9. From the results in the Table 4.28 above, recruitment and selection practice had a significantly strong positive relationship with service delivery in the public health sector in Bungoma and Siaya county governments ( $r = 0.647 > 0.5$ ,  $p = 0.000 < 0.05$ ), leadership style had a significantly strong positive relationship with service delivery ( $r = 0.682 > 0.5$ ,  $p = 0.000 < 0.05$ ), career development management had a significantly strong positive relationship with service delivery ( $r = 0.786 > 0.5$ ,  $p = 0.000 < 0.05$ ), and employee motivation had a significantly strong positive relationship with service delivery ( $r = 0.685 > 0.5$ ,  $p = 0.000 < 0.05$ ).

**Table 4.29** *Multicollinearity*

		<b>Work Environment</b>	<b>Career Development and Management</b>	<b>Recruitment and Selection</b>	<b>Leadership Style</b>	<b>Employee Motivation</b>
<b>Work Environment</b>	Pearson Correlation	1	.363**	.290**	.393**	.346**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	151	150	151	151	150
<b>Career Development Management</b>	Pearson Correlation	.363**	1	.711**	.742**	.740**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	150	152	152	152	152
<b>Recruitment and Selection</b>	Pearson Correlation	.290**	.711**	1	.563**	.619**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	151	152	153	153	152
<b>Leadership Style</b>	Pearson Correlation	.393**	.742**	.563**	1	.699**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	151	152	153	153	152
<b>Employee Motivation</b>	Pearson Correlation	.346**	.740**	.619**	.699**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	150	152	152	152	152
	Sig. (2-tailed)	.000	.000	.000	.000	.000
	N	149	151	151	151	151

When two or more independent variables in a regression model have a significant correlation with one another, multi collinearity exists (Tabachnick & Fidell, 2001). This denotes a strong linear relationship between the predictor variables. For this study, correlation method was used to determine multi collinearity (measuring relationships among the independent variables). A coefficient with a magnitude of 0.8 or higher signifies multi collinearity. The tests result in Table 4.29 above confirm that there was no problem of multi collinearity.

#### **4.9 Determination of the Moderating Effect of Work Environment on the Relationship between HR Practices and Service Delivery in the Public Health Sector in Bungoma and Siaya**

The fifth objective was to determine the moderating role of work environment on the relationship between human resource management practices (recruitment and selection practice, leadership style, career development management and employee motivation) on the health sector service delivery in the county governments of Bungoma and Siaya. To achieve this objective, descriptive statistics for work environment (moderator variable) was carried out as shown and discussed in the following sub-section.

##### **4.9.1 Descriptive Statistics for Work Environment**

The descriptive analysis of the work environment results was as presented in Table 4.30 below.

A Likert scale of 1- 5 was adopted to indicate the extent of agreement with each of the items on work environment in the respondents' organization where; 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree.



**Table 4.30:** *Descriptive Analysis for Work Environment*

<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>	<b>Std. Dev.</b>
There are adequate offices for staff in this organization.	34 23%	40 27%	64 43%	7 5%	4 3%	2.38	0.976
The furniture available for staff is adequate.	42 28%	33 22%	17 11%	19 13%	40 26%	2.88	1.587
The laboratories available are adequate to serve the patients adequately.	40 26%	77 51%	26 17%	6 4%	2 1%	2.03	0.848
This facility has enough theatres to handle emergency cases.	31 20%	52 34%	58 38%	6 4%	5 3%	2.36	0.959
There are adequate beds for patients admitted at this facility.	36 24%	52 35%	17 11%	4 3%	40 27%	2.73	1.53
The work environment in this organization is conducive for provision of quality services.	22 15%	40 26%	40 26%	43 28%	6 4%	2.81	1.124
I am satisfied with the work environment in this organization.	27 18%	37 24%	54 36%	26 17%	8 5%	2.68	1.113
<b>Average level of Work Environment</b>	<b>Mean (%)</b>	<b>Std. Dev.</b>	<b>Std. Error of mean</b>	<b>Min</b>	<b>Max</b>		
	<b>2.5529 (50.3%)</b>	<b>0.78768</b>	<b>0.06410</b>	<b>1.00</b>	<b>4.00</b>		

*Source: Field Data, 2021*

Evidently, 23% (34) of the respondents strongly disagreed that there are adequate offices for staff in their respective organizations, while 27% (40) disagreed, 43% (64) were

undecided, 5% (7) agreed whereas 3% (4) strongly agreed with the statement as shown in Table 4.30 above. The item had a mean value of 2.38 and a standard deviation of 0.976 signifying low level of agreement with the statement; an indicator that the two devolved units' public health sector has insufficient offices for the HWCs. On whether the furniture available for staff was adequate, 28% (42) strongly disagreed, 22% (33) disagreed, 11% (17) were neutral, 13% (19) agreed and 26% (40) strongly agreed, translating to a mean value of 2.88 and a standard deviation of 1.587. Similarly, 26% (40) strongly agreed that the laboratories available were adequate to serve the patients adequately, 51% (77) disagreed, 17% (26) were neutral, 4% (6) agreed and 1% (2) strongly agreed. The statement had a low mean value of 2.03 and a standard deviation of 0.848. Thus, the two devolved units to ensure that the public health sector has adequate laboratories for efficient delivery of healthcare services to the citizenry. On whether the facilities in their institution had enough theatres to handle emergency cases, 20% (31) strongly disagreed, 34% (52) disagreed, 38% (58) were undecided, 4% (6) agreed and 3% (5) strongly agreed. The mean value for the statement was 2.36 and a standard deviation of 0.959 witnessing to inadequate theatres in the public health sector in the two devolved units. Additionally, 24% (36) strongly disagreed that there were adequate beds for patients admitted at their facility, 35% (52) of the respondents disagreed while 11% (17) were neutral, 3% (4) agreed and 27% (40) strongly agreed. The indicator had a mean value of 2.73 and a standard deviation of 1.53 which is a low rating. Further, 15% (22) strongly disagreed that the work environment in this organization was conducive for provision of quality services, 26% (40) disagreed, 26% (40) were neutral, 28% (48) agreed and 4% (6) strongly agreed with the statement. The indicator had a mean value of 2.81 and a standard

deviation of 1.124. 18% (27) of the respondents strongly disagreed that they were satisfied with the work environment in their organization, 24% (37) disagreed, 36% (54) were neutral, 17% (26) agreed and 5% (8) strongly agreed with the statement. The mean value for the statement was 2.68 and a standard deviation of 1.113.

Averagely, the level of work environment was at 50.3% mean response (mean=2.5529, std. dev. =0.78768) rated low as evidenced in the results. The mean values and standard deviations were obtained to establish the level of agreement with the given statements as presented in table 4.30 above. Thus, the findings are indicative of a high level of disagreement with the statements from the respondents indicating poor work environment in the public health sector in Bungoma and Siaya county governments. Most of the respondents indicated that the work environment did not motivate staff to perform optimally. These was occasioned by inadequate theatres and laboratories for efficient service delivery, inadequate beds in the wards and lack of sufficient offices for staff. These findings are corroborated with the responses from majority of the key informants who agreed that the work environment in their facilities was not conducive for enablement of efficient and effective delivery of services as one of the interviewees asserted (Quoted Verbatim), *“The facility has more patients than the capacity. So, most of the time the facility is congested making the working environment not to be conducive for efficient service delivery”*.

From the responses, all the statements had mean values of below 3.0 indicating a low level of agreement with the given statements signifying poor services delivered in Bungoma and Siaya county governments’ public health sector. Interview results corroborate these findings. Responses from KIIs concurred that inadequate facilities

resulting into congestion/overcrowding of facilities was a major set-back. One KII explained, 'This health facility lacks adequate wards and beds but handles a large number of patients' influx making patients to share beds and some have to be fixed in the corridors, just to create space for them. The situation is bad. Patients are very many. Sometimes surgeries are rescheduled when emergencies arise because of few theatres.'

Both interviewed HROs echoed the sentiments and acknowledged that county health facilities are struggling to cope with large numbers of patients occasioned by Universal Health Coverage programme. One informant stated 'This has put a strain on our facilities, the wards and beds are not enough and patients have to share beds to get medical attention. We cannot turn away a patient due to lack of space. We require more theatres, laboratories and maternity units with additional staff to cope.' Such an environment affects service delivery. That more interns to be recruited once there is availability of funds.

The two devolved units ought to invest in a good work environment in their public health sector for optimal performance of human resources for health.

#### **4.9.2 Moderation Analysis of the Moderating Effect of Work Environment on the Relationship between HR Practices and Public Health Sector Service Delivery in Bungoma and Siaya County Governments**

The fifth objective was to determine the moderating role of work environment on the relationship between human resource management practices (recruitment and selection practice, leadership style, career development management, employee motivation) and health sector service delivery in Bungoma and Siaya County governments. The following assumptions underpinning this variable were made: A good work environment improves

the relationship between recruitment and selection practice and service delivery in the public health sector in Bungoma and Siaya county governments, a good work environment improves the relationship between leadership style and service delivery in the public health sector in Bungoma and Siaya county governments, a good work environment has a positive effect on the relationship between career development management and effective and efficient service delivery in the public health sector in Bungoma and Siaya county governments and that a good work environment has a positive effect on the relationship between employee motivation and service delivery in the public health sector in Bungoma and Siaya county governments. When the work environment is improved, then the healthcare workers will be motivated leading to improved service delivery to the populace.

To achieve this, the following null hypothesis was tested:

*H<sub>05</sub>: Work environment does not significantly moderate the relationship between HR practices and Health Sector service delivery in Bungoma and Siaya county governments.*

The moderation analysis in this study was run using the SPSS PROCESS with control variables (Covariates) controlling for the moderation effect on the relationship between human resource management practices (recruitment and selection practice, leadership style, career development management, employee motivation) and the health sector service delivery in devolved units.

The moderation analysis results are as presented in Table 4.31 below.

### **4.9.3 Moderation Effect of Work Environment on the Relationship Between HR Practices and Health Sector Service Delivery in Bungoma and Siaya County Governments**

Model 1: The moderation effect of work environment on the relationship between recruitment and selection practice and health sector service delivery in Bungoma and Siaya county governments, (Table 4.31 below) while controlling for the effect of leadership style, career development management and employee motivation.

Model 2: The moderation effect of work environment on the relationship between leadership style and the health sector service delivery in Bungoma and Siaya county governments, while controlling for the effect of recruitment and selection practice, career development management and employee motivation.

Model 3: The moderation effect of work environment on the relationship between career development management and the health sector service delivery in Bungoma and Siaya county governments, while controlling for the effect of recruitment and selection practice, leadership style and employee motivation.

Model 4: The moderation effect of work environment on the relationship between employee motivation and the health sector service delivery in Bungoma and Siaya county governments while controlling for the effect of recruitment and selection practice, career development management and leadership style.

**Table 4.31:** Moderation Effect of Work Environment on the Relationship between HR Practices and Health Sector Service Delivery in Bungoma and Siaya County Governments

Model summary	Model 1	Model 2	Model 3	Model 4
R	0.9008	0.8973	0.9005	0.9054
r-square	0.8115	0.8051	0.8110	0.8198
r-square Change	0.0064	0.0000	0.0059	0.0147
ANOVA				
Degrees of freedom (a,b)	(6, 142)	(6, 142)	(6, 142)	(6, 142)
F- statistic, F(a,b)	101.8845	97.7689	101.5365	107.6473
p-value for F-statistic	0.0000	0.0000	0.0000	0.0000
F-Change statistic	4.8234	0.0104	4.4164	11.5625
p-value for F-Change	0.0297	0.9189	0.0374	0.0009
Regression Coefficients				
Intercept( $\beta$ ,t,P-value)	0.7381, 2.3480, 0.0203	0.1437, 0.3488, 0.7277	0.8595, 2.590, 0.0254	-1.204,3.484, 0.001
RS ( $\beta$ ,t,P-value)	-0.2453, -1.7665, 0.0795	0.0421,0.8325, 0.4065	0.0650, 1.3118, 0.1917	0.068,1.416, 0.159
LS( $\beta$ ,t,P-value)	-0.0562,0.6874, 0.4930	-0.0891, -0.618 0.4999	-0.074, -0.9045, 0.3673	-0.063, -0.793, 0.429
CDM( $\beta$ ,t,P-value)	1.3249, 1.8243, 0.000	1.2917,1.4375, 0.000	1.00245.6611, 0.000	1.272,11.695, 0.000
EM ( $\beta$ , t, P-value)	-0.4524, -6.0132, 0.000	-0.4376, 5.7437, 0.000	-0.445, 5.9179, 0.000	-0.844,6.021, 0.000
WE ( $\beta$ , t, P-value)	-0.1707, -1.3550, 0.1776	0.0751, 0.8325, 0.4065	-0.2086, -1.4068, 0.162	-0.343, -2.563, 0.011
Interaction Effect				
$I_{RS}((\beta,t,P-value)$	0.0997, 2.1962, 0.0297			
$I_{LS}((\beta,t,P-value)$		0.0057,0.1020, 0.9189		
$I_{CDM}((\beta,t,P-value)$			0.1054, 2.1015, 0.0374	
$I_{EM}((\beta,t,P-value)$				0.1495,3.400,0.001
RS= Recruitment and Selection Practice, LS= Leadership Style, CDM= Career Development Management, EM=Employee Motivation and WE= Work Environment.				

F

from Table 4.31 above, the interaction effect for leadership style did not have a significant effect on the health sector service delivery in Bungoma and Siaya counties as indicated by [ $F\text{-change} = 0.0104$ ,  $p\text{-value} = 0.9189 > 0.05$ ;  $\beta = -0.0891$ ,  $t = 0.4999$ ,  $p\text{-value} = -0.618 > 0.05$ ]. This indicates that work environment does not have a significant effect on the relationship between leadership style and the health sector service delivery in devolved units of Bungoma and Siaya. The study therefore did not have enough evidence to reject the null hypothesis and upheld the alternative hypothesis that work environment does not have a moderation effect on the relationship between leadership style and service delivery in the public health sector in Bungoma and Siaya county governments. The interaction effect between leadership style and work environment was found to be insignificant  $\beta = 0.0057$ ,  $t = 0.1020$  and  $p = 0.9189$  which is  $> 0.05$ . The regression coefficient results for leadership style in Table 4,31 had  $p$ - values  $> 0.05$  in all the models (0.4930, 0.4999, 0.3673 and 0.429) respectively; a pointer that there is poor leadership in the two counties' public health sector and that the variable is impacted by other factors that are not in this study. Ollukkaran, *et al*, (2012) in their study on the impact of work environment on employee performance found factors like good interpersonal relationships, promotion opportunities, training facilities, rewards and recognitions, a safe working environment and job security increase employee performance. They opine that most businesses operate in a work environment that is not safe and healthy. It is imperative that the work environment in the public health sector in the two county governments be improved on to enhance the performance of healthcare workers.

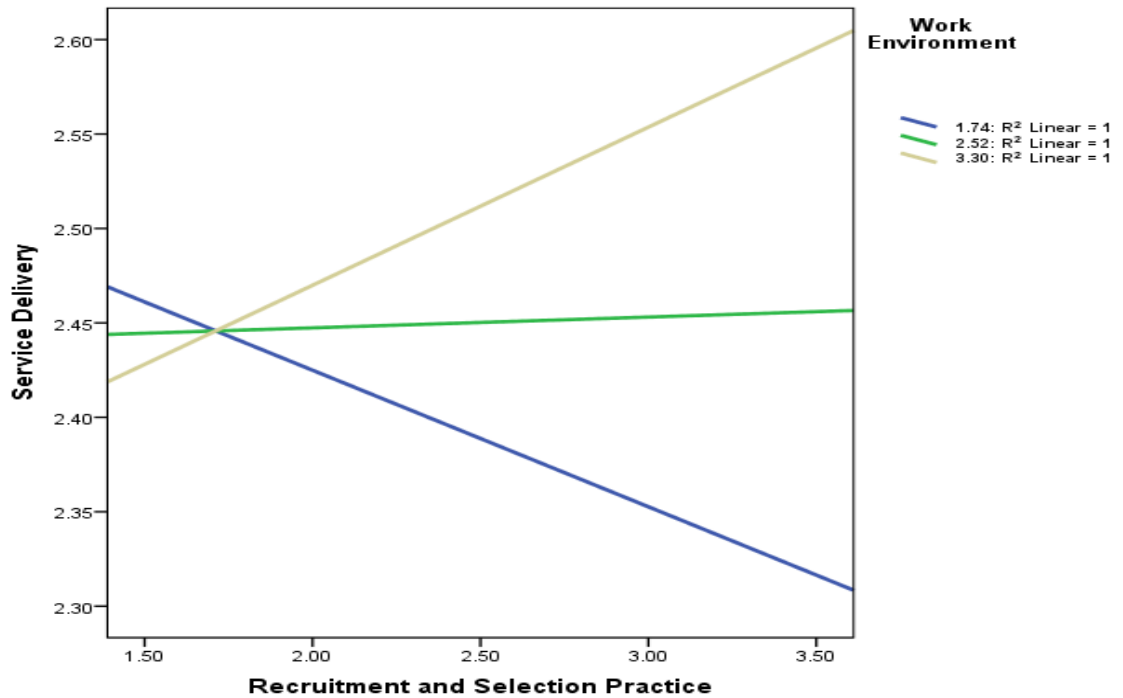


#### **4.9.4 Moderation Effect of Work Environment on the Relationship Between Recruitment and Selection Practice, and Health Sector Service Delivery in Bungoma and Siaya Counties**

The study sought to establish the moderating effect of work environment on the relationship between recruitment and selection practice and public health sector service delivery in Bungoma and Siaya county governments while controlling for the effect of leadership style, career development management and employee motivation covariates. To achieve this, the study tested for the following null hypothesis:

*H<sub>05-1</sub>: Work Environment does not have a significant moderation effect on the relationship between recruitment and selection practice and health sector service delivery in Bungoma and Siaya county governments.*

The findings for the hypothesis ( $H_{05-1}$ ) test were as presented in Model 1 of Table 4.31 above and the p- value for the F- statistic was found to be significant;  $p- 0.0000 < 0.05$ . The interaction effect between recruitment and selection practice and work environment ( $I_{RS}$ ) was found to be significant,  $\beta = 0.0997$ ,  $t = 2.1962$ ,  $p\text{-value} = 0.0297 < 0.05$ . Hence, the study rejects the null hypothesis ( $H_{05-1}$ ) and conclude that work environment has a significant moderating effect on the relationship between recruitment and selection practice, and health sector service delivery in Bungoma and Siaya county governments, To establish how work environment moderates the relationship between recruitment and selection practice, and the health sector service delivery in the two devolved units while controlling for the effect of leadership style, career development management and employee motivation covariates, the study adopted the use of Interaction Plots (Brien, 2007). The plot is indicated in Figure 4.14 below.



**Figure 4.14:** *Interaction Plot for the effect of work environment on the relationship between recruitment and selection practice, and the health sector service delivery in Bungoma and Siaya Counties*

From Figure 4.14 above, the interaction effect plot shows that when the work environment is less conducive (Effect=1.74), it negatively influences the relationship between recruitment and selection practice and the health sector service delivery in the devolved units compared to when it's moderate and high. When the work environment is moderately conducive (Effect=2.52), the moderator (work environment) seems to have a relatively higher positive influence on the relationship between recruitment and selection practice and the health sector service delivery in devolved units compared to when the work environment is less conducive. When the work environment is highly conducive (Effect=3.30), the moderator seems to have a higher positive influence on the relationship between recruitment and selection practice and the health sector service delivery in the two counties compared to when the work environment is moderate or less

conducive. To predict the health sector service delivery in the two counties given the level of effectiveness of recruitment and selection practice, moderated by work environment and controlled by the leadership style, career development management and employee motivation covariates. The following model was used:

$$Y = 0.7381 - 0.2453 X_1 - 0.0562 X_2 + 1.3249 X_3 - 0.4524 X_4 - 0.1707 X_5 + 0.0997 I_{RS}$$

Where;

Y	=	Health Sector Service Delivery
X <sub>1</sub>	=	Recruitment and Selection Practice
X <sub>2</sub>	=	Leadership style
X <sub>3</sub>	=	Career Development Management
X <sub>4</sub>	=	Employee Motivation
X <sub>5</sub>	=	Work Environment
I <sub>RS</sub>	=	Interaction effect between recruitment and selection practice, and work environment

The findings indicate that work environment has a moderating effect on the relationship between recruitment and selection practice and service delivery in the health sector in the county governments of Bungoma and Siaya. These findings concur with Kloskar – Kearney’s, (2013) study which established that a good work environment is beneficial as it supports excellence in nursing. He found that the level of motivation and subsequent performance of an employee is impacted by their work environment; especially their engagement with their immediate work environment greatly influences the error rate, innovation level and collaboration with other employees. Notably, Ciarimboli *et al*, (2017) established that millennials yearn for a modern work environment that is physically, socially and emotionally, satisfying. Organizations should therefore strive to maintain a better work environment (physical and behavioural) in order to increase productivity where the physical environment is inclusive of the aptitudes to attach physically with the office environment and behavioural deal with office occupier

etiquettes. Thus, an excellent work environment acts as a critical function in shaping the employee's level of productivity and performance (Hafeez *et al*, 2019).

#### **4.9.5 Moderation Effect of Work Environment on the Relationship between Leadership style and Health Sector Service Delivery in County Governments of Bungoma and Siaya**

The study purposed to establish the moderating effect of work environment on the relationship between leadership style and health sector service delivery in Bungoma and Siaya county governments while controlling for the effect of recruitment and selection practice, career development management and employee motivation covariates. To achieve this, the study tested for the following hypothesis:

*H<sub>05-2</sub>: Work Environment does not have a significant moderation effect on the relationship between leadership style and health sector service delivery in the County governments of Bungoma and Siaya.*

The findings for the hypothesis (*H<sub>05-2</sub>*) test were as presented in Model 2 of table 4.31. The F-Change statistic was found not to be significant, *F-change = 0.0104*, *p-value = 0.9189 > 0.05*. The interaction effect between leadership style and work environment (*I<sub>LR</sub>*) was found to be insignificant,  $\beta = 0.0057$ ,  $t = 0.1020$ , *p-value = 0.9189 > 0.05*. The study therefore did not have enough evidence to reject the null hypothesis (*H<sub>05-2</sub>*) and concluded that work environment does not have a significant moderation effect on the relationship between leadership style and health sector service delivery in Bungoma and Siaya county governments. To predict the health sector service delivery in the devolved units given the level of effectiveness of leadership style moderated by work environment

and controlled by recruitment and selection practice, career development management and employee motivation covariates. The following model was used:

$$Y = 0.1437 + 0.0421 X_1 - 0.0891 X_2 + 1.2917 X_3 - 0.4376 X_4 + 0.0751 X_5 + 0.0057 I_{LR}$$

Where;

Y	=	Health Sector Service Delivery in devolved units
X <sub>1</sub>	=	Recruitment and Selection Practice
X <sub>2</sub>	=	Leadership style
X <sub>3</sub>	=	Career Development Management
X <sub>4</sub>	=	Employee Motivation
X <sub>5</sub>	=	Work Environment
I <sub>LS</sub>	=	Interaction Effect between Leadership style, and Work Environment

The findings established that work environment doesn't have a moderation effect on the relationship between leadership style and service delivery in the health sector in the two devolved units. This finding could be attributed to what Daniel (2019) observed at the Bayelsa State Ministry of Works and Infrastructure where there are frequent changes in the leadership occasioned by politically motivated appointments and not based on merit leading to unstable leadership styles like autocratic, democratic and laissez-faire culminating to administrative lapses. A lot of research has established an undisputable fact that leadership affects a range of work behaviours like self-efficacy, creativity, employee motivation and coping with stress, performance attitude toward work and subordinate improvement. Specific leadership styles draw out the best out of employees (Daniel,2019, Duru & Shimawua, 2017, Qomariah, *et al*, 2020 and Sulastiningtiyas *et al*, 2018). Qomariah, *et al*, (2020) opine that the style of leadership in an organization can build a positive work environment for employees.

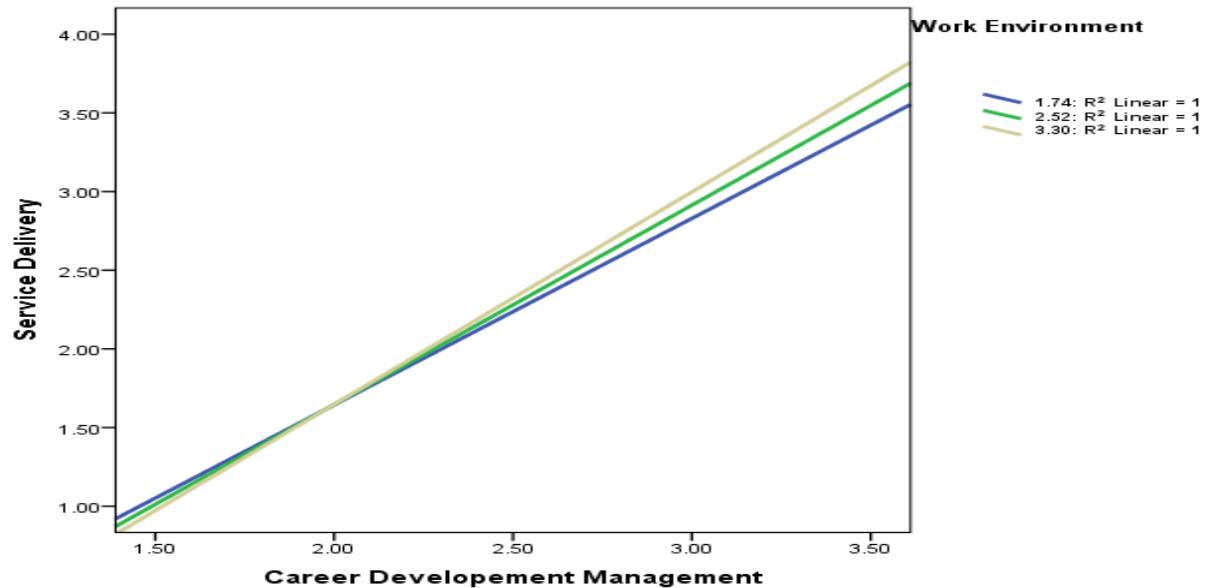
#### **4.9.6 Moderation Effect of Work Environment on the Relationship Between Career Development Management and Health Sector Service Delivery in the County Governments of Bungoma and Siaya**

The study sought to determine the moderation effect of work environment on the relationship between career development management (independent variable) and public health sector service delivery (dependent variable) in Bungoma and Siaya county governments while controlling for the effect of recruitment and selection practice, leadership style and employee motivation covariates. To achieve this, the study tested for the following null hypothesis:

*H<sub>05.3</sub>: Work Environment does not have a significant moderation effect on the relationship between career development management and health sector service delivery in the devolved units of Bungoma and Siaya.*

The findings for the hypothesis ( $H_{05.3}$ ) test were as shown in Model 3 of Table 4.31. The F-Change statistic was found to be significant,  $F\text{-change} = 4.4164$ ,  $p\text{-value} = 0.0374 < 0.05$ . The interaction effect between career development management and work environment ( $I_{CDM}$ ) was found to be significant,  $\beta = 0.1054$ ,  $t = 2.1015$ ,  $p\text{-value} = 0.0374 < 0.05$ . Therefore, the study rejects the null hypothesis ( $H_{05.3}$ ) and concludes that work environment has a significant moderation effect on the relationship between career development management and health sector service delivery in the devolved units of Bungoma and Siaya. To determine how the work environment moderates the relationship between career development management and the health sector service delivery in devolved units while controlling for the effect of recruitment and selection practice,

leadership style and employee motivation covariates, the study adopted the use of interaction Plots (Brien, 2007). The plot is as indicated in Figure 4.15 below.



**Figure 4.15:** *Interaction Plot for the Effect of Work Environment on the relationship between Career Development Management, and the Health Sector Service Delivery in the County Governments of Bungoma and Siaya*

From Figure 4.15 above, the interaction effect plot shows that when the work environment is less conducive (Effect=1.74), it seems to have a low effect on the relationship between career development management and the health sector service delivery in the devolved units as compared to when it's moderate and high. When the work environment is moderately conducive (Effect=2.52), it has a relatively higher positive effect on the relationship between career development management and the health sector service delivery in the two devolved units compared to when the work environment is less conducive. When the work environment is highly conducive (Effect=3.30), the moderator seems to have a relatively higher positive effect on the relationship between career development management and the health sector service

delivery in county governments as compared to when the work environment is moderate and less conducive.

To predict the health sector service delivery in these two counties given the level of effectiveness of career development management, moderated by work environment and controlled by the recruitment and selection practice, leadership style and employee motivation covariates, the following model is used:

$$Y = 0.8595 + 0.0650 X_1 - 0.074 X_2 + 1.0024 X_3 - 0.445 X_4 - 0.2086 X_5 + 0.1054 I_{CDM}$$

Where;

Y	=	Health Sector Service Delivery in devolved units
X <sub>1</sub>	=	Recruitment and Selection Practice
X <sub>2</sub>	=	Leadership style
X <sub>3</sub>	=	Career Development Management
X <sub>4</sub>	=	Employee Motivation
X <sub>5</sub>	=	Work Environment
<i>CDM</i>	=	Interaction effect between Career Development Management and Work Environment

From the above findings, work environment has moderating effect on the relationship between career development management and service delivery. The findings agree with Weng *et al's*, (2012) study which established that organizations that have strategies in place for their employee career development create a shared investment sort of relationship with their staff tying career development to important outcomes like organizational commitment and retention. Lack of employee growth in any organization leads to career stagnation which results in increased employee intention to quit (Ongori & Agolla, 2009) causing a decline in productivity (Kwenin, 2013). Mohammed *et al*, (2020) agree that job related factors such as supervisor support and informing nurses about opportunities for training or further studies enhanced their performance. On the contrary Foday, (2014) observed that most organizations are grappling with lack of properly



structured career development programs but those that are focused on improving performance ought to focus on the career development of their employees. He suggests that organizations should develop and implement career growth programs whose purpose is to ensure that employees are contented, engaged and motivated; making career development a tool to strengthen organizational capabilities.

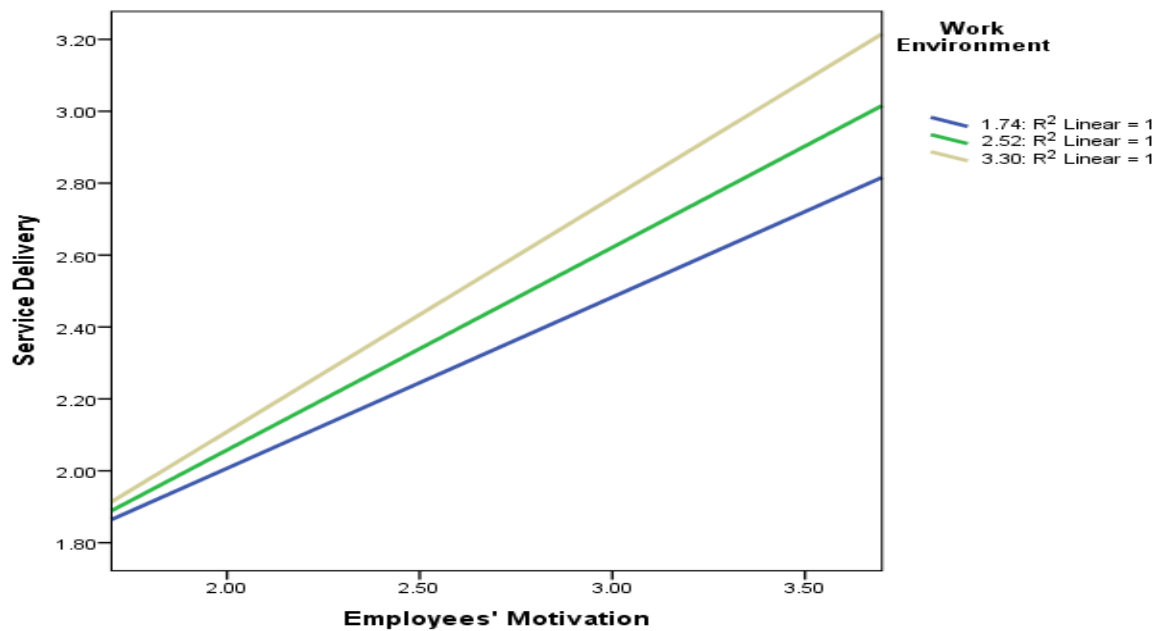
#### **4.9.7 Moderation Effect of Work Environment on the Relationship between Employee Motivation and the Health Sector Service Delivery in the County Governments of Bungoma and Siaya**

The study sought to establish the moderating effect of work environment on the relationship between employee motivation and health sector service delivery in the counties of Bungoma and Siaya while controlling for the effect of recruitment and selection practice, leadership style and career development management covariates. To achieve this, the study tested for the following hypothesis:

*H<sub>05-4</sub>: Work Environment does not have a significant moderating effect on the relationship between employee motivation and health sector service delivery in devolved units.*

The findings for the hypothesis ( $H_{05-4}$ ) test were as presented in Model 4 of Table 4.31. The F-Change statistic was significant,  $F\text{-change} = 11.5625$ ,  $p\text{-value} = 0.0009 < 0.05$ . The interaction effect between employee motivation, and the work environment ( $I_{EM}$ ) was found to be significant,  $\beta = 0.1495$ ,  $t = 3.400$ ,  $p\text{-value} = 0.001 < 0.05$ . the study therefore, rejected the null hypothesis ( $H_{05-4}$ ) and concluded that work environment has a significant moderating effect on the relationship between employee motivation and the

health sector service delivery in two county governments. To assess how the work environment moderates the relationship between employee motivation, and the health sector service delivery in the two devolved units while controlling for the effect of recruitment and selection practice, leadership style and career development management covariates, the study adopted the use of Interaction Plots. The plot is as shown in Figure 4.16 below



**Figure 4.16:** *Interaction Plot for Effect of Work Environment on the relationship between Employee Motivation, and the Health Sector Service Delivery in Bungoma and Siaya*

From Figure 4.16 above, the interaction effect plot shows that when the work environment is less conducive (Effect=1.74), it seems to have a low influence on the relationship between employee motivation, and the health sector service delivery in Bungoma and Siaya counties compared to when it's moderate and high. When the work environment is moderately conducive (Effect=2.52), the moderator seems to have a relatively higher positive influence on the relationship between employee motivation and

the health sector service delivery in the two counties compared to when the work environment is less conducive. When the work environment is highly conducive (Effect=3.30), the moderator seems to have a relatively higher positive effect on the relationship between employee motivation, and the health sector service delivery in the two counties compared to when the work environment is moderate and less conducive.

To predict the health sector service delivery in Bungoma and Siaya counties given the level of effectiveness of employee motivation, moderated by work environment and controlled by recruitment and selection practice, leadership style and career development management covariates. The following model was used:

$$Y = -1.204 + 0.068 X_1 - 0.063 X_2 + 1.272 X_3 - 0.844 X_4 - 0.343 X_5 + 0.1495 I_{EM}$$

Where;

Y	=	Health Sector Service Delivery in devolved units
X <sub>1</sub>	=	Recruitment and Selection Practice
X <sub>2</sub>	=	Leadership style
X <sub>3</sub>	=	Career Development Management
X <sub>4</sub>	=	Employee Motivation
X <sub>5</sub>	=	Work Environment
I <sub>EM</sub>	=	Interaction effect between Employee Motivation and Work Environment

The findings establish that work environment has a moderating effect on the relationship between employee motivation and health sector service delivery in the counties of Bungoma and Siaya. Armstrong's (2006) study supports these findings that organizations focus on motivating their employees through means like rewards, incentives, promotions and creating a work environment that ensures employees' service delivery is at the highest levels. Promotion, medical allowance, opportunities for training, payment of overtime and salary, and responsibility allowance were established to be some of the motivation packages among HRH (Kyaruzi, 2006). Rutachururwa (2013) further

postulates that employees who are motivated are productive and profitable and exhibit high morale due to reduced turnover and absenteeism in spite of the challenge of motivating them. Nduka, (2016) observed that not all employees in an organization are motivated by the same thing(s) as what may motivate some employees to perform well may demotivate or discourage others. But a good environment; stimulating and diverse tasks, independence, kind and engaged management and good degree of social interaction at the work place play a critical role in the motivation of employees (Armstrong, 2006) regardless of the fact that what motivates employees keeps on changing. Hence the need for managers to endeavor to motivate the healthcare workers for effective and efficient service delivery by investing in a good work environment in the public health facilities in the county governments.

From the results, it's evident that work environment has moderation effect on the relationship between HR practices and service delivery in the public health sector. This implies that whereas efforts are to be made to enhance the HR practices in the public health sector, better results in terms of healthcare service delivery cannot be achieved unless there is an improvement in the work environment. This can be achieved through: formulation of relevant policies, availability of adequate facilities, office space and ensuring good working relationships which justifies Herzberg's Two Factor Theory. Thus, the need for the county governments to invest heavily in the work environment in the public health sector for improved services.

## **CHAPTER FIVE**

### **SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

In this chapter, the summary of the findings is presented, conclusions obtained from the findings on the effect of human resource management practices on public health sector service delivery in the devolved units of Bungoma and Siaya and recommendations. Suggestions for further research are provided too.

#### **5.2 Summary of the Major Findings of the Study**

The study assessed the effect of recruitment and selection practice on service delivery in the public health sector in Bungoma and Siaya County Governments. The human resource management practices under study were recruitment and selection practice, leadership style, career development management and employee motivation. The study too sought to determine the moderating effect of work environment on the relationship between HR practices and service delivery in the public health sector in Bungoma and Siaya county governments. The null hypothesis was that: recruitment and selection practice; leadership style, career development management and employee motivation have no significant effect on public health sector service delivery in Bungoma and Siaya county governments. The study also sought to determine that work environment does not have a significant moderation effect on the relationship between HR practices and public health sector service delivery in Bungoma and Siaya county governments. The findings reveal that recruitment and selection practice, leadership style, career development management and employee motivation have a positive and significant effect on service

delivery. From the data analyzed, the summary of the findings is discussed as per the objectives.

### **5.2.1 Recruitment and Selection Practice on Public Health Sector Service Delivery in Bungoma and Siaya County Governments**

Assessing the effect of recruitment and selection practice on public health sector service delivery in Bungoma and Siaya county governments was the first objective of this study. From the findings, the study established that, the level of recruitment and selection practice in Bungoma and Siaya county governments' public health sector was at 49.4%, a mean value of 2.4667, Std. Dev.= 0.8693, rated low; which clearly portends that the recruitment and selection practice as applied in Bungoma and Siaya county governments' public health sector is deficient as the respondents disagreed with most of the statements on recruitment and selection practice giving a mean value of 2.4667.

Results from the correlation analysis, depict that recruitment and selection practice variable has a significantly strong positive relationship with service delivery in the two county governments with  $r = 0.647 > 0.5$ ,  $p = 0.000 < 0.05$ ). The ANOVA test results showed a positive and significant relationship between recruitment and selection practice and service delivery in the public health sector in the county governments of Bungoma and Siaya with  $\beta = 0.647$ ,  $t = 10.364$ ,  $p = 0.000 < 0.05$ . The null hypothesis recruitment and selection practice has no significant influence on public health sector service delivery in Bungoma and Siaya county governments was rejected and an alternative hypothesis that recruitment and selection practice has a significant positive influence on public health sector service delivery in Bungoma and Siaya county governments accepted. Therefore,

the county governments' leadership to closely consider recruitment and selection factor in enhancing the healthcare workers' service delivery.

### **5.2.2 Leadership Style on Health Sector Service Delivery on Public Health Sector Service Delivery in Bungoma and Siaya County Governments**

The study in its second objective assessed the effect of leadership style on public health sector service delivery in Bungoma and Siaya county governments. The results from the descriptive analysis indicate that the level of leadership style in Bungoma and Siaya counties' public health sector on average was at 51.5%, a mean=2.9018 and Std. Dev.=0.72364 a low rating; a pointer that the leadership style is key in determining the performance of health workers in the public health sector in Bungoma and Siaya devolved units. Majority of the respondents disagreed with the statements on leadership style in the two devolved units resulting to a mean value of 2.9018.

The correlation analysis results indicate that the leadership style variable had a significantly strong positive relationship with service delivery in devolved units with  $r = 0.764 > 0.5$ ,  $p = 0.000 < 0.05$ ) signifying that leadership style has a significantly strong positive relationship with public health service delivery in the in devolved units of Bungoma and Siaya. From the regression coefficient results leadership style has a positive and significant effect on public health sector service delivery in Bungoma and Siaya county governments.

### **5.2.3 Career Development Management on Health Sector Service Delivery on Public Health Sector Service Delivery in Bungoma and Siaya County Governments**

The third objective of this study was to determine the effect of career development management on public health sector service delivery in Bungoma and Siaya counties. From the descriptive analysis findings, most of the human resources for health did not

agree with many of the statements on career development management in the public health sector in the two counties as the level of career development management in the public health sector in the two devolved units on average was at 53% with a mean value of 2.6414 and Std. Dev.=0.80960 which is a low rating.

The correlation output results showed a significantly strong positive relationship between career development management and service delivery with a correlation coefficient  $r = 0.878$  and  $p - \text{value} = 0.000 < 0.05$ . The study further established that career development management had a significant influence on health sector service delivery in the two devolved units. The ANOVA test results determined that  $\beta = 0.876$ ,  $t = 22.198$ ,  $p = 0.000 < 0.05$ . From the correlation analysis results career development management was the strongest variable with a correlation coefficient  $r = 0.876$ . It is evident that career development management predicts service delivery in the public health sector in the two county governments.

#### **5.2.4 Effect of Employee motivation on Health Sector Service Delivery**

The fourth objective of this study sought to establish the effect of employee motivation on service delivery in the public health sector of Bungoma and Siaya county governments. From the study findings, most of the respondents indicated that promotion decisions in the health sector in the two devolved units were not made based on performance and that the general satisfaction of HRH at work was not considered by their employer. From the descriptive analysis results employee motivation level in the public health sector in the two devolved units on average was at 54.1%, a mean value of 2.716 and a Std. Dev.=0.86480) which is a low rating. The correlation output results showed a significantly strong positive relationship between employee motivation and service



delivery with a correlation coefficient  $r = 0.685$  and  $p - \text{value} = 0.000 < 0.05$ . The ANOVA test results determined that  $\beta = 0.685$ ,  $t = 11.484$ ,  $p = 0.000 < 0.05$ .

From the correlation analysis results, career development management variable was the strongest with a correlation coefficient  $r = 0.876$  followed by leadership style  $r = 0.764$ , employee motivation  $r = 0.685$  and recruitment and selection practice  $r = 0.647$ . This calls for a lot of consideration to be made by Bungoma and Siaya County governments and the management of the health facilities on career development management as the variable explicates a big portion of service delivery in the public health sector in the two county governments.

### **5.2.5 Moderating Role of Work Environment on the Relationship Between HR Practices and Health Sector Service Delivery in the Devolved Units of Bungoma and Siaya**

The study sought to determine the moderating role of work environment on the relationship between HR practices and service delivery in the public health sector in Bungoma and Siaya county governments. From the results of the moderation analysis, it was established that work environment has a significant moderation effect on the relationship between recruitment and selection practice and public health sector service delivery in Bungoma and Siaya counties with a significant  $F$ -change statistic,  $F\text{-change} = 4.8234$ ,  $p\text{-value} = 0.0297 < 0.05$ . The interaction effect between recruitment and selection practice and work environment ( $I_{RS}$ ) was found to be significant,  $\beta = 0.0997$ ,  $t = 2.1962$ ,  $p\text{-value} = 0.0297 < 0.05$ . The null hypothesis was thus rejected and the study accepted the alternative hypothesis that work environment has a significant moderating effect on the relationship between recruitment and selection practice and public health sector service delivery in Bungoma and Siaya county governments.

On the moderating effect of work environment on the relationship between leadership style and public health sector service delivery, the study established that work environment does not have any significant moderation effect on the relationship between leadership style and public health sector service delivery in the county governments of Bungoma and Siaya. The F-Change statistic was found not to be significant,  $F\text{-change} = 0.0104$ ,  $p\text{-value} = 0.9189 > 0.05$ . The interaction effect between leadership style and work environment ( $I_{LR}$ ) was found to be insignificant,  $\beta = 0.0057$ ,  $t = 0.1020$ ,  $p\text{-value} = 0.9189 > 0.05$ . Hence the null hypothesis was not rejected ( $H_{05-2}$ ) and it was concluded that work environment does not have a significant moderation effect on the relationship between leadership style and health sector service delivery in Bungoma and Siaya county governments. Conversely, the correlation coefficient and the regression coefficient results showed that work environment has a positive and significant effect on the relationship between leadership style and health sector service delivery in the county governments of Bungoma and Siaya.

Work environment significantly moderated the relationship between career development management and service delivery in the public health sector in Bungoma and Siaya county governments with a significant F- change statistic,  $F\text{-change} = 4.4164$ ,  $p\text{-value} = 0.0374 < 0.05$ . The interaction effect between career development management, and work environment ( $I_{CDM}$ ) was found to be significant,  $\beta = 0.1054$ ,  $t = 2.1015$ ,  $p\text{-value} = 0.0374 < 0.05$ . The null hypothesis ( $H_{05-3}$ ) was thus rejected and the study concluded that work environment has a significant moderation effect on the relationship between career development management and health sector service delivery in the devolved units of Bungoma and Siaya.

The results of the moderating effect of work environment on the relationship between employee motivation and public health sector service delivery in Bungoma and Siaya county governments indicated that work environment significantly moderates the relationship between employee motivation and service delivery in the public health sector in Bungoma and Siaya County Governments with a significant F- change statistic,  $F\text{-change} = 11.5625$ ,  $p\text{-value} = 0.0009 < 0.05$ . The interaction effect between employee motivation and work environment ( $I_{EM}$ ) was found to be significant too with  $\beta = 0.1495$ ,  $t = 3.400$ ,  $p\text{-value} = 0.001 < 0.05$ . rejecting the null hypothesis and concluding that work environment has a significant moderating effect on the relationship between employee motivation and public health sector service delivery in Bungoma and Siaya County governments. It is apparent therefore that work environment has a significant moderating effect on the relationship between HR practices and service delivery as affirmed by Duru *et al*, (2017); Pepple *et al*, (2017) that if a good work environment is provided for employees, it will enhance their morale and productivity.

### **5.3 Conclusions**

From the results, the study drew the following conclusions based on the objectives:

Recruitment and selection practice has a significant effect on service delivery in the public health sector in Bungoma and Siaya County governments rejecting the null hypothesis.

The study concluded that leadership style has a significant effect on service delivery in the public health sector in the two devolved units rejecting the null hypothesis that leadership style has no significant effect on service delivery in the public health sector in Bungoma and Siaya County governments.

The null hypothesis that career development management has no significant effect on public health sector service delivery in Bungoma and Siaya County governments was rejected. Consequently, the study accepted the alternative hypothesis that career development management has a significant effect on health sector service delivery in the public health sector in Bungoma and Siaya County governments.

The study concluded that employee motivation has a significant effect on service delivery in the public health sector in Bungoma and Siaya County governments rejecting the null hypothesis.

On the moderating role of work environment on the relationship between HR practices and health sector service delivery in the public health sector in Bungoma and Siaya County governments, the study concluded that work environment has a significant moderation effect on the relationship between recruitment and selection practice, career development management and employee motivation on public health sector service delivery in Bungoma and Siaya County governments,

However, work environment does not have a significant moderation effect on the relationship between leadership style and health sector service delivery in the public health sector in Bungoma and Siaya County governments

#### **5.4 Recommendations**

Based on the results of this study and conclusions drawn, recommendations are made as follows:

Given the positive, and statistically significant correlation observed between the selected HR practices and service delivery in the public health sectors of the devolved units in Bungoma and Siaya, it is imperative for the respective county governments to embrace and proficiently implement the identified HR practices. This strategic adoption and effective implementation are essential to enhance and streamline service delivery, ensuring efficiency and effectiveness for the benefit of the citizenry.

Having identified weaknesses in the application and implementation of recruitment and selection practice within the public health sector of the two counties, there is need for the formulation and adoption of improved recruitment and selection strategies by counties' management. This imperative arises from the recognition that enhancing recruitment and selection practices is crucial for augmenting efficiency within the public health sector of the aforementioned counties.

It is recommended that counties invest in training programs for managers and supervisors in the health sector to enhance their capacity for quality supervision. This initiative is crucial as it significantly contributes to fostering a positive atmosphere that supports optimal performance among healthcare workers.

The study suggests that county governments should establish comprehensive career progression guidelines to ensure equitable career advancement for healthcare workers across all cadres in Bungoma and Siaya counties. This proactive measure aims to enhance the morale of healthcare workers, fostering a supportive and motivational environment.

Counties ought to devise improved motivation strategies that acknowledge and reward performance, thereby ensuring fairness in the promotion and training processes for healthcare workers.

This study recommends for a substantial investment by county governments in cultivating a conducive work environment within the public health sector of the two devolved units. This entails prioritizing the provision of ample facilities, including wards, beds, theaters, diagnostic and laboratory services, adequate HRH as well as ensuring a consistent supply of medical and non-medical resources.

### **5.5 Suggestions for Further Research**

This study makes the following suggestions:

Since this study focused on the effect of HR practices on public health service delivery in the public health sector, a comparative study is suggested in the private health sector.

The study further suggests that similar research be carried out in other county governments/regions.

From the results, it was established that leadership style before moderation analysis had a positive significant effect on service delivery but after moderation, the study found that work environment did not have a significant moderation effect on the relationship between leadership style and service delivery in the public health sector in the two devolved units. Based on the above findings, this study suggests further research to inquire why work environment does not have a significant moderation effect on the relationship between leadership style and public health sector service delivery.

From the literature reviewed, there was dearth of research that has been done on the HR practices and service delivery in the public health sector in Bungoma and Siaya counties. Hence the need for more research in the said sector using other HR practices.

### **5.6 Contribution to New Knowledge**

The study provides empirical validation of the link between recruitment and selection practice, leadership style, career development management and employee motivation and service delivery. This empirical evidence adds credibility to existing theories and contributes to the practical understanding of how organizational processes impact outcomes in the public health sector in the devolved units.

The research contributes to a deeper understanding of the dynamics between human resource management and the outcomes in the public health sector. This knowledge can be applied not only in selected HR practices but also in the broader context of organizational management within healthcare settings. in the public health sector.

The study contributes to the broader field of organizational behavior by demonstrating the direct effect of HR practices on service delivery outcomes. This understanding is crucial for creating interventions and policies that enhance overall organizational performance in the public health sector in the counties.

The study has brought out the importance of the independent and moderating variables; HR practices and work environment in improving the motivation of healthcare providers for improved service. County governments to use these findings to heavily invest in a good work environment in the health sector for improved service delivery regardless of the other challenges.

The research underscores the critical role played by the independent variable, namely HR practices and the moderating variable (work environment) in enhancing the motivation of healthcare providers and subsequently improving service quality. The findings strongly advocate for county governments to prioritize substantial investments in creating a positive work environment within the public health sector. Despite other challenges, prioritizing a conducive workplace is emphasized as a key strategy to enhance service delivery.



## REFERENCES

- Abuorabl, T. (2012). *The Impact of Transformational and Transactional Leadership Characteristics on Motivation, Job Satisfaction and Trust Within Jordanian Universities*. Liverpool John Moores University (United Kingdom).
- Adano, U. (2008). The Health Worker Recruitment and Deployment Process in Kenya: An Emergency Hiring Program. *Human Resources for Health*, 6, 1-3.
- Adekanbi, A. (2016). *An Investigation into the Impact of Leadership Styles on Employee Retention: Identifying which Leadership Style best encourages Employee Retention in the Nigerian Banking Sector: A Case study of Zenith Bank Plc., Nigeria* (Doctoral dissertation, Dublin, National College of Ireland).
- African Development Bank (2013). Health in Africa Over the Next 50 Years. African Development Bank African union, (2016). Africa Health Strategy 2016 – 2030. Addis Ababa: African Union.
- Ahmad, J., Commins, S., Devarajan, S., Filmer, D., Hammer, J., Pritchett, L., & Soucat, A. (2004). World Development Report 2004: Making Services Work for Poor People (*English*). World Development Report Washington, D.C.: World Bank Group.
- Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., *et al.* (2012). Patient Safety, Satisfaction, and Quality of Hospital Care: Cross-Sectional Surveys of Nurses and Patients In 12 Countries in Europe And the United States. *International Journal for Quality in Health Care Vol. 23 no. 4*
- Alnaqbi, W. (2011). *The Relationship Between Human Resource Practices and Employee Retention in Public Organisations: An Exploratory Study Conducted In The United Arab Emirates* (Doctoral Dissertation, Edith Cowan University).  
<https://ro.ecu.edu.au/theses/424>
- Alonso, R. (2015). *Recruitment and Selection in Organizations*. CEPR Discussion Paper No. DP10662, Available at SSRN: <https://ssrn.com/abstract=2621546>
- Amabile, T. M. (1993). Motivational Synergy: Toward New Conceptualizations of Intrinsic and Extrinsic Motivation in the Work Place. *Human Resource Management Review*, 3(3), 185-201.
- Amadasu, D. E., (2003). Personnel and the Nigerian Management Crisis: Ajaokuta Iron and Steel Mill Examined. *The Abuja Management Review*, 1(4), 1-10.

- Amanchukwu, R. N., Stanley, G. J., & Ololube, N. P. (2015). A review of Leadership Theories, Principles and Styles and their Relevance to Educational Management. *Management*, 5(1), 6-14.
- Amgheib, A. I. A., (2016). *How leadership styles and follower characteristics predict follower work outcomes in Libyan organisations* (Doctoral dissertation, Kingston University).
- Appelbaum, S. H., (2001): *Human Resource Management*. Concordia University, Montreal.
- Armstrong, M., (2006) *A Hand Book of Human Resource Management. 10<sup>th</sup> Edition*. Kogan Page. London and Philadelphia
- Arain, M., Campbell, M. J., Cooper, C. L., & Lancaster, G. A. (2010). What is a pilot Or feasibility study? A review of Current Practice and Editorial Policy. *BMC medical Research Methodology*, 10 (1), 1-7.
- Aruasa, K.W., Chirchir, K.W. & Chebon, K.S., (2019) Determinants of Physicians and Nurses 'Professional Satisfaction at the Moi Teaching and Referral Hospital, Eldoret, Kenya. *Journal of Health, Medicine and Nursing*, Vol.64,
- Asiedu-Appiah, F., Kontor, E., & Asamoah, D., (2013) Effect of Human Resource Management Practices on Employee Retention: Perspectives from the Mining Industry in Ghana. *International Research Journal of Arts and Social Sciences*. Vol. 2(2), 30-48,
- Axene, D. V. (2003). Health care affordability: A valuable concept in understanding our health care system challenges. *Health Sect. News*, 45, 20-22.
- Bakotic, D., & Babic, T. B. (2013). Relationship between Working Conditions and Job Satisfaction: The Case of Croatian Shipbuilding Company. *International Journal of Business and Social Science*, 4(2), 206-213
- Bartol, K. M. & D. C. Martin (1998) *Management: International Edition* (3rd edition). Boston: Irwin, McGraw-Hill.
- Bratton, J. (2007). Strategic Human Resource Management. *Human Resource Management. London: Palgrave Macmillan, London*, 37-71.
- Banjoko, S. A. (2002) *Human Resource Management: An Expository Approach*. Ibadan: Pumark Nig. Ltd
- Bass B. M. (1990) "*Bass and Stogdill's Handbook of Leadership: Theory, Research, and Applications*", The free press, New York.

- Bass & Bass (2008). *The Bass handbook of leadership: Theory, Research, And Managerial Applications* (4th Ed.). New York: Free Press.
- Bass, B. M., & Avolio, B. J. (1993). Transformational leadership and Organizational Culture. *Public Administration Quarterly*, 112-121.
- Beardwell, J., & Clark, I. (2007). An Introduction to Human Resource Management. In *Human Resource Management: A Contemporary Approach* (Eds T Claydon and J Beardwell).
- Beins, C., B & Mc Carthy, M., A., (2012) *Research Methods and Statistics*. Pearson Education, Inc.
- Bertone, M. P., Martins, J. S., Pereira, S. M., Martineau, T., & Alonso-Garbayo, A. (2018). Understanding HRH recruitment in Post-Conflict settings: An Analysis of Central-Level Policies and Processes in Timor-Leste (1999–2018). *Human Resources for Health*, 16(1), 1-12.
- Blau, G. J., (1988) Further Exploring the Meaning and Management of Career Commitment. *Journal of vocational behavior*, 32(3), 284-297.
- Bhattacharjee, A., (2012) *Social Science Research: Principles, Methods, and Practices*. Textbooks Collection. 3. [https://digitalcommons.usf.edu/oa\\_textbooks/3](https://digitalcommons.usf.edu/oa_textbooks/3)
- Biswakarma, G. (2016). Organizational Career Growth and Employees' Turnover Intentions: Empirical Evidence from Nepalese Private Commercial Banks. *International Academic Journal of Organizational Behavior and Human Resource Management*, 3(2), 10-26.
- Bold, T., Gauthier, B., Svensson, J., & Wane, W. (2010). *Delivering Service Indicators in Education and Health in Africa: A Proposal*. World Bank Policy Research Working Paper, (5327).
- Bourgault, M., Drouin, N., & Hamel, E. (2008). Decision Making Within Distributed Project Teams: An Exploration of Formalization and Autonomy as Determinants of Success. *Project Management Journal*, 39(1\_suppl), S97-S110.
- Braithwaite J., Herkes J., Ludlow K., Testa L., & Lamprell G., (2017) Association Between Organisational and Workplace Cultures, and Patient Outcomes: Systematic Review. *BMJ* 7(11)
- Bungoma County HIV & AIDS Strategic Plan 2014/2015 – 2018/2019. County Government of Bungoma

Bungoma County Integrated Development Plan (2013-2017). County Government of Bungoma

Bungoma County Integrated Development Plan (2018-2022). County Government of Bungoma

Bushiri, C. P. (2014). *The Impact of Working Environment on Employees' Performance. The Case of Institute of Finance Management in Dar es Salaam* (Doctoral Dissertation, The Open University of Tanzania).

Chatterjee, S., Levin, C., & Laxminarayan, R. (2013). Unit Cost of Medical Services at Different Hospitals in India. *Plos one*, 8(7),

Ciarimboli, G., Frericks, M., Riemenschneider, T., & O'Neill, M., (2017) *Effects of Workplace Environment on Recruitment and Retention*. Honors Research Projects. 543. Available at [http://ideaexchange.uakron.edu/honors\\_research\\_projects/543](http://ideaexchange.uakron.edu/honors_research_projects/543)

CIC (2015) *Integration of the Constitutional Values and Principles of the Rights Based Approach into Health Service Delivery. A Report of the Assessment of Bungoma County Health Facilities*. Commission for the Implementation of the Constitution.

Chitra, K. (2013). Role of Leaders in Employee Retention – A pragmatic Study With Reference to Private Sector Bank Employees. *International Research Journal of Business and Management*, 6(1), 65-74.

Chipeta, E., Bradley, S., Chimwaza-Manda, W., & McAuliffe, E. (2016). Working Relationships Between Obstetric Care Staff and Their Managers: A critical Incident Analysis. *BMC health services research*, 16(1), 1-9.

Cichon, M., Newbrander, W., Yambana, H., Weber, A., Normand, C., Dror, D., & Preker, A., (1999) *Qualitative Methods in Social Protection Series. Modelling in Health Care Finance*. A joint Technical Publication of the International Labour Office and The International Social Security Association

Clinton-Baker, M. (2013). *The Relationship Between Career Anchors, Organisational Commitment and Turnover Intention* (Doctoral dissertation, University of South Africa).

Colbert, B. A. (2004). The Complex Resource-Based View: Implications for Theory and Practice in Strategic Human Resource Management. *Academy of Management Review*, 29(3), 341-358

Commission on Revenue Allocation, (2011) Kenya County Fact Sheets

- Costello, A. B., & Osborne, J., (2005). Best Practices in Exploratory Factor Analysis: Four Recommendations for Getting the Most from Your Analysis. *Practical Assessment, research, and evaluation*, 10(1), 7.
- Creswell, J. W. (2014). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage publications.
- Crossen, L. S. J., (2015). *Self-leadership, Leadership Styles, and Employee Engagement: Testing Moderation Models*. University of Canterbury
- Chuma J. and Okungu V., (2011). Viewing the Kenya Health System Through an Equity Lens: Implications for Universal Coverage. *International Journal for Equity in Health*, 10, 1-14
- Daniel, C.O, (2019) Effect of Work Environment on Employees Performance in Nigeria. *International Journal of Research in Management Issue 8, Vol.2*
- Das, T. K., & Teng, B. S., (2000). A Resource-Based Theory of Strategic Alliances. *Journal of Management*, 26(1), 31-61.
- Dawson, C. (2002). *Practical Research Methods: A User-Friendly Guide to Mastering Research*. How to books. United Kingdom
- Dei, M. R., (2014) *Effects of Human Resource Management Practices on Retention of Employees in The Banking Industry in Accra, Ghana*. Doctoral Dissertation, Kenyatta University.
- Decenzo, D, A., & Robins S. P., (2007) *Fundamentals of Human Resource Management (9<sup>th</sup> edition)*, John Wiley and Sons, Inc, Hoboken, NJ, 2007.
- Dessler, G., Cole N.D., & Sutherland V. L. (1999) *Human Resources Management in Canada* Seventh Edition. Prentice-Hall Canada Inc. Scarborough, Ontario
- Devarajan, S., Khemani, S., & Shah, S. (2009). *The politics of partial decentralization. Does Decentralization Enhance Service Delivery and Poverty Reduction*. Edward Elgar Publishing Limited
- Dewey, J. (1938). *Logic: The Theory of Inquiry*. New York: Henry Holt.
- DHIS, (2016) Division of Health Informatics and Surveillance
- DHIS, (2017) Division of Health Informatics and Surveillance

- Duru, C. E., & Shimawua, D. (2017). The Effect of Work Environment on Employee Productivity: A case Study of Edo City Transport Services Benin City, Edo State Nigeria. *European Journal of Business and Innovation Research*, 5(5), 23-39.
- Edem, M. J., Akpan, E. U., & Pepple, N. M. (2017) Impact of Workplace Environment on Health Workers. *Occupational Medicine & Health Affairs*, 5(2), 1-5.
- Eisenhardt, M., K., (1989). Agency Theory: An Assessment and Review. *Academy of management Review*, 14(1), 57-74.
- Eklr (2018) *Cause No. 5 of 2014*. Kenya Law Reports
- Employers Guide to Recruitment. How to Get the Right Man (or Woman) for the Job? Russell HR Consulting &bookboon.com
- Elston, R. C., Satagopan, J. M., & Sun, S. (Eds.). (2012). *Statistical Human Genetics: Methods and Protocols*. New York: Humna Press.
- Engelbrecht and Crisp (2010). Improving the Performance of the Health System. *South African Health Review*, Volume 2010, Issue 1: 195-204
- Faraji, J., (2013) *The Role of Motivation on Employees Work Performance in Public Organization: A Case of National Development Corporation* (Doctoral dissertation, The Open University of Tanzania).
- Faux, J. (2010). Pre-Testing Survey Instruments. *Global Review of Accounting and Finance*, 1(1), 100-111.
- Fieldman, D.C., & Thomas, D.C. (2004). Career Management Issues Facing Expatriates *Journal of International Business*, 23(2), 271-293.
- Foday, A., (2014) *Perceived Relationship Between Career Development and Employee Retention at Deloitte Kenya* (Doctoral dissertation, University of Nairobi).
- Gachui, J. G., Were, S., & Namusonge, G. (2020). Effect of Work Environment on Employee Performance at The Ministry of Education Headquarters in Kenya. *International Journal of Social Sciences and Information Technology*, 7, 30-45.
- Ganapathy, V., (2018) *Strategic Management of Human Capital*. 1<sup>st</sup> Edition. Bookboon.com
- Gberevbie, D., E., (2009) *Personnel Recruitment and Retention Strategies in Lagos State Civil Service of Nigeria*. *African Research Review Vol. 3 (3)*.

- Ghasemi, A. & Zahediasl S., (2012). Normality Tests for Statistical Analysis: A Guide for Non- Statisticians. *International Journal of Endocrinology and Metabolism*. 2012;10(2):486-489.
- Gerardi, D. (2004). Using Mediation Techniques to Manage Conflict and Create Healthy Work Environments. *AACN Advanced Critical Care*, 15(2), 182-195.
- Gergely, E., (2012). *Performance Management Examination in Human Resource Management in Certain Profit - Oriented Organizations and Mayor's Offices*. Unpublished PhD thesis. University of Debrecen.
- Gergen, K. J. (1995). Social Construction and the Educational Process. *Constructivism in Education*, 17, 39.
- Gilson L, Barasa E., & Nxumalo N, (2017). Everyday Resilience in District Health Systems: Emerging Insights from the Front Lines in Kenya and South Africa. *BMJ Global Health* 2(2), e000224.
- Gitonga, L., & Gachunga, H., (2015) Influence of Work Environment on Organizational performance in government ministries. *The Strategic Journal of Business and Management Research*, Vol. 2 (83), pp 1043 – 1071
- Goetz, K., Marx, M., Marx, I., Brodowski, M., Nafula, M., Prytherch, H., Awour, I., K., E., O., & Szecsenyi, J. (2015). Working Atmosphere and Job Satisfaction of Health Care Staff in Kenya: An Exploratory Study. *BioMed Research International*, Vol.
- GOK (2014). Health Sector Human Resources Strategy 2014-2018. Kenya Ministry of Health.
- GOK, (2010). The Constitution of Kenya, 2010. Government Printers
- GOK, (2012). The County Government Act, 2012. Government Printers
- Granovetter, M. (1985). Economic Action and Social Structure: The Problem of Embeddedness. *American Journal of Sociology*, 91(3), 481-510.
- Gravetter, F. J., & Wallnau, L. B. (2000). *Statistics for The Behavioral Sciences*. Stamford. CT: Wadsworth.
- Gupta, A., Govindarajan, V., (2002). Cultivating a Global Mindset. *Academy of Management Executive* 16 (1), 116–126.
- Gwaro, J., and Owino, J., (2017) An Inquiry into Industrial Action Among Nurses in Kenya: A Management Problem or Leadership Failure? *Baraton Interdisciplinary Journal*, 7.

- Hafeez, I., Yingjuni, Z., Hafeez, S., and Mansoori, R., (2019) Impact of Workplace Environment on Employee Performance: Mediating Role of Employee Health. *Business, Management and Economics Engineering*, 17(2), 173-193.
- Hamdok, A., Adejumobi, S., Mangué, G., Demeksa, K., Ranaivomanana, G., & Tchoumavi, B. E. (2010). *Innovations and Best Practices in Public Sector Reforms: The Case of Civil Service in Ghana, Kenya, Nigeria and South Africa*. Governance and Public Administration Division of ECA.
- Hendra R, Hill A (2019) Rethinking Response Rates: New Evidence of Little Relationship Between Survey Response Rates and Nonresponse Bias. *Evaluation Review*, 43(5), 307-330
- Hoi, H., H., (2013) *A Study of the Effectiveness of Recruitment in Selecting Qualified Talents in Service Organization*. University Malaysia Pahang
- Hurwitz, W, (1990) Notes on Intercultural Training and Development: *Quarterly Journal of Career Development Practices* 76(3)262-281
- Huselid, M. A. (1995). The Impact of Human Resource Management Practices on Turnover, Productivity, and Corporate Financial Performance. *Academy of management journal*, 38(3), 635-672.
- Ismail, A., Adnan, H. N., and Bakar, A.R., (2014) *Perceived Career Development Support in Workplace Career Programme*. *Economic Annals*, 59(201), 157-175.
- Igwenagu, C. (2016). *Fundamentals of Research Methodology and Data Collection*. LAP Lambert Academic Publishing.
- Issa, F. (2011) *Public Sector Human Resource Managers. Promoting Professionalism And Implementing the Public Service Charter at The National Level: Facilitating and Inhibiting Factors and Strategic Actions*. Republic of Tanzania
- Jaeger, F. N., Bechir M., Harouna M, Moto D., D., 4 and Utzinger, J., (2018) Challenges and Opportunities for Healthcare Workers in A Rural District of Chad. *BMC Health Services Research*, 18(1), 1-11
- Jackson, D., T., (2016). *The Relationship Between Transformational Leadership Style and Employees' Perception of Leadership Success in Higher Education*. Liberty University
- Jackson, S., L., (2009) *Third Edition Research Methods and Statistics. A Critical Thinking Approach*. Jacksonville University Wadsworth, Cengage Learning



- Jalil, M. A., Shaikh, M. A. H., & Alam, M. J. (2014). Human Resource Management Practices and Operational Performance: An Empirical Study on kushtia sugar mills ltd. *Human Resource Management*, 5(1).
- Jensen, M., C., and . Meckling W, H., (1976)"Theory of the Firm: Managerial Behavior, Agency Costs and Ownership Structure." *Journal of financial economics*, 3(4), 305-360.
- Joshi, M., (2015) *How to Deal with Your Manager*. 1<sup>st</sup> Edition.bookboon.com  
 Joshi, M., (2013) *Human Resource Management*. 1<sup>st</sup> Edition. Bookboon.com
- Kaiser, H. F. (1974). A computational Starting Point for Rao's canonical Factor Analysis: Implications for Computerized Procedures. *Educational and Psychological Measurement*, 34(3), 691-692
- Kakui, I. M., & Gachunga, H. (2016). Effects of Career Development on Employee Performance in the Public Sector: A case of National Cereals and Produce Board. *Strategic Journal of Business & Change Management*, 3(3), 307-324.
- Karamanis, K., Arnis, N., & Pappa, P. (2019). Impact of Working Environment on Job Satisfaction: Evidence from Greek Public Sector. *Theoretical & Empirical Researches in Urban Management*, 14(3).
- Kelly, L. M., & Cordeiro, M. (2020). Three Principles of Pragmatism For Research On Organizational Processes. *Methodological Innovations*, 13(2).
- Kenya County Fact Sheets, (2011) Commission on Revenue Allocation. Nairobi: Kenya National Bureau of Statistics
- Khan, R., (2016) *Leadership Style and Organization Performance*. MPRA Paper No.70387 Available at <https://mpra.ub.uni-muenchen.de/70387/>
- Kiambati, H., Kioo, C., & Toweett, J., (2013) *Understanding the Labour Market of Human Resources for Health in Kenya*. World Health Organisation Working Paper.
- Kieny, M. P., Evans, T. G., Scarpetta, S., Kelley, E. T., Klazinga, N., Forde, I., Veillard, J., Henry, M., Leatherman, S., Syed S., Nejad, S. B., Liam, D. & Kim, S. M.(2018). *Delivering Quality Health Services: A Global Imperative for Universal Health Coverage*. Washington, DC: World Bank Group.
- Kiiru, D. K., & Kiiru, D., (2022) Work Environment and Performance of Employees In Public Health Sector in Nairobi City, County Kenya. *The Strategic Journal of Business & Change Management*, 9 (2), 1301 - 1317.

- Kimanzi, C. M., (2014) *Factors Influencing Provision of Quality Service in The Public Health Sector, A Case of Mwingi Sub-County Hospital, Kitui County-Kenya*. (Doctoral dissertation, University of Nairobi).
- Kipruto, K., & Letting, N., (2017) Factors Influencing Provision of Health Care in A Devolved System of Government, Bungoma County, Kenya. *Global Journal of Health Sciences*, 2(1), 13-38
- Kirigia, J. M., Emrouznejad, A., & Sambo, L. G. (2002). Measurement of Technical Efficiency of Public Hospitals in Kenya: Using Data Envelopment Analysis. *Journal of Medical Systems*, 26, 39-45.
- Kirigia, J. M., Preker, A., Carrin, G., Mwikisa, C., & Diarra-Nama, A. J. (2006). An Overview of Health Financing Patterns and The Way Forward in The WHO African Region. *East African Medical Journal*, 83(9), S1-S28.
- Kodarlikar, M. Umale, V., (2020) A Healthy Workplace Environment: Impact on Employee and Organizational Performance. *IRE Journals Volume 4 Issue 2*
- Kothari, C.K. (2004) *Research Methodology: Methods and Techniques*. Revised 2<sup>nd</sup> Edition. New Age International Publishers
- Kozlenkova, I. V., Samaha, S.A. and Palmatier, R.W., 2014. Resource-Based Theory in Marketing. *Journal of the Academy of Marketing Science*, 42, 1-21.
- Kumar, R., (2011) *Research Methodology. A step-by-step Guide for Beginners*. London. SAGE.
- Kwenin, D., O., (2013) Relationship Between Work Environment, Career Development Opportunities and Employee Retention in Vodafone Ghana Limited. *Global Journal of Human Resource Management* 1, no. 4 (2013): 1-9
- Kyaruzi, E., F., (2017) *Assessing the Effects of Motivation on Organizational Performance: A Case of MHS Massana Hospital, Dar es Salaam Tanzania* (Doctoral dissertation, The Open University of Tanzania).
- Lannes, L. (2015). *An Analysis of Health Service Delivery Performance in Rwanda* (Doctoral dissertation, London School of Economics and Political Science).
- Lankeu M., R., & Maket J., L., (2012) Towards a Results-Oriented Public Service in Kenya: The Modern Human Resource Management Perspective. *International Journal of Business and Social Science*, 3(21).

- Laursen, K., & Foss, N. J. (2003). New human Resource Management Practices, Complementarities and the Impact on Innovation Performance. *Cambridge Journal of economics*, 27(2), 243-263.
- Leroy, H., L., Anseel, F., Gardner, L., W., and Sels, L., (2015) Authentic Leadership, Authentic Followership, Basic Need Satisfaction, and Work Role Performance: A Cross-Level Study. *Journal of management*, 41(6), 1677-1697.
- Lewis, M., & Pettersson Gelande, G. (2009). Governance in Health Care Delivery: Raising Performance. World Bank Policy Research Working Paper, (5074).
- Linda, H. Aiken L., Sloane, M.D., Clarke, Sean, Poghosyan, L., You, E.C.L., Finlayson, M., Kanai-Pak, M., & Aunguroch, P., (2011) Importance of work environments on hospital outcomes in nine countries. *International Journal for Quality in Health Care* 2011; Volume 23, Number 4: pp. 357 –364
- Lopez, J., Velez, F., Hernan, J., Lopez, F., Velez, J., Gutierrez, J., Gomez, L., Hernandez, F., Medina, H. & Aristizabal, W. F. (2018,). Business Processes Management Implementation in Health Sector. *International Conference on Applied Mathematics & Computational Science* (pp. 184-1845).
- Lowe, N. K., (2019) What is a Pilot Study? *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 48(2), 117-118.
- Luballo, W. O., and Kipkorir, C., S., (2017) Human Resource Management Practices and Service Delivery in County Government of Siaya, Kenya. *International Journal of Current Aspects in Human Resource Management* 1(1), 95-113.
- Lupia, A, (2001). Delegation of Power: Agency Theory. In Neil J. Smelser and Paul B. Baltes (eds.) *International Encyclopedia of the Social and Behavioral Sciences* 5: 3375 - 3377.
- Maassen S.M., Van Oostveen C, V., Ermeulen H, Weggelaar A.M., (2021) Defining a Positive Work Environment for Hospital Healthcare Professionals: A Delphi study. *PLoS ONE* 16 (2)
- MacCallum, R. C. & Austin, J. T., (2000). Applications of Structural Equation Modeling in Psychological Research. *Annual Review of Psychology*, 51(1), 201-226.
- Maher, A., & El Bedawy, R., (2015). Human Resources Management in Southeastern Asia's Local Government Case Study: Philippine and Thailand. *International Journal of Business and Management Review* Vol.3(2)

- Maina, B. W., & Waiganjo, E. (2014). Effect of Human Resource Management Practices On Employees Retention in Institutions of Higher Learning in Kenya: A Case Study of Kenyatta University. *The Strategic Journal of Business & Change Management*, 1(2), 258-277.
- Malakoane, B., Heunis, C., J., Chikobvu P., Kigozi, G., N., & Kruger, H., W., (2022). Improving Public Health Sector Service Delivery in The Free State, South Africa: Development of A Provincial Intervention Model. *BMC Health Services Research*, 22(1), 1–16.
- Malik, M. A. (2022). Fragility and Challenges of Health Systems in Pandemic: Lessons From India's Second Wave of Coronavirus Disease 2019 (COVID-19). *Global Health Journal*, 6(1), 44-49.
- Mamuli, C. L., (2017). *Influence of Human Resource Management Practice on Academic Staff Retention in Universities* (Doctoral dissertation, JOOUST).
- Maphumulo, W.T. & Bhengu, B.R., (2019) ‘Challenges of Quality Improvement in The Healthcare of South Africa Post-Apartheid: A Critical Review’, *Curationis* 42(1), 1-9
- Marouf, H., (2019). Pragmatism as a Supportive Paradigm for the Mixed Research Approach: Conceptualizing the Ontological, Epistemological, and Axiological Stances of Pragmatism. *International Business Research*; Vol. 12, No. 9;
- Massudi, B. M., (2013) *Impact of Employee Motivation on Job Performance in Tanzania Banking Sector. A Case Study of Tanzania Postal Bank Head Office and Metropolitan Branch*. Masters Thesis. The Open University of Tanzania
- Maxwell, J. A. (2010). Review of (Theory and educational Research: Toward critical Social Explanation). *Virginia. George Mason University*.
- McColgan, P., (2001). *Agency Theory and Corporate Governance: A Review of the Literature from a UK Perspective*. Department of Accounting and Finance Working Paper, 6, 0203.
- Ministry of Medical Services and Ministry of Public Health and Sanitation (2012). *Accelerating Attainment of Health Goals: The Kenya Health Sector Strategic and Investment Plan – KHSSP July 2012 – June 2017*
- Mishra, P., Pandey, C. M., Singh, U., Gupta, A., Sahu, C., & Keshri, A. (2019). Descriptive Statistics and Normality Tests for Statistical Data. *Annals of cardiac Anaesthesia*, 22(1), 67

- Morgan, D., L., (2014). *Integrating Qualitative and Quantitative Methods: A Pragmatic Approach*. Thousand Oaks: Sage
- Mohamedi, B. M., (2013) *Impact of Employee Motivation on Job Performance in Tanzania Banking Sector. A Case Study of Tanzania Postal Bank Head Office and Metropolitan Branch*. A Master Degree. Open University of Tanzania
- MOH, (2012) *Accelerating Attainment of Health Goals: The Kenya Health Sector Strategic and Investment Plan – KHSSP July 2012 – June 2018*. Ministry of Medical Services and Ministry of Public Health and Sanitation.
- Moldoveanu, M., & Stevenson, H. (2001). The Self as A Problem: The Intra-Personal Coordination of Conflicting Desires. *The Journal of Socio-Economics*, 30(4), 295-330.
- Molina-Azorin, J. F. (2016). Mixed Methods Research: An Opportunity to Improve our Studies and Our Research Skills. *European Journal of Management and Business Economics*, 25, 37-38.
- Mirzoev T, & Kane S., (2017) *What Is Health Systems Responsiveness? Review of Existing Knowledge and Proposed Conceptual Framework*. *BMJ global health*, 2(4),
- Mokoele, M.S., (2012), ‘*The Impact of the Undocumented Immigrants on the Provision of Housing, Job Opportunities and Health Facilities in Limpopo Province: A Case Study of Polokwane Municipality*’. Master’s Degree, University of Limpopo.
- Moses M., W., Korir J., & Zeng W., (2021) Performance Assessment of the County Healthcare Systems in Kenya: A Mixed-Methods Analysis. *BMJ Global Health* 2021;6:
- Mugenda, O. M., & Mugenda, A. G. (2012). *Research Methods: Quantitative and qualitative Approaches*. Nairobi. Acts press.
- Mugenda, O. M., & Mugenda, A. G. (2003). *Research Methods: Quantitative & Qualitative Approaches* (Vol. 2, No. 2). Nairobi: Acts press.
- Mulaki, A., & Muchiri, S. (2019). Kenya Health System Assessment. Washington DC: USAID.

- Muathe, S. M., & Nyambane, J. A. (2017). Strategic Human Resource Management Practices and Performance of Employees in the Ministry of Health, Nairobi City County, Kenya. *International Journal for Innovation Education and Research*, 5(12), 211-227.
- Mufeed, S., A., (2015) Impact of Human Resource Management Practices on Organizational, Performance: An Empirical Study of State Bank of India (SBI). *GE-International Journal of Management Research*, 3(5), 316-327.
- Mutembei, G. C., & Tirimba, O. I. (2018). Role of Human Resource Management Strategy in Organizational Performance in Kenya. *International Journal of Scientific and Research Publication*, 4(10), 125-141.
- Ng'ethe, *et al.* (2012). Effect of Leadership Style on Academic Staff Retention in Public Universities in Kenya. *International Journal of Business and Social Science* 3(21),297-303
- Nduka, O., (2016) *Employee Motivation and Performance*. Unpublished Thesis. Centria University of Applied Sciences Business Management
- Nyawira, L., Tsofa, B., Musiega, A., Munywoki, J., Njuguna, R. G., Hanson, K., & Barasa, E. (2022). Management of Human Resources for Health: Implications for Health Systems Efficiency in Kenya. *BMC Health Services Research*, 22(1), 1046.
- Ntenga, E. K. (2018). *Leadership Style and Employee Turnover Intentions in Construction in Kenya: A Case of Apec Consortium Limited* (Doctoral Dissertation, Mua).
- Nzinga, M., J., (2016) *Improving Delivery of Hospital Care in Kenya – Understanding How Health Workers and Contexts Effect Change*. Doctoral dissertation, University of Warwick).
- Obiwuru, T. C., Okwu, A. T., Akpa, V. O., & Nwankwere, I. A. (2011). Effects of Leadership Style on Organizational Performance: A Survey of Selected Small-Scale Enterprises in Ikosi-Ketu Council Development Area of Lagos State, Nigeria. *Australian Journal of Business and Management Research*, 1(7), 100.
- Ochieng, K., O., (2017). Who is responsible? Local Government and Accountability for Service Delivery in Kenya's Devolved Health Sector. *Commonwealth Journal of Local Governance*, 158-171
- Odette R., & Nzewi, O., (2010) *Overview of Issues, Challenges and Prospects of Effective Management of Human Resources in The Public Service in Africa*. Paper Presented at the African Human Resources Network Conference in Benin

- Organisation for Economic Co-operation and Development (OECD). (2008). Service Delivery in Fragile Situations: Key Concepts, Findings and Lessons. *OECD Journal on Development*, 9(3), 7-60.
- Oladipo, K., Othman, S., J, Daud, A., Abdullahi, S., M., Agbana., A., Nargeskia & Ndid, N., L., (2013) Leadership Styles and its Effectiveness on Employees' Job Commitment. *Research on Humanities and Social Sciences*, 3(9), 169-75.
- Ollukkaran, B. A., & Gunaseelan, R. (2012). A Study on the Impact of Work Environment on Employee Performance. *Namex International Journal of Management Research*, 2(2), 71-85.
- Oluwatayo, J. A. (2012). Validity and Reliability Issues in Educational Research. *Journal of Educational and Social Research*, 2(2), 391-400.
- Ong'ayo G., Ooko, M., Wang'ondu, L., Bollomley, C., Nyaghara, A., Tsofa B., Williams, T., Bejon, P., Scott, A., & Etyang, A., (2019), Effects of strikes By Health Workers on Mortality Between 2010 – 2016 in Kilifi. A Population Based Cohort Analysis. *Lancet Global Health*, 7(7), e961-e967.
- Ongori, H. & Agolla, J.E. (2009). Paradigm Shift in Managing Career Plateau in Organization: The best Strategy to Minimize Employee Intention to Quit. *African Journal of Business Management*, 3(6), 268-271
- Osborne, W.J, (2008). *Best Practices in Quantitative Methods*. SAGE Publications, Inc.
- Pfeffer, J., (2009) Building Sustainable Organizations. The Human Factor. Research Paper. No. 2017. California. Stanford University.
- Polit, D. F. & Beck, C. T. (2017). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. United Kingdom: Wolters Kluwer Health.
- Puni, A., Ofei, S. B., & Okoe, A. (2014). The effect of leadership styles on firm performance in Ghana. *International Journal of Marketing Studies*, 6(1), 177.
- Purcell, J. (2003). *Understanding the people and performance link: Unlocking the black box*. CIPD Publishing.
- Purohit, B., & Martineau, T. (2016). Issues and challenges in recruitment for government doctors in Gujarat, India. *Human Resources for Health*, 14, 1-14.
- Pynes, J. E. (2009). *Human Resources Management for Public and Nonprofit Organizations: A Strategic Approach*. USA: A Wiley Imprint.

- Quinn, D., (2014) *An Evaluation of the Recruitment and Selection Process Employed by “Manufacturing Company X” and Assessing Whether a More Advanced Process or Method of Recruitment and Selection May Reduce Staff Turnover*. Doctoral dissertation, Dublin, National College of Ireland
- Qomariah, N., Friyanti, D., & Budisatoto, E. (2020). The impact of leadership style, work environment and job satisfaction on employee performance. *International Journal of Engineering Research and Technology*, 13(8), 2020-2030.
- Rakuom, C. (2010). *Nursing Human Resources in Kenya: Case Study*. Available at <http://memberfiles.freewebs.com/67/27/85462>
- Ramgooty-Wong, A. (2014). The future of public sector HRM in Mauritius from an Accountability perspective. *Open Journal of Social Sciences*, 2(03), 55.
- Rasool S. F., Maqbool R, Samma M, Zhao Y, & Anjum A. (2019). Positioning Depression as a Critical Factor in Creating a Toxic Workplace Environment for Diminishing Worker Productivity. *Sustainability*. 11(9),2589
- Raziq, A & Maulabakhsh, R., (2015) Impact of Working Environment on Job Satisfaction. *Procedia Economics and Finance* 23, 717 – 725
- Rees-Caldwell, K., & Pinnington, A. H. (2013). National culture differences in project management: Comparing British and Arab project managers' perceptions of different planning areas. *International Journal of Project Management*, 31(2), 212-227.
- Riaz, Q., Ayaz, K., Wain, A. M., & Sajid, M., (2012). Impact of HR practices on Perceived performance of hospital employees in Pakistan. *Journal of Economics and Sustainable Development*, 3(11), 10-15.
- Ricardo, A., (2014) *Recruitment and Selection in Organizations*. University of Southern California, Los Angeles, CA, USA. Available at SSRN 2621546
- Rodgers, M., (2012). *Kenya Nursing Workforce Report. The Status of Nursing in Kenya*. Ministry of Health
- Rousseau, D. M., (1998). Why Workers Still Identify with Organizations. *Journal of Organizational Behavior*, 19, 217–233.
- Rutachururwa, E., E., (2013) The Contribution of Employees’ Motivation on Organization Performance: A Case of Tanzania Electric Supply Company (TANESCO) Limited (Doctoral dissertation, The Open University of Tanzania)



- Saidi, N. S. A., Michael, F. L., Sumilan, H., Lim, S. O. L., Jonathan, V., Hamidi, H., & Ahma, A. I. A. (2019). The Relationship Between Working Environment and Employee Performance. *Journal of Cognitive Sciences and Human Development*, 5(2), 14-22
- Sang, W., H., (2015) *The Relationship Between Human Resource Management Practices and Labour Productivity in State Corporations in Kenya* (Doctoral dissertation).Sani, A. S., & Maharani, V., (2015) Relationship between Human Resource Management (HRM) Practices and Organizational Performance Moderated by Organizational Commitment. *Australian Journal of Basic and Applied Sciences*, 9(7), 185-188.
- Saraswathi, S., (2011). A Study on Factors that Motivate IT and Non-IT Sector Employees: A Comparison. *International Journal of Research in Computer Application and Management*, Vol. 1 (2), 72-77
- Sarstedt, M., Mooi, E., Sarstedt, M., & Mooi, E. (2014). Hypothesis Testing & ANOVA. *A Concise Guide to Market Research: The Process, Data, and Methods Using IBM SPSS Statistics*, 141-192.
- Savickas, M. L. (2011). New questions for vocational psychology: Premises, paradigms, and practices. *Journal of Career Assessment*, 19(3), 251-258.
- Schwarz, G., Newman, A., Cooper, B., & Eva, N. (2016). Servant leadership and Follower Job performance: The mediating effect of public service motivation. *Public Administration*, 94(4), 1025-1041.
- Senyucel, Z., (2009) *Managing the Human Resource in the 21<sup>st</sup> Century*. BookBoon
- Sekaran, U. (2003) *Research Methods for Business. A Skill Building Approach*. 4<sup>th</sup> Edition. John Willy & Sons.
- Shemdoe, A., Mbaruku, G., Dillip, A., Bradley, S., William, J., Wason, D., & Hildon, Z. J.L. (2016). Explaining retention of healthcare workers in Tanzania: moving on, coming to 'look, see and go', or stay? *Human resources for health*, 14, 1-13.
- Siddle, A., M., (2011), *Decentralisation in South African Local Government: A critical Evaluation*, Doctoral thesis, University of Cape Town.
- Sijenyi, A., S., (2022) Health Resource Allocation Trends in Subnational Governments of Kenya: A Case of the County Government of Siaya. *IOSR Journal of Nursing and Health Science (IOSR-JNHS) Volume 11, Issue 3 Ser. VII*, 01-05

- Spector, P. (1997). *Job satisfaction: Application, assessment, causes and consequences*, Thousand Oaks, C A, Inc (Vol. 3). Sage Publications.
- Srinivasan, K., & Saravanan, S., (2015) Delivery of Public Health Care Services: Assessing Customer Satisfaction Using Servqual Approach. *International Journal of Application or Innovation in Engineering & Management (IJAIEM)*, 4(7), 6-14.
- Stalpers, D., de Brouwer, B. J., Kaljouw, M. J., & Schuurmans, M. J. (2015). Associations Between Characteristics of The Nurse Work Environment and Five Nurse-Sensitive Patient Outcomes In Hospitals: A Systematic Review Of Literature. *International Journal of Nursing Studies*, 52 (4), 817 - 835
- Storey, J., & Sisson, K. (1993). *Managing human resources and industrial relations*. Open University Press.
- Sulastiningtiyas, D., & Nilasari, B. M. (2018). The Effect of Leadership Style, Work Environment, And Organizational Motivation on Employee Performance with Job Satisfaction as Variable Mediating. *Business and Entrepreneurial Review*, 18(2), 93-114.
- Tan, T., H., & WaheedA., (2011). Herzberg's Motivation-Hygiene Theory and Job Satisfaction in the Malaysia Retail Sector: The Mediating Effect of Love of Money. *Asian Academy of Management Journal*, Vol. 16 (1), 73–94
- Tabachnick, B. G., & Fidell, L. S. (2007). *Experimental designs using ANOVA* (Vol.724). Belmont, CA: Thomson/Brooks/Cole.
- Tabachnick, B. G., & Fidell, L. S. (2001), *Using Multivariate Statistics* (5<sup>th</sup> ed) Pearson Needham Heights, MA
- Tay, L., & Diener, E., (2011). Needs and subjective well-being around the world. *Journal Of Personality and Social Psychology*, 101(2), 354.
- Tashakkori, A., & Teddlie, C., (2003). *Handbook of Mixed Methods on Social & Behavioral Research*. SAGE Publications, London
- Tetteh, J., (2015) *Succession Planning, Employee Retention and Organisational Effectiveness Among Some Selected Organisations in Ghana*. Unpublished Thesis. University of Ghana, Legon.
- Theuri, M. W., Macharia, S., & Kamau, A. (2020). An assessment of the influence of working environment on service delivery in the public health sector in Nyeri County, Kenya. *Management and Economics Research Journal*, Vol. 6,

- Trottier, T., Van Wart, M., & Wang, X. (2008). Examining the nature and significance of leadership in government organizations. *Public administration review*, 68(2), 319-333.
- Tsofa, B., Molyneux, S., Gilson, L., & Goodman, C. (2017). How does decentralization affect health sector planning and financial management? a case study of early effects of devolution in Kilifi County, Kenya. *International Journal for Equity in Health*, 16(1), 1-12.
- Tsui, A. S., Pearce, J. L., Porter, L. W., & Tripoli, A. M. (1997). Alternative approaches to the employee-organization relationship: does investment in employees pay off? *Academy of Management journal*, 40(5), 1089-1121
- Uzoma, F., (2014). Human resource management practices and employee retention in Nigeria's manufacturing industries. *International Journal of Scientific & Engineering Research*, 5(2), 1741-1754.
- Veld, M., & Van De Voorde, K., (2014). How to take care of nurses in your organization: Two types of exchange relationships compared. *Journal of Advanced Nursing*, 70(4), 855-865.
- Wachira, B., & Martin, I. B. (2011). The state of emergency care in the Republic of Kenya. *African Journal of Emergency Medicine*, 1(4), 160-165.
- Wafula, M. A. W., Masinde, D., & Olichina, S. (2021). Effect of Devolution of Healthcare Services on the Motivation and Retention of Medical Personnel in Bungoma County. *International Journal of Community Medicine and Public Health*, 8(6), 2685–2693.
- Weiner, J., & Glickman, A., (2018) *What Is "Affordable" Health Care? A Review of Concepts to Guide Policy Makers*. Leonard Davis Institute of Health Economics.
- Weng, Q., & McElroy, J. C. (2012). Organizational Career Growth, Affective Occupational Commitment and Turnover Intentions. *Journal of Vocational Behavior*, 80(2), 256-265.
- Wong, C. A., Cummings, G. G., & Ducharme, L., (2013). The Relationship Between Nursing Leadership and Patient Outcomes: A Systematic Review Update. *Journal of nursing management*, 21(5), 709-724.
- World Health Organization (2018). *A Vision for Primary Health Care in the 21<sup>st</sup> Century: Towards Universal Health Coverage and The Sustainable Development Goals* (No. WHO/HIS/SDS/2018.15). World Health Organization.

- World Health Organization. (2015). *WHO Global Strategy on People-Centred and Integrated Health Services: Interim Report* (No. WHO/HIS/SDS/2015.6). World Health Organization.
- World Health Organization. (2016). *World Health Statistics 2016 [OP]: Monitoring Health for the Sustainable Development Goals (SDGs)*. World Health Organization.
- World Health Organization (WHO). (2011). *Health Situation Analysis in the African Region: Atlas of Health Statistics, 2011*. World Health Organization (WHO).
- World Health Organization (2006). *The World Health Report 2006: Working Together For Health*. World Health Organization.
- World Health Organization. (2000). *The World Health Report 2000: Health Systems: Improving Performance*. World Health Organization.
- Yagambaram, L. (2012). *Effects of leadership style on job satisfaction in small and Medium enterprises (SMEs) in Malaysia*. Unpublished dissertation, University Sains Malaysia.
- Yahiaoui, D., Anser A.& Lahouel, S. (2015) Human Resource Management and Public Organizations. *Global Journal of Human Resource Management Vol.3. No. 2, Malaysia*
- Yamamoto, H. (2006). The Relationship Between Employees' Inter-Organizational Career Orientation and Their Career Strategies. *Career Development Journal, 11(3), 243-264*.
- Yusefzadeh, H., & Nabilou, B. (2020). Work environment factors and provider performance in health houses: a case study of a developing country. *BMC research notes, 13, 1-6*.
- Zikmund, W. G., Babin, B. J., Carr, J. C., & Griffin, M. (2010). *Business Research Method 8<sup>th</sup> ed.* Cengage Learning.

## APPENDICES

### Appendix 1: Questionnaire for HRH

You have been selected to assist in providing information that will assist assess the effect of human resources management practices on service delivery in the health sector in Bungoma and Siaya Counties. The information provided is purely for academic purpose and it shall not be used for any other purpose and will be treated confidentially. Kindly fill the questionnaire in the spaces provided as appropriately possible. Thank you for sparing time outside your busy schedule to fill

#### **Part A. Background Information (Please tick appropriately)**

Gender: Male ( ) Female ( )

Age: Below30 yrs. ( ), 31 – 40 ( ), 41 – 50 ( ), 51 – 60, above 60 ( )

Marital status: Single ( ), Married ( ), Widowed ( ), Separated ( )

Highest academic qualification: Certificate ( ), Diploma ( ), Higher National Diploma ( ), Degree ( ), Masters ( ),

Others

(specify).....

What is your designation: Medical Officer ( ), Clinical Officer ( ), Nurse ( ),  
Pharmaceutical Technologist/Technician ( ), Laboratory Technologist/  
Technician ( )

For how long have worked in this institution/facility? Below 2 yrs. ( ),  
3 – 5 yrs. ( ), 6 – 10 yrs. ( ), over 10 yrs. ( )

What are your employment terms: Permanent and pensionable ( ), Contract  
( ), others ( ), Specify.....

**Part B: Recruitment and Selection as Practiced in the organization**

Using the above stated Likert scale of 1- 5, kindly indicate your extent of agreement with each of the items on recruitment and selection management practices in your organization.

1.Strongly Agree (SA)	2.Agree (A)	3. Neutral(N)	4. Disagree (DA)	5.Strongly Agree (SD)						
Recruitment and selection practice in the organization				SA	A	N	D	SD		
Departments do carry out staff needs assessment to determine staffing needs in this organization										
Vacant positions are declared and advertised externally to attract a large number of qualified applicants										
Applicants are subjected to a competitive shortlisting process										
vii) The selection panel is composed to ensure qualified and competent personnel are hired.										
ix) Only qualified and competent persons are appointed after competitive interviews to ensure efficient and effective service delivery										
xi) Internal promotions are done first before vacant positions are advertised to be filled externally										

**Part C. Leadership Style on service delivery in the organization**

Using the below stated Likert scale of 1- 5, please indicate your extent of agreement with each of the items on the leadership role on employee performance in your organization.

Strongly Agree, 2. Agree, 3. Neutral, 4. Disagree (D), 5. Strongly Disagree (SD)

Leadership style on employee service delivery in the organization	SA	A	N	D	SD
He/she gives new suggestions on how to complete assigned tasks quickly					
Employees are encouraged to make decisions that can improve their performance					
Open communication is encouraged by the supervisor in this organization					
Appreciates and communicates satisfaction when targets are met					
He/she exudes confidence and is knowledgeable in relation to work					
Rarely makes decisions					
Focus on the mistakes, shortcomings and threatens employees					
Is sensitive to the needs of the employees and encourages a sense of purpose in them					

The leader is never present when needed					
Instills a sense of pride and unity of purpose in his/her staff					
My supervisor treats everyone with respect at work					

<b>Part D. Employees' Career Development Management in the organization</b>					
Using the below stated Likert scale of 1- 5, please indicate your extent of agreement with each of the items on career development in your organization. Strongly Agree, 2. Agree, 3. Neutral, 4. Disagree (D), 5. Strongly Disagree (SD)					
Employees' Career Development Management in the organization	SA	A	N	D	SD
This organization provides very good opportunities for promotion					
The process of promoting employees is fair to all					
Opportunities for promotion are offered equally to all employees					
Those who get additional qualifications are usually considered for promotion					
Only qualified and deserving employees get opportunities for promotion					
There is a clear succession plan in this organization					
Employees are adequately and properly trained when their job entails new tasks and responsibilities					
My chances of being promoted in this organization are very high					
This institution provides adequate number of training opportunities to prepare employees do their job efficiently					
The training opportunities provided suit my job needs					
Employees who have a clear path for career growth tend to perform better					
I discuss my career aspirations with my supervisor					
Employees are advised and encouraged to be responsible for their own personal growth and development					

<b>Part E. Employees Motivation</b>					
Using the below stated Likert scale of 1- 5, please indicate your extent of agreement with each of the items on employee motivation in your organization. Strongly Agree, 2. Agree, 3. Neutral, 4. Disagree (D), 5. Strongly Disagree (SD)					
Employees Motivation	SA	A	N	D	SD
The salary that I get is commensurate to the job that I do					
The work that I do is appreciated by my supervisor					
My general satisfaction at work is highly considered by my employer					
Promotion decisions made are based on the performance appraisal results					
Employees in this organization are satisfied with their salary					
<b>Part F. Work Environment</b>					
Using the below stated Likert scale of 1- 5, please indicate your extent of agreement with each of the items on work environment in your organization. Strongly Agree, 2. Agree, 3. Neutral, 4. Disagree (D), 5. Strongly Disagree (SD)					
Work Environment	SA	A	N	D	SD
There are adequate offices for staff in this organization					
The furniture available for staff is adequate					
The laboratories available are adequate serve the patients adequately					
This facility has enough theatres to handle emergency cases					
There are adequate beds for patients in this facility					
The work environment in this organization is conducive to for provision of quality services					
I am satisfied with the work environment in this organization					
The good working relationship among staff improve quality of services provide					



## Appendix II: Questionnaire for in Patients on Service Delivery

You have been selected to assist in providing information that will assist establish the effect of human resource management practices on service delivery in the health sector in Bungoma and Siaya Counties. The information provided is strictly for academic reason and shall not be used for any other reason and will be treated with the utmost confidentiality. Kindly fill the questionnaire in the spaces provided as appropriately possible. Thank you for sparing time to fill this questionnaire despite your condition.

Background Information (Please tick appropriately)

Gender: Male ( ) Female ( )

Age: Below 30 yrs. ( ), 31 – 40 ( ), 41 – 50 ( ), 51 – 60, above 60 ( )

Marital status: Single ( ), Married ( ), Widowed ( ), Separated ( )

For how long have you been admitted to this facility ( ), Below 3 days ( ), 5 – 10 days ( ), Over 10 ten days

<b>Part A. Service Delivery (Questionnaire for in-patients /caretakers)</b>					
Using the below stated Likert scale of 1- 5, please indicate your extent of agreement with each of the items on services rendered to you in this health facility					
Strongly Agree, 2. Agree, 3. Neutral, 4. Disagree (D), 5. Strongly Disagree (SD)					
Service Delivery (Questionnaire for in-patients /caretakers)	SA	A	N	D	SD
The process of admission at this facility takes long					
The doctor's visits were regular and timely as indicated					
The hospital staff responded quickly whenever I needed their assistance					
Staff take don't take long to respond to patients requests for assistance					
Patients in this facility are handled well					
Staff allow patients to seek more information from them regarding their condition					
Staff are friendly and very supportive					
Staff are caring and attend to patients timely and regularly					

**Appendix III. Service Delivery (Questionnaire for HRH)**

Using the below stated Likert scale of 1- 5, please indicate your extent of agreement with each of the items on services rendered to you in this health facility

Strongly Agree, 2. Agree, 3. Neutral, 4. Disagree (D), 5. Strongly Disagree (SD)

Service Delivery Questionnaire for HRH	SA	A	N	D	SD
The Services offered in the hospital are affordable within the capability of most patients					
The healthcare services are easily accessible by the patients.					
The hospital is adequately equipped to offer relevant services to most of the patient's needs.					
The hospital has enhanced emergency services for timely response to emergency issues.					
Patients in this facility are handled well					
Staff allow patients to seek more information from them regarding their condition					
The workload of doctors/nurses is adequate for efficient service delivery					

#### **Appendix IV: Interview Schedule for Human Resource Officers (HROs)**

How is the recruitment and selection of healthcare workers handled?

How are vacant positions in the health sector advertised in your county?

What are main challenges do you face during recruitment and selection process in your county?

How does recruitment and selection practice affect delivery of services in the public health sector in your county?

How does the style of leadership affect the performance of health care workers in your county?

How does career development management process affect the performance of health care workers in your county?

What aspect of employee motivation have an effect on the delivery of services in the public health sector in your county?

How does the work environment in the public health facilities in your county affect the performance of the healthcare workers?

What would be your comment on the effectiveness of HR practices in influencing service delivery in the public health sector in your county?

**Appendix V. Interview Schedule for the In- charge**

In your opinion, do you think the way staff are recruited and selected increase performance of staff in your institution? Yes ( ) No ( )

b) Please give reason (s) for your answer

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

Are employees recruited according to the qualification?

Does political interference effect the recruitment of employees in your organization?

In your opinion, how long does it take for the county government to replace staff who have exited service

What do you think management can do to improve the recruitment and selection process in your organization?

Does this organization have a training policy?

Do all employees have an equal opportunity for training?

Does the hospital management give incentives to employees who show exemplary performance?

Which incentives are usually given to the employees?

What measures has the hospital management put in place to ensure employees perform optimally?

Are employees' promotions based on performance?

Do you have mechanisms for addressing complaints? Which ones.

In your opinion, does the work environment in this facility motivate staff to perform optimally?

b) Briefly state the reason(s) for your answer.

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

**THE END**

## Appendix VI: Document Analysis Guide

<b>Objectives</b>	<b>Questions to Analyze the Objective</b>
<p>To assess the effect of recruitment and selection practice on Health sector service delivery in Devolved Units.</p>	<p>Departments do carry out staff needs assessment to determine staffing needs in this organization;</p> <p>Vacant positions are declared and advertised externally to attract a large number of qualified applicants;</p> <p>Applicants are subjected to a competitive shortlisting process;</p> <p>User departments are normally involved in the shortlisting and interview of staff in their departments</p> <p>The selection panel is well trained for the exercise and competent to ensure qualified and competent personnel are hired.</p> <p>Only qualified and competent persons are appointed after competitive interviews to ensure efficient and effective service delivery</p>
<p>To determine the effect of leadership role on health sector service delivery in Devolved Units</p>	<p>Leader communicates performance goals clearly and precisely</p> <p>The leader provides support to the members when approached</p> <p>He/she gives new suggestions on how to complete assigned tasks quickly</p> <p>Employees are encouraged to make decisions that can improve their performance</p> <p>Open communication is encouraged by leaders in this organization</p> <p>Appreciates and communicates satisfaction when targets are met</p> <p>Focus on the mistakes, shortcomings and threatens employees</p> <p>Intervenes in situations only when things are serious</p> <p>Is sensitive to the needs of the employees and encourages a sense of purpose in them</p> <p>The leader is never present when needed</p> <p>My supervisor treats everyone with respect at work</p>
<p>To assess the effect of career development on health sector service delivery in Devolved</p>	<p>This organization provides very good opportunities for promotion</p> <p>Opportunities for promotion are offered equally to all employees</p> <p>The process of promoting employees is fair to all</p>

Units.	<p>Those who get additional qualifications are usually considered for promotion</p> <p>Employees are adequately and properly trained when their job entails new tasks and responsibilities</p> <p>My chances of being promoted in this organization are very high</p> <p>This institution provides adequate number of training opportunities to prepare employees do their job efficiently</p> <p>I have been well equipped to handle more challenging work and situations better</p> <p>I discuss my career aspirations with my supervisor</p>
To establish the effect of motivation on health sector service delivery in Devolved Units	<p>The salary that I get is commensurate to the job that I do</p> <p>My general satisfaction at work is highly considered by my employer</p> <p>The work that I do is appreciated by my supervisor</p> <p>My employer allows me to make independent decisions with regard to my job.</p> <p>Promotion decisions made are based on the performance appraisal results</p> <p>Employees in this organization are satisfied with their salary</p>
Determine the moderating role of work environment on the relationship between HR practices and health sector service delivery in Devolved Units	<p>There are adequate offices for staff in this organization</p> <p>The furniture available for staff is adequate</p> <p>The laboratories available are adequate serve the patients adequately</p> <p>This facility has enough theatres to handle emergency cases</p> <p>There are adequate wards to take care of all patients admitted in this facility</p> <p>Drugs and other non- medical supplies are always available</p> <p>There are adequate beds for patients in this facility</p> <p>Management has provided recreational facilities for both patients and staff</p> <p>The work environment in this organization is conducive to for provision of quality services</p> <p>I am satisfied with the work environment in this organization</p> <p>The good working relationship among staff improve quality of services provide</p>

	<p>Service Delivery Indicators</p> <p>The process of admission at this facility takes long</p> <p>I was attended to promptly by the medical staff upon arrival in this facility</p> <p>The doctor's visits were regular and timely as indicated</p> <p>The hospital staff responded quickly whenever I needed their assistance</p> <p>Staff take long to respond to patient's requests</p> <p>Patients in this facility are handled well</p> <p>Staff allow patients to seek more information from them regarding their condition</p> <p>Staff are friendly and very supportive</p> <p>Staff are caring and attend to patients timely and regularly</p> <p>I was attended to on time by staff as scheduled</p>
--	--

**Appendix VII: Bungoma County HRH Per Cadre Per Facility**

<b>Sub-county/Zones</b>	<b>Name of Facility</b>	<b>No. of MOs</b>	<b>No. of Clinical Officers</b>	<b>No. of Nurses</b>	<b>No. of Pharm. Techs</b>	<b>No. of Lab. Techs</b>	<b>Sub-Total</b>
Kanduyi	Bungoma County Referral Hospital	36	69	177	17	33	332
	Mechimeru Health Centre	0	0	8	0	1	9
	Mumbule Dispensary	0	0	4	0	0	4
	Mayanja Dispensary	0	0	6	0	1	7
	Bulondo Dispensary	0	2	4	0	0	6
	Ekitale Dispensary	0	1	5	0	0	6
	Bukembe Dispensary	0	1	6	0	1	8
	GK Prisons Dispensary	0	0	3	0	0	3
	Kongoli Dispensary	0	0	3	0	0	3
	Ranje Dispensary	0	0	3	0	0	3
	Musikoma Dispensary	0	0	3	0	0	3
	Ndengelwa Dispensary	0	0	2	0	0	2
	Huduma Centre	0	0	2	0	0	2
Bumula	Bumula Sub-County Hospital	1	6	17	1	4	29
	Kabula Health Centre	0	1	9	0	1	11
	Kimaeti Health Centre	0	1	5	0	1	7
	Siboti Health Centre	0	1	5	0	1	7
	Khasoko Dispensary	0	0	1	0	0	1
	Miluki	0	0	5	0	0	5



	Dispensary						
	Kitabisi Dispensary	0	0	1	0	0	0
	Kibuke Dispensary	0	0	4	0	0	4
	Lunakwe Dispensary	0	0	2	0	0	2
	Mwomo Dispensary	0	0	2	0	0	2
	Muanda Dispensary	0	0	1	0	0	1
	Mukwa Dispensary	0	0	2	0	0	2
	Machwele Dispensary	0	0	1	0	0	1
	Nasianda Health Centre	0	0	2	0	0	2
	Talitia Dispensary	0	0	1	0	0	1
Cheptais	Cheptais Sub- County Hospital	0	8	18	2	2	30
	Tuikut Dispensary	0	0	2	0	0	2
	Ruanda Dispensary	0	0	2	0	0	2
	Wasio Dispensary	0	0	3	0	0	3
	Kapsambu Dispensary	0	0	2	0	0	2
	Kabura Dispensary	0	0	1	0	0	1
	Kapkateny Dispensary	0	0	1	0	0	1
	Marigo Dispensary	0	0	2	0	0	2
	Kang'ang'a Dispensary	0	0	2	0	0	2
	Chesikaki Dispensary	0	0	2	0	1	3
	Kaptola Dispensary	0	0	2	0	0	2

	Kopsiro Health Centre	0	0	2	0	0	2
	Chebube Dispensary	0	0	2	0	0	2
Kabuchai	Chwele Sub-County Hospital	2	6	18	3	4	33
	Kimalewa Health Centre	0	0	5	0	1	6
	Kabuchai Health Centre	0	0	6	0	2	8
	Nalondo Health Centre	0	0	6	0	1	7
	Chemwa Dispensary	0	0	2	0	0	2
	Ngalasia Dispensary	0	0	2	0	0	2
	Sikusi Dispensary	0	0	2	0	0	2
	Nasaka Dispensary	0	0	1	0	0	1
	Nalondo CBM	0	0	1	0	0	1
	Makhonge Dispensary	0	0	1	0	0	1
	Lwanda Dispensary	0	0	2	0	0	2
	Lucho Dispensary	0	0	2	0	0	2
	Sikulu Dispensary	0	0	2	0	0	2
	Lukhome Dispensary	0	0	2	0	0	0
Kimilili	Kimilili Sub - County Hospital	6	14	61	2	8	91
	Kamukuywa Dispensary	0	0	2	0	0	2
	Kibingei Dispensary	0	0	1	0	0	1
	Maeni Dispensary	0	0	5	0	0	5
	Bahai Dispensary	0	0	3	0	0	3
	Nasusi Dispensary	0	0	3	0	0	3

	Kamasielo Dispensary	0	0	2	0	0	2
	Makhonge Dispensary	0	1	5	0	1	7
	Bituyu Dispensary	0	0	2	0	0	2
	Chebkwabi Dispensary	0	0	1	0	0	1
	Sulwe Dispensary	0	0	1	0	0	1
	Kambini Dispensary	0	0	1	0	0	0
Mt. Elgon	Mt. Elgon Sub-County Hospital	3	9	29	1	4	46
	Sacha Dispensary	0	0	3	0	0	3
	Kamuneru Dispensary	0	0	2	0	0	2
	Koshok Dispensary	0	0	2	0	0	2
	Chemworomo Dispensary	0	0	2	0	0	2
	Kaptelelio Dispensary	0	0	2	0	0	2
	Kaborom Dispensary	0	0	3	0	0	3
	Kemenjo Dispensary	0	0	2	0	0	2
	Chesinende Dispensary	0	0	2	0	0	2
	Kaboywo Dispensary	0	0	2	0	0	2
	Chemses Dispensary	0	0	2	0	0	2
	Chepkerer Dispensary	0	0	1	0	0	1
Sirisia	Sirisia Sub-County Hospital	3	1	21	3	4	32
	Malakisi Health Centre	0	3	10	0	2	15
	Tamlega Dispensary	0	0	2	0	0	2

	Korosiandent Dispensary	0	0	2	0	0	2
	Kolani Dispanesary	0	0	1	0	0	1
	Bisunu Dispensary	0	0	1	0	0	1
	Machakha Dispensary	0	0	1	0	0	1
	Kaptanai Dispensary	0	0	1	0	0	1
	Lwandanyi Dispensary	0	0	4	0	0	4
	Chepkutumi Dispensary	0	0	1	0	0	1
	Bukokholo Dispensary	0	0	1	0	0	1
Tongaren	Tongaren Sub-County Hospital	1	3	2	1	1	8
	Naitiri Sub-County Hospital	1	9	18	2	4	27
	Ndalu Health Centre	0	2	9	0	1	12
	Tongaren Health Centre	0	1	11	0	1	14
	Makutano Dispensary	0	2	5	0	0	7
	Mwikhupo Dispensary	0	0	2	0	0	2
	Karima Dispensary	0	1	6	0	0	7
	Makhanga Dispensary	0	0	3	0	0	3
	Tabani Dispensary	0	0	1	0	0	1
	Lukhuna Dispensary	0	0	3	0	0	3
	Sango- Naitiri Dispensary	0	0	2	0	0	2
	Kibisi Dispensary	0	0	2	0	0	2
	ACK	0	0	1	0	0	1

	Kamukuywa Dispensary						
	ACK Soysambu Dispensary	0	0	2	0	0	1
	Lungai Dispensary	0	0	2	0	0	2
	Sango – Kabuyefwe Dispensary	0	0	2	0	0	2
	Sirakaru Dispensary	0	0	2	0	0	2
	Pwani Dispensary	0	0	1	0	0	1
	Makololwe Dispensary	0	0	1	0	0	1
	Lukhokhwe Dispensary	0	0	1	0	1	2
Webuye East	Webuye Health Centre	1	1	8	0	1	10
	Sinoko Health Centre	0	0	9	1	2	12
	Mihuu Dispensary	0	0	4	0	2	7
	Lukusi Dispensary	0	0	2	0	0	2
	Mulachi Dispensary	0	0	2	0	0	2
	Lurare Dispensary	0	0	2	0	0	2
	Namarambi Dispensary	0	0	2	0	0	2
	Mamwatickho Dispensary	0	0	2	0	0	2
	Khaoya Dispensary	0	0	2	0	0	2
Webuye West	Webuye Sub-County Hospital	20	21	148	8	14	211
	Bokoli Sub - County Hospital	1	5	17	2	3	28
	Milo Health Centre	0	1	7	1	1	10

	Miskhu Health Centre	0	1	2	0	0	3
	Miendo Health Centre	0	1	3	0	0	4
	Mukhe Dispensary	0	0	3	0	0	1
	Kituni Dispensary	0	0	1	0	0	1
	Matulo Dispensary	0	0	3	0	0	3
	Kayaya Dispensary	0	0	3	0	0	3
	Mahanga Dispensary	0	0	1	0	0	3
	Khalumuli Dispensary	0	0	3	0	0	3
	Khalala Dispensary	0	0	3	0	0	3
	Matisi Dispensary	0	0	2	0	0	2
	Sitikho Dispensary	0	0	2	0	0	2
	Kakimanyi Dispensary	0	0	2	0	0	2
Total		76	172	864	43	104	1,264

*(Source: Office of the Director of Health, Bungoma County, 2019)*



## Appendix IX: Authority to Conduct Research



### JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY

BOARD OF POSTGRADUATE STUDIES  
*Office of the Director*

Tel. 057-2501804  
Email: [hps@jooust.ac.ke](mailto:hps@jooust.ac.ke)

P.O. BOX 210 - 40601  
BONDO

**Our Ref:** B161/4233/2017

**Date:** 26<sup>th</sup> March 2021

#### TO WHOM IT MAY CONCERN

#### RE: PAMELA NAFULA NYONGESA – B161/4233/2017

The above person is a bonafide postgraduate student of Jaramogi Oginga Odinga University of Science and Technology in the School of Business and Economics pursuing a PhD in Human Resource Management. She has been authorized by the University to undertake research on the topic: "*Human Resource Management Practices and Service Delivery, Public Sector Perspective, County Governments*".

Any assistance accorded her shall be appreciated.

Thank you



Prof. Dennis Ochiudho  
**DIRECTOR, BOARD OF POSTGRADUATE STUDIES**



# Appendix X: Research License

  
**REPUBLIC OF KENYA**

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

RefNo: **795225** Date of Issue: **29/April/2021**

**RESEARCH LICENSE**



**This is to Certify that Ms.. Pamela Nafula Nyongesa of Jaramogi Oginga Odinga University of Science and Technology, has been licensed to conduct research in Bungoma, Siaya on the topic: Human Resource Management Practices and Service Delivery. Public Sector Perspective. County Governments, for the period ending : 29/April/2022.**

License No: **NACOSTI/P/21/10230**

**795225**  
Applicant Identification Number

  
Director General  
**NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION**

Verification QR Code




**NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.**

## Appendix XI: Authority to conduct Research in Siaya County

96

**COUNTY GOVERNMENT OF SIIAYA**



**DEPARTMENT OF HEALTH AND SANITATION**

E-mail: [siayachd@gmail.com](mailto:siayachd@gmail.com)  
ADJACENT TO JCC CHURCH  
PHONE:  
SIIAYA TOWN

COUNTY HEALTH HEADQUARTERS  
SIIAYA COUNTY  
P O BOX 597  
**SIIAYA**

**Our Ref: CGS/CHD/RESEARCH/VOL.IV (96) 20<sup>TH</sup> MAY, 2021**

Medical Superintendent  
Siaya County Referral Hospital  
County Government of Siaya

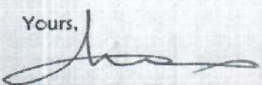
**RE: CLEARANCE TO CONDUCT A RESEARCH ON THE COUNTY GOVERNMENT HUMAN RESOURCE MANAGEMENT PRACTICES AND SERVICE DELIVERY PUBLIC SECTOR PERSPECTIVE.**

Pamela Nafula Nyongesa of Jaramogi Oginga Odinga University of Science and Technology, has received authorization from the National Commission of Science and Technology (NACOSTI), to conduct the above referenced study vide License No: NACOSTI/P/21/, in our County.

The specific objectives of the Research are:

1. To assess the influence of recruitment and selection practice on Health sector service delivery in Devolved Units.
2. To determine the influence of leadership role on health sector service delivery in Devolved Units
3. To assess the influence of career development on health sector service delivery in Devolved Units.
4. To establish the influence of motivation on health sector service delivery in Devolved Units
5. To determine the moderating role of work environment on the relationship between HR practices and health sector service delivery in Devolved Units

This is to notify you that the study has been approved by the office of the undersigned, kindly accord the team necessary support.

Yours,  
  
Dr. Felix Tindi  
Ag. County Director of Health  
**SIIAYA**

**COUNTY DIRECTOR OF HEALTH  
SIIAYA COUNTY  
20 MAY 2021  
P.O. Box 597-40600,  
SIIAYA.**

CC: 1. CECM – Health and Sanitation 2. Ag. Chief Officer of Health

CS CamScanner

Appendix XI: Authority to conduct Research in Bungoma County

rlc

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA  
MINISTRY OF HEALTH  
OFFICE OF THE COUNTY DIRECTOR  
HEALTH



Telegrams: "MEDICAL", BUNGOMA  
Telephone: (055) 30230 Fax: (055) 30650  
E-mail: docakatu@yahoo.com  
When replaying please quote

COUNTY DIRECTOR OF HEALTH  
BUNGOMA COUNTY  
P. O. BOX 18-50200  
BUNGOMA

OUR REF: CG/BGM/CDH/RESRC/VOL.1

DATE: 17<sup>TH</sup> MAY, 2021

Ms. Pamela Nafula Nyongesa  
**Jaramogi Oginga Odinga University of  
Science & Technology**

**RE: APPROVAL TO CONDUCT RESEARCH IN BUNGOMA COUNTY**

Following your application for authority to collect data on "**Human Resource Management Practices and Service Delivery. Public Sector Perspective. County Governments**", I am pleased to inform you that you have been authorized to collect the data for the period ending 29<sup>th</sup> April, 2022.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the County Director of Health. The soft copy of the same should be submitted through the online Research Information system.

Thank you.

  
ROBERT MOSE  
FOR: COUNTY DIRECTOR OF HEALTH  
**BUNGOMA COUNTY**

COUNTY DIRECTOR OF HEALTH  
BUNGOMA COUNTY  
P. O. Box 18-50200  
BUNGOMA

Appendix XI: Authority to conduct Research in Bungoma County

alc

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA  
MINISTRY OF HEALTH  
OFFICE OF THE COUNTY DIRECTOR  
HEALTH



Telegrams: "MEDICAL", BUNGOMA  
Telephone: (055) 30230 Fax: (055) 30650  
E-mail: docakatu@yahoo.com  
When replaying please quote

COUNTY DIRECTOR OF HEALTH  
BUNGOMA COUNTY  
P. O. BOX 18 - 50200  
BUNGOMA

OUR REF: CG/BGM/CDH/RESRC/VOL.1

DATE: 17<sup>TH</sup> MAY, 2021

Ms. Pamela Nafula Nyongesa  
**Jaramogi Oginga Odinga University of  
Science & Technology**

**RE: APPROVAL TO CONDUCT RESEARCH IN BUNGOMA COUNTY**

Following your application for authority to collect data on "**Human Resource Management Practices and Service Delivery. Public Sector Perspective. County Governments**", I am pleased to inform you that you have been authorized to collect the data for the period ending 29<sup>th</sup> April, 2022.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the County Director of Health. The soft copy of the same should be submitted through the online Research Information system.

Thank you.

  
ROBERT MOSE  
FOR: COUNTY DIRECTOR OF HEALTH  
**BUNGOMA COUNTY**

COUNTY DIRECTOR OF HEALTH  
BUNGOMA COUNTY  
P. O. BOX 18-50200  
BUNGOMA