**FACTORS INFLUENCING STAFF PERFORMANCE IN PUBLIC LEVEL TWO AND THREE HEALTH FACILITIES IN GITHUNGURI SUB-COUNTY, KIAMBU COUNTY, KENYA**

**SAMWEL OTIENO ONDIEK**

**A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN HEALTH SYSTEMS MANAGEMENT OF KENYA METHODIST UNIVERSITY**

**SEPTEMBER, 2023**

## DECLARATION

I declare that this thesis is my original work and has not been presented for a degree at any other university.
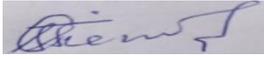
Signed _[signature]_ Date: 15th September, 2023

Samwel Otieno Ondiek

HSM-3-2993-2/2013

SUPERVISORS

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

Signature: ……… ……………….……….. Date: 15th September, 2023

Tenambergen, PhD

Department of Health Systems Management Kenya Methodist University
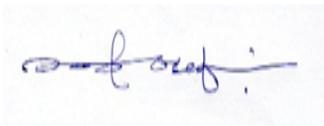
Signature: _[signature]_ Date: 14.09.2023

Musa Oluoch

Department of Health Systems Management Kenya Methodist University

# DEDICATION

To my incredible late wife, Jane Okenyuri who urged me to enroll for this course and immensely supported me at the onset the best way she could.

# ACKNOWLEDGMENT

# ABSTRACT

Staff performance is a crucial element in the realization of the goals and objectives of any organization. Staff training is one of the techniques for assisting employees to become experts at their own trade. Most of the countries which do not meet the minimum threshold in various health parameters are from Sub-Saharan Africa and this lead to an increase in the rate of global disease burden. The main objective of this study was to examine the factors influencing staff performance in public level 2 and 3 health facilities in Githunguri Subcounty, Kiambu County, Kenya. Specifically, the study determined the influence of training, availability of job descriptions, deployment practices and supervision on staff performance. The design was descriptive cross-sectional study with quantitative data collection. The research study was conducted at all public level 2 and 3 health facilities in Githunguri Subcounty, in Kiambu County. The study target population comprised of the 262 Health Care Workers (HCWs) from 13 healthcare facilities. The study sample was 159 HCWs and data was collected using self-administered questionnaires. The results showed that majority of the technical staff were fully trained and close to 42(27.2%) were partially trained. A third, 47(30.5%) reported that they had not attended any Continuous Medical Education (CMEs) sessions while 45(29.2%) had attended at least two CMEs and 25(16.2%) had attended only one CME in the past half year prior to the study. Half, 56(36.4%) had not attended any workshop/seminar, while 49(31.8%) had attended more than three on-job trainings. Half, 90(58.4%) were aware of the deployment policies in the organization, 81(52.6%) ascertained that they felt their roles were aligned to their training and expectations, 93(60.4%) were aware of the supervision policy. Their attitude towards whether their roles were aligned to their training and expectations had a non-significant effect on the staff performance. the training extent had a positive influence on the performance of the HCWs as those fully trained had OR of 5.1 compared to those partially trained who had OR 3.4, ($p<0.05$) while the number of CMEs attended by the respondents, had a positive impact on the staff performance as those who attended one CME had OR=2.7, ($p<0.05$) while two CMEs attended had OR=6.7, ($p<0.05$). that job description had a positive effect on the job performance as on the statement that if they felt roles were aligned to their training, those that agreed had OR of 3.22 ($p<0.05$) compared to those who disagreed while assessing their level of satisfaction with current job, those that were very satisfied had OR of 5.01 ($p<0.05$) compared to those satisfied (OR=5.4, $p<0.05$). On deployment, awareness of the deployment policies had a positive effect on job performance as those indicated yes had OR=2.49 ($p<0.05$) while number of transfers had negative impacts on job performance as those that none transfers had OR of 0.5, $p>0.05$) compared to those with one and two transfers (OR=2.8, $p<0.05$) and OR=12.6, $p>0.05$) respectively. The structures for reporting complaints and compliments had negative influence on the staff performance. The study recommends that the County Government of Kiambu should increase the number of on-job trainings, seminars and workshops to motivate, increase skills and competence among HCWs. The Health Management Teams of the health facilities should conduct staff sensitization on the deployment policies and reduce the number of transfers given to the staff. The County health offices should maintain a clear and well-defined structures of promotion and motivation strategies.

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# CHAPTER 1: INTRODUCTION

## 1.1 Background to the study

Staff performance is a crucial element when it comes to the realization of the goals and objectives of any organization or company. To realize these goals, it is imperative that the organization be more intentional on improving performance in their strategic plans. According to Ogden and Grigg, (2003), employee training is a critical component of Human Resource Management. It enables the administration to learn more about the employees and it also enables the staff members to maximize their own talents and abilities. Staff training is also a technique for assisting employees to become experts at their own trade.

Platis et al. (2019) undertook their study in USA on the relation between job satisfaction and job/staff performance in the healthcare services and pointed that employees' performance is one of the basic challenges in environments of division of labour and tension and indicated that it is correlated to aspects such as the effectiveness, knowledge management and quality and improvement of the HCWs through training becomes a key achievement of organizational goals and objectives.

In Australia, many healthcare facilities are increasingly focusing on the provision of quality healthcare services and they are constantly training their HCWs through CMEs and on job training and trough this, the healthcare facilities tend to increase their quality service deliverer to their clients and thus meet their clients' satisfaction (Ouppra & Victoria, 2019). In Britain, Krijgsheld et al. (2022) suggested that healthcare organizations face key challenges in providing quality services and same time accessible and affordable and this requires transformation and improvement of their performance and thus to do so, they must increase their healthcare workers job performance. In order to achieve this, the organization must constantly train their health work force through training and normal supervision.

According to Araimi (2013) in Ethiopia, employee performance is perceived as a function of both motivation and ability and this practices as aimed at increasing or enhancing both as there are several ways in which the necessary skills can be increased through the training and careful

selection though constant supervision and proper job descriptions becomes a mandatory. Further, in the same country Ethiopia, Ousman and Worku (2022) pointed that job performance and organizational commitment are the key to success in many healthcare organizations and increasing their efficiency, many organizations undertake supervision and training as this directly affects the performance of these organizations and increasing the knowledge skills and motivation as ell s conducive working conditions of their healthcare workers becomes become the key parameters to the overall efficiency and effectiveness in health service delivery.

Globally, it is a human resource mandate to train and develop employees, and compensate them in order to achieve great outputs for the organization. Well-trained workers require a conducive working environment to achieve the set goals and objectives of the work. By performing given duties, an appropriate reward or compensation is required in order to retain the staff at work for an agreed length of time. Obisi (2011) opines that employees' performance is generally motivated by elements such as salaries, profits, training and development.

To realize these, organizations require proper policies to allow systematic incorporation of pillars which promote efficient performance. Ibrahim (2014) discovered that the enforcement of appropriate rules and regulatory policies regarding human management resources caused brain drain as health professionals moved from under-developed countries to well developed countries. In turn, this led to poor health outcomes in the developing and underdeveloped countries. For instance, research studies confirm that more than half of the registered medical practitioners in Sudan operate abroad ( World Bank, [WB], 2016).

Negussie and Berehe (2016) investigated the elements which affect the job performance of nurses who work in public medical facilities in Addis Ababa, Ethiopia. The researchers confirmed some predictors of the job of nurses in Ethiopia and they included work experience, job satisfaction and work performance. It is imperative for medical institutions to focus on factors which influence job satisfaction to enhance the job performance of nurses. suggest that a shortage of human resources affects the performance metric of medical organizations. Embu County in Kenya reports a doctor-patient ratio of 1:9091 ( World Health Organization [WHO], 2017). This is way below the accepted threshold of 1:4608.2 (Barasa et al., 2018). To make matters worse, there has been a continuous

shortage of employees due to strikes and this has happened since the counties devolution that occurred in 2013. According to these research findings, one can safely say it is evident that there are several factors leading to efficient staff performance. However, due to other factors of management and general administration of the healthcare operations, general good performance has not been delivered as expected by both the general public who are the major consumers of hospital services and the policy makers in the Ministry of Health. The Kenyan population has been steadily increasing from 10,942,705 people in 1969 to 38,610,097 people in 2009. Projections for 2012 placed it at 42,387,216, which is an increment of about 3.8 million people within a span of three years. The Government of Kenya ( GoK,2012) approximated the Kenya population close to 48 million in 2023. The rapid population increase has greatly affected human resources in the medical field because it has led to a strain on the resources and this has led to poor health outcomes and the emergence of disastrous diseases.

Kiambu County being one of the heavily populated Counties among the 47 in Kenya, has experienced a significant drop in the standards of healthcare service offered to the public. According to Kenya health workforce report (2015), factors in Kenya that affect the wellbeing of medical professionals play a significant role when it comes to curating a healthy work force. The main factors which influence the demand of medical professionals include population demographics, the epidemiology of communities and the mortality rates. McAlearney et. al. (2011) report that the major concerns of health human resource management (HRM) include size, healthcare professionals' composition and distribution, health human resource training issues, relocation of medical employees, the development stage of a nation and the cultural characteristics of a medical workforce.

Therefore, strengthening the health workforce through training, job description, and appropriate placement is important in ensuring that every individual has medical access. This ensures that medical systems are able to achieve the prioritized sustainable developmental goals. The high rate of population growth has disadvantaged Kiambu when it comes to medical officer and patient ratio analysis. This is also due to rapid urbanization occasioned by her close proximity to Nairobi city. The demand for qualified medical officers has been a challenge and higher than what the County economy can train at any given time. This is due to large number of patients from within and from

the neighboring counties seeking medical services at the sub-county level 2 and 3 health facilities, a situation which has lowered the quality-of-service delivery in these facilities within the Kiambu County where the facilities and supplies are overwhelmed. Therefore, with several factors shaping and affecting staff performance and quality of healthcare services in Githunguri Subcounty, it is important to empirically look into few selected factors and find out how they influence staff performance. This research paper sought to investigate how training, role clarity, staff deployment and postings, and employer dynamics, especially, supervision affects staff performance in Githunguri Subcounty Level 2 and 3 health facilities in Kiambu County.

## 1.2 Statement of the Problem

The WHO (2013) reported that half of the countries in the world do not meet the set threshold of 23 skilled medical experts per 10,000 people. Notably, most of the countries which did not meet the minimum threshold are from Sub-Saharan Africa and this led to an increase in the rate of global disease burden. Additionally, in these countries, only few births are attended to by skilled professionals. Kenya is among the countries which did not meet the minimum threshold of skilled medical experts

Githunguri Sub-County, being a part of Kiambu County and also part of Kenya, naturally forms part of this state of medical resources and services. As a result of this, the public continues to face the challenges of poor-quality health performance and in accessibility to qualified professional health services within the sub-county health facilities.

According to this document Kiambu county has a population of 2,402,834, of which 164,939 reside in Githunguri sub-county. This population projected to 2021 in Githunguri will be 173,131 people against a current workforce of about 200 qualified health care workers in the entire sub-county. Ongori, (2019), states that human resource in health consumes much of the resources allocated to the health department. Statistically, health workers' global scarcity is approximately 2.3 million physicians, nurses and midwives, while other workers exceed 4 million. An efficient human resource plays an important role on how healthcare policies and strategies are formulated, monitored and assessed locally and globally.

Though there are inadequate personnel as indicated above, staff performance in Githunguri Sub-

County level 2 and 3 facilities is majorly affected by inadequate and non-continuous training, the health personnel's inadequate knowledge of their job description, unnecessary and unmatched deployment of the health professionals based on their professionalism and career description, and inadequate and ineffective supervision to the healthcare personnel during their duties. This study therefore sought to assess the above factors, and to affirm if the status quo defined was true, and has provided recommendations towards bettering the staff performance, which would eventually increase or improve the healthcare service delivery within the level 2 and 3 facilities in Githunguri Sub-County. Although many research studies have been conducted on staff performance, this study was different since it addressed the specific internal factors i.e., training, job description, deployment and support supervision, which touch on the health professionals' career description, how well the professionals could be deployed to match their professionalism, and better supervision to improve their duties and performance.

## 1.3 Purpose of the Study

It is evident that the ratio of health worker and the population is skewed. This situation will translate to more deaths and health related suffering to the people of Githunguri subcounty. It is against this background that this study sought to find out how training, clarity of roles via job description, deployment (postings and transfers) and supervision (among other employer related dynamics) influence staff performance in Githunguri sub-county level 2 and 3 health facilities in Kiambu County.

This study sought to provide information about the management factors that influence healthcare workers' performance and to suggest how healthcare management could resolve these issues to improve quality of healthcare in level 2 and 3 health facilities in Githunguri sub-county, Kiambu County. The study has provided data that will become a blueprint for health systems managers when developing strategies for achievement of the Strategic Development Goals in Kenya. This study analyzed a number of factors that influence the performance of health care workers at level 2 and 3 facilities in Githunguri Subcounty. Several studies and reports were analyzed to show that despite the various County Government's efforts in employing a good number of healthcare workers, albeit on contract, there were some factors influencing performances that healthcare managers had not focused on and addressed.

With identification of the factors and assessment on how they affect performance, the study has also provided recommendations towards performance productivity. Every employee would be productive and improve performance when the healthcare managers focus on motivation, inclusion and incorporation. Dealing with factors like health workers' training, job description, deployment and supervision would not completely enhance performance if other issues like motivation are not handled. Therefore, this study is all-rounded, in that, it identified and assessed these factors, and then provided recommendations on how best to enhance health workers' performance and productivity.

## 1.4 Objectives of the study

### 1.4.1 Broad Objective

This study sought to examine the factors influencing staff performance in public level 2 and 3 health facilities in Githunguri Subcounty, Kiambu County, Kenya.

### 1.4.2 Specific objectives

1. To determine the influence of training on staff performance in Githunguri subcounty Level 2 and 3 health facilities in Kiambu County.
2. To examine the influence of availability of job description on staff performance in Githunguri subcounty Level 2 and 3 health facilities in Kiambu County.
3. To assess the influence of deployment practices on staff performance in Githunguri subcounty Level 2 and 3 health facilities in Kiambu County.
4. To establish the influence of supervision on staff performance in Githunguri subcounty Level 2 and 3 health facilities in Kiambu County.

## 1.5 Research Questions

In order to address the stated objectives, this study sought to answer the following specific questions:

1. What is the influence of staff training on performance of healthcare workers in Githunguri sub county, Kiambu County?
2. What is the influence of availability of job description on staff performance in level 2 and 3 health facilities in Githunguri Sub County, Kiambu County influenced by job

description?

3. What is the influence of deployment practices on staff performance in Githunguri Sub County level 2 and 3 health facilities in Kiambu County?

4. How is supervision influencing staff performance in Githunguri Sub County, Kiambu County?

## 1.6 Justification of the study

The findings of this study may be a significant resource to the human resource managers in the health sector within the county. They may influence decisions about motivation strategies for healthcare workers. Further, the document may be useful for policy makers when considering decisions about training, deployment, job description policies for health workers in level 2 and 3 hospitals in Kiambu County, Kenya. The government workers.

## 1.7 Limitations of the Study

There were elements which are not within the power of the researcher that were likely to influence this research study. For instance, the researcher involved participants from different departments in the health facilities who had limited time due to heavy workloads. This implies that the responses to the research questions may have been provided in a hurry, without due diligence by the respondents. Second, financial, technological, and time constraints might have affected the research, because the researcher is a health worker who must perform his core responsibility in the environment with fewer healthcare staff. Further, the researcher was resource constrained, and did not have sufficient funds to include a bigger sample size in the study. These limitations were mitigated by ensuring accuracy in sampling, and allowing sufficient time to gather and analyze the research data before making a conclusion.

## 1.8 Delimitations of the Study

Githunguri Sub-County, Kiambu County, Kenya, is the area of this study. The researcher used the cross-sectional descriptive method by developing a questionnaire which was distributed randomly to the selected participants. The study targeted all cadres of staff from the mainstream healthcare workers to the supportive staffs working in government health care level 2 and 3 facilities in Githunguri Sub-County, Kiambu County, with a minimum of one-year experience. Further, the

study was limited to only four of the many elements which may affect the job performance of medical staff in Githunguri Sub-County of Kiambu County.

## 1.9 Significance of the Study

This research study is of specific significance to hospital management, healthcare providers, healthcare stakeholders and the general public. The respondents in this study were healthcare workers in different departments within Githunguri sub-county level 2 and 3 health facilities. The respondents will benefit from the research findings because it may assist their human resource managers to address the issues that affect their performance. The study may also guide the executives when it comes to strategic decision making and may be important to the County government in their efforts to strengthen healthcare management systems within their counties.

The collected data may generally be used by the Ministry and the department of health to come up with strong policies and procedures to strengthen human resource management practices, like in the area of proper planning and execution of training and development programs. To the scholars and researchers, it will provide a foundation for further research on the topic regarding factors affecting staff performance and consequently, their effects on quality of services provided in level 2 and 3 health facilities anywhere in Kenya.

**1.10: Assumptions of the study**

The assumptions of this study are the conditions where statistical techniques used in a study may yield accurate and reliable results (Wargo, 2015). The researcher assumed that the participants were honest while responding to the questionnaires. Additionally, the sample as complete representation of the population under study while assuming that they have a similar phenomenon.

**1.11 Operational Definition of Terms**

**Staff**: All employees or persons offering whatever kind of service in level 2 and 3 health facilities in Githunguri Subcounty.

**Performance**: Lia Ciner (2019) describes job performance as the state of whether employees perform their job roles effectively and accomplish the tasks which they have been given. Performance relates to task accomplishment based on well-defined set of standards (Mahmudova & Kovacs, 2018; Umemezia & Edobor 2021). Ghalem, et al. (2017) describes performance as how organizations conduct their activities and the degree to which objectives or goals are accomplished. This study will consider performance as characterized by an ever-present staff which can be retained and is available, and able to promptly address the needs and requirements of the patients. The World Health Organization defines performance of health workers to be a combination of staff being present (retained and available), staff being competent, productive and responsive to the patient needs (Dieleman & Harnmeijer, 2006). It is widely acknowledged that health workers are not producing the desired output of health interventions. This is likely to be due to various factors. The critical shortage of health workers across the globe impairs the provision of life saving interventions and the level of preparedness and response to security threats such as epidemics (Alliance, 2018).

**Training**: Repeated, consistent formal or informal interaction between workers and more experienced persons in their area of job specialization for purposes of improvement of activities that enhance positive health service outcomes (Shatrov et al., 2021). This study assessed the quality of training based on its relevance to the roles assigned to health workers in level 2 and level 3 health facilities in Githunguri sub- county. The training indicators to be measured in this research include the relationship between employees' current roles and what they trained for, existence of

professional training (further training) within the organizations, and the frequency of employee to improve/further their training.

**Job Descriptions**: The English dictionary defines job description as a formal account of an employee's responsibilities. It is necessary to have clear description of employees' roles to avoid conflicts and ensure consistency when providing care to patients. This study assessed how employees play roles in level 2 and level 3 health facilities could be facilitating or influencing the quality of healthcare given to the patients. The indicators of job description to be measured in this study included employee's satisfaction with their current roles/tasks, task accomplishment rate and employees' workload outcomes (Shatrov et al., 2021).

**Deployment**: in this study, it referred to the act of shifting employees into a position of complete readiness or the act of being away from the normal position. The indicators for deployment to be measured in this study include employees' transfer frequency, employees' employees' satisfaction with the deployment structures, existing promotion and motivation structures.

Supervision: It is the practice of giving direction, guidance and exercising control over subordinates at work with authority to ensure that they are operating according to the agreement, they keep time and the supervisor can correct them when they go wrong. The main indicators for supervision to be measured in this study included the current supervision structure and policies, employees' satisfaction with the organization's supervision standards, and employees' relationship with the supervisors.

# CHAPTER 2: LITERATURE REVIEW

## 2.1 Introduction

This chapter explored the factors affecting staff performance in level 2 and 3 health facilities in Githunguri Sub- County, Kiambu County, Kenya. Lewis (2015) suggests that performance in the public sector is a critical issue as it is perennial. Governments are now prioritizing performance measurement across the globe with the aim of investigating whether institutions which they sponsor and operate are doing what they are required to do. The interest in performance metrics dates back to the 1970s and is usually affected by a decline in the economy, international market competition and a new set of rules and regulations that involve increasing the effectiveness of the public sector.

This section focused on other researchers' study in this topic. It has been organized into subsections, namely, an overview of performance of healthcare workers, training of healthcare workers, job description for various cadres of healthcare workers, deployment for healthcare workers by facility and sector managers, and lastly, supervision of healthcare workers. Healthcare workers comprise of clinical staff; including clinicians, pharmacists, nurses, medical officers and dentists among others as well as support staff and the management (McAlearney et al., 2011). They are regarded, and the researcher agrees, as the most vital asset in strengthening the healthcare system.

## 2.2 Theoretical Framework

This study used several theories to investigate how the four factors of training, job description, deployment, and supervision influenced staff performance at the level 2 and level 3 healthcare facilities in Githunguri Sub- County.

In studying performance, the subsequent conceptual framework was informed by Alderfer's Existence, Relatedness/Regression and Growth Theory, commonly known as (ERG) Theory. The ERG Theory was developed between 1961 and 1978. It suggests that there is need for satisfaction on performance intention of top managers and frontline employees. It asserts that personality variables exert a significant influence on the job performance of the two levels of employees. Investigating the influence of training, job description, deployment and supervision would inform

management on the strategies to employ in order to improve or maintain acceptable performance levels of the frontline employees herein referred to as staff, in the level 2 and 3 health facilities in Githunguri Sub-County, Kiambu County. This theory is depicted as shown in figure below

**Figure 2.1**

*Theoretical Framework*

| HRM activities | HRM outcomes | Performance |
|---|---|---|
| Recruitment/ selection HR planning Rewards Participation/ consultation | Employee satisfaction | Increase in workload Better |
| | Employee motivation | service quality |
| | Employee retention (obverse of turnover) | Client satisfaction |
| De-centralization | Employee presence (obverse of absenteeism) | |
| Training Opportunity for internal promotion | Employee involvement "Social climate" between | |

**Control variables:**

*Organizational level: level/size, technology, infrastructure, inclusivity.*

*Individual employee level: age, gender, education level, job experience, specialization.*

### 2.2.1 Reinforcement Theory

For the variable "training", the Reinforcement Theory of Motivation which suggests that a person's behavior is as a result of the consequences of their previous actions was used. It was assumed that healthcare staff would get motivated to enroll in training programs when they are associated with positive outcome for themselves and to their patients.

The reinforcement theory of motivation focuses on the learning process of a person and claims that learners are more likely to repeat a behavior that had a positive result. Of the three main components of Skinner's assumptions, selective exposure, selective perception and selective retention, the researcher chose selective exposure for the purpose of this study. This study's assumption builds on Lia Ciner (2019*)*, which suggested that new employees need to be given a lot of guidance and direction during their on-board process. Further, the assumption is supported

by Hanaysha (2016), who reported a significant association between employee training, empowerment and overall productivity. Finally, the research was guided by the assumption that employee skills erode over time and should therefore be replenished from time to time (Nishtha & Amit, 2010). Thus, the researcher assessed the strategies that healthcare managers in the level 2 and level 3 healthcare facilities in Githunguri Subcounty level 2 and 3healthcare facilities were using to promote training.

## 2.2.2 Contingency Theory

For the variable on deployment, the researcher utilized the Contingency Theory of Leadership, by Fiedler (1960) which explains that leadership effectiveness largely depends on contextual factors. Thus, the leadership can only find efficiency by evaluating the degree to which the leader's qualities agrees with their leadership style and is effectuated by a particular situation This study assessed the leadership qualities of healthcare staff in Githunguri Sub-County to determine if their deployment considered individual leadership styles and beliefs. Under this theory, success in leadership depends on the leadership style, the quality of the followers and situational factors (Charry, 2012). Thus, it was necessary to identify the factors that were considered for deployment of staff in different facilities.

Short-term deployment of health workers is the acquisition of healthcare workers such as nurses under temporary engagement within the health center's units (wards) for a year or less (Ahmed et al., 2022). The aim of the short-term placement within wards is usually to balance staff numbers or to alleviate such inadequate staffing at different hospital units. It is essential to understand how the temporary deployment affects consistency of service at the level 2 and level 3 facilities in Githunguri sub-county.

## 2.2.3 Transactional Management Theory

Regarding the variable on supervision, Transactional Management Theory proposed by Webber (1947) was used. The basis of transactional theory is that the manager usually offers employees a favor in exchange for getting what they want. The theory suggests that self-motivation is unreliable and thus depends on structure, instruction and monitoring to achieve the benefits of effective

management. In most level 2 and level 3 facilities in Githunguri sub-county, the clinical officers and the nursing officer in-charge are responsible for management of the facilities. This study established the incentives and strategies that the supervisors were using to ensure that they improved patient outcomes at their respective facilities.

Further, this study considered how Functional Supervision applied to the structures of supervision in Githunguri sub-county level 2 and level 3 facilities. The Transactional Management Theory assumes that a foreman cannot deal with all the technical problems which come up in a day's work. Therefore, it was necessary to understand how the facility in-charges resolved technical issues that emerge in their practice.

The related transactional leadership theory espouses values such as honesty, fairness, responsibility and honoring of agreements (Charry, 2012). This study assumed that healthcare managers in respective level 2 and level 3 health facilities had structures that delineate the expectations for followers and the consequences associated with achieving or missing the manager's expectations (Lamb, 2013). Therefore, the study assessed how often the staffs met these expectations in their workplaces and whether these goals influenced their daily performance.

## 2.2.4 Goal Theory of Motivation

The variable of job description was studied on the basis of Goal Theory by Edwin John Locke, (1960). In this theory, one gets to understand how objectives like 'increase sales by 20%' happen to be much more productive than establishing performance metrics using vague directions such as 'improve quality of your work program'. The Goal theory by Locke entails modern goal-setting routines that still influence managers' strategy decisions.

The staff performance at Githunguri sub-county level 2 and 3 health facilities was assessed based on the actual goal achievement. Locke suggests that motivation emerges from pushing oneself to attempt to do something. Therefore, this study considered that there were tangible goals that healthcare staff in Githunguri sub-county level 2 and level 3 health facilities were working to achieve daily, quarterly, or annually.

Caroline, (2019) argues that human resources for health are major resources that influence delivery

of quality service. Therefore, this study considered a motivated, dedicated and committed staff as capable of performing better. Still, the research was informed by the argument of prior studies by Shadzad et al. (2008) which showed that compensations and promotions positively relates to job performance. The study determined if there were specific activities in the level 2 and level 3 health facilities that were intended to compensate the staffs for their efforts.

## 2.3. Staff Performance

Previous research shows that employee performance is a multidimensional construct and the most frequently used dimensions of job performance are task performance, contextual performance, adaptive performance and counterproductive performance. Since employees' performance is multidimensional, healthcare managers must identify areas that need to be focused on to promote delivery of services to their patients. As noted earlier, the most frequently used dimensions of job performance are task performance, contextual performance, adaptive performance, and counter-productive performance. This study based on Lia Ciner (2019) to provide definition of performance which is, whether employees perform their job roles effectively and accomplish the tasks which they have been given. Measuring employee performance against a company's production metrics involves aligning employee performance objectives with operational and strategic goals. By focusing on accomplishments rather than activity, the overall company business can be improved and employees be helped to develop their careers. As suggested by Dieleman and Harnmeijer (2018) in their Report on improving health worker performance: in search of promising practices, Dieleman and Harnmeijer (2018), effective employee performance can be defined as a conglomeration of present and available employees that are competent and responsive to the needs and requirements of patients (in a medical setting). Health workers usually rank bottom when it comes to measuring whether they achieve the desired goals of the medical field and this may be influenced by various components.

The critical shortage of health workers across the globe impairs the provision of life saving interventions and the level of preparedness and response to security threats such as epidemics (Alliance, 2018).There is a specific model for evaluating the medical workforce and it is based on various factors such as availability, wherein, a healthy workforce is characterized by an adequate number of medical professionals that are competent enough to attend to the needs and requirements

of the population. A healthy workforce is also characterized by an equal distribution of medical experts and institutions especially when it comes to operational hours, cost of medical services and inclusive infrastructure that caters to the needs of the disabled workforce. The workforce is also expected to be trust worthy and respectful.

A healthy workforce should also be made up of well-trained employees and should access continuous training when needed. Through this, the healthcare organization can be described as competent as it serves the needs of the employees that it serves. Thus, it is important to strengthen the healthcare workforce by enforcing rules and regulations, recruiting competent employees and retaining the relevant employees. All these steps ensure that a healthy workforce will be available to all and this will strengthen the healthcare system, enabling it to achieve the international health objectives which have been characterized as some of the sustainable developmental goals.

Mrayyan and Al-Faouri (2018) conducted a research study which suggested that there was a link between the work commitment of healthcare workers and their performance at work. The researchers confirmed an important positive association (r=457). A nurse's job commitment is usually dictated by marital status and their performance at work. On the other hand, the main predictors of a medical professional were years of experience, marital status and job commitment. Maru et al. (2018) discovered that a vast amount of research studies has investigated the job performance of medical workers. A research investigation was conducted at the Moi Teaching and Referral Hospital to explore the factors which affect the job characteristics of nursing employees. The study found that job autonomy and task identity affected nurses' performance. The study therefore recommended that the institution's administration should redefine the role of nurses to ensure that there is a committed health workforce (Maru et al., 2018).

### 2.3.1. Employee Satisfaction

Employee satisfaction is brought by effective training, better supervision practices, effective and efficient deployment of the professionals based on their professionalism. According to Sundari (2019) employee satisfaction affects the employee performance. When the employee is satisfied with the workplace conditions, good training, and job descriptions, there is high probability of better productivity in the workplace, which eventually would lead to better performance.

### 2.3.2. Internal Process Quality/Service Delivery/Task Performance

Employee satisfaction would mean better and improved task performance, which eventually leads to improved and quality service delivery (Sundari, 2019). When employees are motivated towards working, with appropriate and improved training, good working conditions, then they will deliver the services promptly. Hence, service delivery depends so much on employee satisfaction.

### 2.3.3. Client Satisfaction

Client satisfaction means the contentment of the customer with the services he is provided with. In a healthcare facility, the client is either the patient, the family and other close associates. With correct implementation of training, deployment, and supervision, it means there will be good employee satisfaction, which would lead to good healthcare service delivery, which eventually would attract the clients, because they will be satisfied with the services they get. Hence, staff performance is primarily indicated by employee satisfaction, task performance/service delivery and client satisfaction.

### 2.4. Training of healthcare staff

Employee training can be described as the act of harnessing the skills of employees to ensure that they do an excellent job. Scholars have described employee training as an organized strategy that ensures that employees gain knowledge and learn a particular skill for a specific job. It is characterized by the teaching and learning activities that are carried on by a company to ensure that employees gain the necessary knowledge and abilities that are necessary for conducting a specific job. Also, training helps in mending the employees' efficiencies and proficiencies to enable them achieve the organization's objectives. Generally, training provides the employees with skills, knowledge and competencies necessary to perform their tasks efficiently. The American Society on Employee Training and Development suggest that the United States spend more than $130 billion per year when it comes to the training of employees and activities that ensure their career development (Paradise, 2007). This decision is influenced by an understanding that training improves accuracy and patient outcome. Healthcare employee performance needs qualification which is consistent and always being sharpened through various training. Labor productivity of the employee is determined by various factors, including job satisfaction, physical condition, psychological condition. Economic aspects, as well as other activities majorly training

and employment promotion. Hence, training helps in providing various advantages to employees towards broadening their knowledge, skills, abilities, and becoming more proficient in their jobs, enhancing teamwork, career development, and management productivity.

### 2.4.1. On-Job Trainings, Seminars and Workshops

Employee training also improves the performance of a healthcare organization. Aragon *et al.* (2003) investigated the relationship between employee training and the performance of the organizations in which they work, with specific interest on small and medium sized business enterprises in the United Kingdom. The authors ascertained that the various training methods used were on-job training and in-house training. It was further noted that OJTs positively influenced employee effectiveness and profitability of the firms. Lia Ciner (2019) contends that it is important for new employees to be given a lot of training as a form of induction into the new job. However, this should not be the only type of training that they receive. Thus, Lia believes in continuous employee training coupled with contextual learning to act as a refresher. Also, perfecting the skills through further training (workshops and seminars) is also beneficial to improving their knowledge.

### 2.4.2. Number of CMEs attended in the Last Six Months

The number of CMEs attended by a level 2 and level 3 healthcare facility staff will determine the frequency of updates they receive about evidence-based practice. Training is usually a onetime thing for first time employees and it should be done continuously in every well-run organization to keep up with technological changes and any type of automation which may require updated skills and knowledge. According to Peach (2007) extensive training was one of the best practices capable of producing employee performance in respect to productivity among the surveyed firms in Germany. It is apparent that though seminars and OJTs, healthcare staff will achieve job satisfaction, mastery and pride in their jobs. Therefore, every organization should have training opportunities for their employees so as to sharpen their skills and increase their knowledge. Staff performance depends so much on training opportunities, since improved training opportunities would mean effective and improved performance of staff.

### 2.4.3. Staff's current job and specialty training realignment

Employee training is an important element of human resource development and it deals with harnessing the skills of employees to ensure that they are at par with the desired standards in terms

of continuous practice and instruction. The researcher believes that healthcare managers of successful organizations have a role of ensuring that their organizations have quality staff with relevant training. For example, the number of staff that graduated in the last one year can be used as a measure of staff turn-over or staff empowerment. Training is an important tool as it ensures that employees have the needed competency to enable them to perform their roles effective. However, a significant focus should be on staff who graduate after enrolling for in-service training, and not new employees which may be an indication of a high turnover. Realigning of employees' job roles and the training they have received is key to ensuring there is effective staff performance. Healthcare staffs in level 2 and level 3 facilities comprise of different specialties. It is necessary to understand how specialty training influences delivery of services to their patients. The researcher believes that specially trained staff is more confident and report high level of job satisfaction than those not trained.

Asiimwe (2019), undertook her study on the effects of employee training on job performance in the NGO world, a case of partners in health in Rwanda. The study's variables included employee training, adequate of physical resources for training effectiveness and sufficient HR on to these training programs. The study concluded that employees' OJT training enriched employees' commitment in their jobs. Physical resources were also paramount in effective training sessions and greatly facilitated employee training. further presence of adequate and sufficient HR was fundamental in training and these included organizational leadership, mentors/trainers/instructors and trainees.

Nassazi (2018) undertook a study in Uganda to examine the effects of training on the employee performance, evidence from Uganda. the study objectives included training program identification, types of trainings offered, methods employed and the effects of the training development on the staff performance. The study concluded that training had clear impacts/effects on the employee's performance and recommend that HRM managers and other organizational leaders should develop and implement training program in their respective organizations.

Khaemba (2017) in her study in Kenya that sought to examine the effects of training and development on employee's performance at Kakamega County General Hospital. The study

findings revealed that most of the respondents had undergone training at least once a year, and improved performance was attested to this as well as job integrity, and loyalty including improved communication as effects of training. the study asserted that training and development also brought about improved job performance and satisfaction as agreed by most respondents and thus training and development had a positive and significant relationship to employee performance (Khaemba, 2017).

Gadalla and Mukhtad (2021) undertook their study in Libya to assess the effect of training programs on the performance of healthcare workers at Benghazi Medical Center. This as a descriptive cross-sectional study that involved 51 staff working at BMC. The result of the study indicated that most had undergone training programs and most associated their improved performance at work with training. The study concluded that training led to work improvement to big extent but it wasn't the only factor that enhanced workers' performance (Gadalla & Mukhtad 2021).

Ivelia (2018) undertook her study in Kenya to examine the influence of training on performance of healthcare workers at Kakamega County General Teaching and Referral Hospital in Kenya. The study used questionnaires to collect data and their findings revealed that training was statistically significant in improving staff performance and concluded that it had a positive influence in increasing HCWs performance at Kakamega County General Teaching and Referral Hospital.

Onyango and Wanyoike (2014) undertook their survey study in Kenya to examine the effects of training on employee performance on HCWs in Siaya County. The study collected data using questionnaire from HCWs at Siaya County. The questionnaire was their tool for data collection. Their study revealed that there was a strong positive relationship between training and employee's performance (Onyango & Wanyoike (2014).

Githinji (2020) undertook the study in Somalia to assess the effects of training on employee performance. The study was a survey based and involved 45 sample and their findings indicated that training enhanced employee engagement process in innovation and thus enhanced better performance and their enthusiasm at work. They findings further indicated that training enhanced motivation as it allowed for employee recognition. They concluded that training positively

influenced employee engagement, innovation and better performance.

## 2.5 Job description and Staff Performance

According to Collins dictionary, job description can be defined as a written narrative that outlines the general tasks and narratives that require to be performed for a specific job position. Ellington et al. (2015), mentions that a job description outlines the human traits that are necessary for employees to successfully perform a job, and the derivation is done by conducting a job analysis. While these researchers agree with Leon Rohr that job description and specifications are important when it comes to informing employee training needs. It also helps in the identification of the necessary skills and knowledge that are needed to perform a specific job. According to Stocks and Slater, (2016), the employee is supposed to be very clear on what the organization seeks to achieve and is allowed to voice his/her ideas on the day-to-day business. This research looked at how availability or otherwise of a clearly written job description affects the performance of healthcare staff in Githunguri Level 2 and 3 health facilities in Kiambu County prior to and after employment. Availability of job description influences staff performance in any workplace.

### 2.5.1 Job Classification and specialty training

Job classification involves the categorization of different tasks and assignment to specific people. In any workplace setup, employees are categorized based on the task they are assigned to. Job classification is majorly done on the basis of employees' training criteria, so that every employee is categorized on the roles that they have trained for. Lack or failure to follow this criterion would lead to some employees being assigned roles which they have not trained for, which eventually cause poor staff performance.

### 2.5.2 Task Accomplishment

Task accomplishment is closely tied to job classification. Tasks are effectively accomplished, realized and completed when job classification is done the right way. Therefore, when employers do not assign the employees the specific task in line with their trainings, then it would lead to poor task accomplishment, which eventually leads to poor staff performance.

### 2.5.3 Employees' Workload

Employees' workload is determined by the number of employees assigned to the task and the

quantity of the task they should do. In some cases, the number of employees is higher than workload. Also, the vice versa is true in some occasions. For effective staff performance, the number of employees should be equal to the workload they should be doing. This would mean there is no overstaffing and understaffing and services will be delivered efficiently. Efficient delivery of services in a healthcare setup would mean client satisfaction, a major indicator of staff performance.

Muriithi (2017) undertook her study in Kenya on the effect of job description on employee performance at the ministry of health. The study adopted a quantitative design and data collected using questionnaire on 50% of the employees. The study findings revealed that job description influenced employee performance positively and was significant and concluded that the study provided theoretical contributions job description as significant in increasing employee performance.

Hassan (2017) carried out a study on the efficacy of job descriptions in public healthcare facilities in Kenya and found that factor that influenced job descriptions in employee performance in Kenya included the poor job descriptions as it led to ambiguity and overlap of roles. Other factors included motivation and poor payment and overloaded with work and this led to poor morale, lack of commitment and moonlighting by employees.

Taufik (2014) undertook a study in assessing the effects of job descriptions on employee's performance in Zanzibar. Taufik (2014) found that lack of an effective job descriptions had a negative impact on the staff performance. He also pointed that a well prepared and outlined job descriptions is all the time effective and promoted performance as it eliminated job overlaps, conflicts, and lack of employees' confidence at work.

Raja and Bernard (2017) undertook a study on the job descriptions and its impacts on employee performance in India. Raja and Bernard (2017) lack of clear job descriptions resulted in poor performance by the employees as they organization did not use job descriptions to assess staff performance rather than used assignments outcomes of the employees. Further, lack of update of job descriptions had no effects on employee performance as the changes in the position or structures were not adhered to and followed (Raja & Bernard, 2017).

Kama (2013) undertook a study on the perceived relationship between job preview/ descriptions and staff performance at Kenya police service. He pointed hat presence of realistic job preview/ description on the various job aspects with much emphasis on reporting mechanisms, renumerations as career progression led to increased employee performance. Lack of recognition at workplace also job dissatisfaction. Further, supervision through provision of guidance and direction, training also spurred employee's performance. The study concluded that presence of realistic job descriptions had a positive significant effect on employee performance.

## 2.6 Deployment

Collins Dictionary defines deployment as the relocation and positioning of employees to ensure that they are ready for action or they can conduct a job when need arises. It also means stationing, spread, organization, or utilization of equipment or personnel from one regular place to another where they can be well utilized. Deployment and deployment practices influence staff performance. Poor deployment structures and practices would mean poor staff performance. On the other hand, efficient deployment structures would improve staff performance. The following are the indicators for measuring deployment:

### 2.6.1 Employees' Transfer Frequency

The frequency of employees' transfers affects staff performance. When employees are always being transferred without proper timeline and guideline, staff performance will be affected negatively. Therefore, every organization should have clear structures for conducting employee's transfers.

### 2.6.2 Employees' Satisfaction

Every employee should be satisfied with their deployment. This is only possible when there are good deployment structures. Good deployment structures would ensure every employee is deployment based on their performance and job descriptions as aligned to their trainings. Hence, this would improve staff performance.

### 2.6.3 Promotion and Motivation Structures

Organization's management should have good promotion and motivation structures to cater for the hardworking employees. Many employees would expect to work hard and then be rewarded. With good promotion and motivation structures, staff performance will be efficient.

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Mithano and Uzel (2020) undertook their study in Kenya to examine the effect of deployment practices on employees' performance. The study revealed that there was a clear relationship between the deployment procedures and the performance of employees as it was characterized by tendency of organization to depended on the deployment procedures to enhance performance, assure sustainability of the long-term organizational goals and objectives. Further there as a significant correlation between the deployment and employee performance.

Nduati and Wanyoike (2022) carried their study to examine the employee performance practices and organizational effectiveness on deployment in Kenya. This was desk research and they found that there as positive relationship between the performance management practices (deployment) and staff performance which led to organizational effectiveness in achieving their mission and goals. Other factors that were pertinent in achieving high staff performance included the organizational leadership and culture, training employee engagement and motivation.

Ayiasi et. al., (2019) undertook their study in Uganda on the staff understanding of deployment policies and systems in staffing hospitals in Uganda. the study was carried out in three districts. The data as collected using interviews on the HCWs. Their study revealed that policy change on deployment in the country led to decentralization of which included concerns on political interference in the recruitment process though it as shown to have a net positive impact in staff performance.

Soud (2018) carried his study on the factors that influenced employee performance at various hospitals in Kenya. The study as a descriptive in nature and the target population were the staff who worked in hospitals. The study findings indicated that there as positive relationship between the deployment and employee performance and further renumeration (good salaries and bonuses) further had a significant impact on employee performance. Their study further revealed that training and development had significant effect on employees' performance.

Asokk et. al., (2021) undertook their study in India to examine the impact of employee involvement in deployment and staff and organizational performance. The study involved various cadres in the hospital in India. The study findings showed that there was positive and significant impact on the involvement of HCWs in deployment and the staff and organizational performance and

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recommended that organizations should educate their staff on the importance of deployment to both the staff and organizational performance.

**2.7 Supervision**

Supervision is the act or function of overseeing something or somebody. It is characterized by directing and guiding employees to ensure that they are working according to the set objectives and that they are wary of the time schedule. On the other hand, clinical supervision is a different professional activity which ensures that appropriate practice is effectively delivered by forming an interpersonal relationship between the supervisor and the employees that are being supervised. Dhliwayo and Mafini (2017) argue that supervisory practices and communication, training and continuation of education, are among the factors considered by municipal health professionals to be important in their retention.

In terms of work performance, supervision can be described as the procedure that enables a supervisor to effectively supervise employees and this enables them to adjust their job accordingly. Effective job supervision enables supervisors to foster team spirit and to encourage employees to take on even bigger tasks. Four productivity factors once addressed, can improve human resource. These factors include lack of supportive supervision, inadequate involvement of employees in decision-making, setting unrealistic goals and employees' perception of burdensome work, and inability to reward exemplary employees. Supervision influences staff performance, as described by the following indicators:

**2.7.1 Supervision Structures and Policies**

Every organization should have supervision structures and policies which are in line with the organization's interest towards achieving its goals. Employees work better when there are good supervisors who are also leaders. The supervisor's determination to realizing the organization's goals should be assessed by their engagement with the employees. This would lead to perfect staff performance.

**2.7.2 Employees' Relationship with the Supervisors**

Employees would love supervisors who understand their needs, communicate the roles to be done and are always checking on the progress of the tasks. Only good interaction and communication

between employees and the supervisors would improve the staff performance.

Mubunda (2019) sought to determine the effect of supervision on employee performance in Uganda. The study used both the primary and secondary data collected using questionnaires and interviews. According to the findings, it revealed that most of the respondent pointed that supervision as fundamental aspect in good performance of employees and the study showed a moderate positive relationship between supervision and employee performance. Other actor that was that affected employee performance included good working conditions, educated and skilled employees, remunerations for transport and accommodations. They concluded that supervision should be carried as it has a positive impact and plays key role in employees' motivation and thus increasing their performance.

Lee (2019) undertook a study to assess the influence of supervision on employee performance with motivation as the moderating variable in China. The study revealed that supervision had a direct positive impact on motivation and had an indirect influence/impact on employee performance. The study concluded that supervision had an indirect significant influence than a direct influence.

Dubey and Gopika (2023) undertook their study in India to examine the effect of supervision on employee performance. The result of the study showed that a significant number of employees reported that supervision is effective and necessary to improve the performance of the employees (Dubey & Gopika 2023).

Koske and Atambo (2018) in t heir study to examine the overall effects of supervision on employee performance in Kenya. The specific objectives included to identify the effects of delegation of authority in supervision on employees' job performance and the influence of team work in supervision on employees' job performance. They concluded that supervision had a major role in making sure that delegation of authority by the managers had a big and significant impact on employees' job performance.

Rulandari (2019) carried out a study to examine the effect of supervision and professionalism on staff performance in India. The study used quantitative descriptive approach and data was collected using questionnaire. The study revealed that there as a positive influence of supervision and

professionalism on the staff/employee performance.

Namatovu (2018) undertook his study in Uganda to examine the effects of supervisory support on performance of employees. The study had three variables i.e. mentorship and counseling influence on performance of employees, staff appraisals, and feedback influence on performance of employees. The study findings indicated that mentorship and counseling influence on performance of employees, staff appraisals, and feedback influenced employee's performance positively. The study concluded that some forms of supervisor support were more effective than others.

Amoo and Adam (2022) undertook their study in South Africa to examine the impact of supervisors' support, performance feedback and workloads on the engagement of HCWs. The study findings revealed that supervisors support and performance feedback ere paramount in job engagement and overall staff performance and recommended that top management should be involved in creation of strategic interventions in the realm of supervisors' support, performance feedback in order to increase staff performance.

Amir et. al. (2022) in their study on the effect of supervision, work motivation and the interpersonal communication on the employee performance and organizational commitment found that supervision and motivation have a significant effect on employee performance, but interpersonal communication has no effect on organizational commitment. Then supervision and personal communication have no significant effect on performance, while motivation and organizational commitment have a significant effect on employee performance.

Azman et. al. (2019) carried out their study in Malaysia to examine the relationship between supervisor's role and job performance in the workplace training program. The study used exploratory factor analysis and confirmatory factor analysis. The study revealed that supervisor support had positive and significant correlation with job performance and the supervisor's communication positively though insignificant correlated with the employee's job performance.

## 2.8 Conceptual Framework

A conceptual framework is a visual illustration that clarifies the main ideas and variables under study and the deduced interactions among them. The following diagram is a visual presentation of

the factors that influence performance of the healthcare staff in level 2 and level 3 hospitals in Githunguri Sub-County.

**Figure 2.1**

*Conceptual Framework*

| | |
|---|---|
| **Training** <br> • Basic specialty training <br> • CMEs attended <br> • OJTs workshops or seminars <br> • Specialty Training | |
| **Job Descriptions** <br> • Workload <br> • Job Expectations <br> • Written Job Description | **Staff Performance** <br> • Performance Appraisal <br> • Incentives and achievements <br> • Support Supervision and working relationship <br> • Performance Culture <br> • Workload (productivity level, time management) <br> • Job Knowledge |
| **Deployment** <br> • Employees satisfaction <br> • Duration at current dept./station <br> • Frequency of transfers <br> • Promotion Structures | |
| **Supervision** <br> • Supervision structures and policies <br> • Perception about supervision <br> • Employees' relationship with Supervisors | |

## 2.8.1 Training

Training is measured based on the staff enrolled for different in-service courses, and those that graduated in the past one year. In this study, respondents will be asked to indicate if they are undergoing any training as part-time of full-time students. Further, they will be asked to say if they

have participated in any capacity building workshop or seminars in the past one year.

### 2.8.2 Job Description

This study gathered data from employees at level 2 and level 3 health facilities in Githunguri sub-county to assess their understanding of their job description. Each participant was asked to provide a brief summary of their job description. Further, they were asked to comment if their current responsibilities were in-line with what they expected when they applied for the job. Lastly, the employees commented about the relationship between their basic training and the job they performed at the health facilities.

### 2.8.3 Deployment

Healthcare staffs are deployed in different departments within the hospital based on their specialty. In this study, participants were required to report the duration they had stayed in their current departments, and what they believed influenced their deployment to that department. The researcher performed an analysis of the skills of the employees and the roles assigned to them in their respective departments to evaluate skill and job match.

### 2.8.4 Supervision

The study considered different levels of supervision that healthcare workers in level 2 and level 3 hospitals were subjected to, and how this influenced their performance. In this study, the participants were asked if they knew their supervisors, their relationship with their supervisors, and the role of supervision on their morale. The data was examined to determine how supervision policies were supporting or influencing quality of service at the level 2 and level 3 hospitals in Githunguri sub-county, Kiambu County.

# CHAPTER 3: RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter describes the research design, the target population, sample size and sampling procedures, data collection and analysis methods, how validity and reliability was achieved, the instruments employed, and the ethical considerations made.

## 3.2 Research Design

The design is descriptive cross-sectional survey study with quantitative data collection. The study chose the cross-sectional approach as it was deemed appropriate or the study as it involved data collection t one single time and the researcher doesn't manipulate or change the variables o the events that followed as the study aimed to investigate the factors influencing staff performance in level 2 and 3 medical facilities in Githunguri sub-county, Kiambu County. These factors were measured through four variables, namely training, deployment, clarity of roles (job description) and supervision.

## 3.3 Location of study

The research study was conducted at all public level 2 and 3 health facilities in Githunguri Subcounty, in Kiambu County, Kenya. Githunguri Sub- County is 26 kilometers from the nation's capital, Nairobi. It is located 64 kilometers away from the Kiambu County's main referral Hospital that is in Thika town. The facilities serve different populations and they all rely on the meager County government financial allocation for infrastructure development and staff remuneration. Majority of the community served by these facilities are predominantly Agikuyu speaking Bantus of Kenya.

## 3.4 Target Population

Target population is the people who the researcher targets in his study. A population is also referred to as a 'universe' and can be defined as a group of people who have common characteristics (Reshmi et al., 2021) For this study, the target population was 262 regular staffs employed by the Public Service Commission of Kenya or Kiambu County Public Service Board and those temporary and casual workers who have been contracted in the financial year 2022//2023 from the twelve health facilities named above.

The Kenyan health system comprises of six levels of care that fit into four tiers. Health centers and dispensaries fall under the first tire and do offer mainly the outpatient, reproductive and child health services. They are staffed with different cadres of hands-on healthcare workers including Medical Officers (MOs), Health Administrative Officers (SCHAO), Clinical Officers (COs), Nurses, Sonographers, Laboratory Staff, Clerks, Cleaners, Guards, Cooks, Nutritionists, Counselors, Procurement Officers, Accountants, ICT Officers among others who provide out-patient services. The Staff returns for Githunguri Sub County Health Department for the month of September, 2022 show that there were 262 number of staff in 13 healthcare facilities from whom the sample and respondents were drawn. Attached below is a tabular representation of the staff returns:

**Table 3.1:**

*Level 2 and 3 GOK Staff cadres and facilities in Githunguri Subcounty*

| *Facility* | **Total number** |
|---|---|
| Subcounty Medical Officer of Health | 1 |
| Subcounty Health Administration Officer | 1 |
| Subcounty Pharmacist | 1 |
| Subcounty Public Health Officer | 1 |
| Subcounty Information Communication Officer | 1 |
| Medical Officer | 1 |
| Subcounty Nutritionist | 1 |
| Subcounty Medical Engineering Technologist | 1 |
| Kigumo Health Center | 43 |
| Githunguri Health Center | 72 |
| Ngewa Health Center | 24 |
| Githiga Health Center | 24 |
| Gitiha Health Center | 9 |
| Ngeteti Dispensary | 5 |
| Kimathi Dispensary | 5 |
| Kiaibabu Dispensary | 11 |
| Mbari ya Igi Dispensary | 5 |
| Miguta Dispensary | 14 |
| Gathangari Dispensary | 7 |
| Karia dispensary | 9 |
| Gathima Dispensary | 3 |
| Public Health Officers | 21 |
| **Total** | **262** |

### 3.5 Sample Size Determination and Sampling Procedure

A sample is a small representative portion of the target population selected for a study. According to the tenets of the degree of variability in the attributes being measured, the less variable (more homogeneous) a population, the smaller the sample size. A confidence level of 95% is used, an error margin of +/-5% is acceptable with an expectation that 90% of the sampled population will answer the questions (Reshmi et al., 2021)

### 3.5.1 Sample Size Determination

Determination of the sample size of the facilities and the Staff to participate was calculated using the Taro Yamane's formula which is:

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

Where:

- e = precision level

- N = population size.

$$\frac{262}{1+262(0.05^2)}$$

n =

n = 159

### 3.5.2 Sampling Procedure

**Facilities:** All the level 2 and level 3 health facilities in Githunguri sub-county were purposive sampled using purposive sampling and census sampling. The facilities are located in an area where the researcher could access them and the number was manageable.

**Healthcare staff:** The targeted population was classified into mutually exclusive groups according to their specialty. Nurses, clinical officers, laboratory technicians, and social workers, etc. were put in separate groups called clusters, and an appropriate sample taken using simple random sampling. Each department was considered a cluster then participants were chosen from each

department/cluster. In this regard, the study utilized both systematic and simple random sampling techniques. According to Wang (2003), systematic sampling is a quasi-random sampling technique which involves selection of elements from an ordered sampling frame. Under this approach, every $K^{th}$ element in the frame was selected for every sampling unit; K was computed using the formula $K = N/n$. Where n is the required sample size for each sampling unit, and N was the target population for the sampling unit.

## 3.6. Inclusion and Exclusion Criteria

### 3.6.1 Inclusion Criteria

This study included all the cadre of staff on duty at the time of the research. All healthcare workers employed by the National Public Service Commission, the County Public Service Board (CPSB) and the facilities' health management committees on short term renewable contracts of at least three months.

### 3.6.2 Exclusion Criteria

The staff not on duty or those on leave were excluded along with those not willing to respond. The staffs on less than three months' non-renewable contracts were also excluded. Staff in faith-based and private facilities also did not participate in this study. The study excluded the HCWs that were on industrial attachment/internship.

### 3.7 Instrumentation

The researcher collected primary data using self-administered questionnaires. Dell-Kuster et al. (2014) say that questionnaires are instrumental and reliable tools for conducting research. They are generally affordable compared to other methods and record less distortions on data rising from 'interviewer bias' that may have been introduced during data collection process. Further, questionnaires enable a researcher to collect broad data because they allow respondents to freely express their inner perceptions, beliefs and practices.

In this study, the questionnaire was divided into four distinct parts representing the four major variables under study; training, job description, deployment, and supervision. There were multiple choice questions and yes and no answers about the level of training and frequency of in-service trainings. On the section of job description, the questionnaire asked participants to write a brief

explanation about their roles and opinion about their jobs. The section on deployment assessed the participant's experience and duration of stay in their current department. There were multiple choice questions about the length of stay and a question that asked the participant's opinion about what they believed influenced their deployment to their current department. Finally, the last part of the questionnaire comprised of closed ended questions which assessed the staff's contentment with supervision roles.

For the top officials in the facilities' management, the researcher adopted the use of self-administered questionnaires. The researcher hoped to reduce any cases of unresponsiveness, by having both open-ended and close-ended questions.

## 3.8 Pre-testing

A pretest exercise involving 30 respondents from 3 randomly selected level 2 and 3 health facilities was carried out to ensure the clarity, suitability and flow of the questions before finally administering of the questionnaires to participants. After administering the questionnaires, they were edited and a reliability test performed. The pretest study determined the reliability of the questionnaire based on the wordings, sequence, structure and timing of the questions (Given, 2023). The researcher was then able to refine the tools to ensure they were valid and internally consistent.

## 3.9 Validity and Reliability

### 3.9.1 Validity

Given (2023) opines that the ability of an instrument to measure what it is supposed to measure deems it valid. Content validity is an instrument's ability to represent a specific realm of indicators or content of a particular concept when collecting data. Construct validity as the indicators' ability of adhering to related hypotheses which are generated from a concern-based theory.

In this research, the validity was ensured by restricting questionnaire's statements to the concepts of the key variables and all the identifiable indicators of a specified variable within the same conceptual elements. The researcher accomplished this through pre-testing the questionnaires. Besides, the comprehensive literature review and the nature of participation of the health care

workers, which was purely voluntary, also ensured internal validity. External validity was achieved through random sampling which reduced selection bias.

### 3.9.2. Reliability

According to Adams and Berg, (2004), reliability is the extent of a research instrument to produce reliable results after many repetitive tests. Based on pilot study's findings, reliability coefficient can be evaluated by Pearson's Product Moment Correlation Method with a reliability coefficient of 0.75 on a highly dependable instrument. The reliability coefficient varies between -1.00 and +1.00 with reliability of 0.75 and above indicating perfect reliability and 00 indicating no reliability, while -1.00 to 0 show negative reliability (Reshmi et al., 2021). The researcher used the Pearson's Product Moment Correlation Method. To obtain reliability co-efficient, a researcher can use an internal consistency method, which can be computed in a study.

### 3.10 Data Collection Methods

In this study, the researcher collected primary data for making conclusions and recommendations. Therefore, the questionnaire was administered through departmental heads who delivered them to the respondents physically. To maximize the response rate, the researcher employed the drop-off and pick-up method of administering questionnaires. The respondents were briefed verbally about the study and their individual consent obtained. Ample time was given to the respondents to fill out the questionnaires. This, the researcher hoped, would ensure a high response rate.

### 3.11 Data Analysis and Presentation

The questionnaires were that were dropped and picked were collected. The research checked them for completeness. The researcher coded them in the SPSS version 25 and later entered in the same software. The data collected from field counter checked to remove errors, verified and enter into the software for analysis. The data was analyzed using the SPSS (Statistical Package for Social Sciences) using descriptive statistics and chi square as the principal inferential statistic. This was based on the existing formulas for mean, mode and median. The data was presented using tables.

### 3.12 Ethical Consideration

Ethical approval was sought from the Science, Ethics and Research Committee (SERC) of Kenya

Methodist University. Permission to collect data was sought from National Commission for Science, Technology and Innovation (NACOSTI), Kiambu County Health Research Office and Githunguri Sub County Medical Officer of Health. The participants were employees of the National Public Service Commission, Kiambu County Public Service Board (CPSB) and or of the health committees of facilities under study all of who were above the age of 18 years. All participants had also given consent prior to enrollment in the study. Further, privacy was guaranteed by not recording the names of the respondents anywhere. It was made clear to the respondents that the information gathered would solely be for academic purposes.

# CHAPTER FOUR

# RESULTS AND DISCUSSIONS

## 4.1 Introduction

This chapter presents the research findings and the discussion based on the findings. The study sought to examine the factors influencing staff performance in public level 2 and 3 health facilities in Githunguri Subcounty, Kiambu County, Kenya. The IV included the training on staff performance, availability of job description and deployment practices and the supervision on staff performance in Githunguri subcounty Level 2 and 3 health facilities in Kiambu County.

## 4.2 Response Rate

The study administered a total of 160 questionnaires across all the level 2 and level 3 health facilities in Githunguri sub-county and 154 responded, making a response rate of 96.9%.

## 4.3 Reliability Results

**Table 4.2**

*Reliability Statistics*

| Variables | N of Items | Cronbach's Alpha |
|---|---|---|
| Training | 8 | .776 |
| Job Description | 4 | .857 |
| Deployment | 5 | .426 |
| Supervision | 4 | .658 |
| Staff Performance | 8 | .646 |

The Table 4.2 presents the reliability statistics of the various independent variables and dependent variable. The internal consistency obtained indicated good reliability at 0.67, a threshold which indicated good or acceptable rates.

**4.4 Socio-Demographic Characteristics**

**Table 4.3**

*Socio-Demographic Characteristics*

| Characteristics | | Fr | % |
|---|---|---|---|
| **Gender** | Male | 71 | (46.1) |
| | Female | 83 | (53.9) |
| **Duration at current position** | Less than 1 year | 62 | (40.3) |
| | Between 1-5 years | 78 | (50.6) |
| | Between 6-10 years | 14 | (9.1) |
| **Age band** | Between 20-30 years | 59 | (38.3) |
| | Between 31-40 years | 52 | (33.8) |
| | Between 41-50 years | 14 | (9.1) |
| | More than 50 years | 29 | (18.8) |
| **Level of education** | Diploma | 74 | (48.1) |
| | Certificate | 52 | (33.8) |
| | Higher Diploma | 15 | (9.7) |
| | Degree | 13 | (8.4) |

The Table 4.2 presents the socio-demographic data of respondents that participated in the study. It was notable that 83(53.9%) were female compared to 71(46.1%) who were males. It was determined that most of the respondents 78 (50.6%) had worked in their respective facilities for period between 1-5 years followed by 62(40.3%) who indicated that they had worked for less than one year and only 14(9.1%) had worked for more than six years and this indicated high turnover rate due to transfers. Those in the age bands of between 20-30 years formed the majority 59(38.3%) and slightly more than a third 52(33.8%) indicated they were between 31- 40 years. Those with diploma and certificates formed the majority i.e., 74(48.1%) and 52(33.8%) respectively, and those possessing higher diploma and university degrees were 28(18.1%)

Table 4.3 presents the summary of the responses on the various statements on assessing staff performance. It was evident that most of the respondents agreed that there were performance management policies which were well-integrated in the various healthcare facilities as the mean of 4.1±0.587 was obtained and they believed that the performance management were meant to increase their productivity (4.09±0.576). The respondents were neutral on the statement that they

perceived their managers as fair and supportive in their appraisals, ratings and feedback despite them agreeing that (4.2±0.641) they accepted positive feedback in order to achieve higher productivity as shown by the mean obtained. Further, most disagreed (3.2±0.593) that their immediate managers were well trained on appraisals, rating and feedback on performance management.

## 4.3 Staff Performance

**Table 4.4**

*Staff Performance*

| Statements | Mean | SD |
|---|---|---|
| HCWs performance management (PM) is well integrated in the organization | 4.1234 | .58665 |
| I believe PM aims to increase my productivity | 4.0909 | .57580 |
| There are initiatives to align individual and organizational objectives, and improve performance | 3.9740 | .59352 |
| We perceive the managers at our organization as fair and supportive in their appraisals, ratings and feedback | 3.7143 | .89087 |
| We are always out to accept positive feedback to achieve higher productivity | 4.1623 | .64139 |
| The managers are well trained on appraisals, rating and feedback for performance management | 3.2143 | .59370 |
| Employees believe that the organization embraces performance culture | 4.1429 | .58777 |
| The institution uses PM for continuous improvement | 4.1169 | .65627 |

Most agreed (4.14±0.587) that their respective health facilities embraced performance cultures and this was reflected by their agreement (4.11±0.656) that facilities used performance management for continuous improvement. The study agrees with Lia (2019) who opined that performance definition is based on the employees executing their roles effectively and aligning staff performance with the organization's goals. As to respondents' agreement on the aims of the PM, the study agrees with Sundari (2019) who expounded that effective training and good supervision practices led to higher and better productivity. The study findings agreed with the Maru et al. (2013) who opined that having clearly defined roles and responsibilities provides autonomy and job identity that can affect HCWs.

The study used a Likert scale and the individual cumulative frequency were used to ascertain the

respondents' attitudes towards staff performance; whether it was good or fair depending on the scores on the 8 statements on staff performance. According to Joshi et al. (2015), they argued that in scoring of Likert Scale statements, achieving three quarter of the cumulative score can be deemed good or adequate. In this study those that score more than 30 out of 40 were deemed good. It was evident that majority 135 (87.7%) considered their performance to be good.

**Table 4.5:**

*Staff Performance*

|  |  | Frequency | Percent |
|---|---|---|---|
| Staff | Good | 135 | 87.7 |
| Performance | Fair | 19 | 12.3 |
|  | Total | 154 | 100.0 |

## 4.4 Training of Staff in Level 2 and 3 health facilities in Githunguri Sub-County

The first objective of the study was to determine the influence of training on staff performance in Githunguri subcounty Level 2 and 3 health facilities in Kiambu County. The responses are provided in the Table 4.4. It was evident that most 112(72.7%) of the HCWs across all Githunguri Sub-County Level 2 and 3 health facilities in Kiambu County were fully trained and 42(27.2%) were partially trained during the time of this study. The study probed the respondents regarding the time they graduated from training and it was noteworthy that most 119(77.3%) of them cited they graduated from training within more than two years followed by those that graduated within less than one year ago 23(14.9%).

Regarding the number of continuous medical education (CME) the respondents had attended in the previous six months, 47(30.5%) pointed that they had not attended any CMEs compared to a third 45(29.2%) who had attended two CMEs while a further 25(16.2%) had attended to one CME in the past half year. The study further probed if the respondents had attended job trainings such as seminars and workshops in the past six months at the time of study and it was evident that 56(36.4%) had not attended even a single workshop/seminar, 49(31.8%) had attended more than three on-job training (workshop/seminar) and close to a quarter 37(24%) of the respondents had attended only two workshop/seminar and this indicated that HCWs in these level 2 and 3 needed to attend more workshops/seminars or CMEs in order to improve their knowledge on their various

competencies.

**Table 4.6**

*Training of Staff in Level 2 and 3 health facilities in Githunguri Sub-County*

| Statements | | Fr | % |
|---|---|---|---|
| Training extent | Fully Trained | 112 | (72.7) |
| | Partially Trained | 42 | (27.2) |
| Time graduated from training | Last 6 months | 11 | (7.1) |
| | Last 1 year | 23 | (14.9) |
| | Last 2+ year | 119 | (77.3) |
| No. of CME attended in 6 months | None | 47 | (30.5) |
| | One | 25 | (16.2) |
| | Two | 45 | (29.2) |
| | More than three | 37 | (24.0) |
| Job trainings (workshops / seminars) attended in 6 months | None | 56 | (36.4) |
| | One | 12 | (7.8) |
| | Two | 37 | (24.0) |
| | More than three | 49 | (31.8) |
| Training requirement for current position | Specialist training | 30 | (19.5) |
| | Graduate | 95 | (61.7) |
| | None | 29 | (18.8) |
| Have missed any opportunity for progression because training was below the expectation of the advertised position | Yes | 35 | (22.7) |
| | No | 119 | (77.3) |
| Think the employer has adequate training opportunities to support your career progression | Yes | 84 | (54.5) |
| | No | 70 | (45.5) |
| Satisfaction level from training as relevant to current position and responsibilities | Least Satisfied | 9 | (5.8) |
| | Little Satisfied | 21 | (13.6) |
| | Neither | 37 | (24.0) |
| | Satisfied | 53 | (34.4) |
| | Very Satisfied | 34 | (22.1) |

It was established that most of the HCWs 95(61.7%) indicated that the training requirement for the positions they held was graduate level compared to the 30(19.5%) who cited their positions needed specialist training. According to the responses, most 119 (77.3%) pointed that they had not missed any opportunity for progression because their training was below the expectation of the advertised position and slightly more than half of them 84(54.5%) pointed that they thought their employer had adequate training opportunities to support their career progression. Lastly, the study assessed the level of satisfaction the respondents had from the trainings for their current positions

and responsibilities and close to 87(56.5%) were generally satisfied.

The study carried bivariate analysis between the staff performance and the various statements on influence of training of health workers' performance to assess any association between them and the results are presented in Table 4.6

**Table 4.7**

*Association between Training of Health Workers and Staff Performance*

| | | Staff Performance | | Total | Chi-Square | P value |
|---|---|---|---|---|---|---|
| | | Good | Fair | | | |
| Training extent | Fully Trained | 98 | 14 | 112 | .927 | .819 |
| | Partially Trained | 37 | 5 | 42 | | |
| Time graduated from training | Less than 1 year | 28 | 6 | 34 | 1.587 | .662 |
| | Last 2+ year | 104 | 12 | 116 | | |
| No. of CME attended in 6 months | Less than one | 60 | 12 | 72 | 13.903 | .072 |
| | More than two | 75 | 7 | 82 | | |
| Job trainings (workshops or seminars) attended in 6 months | Less than one | 58 | 10 | 68 | 14.796 | .087 |
| | More than two | 77 | 9 | 86 | | |
| Training requirement for your current position | Specialist training/Graduate | 112 | 13 | 125 | 2.310 | .315 |
| | None | 23 | 6 | 29 | | |
| Have missed any opportunity for progression because training was below the expectation of the advertised position | Yes | 30 | 5 | 35 | .159 | .690 |
| | No | 105 | 14 | 119 | | |
| Think your employer has adequate training opportunities to support career progression | Yes | 73 | 11 | 84 | .098 | .754 |
| | No | 62 | 8 | 70 | | |
| Satisfaction level from training as relevant to current position and responsibilities | Little Satisfied | 24 | 6 | 30 | 4.924 | .295 |
| | Neither | 32 | 5 | 37 | | |
| | Satisfied | 79 | 8 | 87 | | |

The study cross tabulated the staff level of performance and the various aspects/ statement on the job training to establish any association between the training and individual/staff performance. It was noted that there was no significant association between staff performance and the number of CMEs attended and job trainings (seminars /workshops) as p values obtained were 0.072 and 0.087 respectively.

The study agrees with the Paradise (2007) who pointed that training employees is one measure of ensuring career development and increasing accuracy and patient outcome and further mending the employees' efficiencies and proficiencies to enable them achieve the organization's objectives. The study agrees with Aragon et al. (2003) who indicated that training had positive influence on performance of the organizations and these OJTs positively influenced employee effectiveness and profitability of the firm. Further the study agrees with Lia (2019) contends that it is important for new employees to be given a lot of training as a form of induction into the new job. The study is in agreement with Peach (2007) on the extensiveness of training and employee performance which has positive effect on employee performance and can be done with seminars and OJTs.

The study further agreed with Asiimwe (2019) whose study on those effects of employee training on job performance in the NGO world argued employees' OJT training enriched employees' commitment in their jobs and presence of physical resources are also paramount in effective training sessions and greatly facilitated employee training. the study findings aligned with Nassazi (2018) who suggested that training had clear impacts/effects on the employee's performance and recommend that HRM managers and other organizational leaders should develop and implement training programs in their respective organizations. While Khaemba (2017) findings concurred with current findings that training and development results in improved job performance as training and development had a positive and significant relationship to employee performance and this as reiterated by Gadalla and Mukhtad (2021) training led to work improvement to big extent but it wasn't the only factor that enhanced workers performance and this was shown by Ivelia (2018) training was statistically significant in improving staff performance and concluded that it had a positive influence in increasing HCWs while Onyango and Wanyoike (2014) shown the same sentiments that training has a strong positive relationship on employees performance.

**4.5 Responses on Availability of Job Descriptions**

The second objective of the study was to determine the influence of availability of job description on staff performance in Githunguri Sub-County Level 2 and 3 health facilities in Kiambu County and the responses are provided in the Table 4.8. Assessing the respondents' satisfaction level with the positions they held at the various Level 2 and 3 health facilities in Githunguri Sub-County, 80(52%) indicated they were quite satisfied with their current job positions while 38(24.7%) were

unsatisfied. Slightly more than half 81(52.6%) stated that they felt their roles were aligned to their training and their expectations and a third 51(3.1%) cited they were not and this was indicated by their responses on their current workload whereby 104(67.5%) indicated was manageable compared to 32(20.8%) who cited their workload as overwhelming.

**Table 4.8**

*Responses on Availability of Job Descriptions*

|  |  | Fr | % |
|---|---|---|---|
| Level of satisfaction with your current job | Least Satisfied | 18 | (11.7) |
|  | Little Satisfied | 20 | (13.0) |
|  | Neither | 36 | (23.4) |
|  | Satisfied | 60 | (39.0) |
|  | Very Satisfied | 20 | (13.0) |
| Feel their roles are aligned to their training and expectations | Yes | 81 | (52.6) |
|  | No | 51 | (33.1) |
|  | Somehow | 22 | (14.3) |
| Opinion about current workload | Appropriate and Manageable | 18 | (11.7) |
|  |  | 104 | (67.5) |
|  | Overwhelming | 32 | (20.8) |

**Table 4.9**

*Association Between Job Descriptions and Staff Performance*

|  |  | Staff Performance | | Total | Chi-Square | P value |
|---|---|---|---|---|---|---|
|  |  | Good | Fair |  |  |  |
| Level of satisfaction with your current job | Unsatisfied | 64 | 10 | 74 | 7.040 | .134 |
|  | Satisfied | 71 | 9 | 80 |  |  |
| Feel their roles are aligned to their training and expectations | Yes | 73 | 8 | 81 | 1.997 | .368 |
|  | No | 62 | 11 | 73 |  |  |
| Opinion about current workload | Appropriate and Manageable | 106 | 14 | 120 | .888 | .642 |
|  | Overwhelming | 28 | 5 | 33 |  |  |

The study cross tabulated the responses on the job descriptions with the staff performance scores to assess any association and it was established that there was no significance association between the independent variables and the dependent variable as the p values obtained were greater than 0.05.

The study agrees with Ellington et al. (2015) who pointed that job descriptions are necessary for employees to successfully perform a job, and the derivation is done by conducting a job analysis and these notations align with current findings. The study also agrees with Stocks and Slater, (2016), who argued that employees are supposed to be made aware what is expected of them through a clearly written job description.

The study findings agreed with Muriithi (2017) who opined that job description influenced employee performance positively and was significant and concluded that the study provided theoretical contributions job description as significant in increasing employee performance while Hassan (2017) findings agrees with this study that poor job descriptions can lead to ambiguity and overlap of roles while Taufik (2019) pointed that that lack of an effective job descriptions had a negative impact on the staff performance and this can be when the respondents eels their roles and responsibilities do not match their training and the same sentiments were shared by Raja and Bernard (2017) that lack of clear job descriptions resulted in poor performance by the employees

## 4.6 Responses on Deployment Practices

The third objective of the study was to assess the influence of deployment practices on staff performance in Githunguri subcounty Level 2 and 3 health facilities in Kiambu County. The responses are provided in the Table 4.8. On deployment practices, the first question sought to determine the period the respondents had worked in the positions they held and it evident that close to 59(38.3%) had held their position for period between 6-10 years while approximately 50(32.5%) had held their positions for a period of between 2-5 years. Close to 90(58.4%) were aware of the deployment policies in the organization that influence deployment while 64(41.6%) were not aware and this indicated there was need to educate the HCWs in Githunguri Sub County on the various deployment policies by the Ministry of Health.

The number of transfers the respondents had in the last four years was significantly high as pointed by majority of the respondents i.e., 50(32.5%) and 43(27.9%) had received more than two transfers and two transfers respectively. Further, it was established that approximately 121(78.6%) of the respondents were generally unsatisfied with the current structure of promotions in their healthcare facilities.

**Table 4.10**

*Responses on Deployment Practices*

|  |  | Fr | % |
|---|---|---|---|
| Period worked in the current position | less than two years | 15 | (9.7) |
|  | Between 2-5 years | 50 | (32.5) |
|  | Between 6-10 years | 59 | (38.3) |
|  | More than 10 years | 30 | (19.5) |
| Aware of the deployment policies in the organization that influence deployment | Yes | 90 | (58.4) |
|  | No | 64 | (41.6) |
| Number of transfers received in the last four years | None | 43 | (27.9) |
|  | One | 18 | (11.7) |
|  | Two | 43 | (27.9) |
|  | More than two | 50 | (32.5) |
| Satisfied with the structure of promotion in the current organization | Yes | 33 | (21.4) |
|  | No | 121 | (78.6) |
| Organization motivation strategies for staff available | None | 62 | (40.3) |
|  | Conducive Working Environment | 27 | (17.5) |
|  | Recognition of achievement through Certificates issuing | 8 | (5.2) |
|  | CMEs | 11 | (7.1) |
|  | CMEs and Recognition | 12 | (7.8) |

On the various activities done at the various healthcare facilities in Githunguri Sub-County, most (62, 40.3%) cited there was no motivation strategies in place at their facilities while 27(17.5%) cited conducive working environment, 8(5.2%) indicated recognition of achievement through certificates issuing and 12(7.8%) pointed recognition through both the CMEs and recognition through provision of certificates. The study found significant association between the staff performance and deployment on the number of transfers they had received in the last four years as presented in the Table 4.10 as the p values obtained was less than 0.05.

**Table 4.11**

*Association between Deployment and Staff Performance*

| | | Staff Performance | | Total | Chi-Square | P value |
|---|---|---|---|---|---|---|
| | | Good | Fair | | | |
| Period worked in the current position | less than five years | 56 | 9 | 65 | 1.103 | .776 |
| | More than 6 years | 79 | 10 | 89 | | |
| Aware of the deployment policies in the organization that influence deployment | Yes | 80 | 10 | 90 | .301 | .583 |
| | No | 55 | 9 | 64 | | |
| | Total | | | | | |
| Number of transfers received in the last four years | None or one | 49 | 12 | 61 | 11.730 | .008 |
| | Two or more | 86 | 7 | 93 | | |
| Satisfied with the structure of promotion in the organization | Yes | 28 | 5 | 33 | .002 | .966 |
| | No | 106 | 15 | 121 | | |
| activities of motivation for staff available | None | 53 | 9 | 62 | 2.201 | .699 |
| | yes | 51 | 7 | 27 | | |

The study agrees with Mithano and Uzel (2020) who opined that there was a clear relationship between the deployment procedures and the performance of employees as many healthcare facilities depends on the deployment procedures to enhance performance, assure sustainability of the long-term organizational goals and objectives through transfers and the same sentiments shared by Nduati and Wanyoike (2022) that positive relationship between the performance management practices (deployment) and staff performance which led to organizational effectiveness in achieving their mission and goals while Soud (2018) findings agrees with this study as the author asserted that positive relationship between the deployment and employee performance and further remuneration (good salaries and bonuses) further had a significant impact on employee performance though the current findings disagrees with Asokk et al. (2021) on the involvement of HCWs in deployment and the staff and organizational performance despite the practice having positive and significant impact staff and organizational performance

## 4.7 Responses on Supervision

The fourth objective of the study was to determine the influence of supervision on staff

performance in Githunguri Sub-County Level 2 and 3 health facilities in Kiambu County and the responses to address it are provided in Table 4.12.

**Table 4.12**

*Responses on Supervision*

| Statement | | Fr | % |
|---|---|---|---|
| Opinion about the structure of supervision in the facility | Supportive/ Good mentorship | 95 | (61.7) |
| | Intimidating/ Authoritative | 16 | (10.4) |
| | Sometimes Unclear | 43 | (27.9) |
| There is a supervision policy in the current health facility | Yes | 93 | (60.4) |
| | No | 11 | (7.1) |
| | Not aware | 50 | (32.5) |
| Opinion on the structures for reporting complaints and compliments at your healthcare facility | Very Good | 42 | (27.3) |
| | Good | 91 | (59.1) |
| | Poor | 10 | (6.5) |
| | Very Poor | 11 | (7.1) |
| Nature of relationship with immediate supervisor | Very Good | 42 | (27.3) |
| | Good | 112 | (72.7) |

From the responses, most of the staff 95(61.7%) indicated that the structure of supervision in their respective facilities was supportive/good mentorship while 43(27.9%) indicated the supervision was sometimes unclear while those that indicated their supervision was either intimidating or authoritative were 16(10.4%) and this may have negative effect on their job performance. It was evident that most of the respondents (93, 60.4%) were aware of supervision policy in the health facility they worked in while close to a third 50(32.5%) indicated that they were not aware of such policies. Majority 133(86.4%) indicated that the structures for reporting complaints and compliments at their healthcare facility were good and this translated to better staff performance and this was replicated in their responses on the type of relationship they had with their immediate supervisors which was generally good (112, 72.7%).

The responses presented in Table 4.13 sought to examine if there was any association between Supervision and staff performance and it was established that there was significant association between the staff performance and the structure/type of supervision that existed/ was in place as the p value obtained was <0.1 ($x^2$=13.367, p<0.1). The study concurs with the

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Santana and Loureiro, (2019),  who argued that supervisory practices and communication, training and continuation of education, are among the factors considered by municipal health professionals to be important in their retention. Koretz (1995) tenets on the productivity factors coincide with the study that to improve human resource at work, when addressed and they include supportive supervision employee's involvement in decision-making, setting realistic goals and employees' perception of burdensome work, and ability to reward exemplary employees.

**Table 4.13**

*Association between Supervision and Staff Performance*

| | | Staff Performance | | Total | Chi-Square | P value |
|---|---|---|---|---|---|---|
| | | Good | Fair | | | |
| Opinion about the structure of supervision in your facility | Supportive and Good mentorship | 81 | 14 | 95 | 13.367 | .098 |
| | Intimidating/ Authoritative | 54 | 5 | 59 | | |
| There a supervision policy in your current health facility | Yes | 82 | 11 | 93 | .257 | .879 |
| | No/ Not aware | 53 | 8 | 61 | | |
| Opinion on the structures for reporting complaints and compliments at healthcare facility | Very Good | 37 | 5 | 42 | .226 | .973 |
| | Good | 79 | 12 | 91 | | |
| | Poor | 29 | 7 | 36 | | |
| Relationship with immediate supervisor | Very Good | 34 | 8 | 42 | 2.494 | .287 |
| | Good | 101 | 11 | 112 | | |

Findings of the study concurs with Mubunda (2019) who opined that supervision as fundamental aspect in good performance of employees and as positive relationship exists between supervision and employee performance and thus supervision should be carried as it has a positive impact and plays key role in employees' motivation and thus increasing their performance while same sentiments were pointed by Lee (2019) that supervision has an indirect influence/impact on employee performance. The study findings agree with Dubey and Gopika (2023), Koske and Atambo (2018) who asserted that employees reported that supervision is effective and necessary to improve the performance of the employees and further agreed that Rulandari (2019) who revealed that there as a positive influence of supervision on the staff/employee performance. The study is disagreed with Amir et al. (2022) supervision and personal communication have no significant effect on performance, while agreed that motivation and organizational commitment

have a significant effect on employee performance.

## 4.8 Multinomial Logistic Regressions

The study undertook multinomial logistic regressions and the results are presented in the subsequent tables

**Table 4.14**

*Model Fitting Information*

| | Model Fitting Criteria | Likelihood Ratio Tests | | |
|---|---|---|---|---|
| Model | -2 Log Likelihood | Chi-Square | df | Sig. |
| Intercept Only | 87.073 | | | |
| Final | 45.317 | 41.756 | 27 | .035 |

The model was significant as the p value obtained was < 0.05 (x2=41.76, p=.0035) and from the Nagelkerke Pseudo R-Square obtained as presented in the Table 12, the model explained 75.1% of the factors influencing staff performance in public level two and three health facilities in Githunguri Sub-County

*Table 4.15*

*Pseudo R-Square*

| Pseudo R-Square | |
|---|---|
| Cox and Snell | .737 |
| Nagelkerke | .751 |

According to the results presented in the Table 4.14 on the MLR, the training extent had a positive influence on the performance of the HCWs as those fully trained had OR of 5.1 compared to those partially trained who had OR 3.4, (p<0.05) while the number of CMEs attended by the respondents, had a positive impact on the staff performance as those who attended one CME had OR=2.7, (p<0.05) while two CMEs attended had OR=6.7, (p<0.05). The study agrees with Aragon et al (2003) who indicated that training had positive influence on performance of the organization and that OJTs positively influenced employee effectiveness and profitability of the firm. The study also agrees with Lia (2019) who contends that it is important for new employees to be given a lot

of training as a form of induction into the new job. The study further agreed with Asiimwe (2019) whose study on those effects of employee training on job performance in the NGO world argued employees training enriched employees' commitment in their jobs and presence of physical resources are also paramount in effective training sessions and greatly facilitated employee training. The study findings aligned with Nassazi (2018) who suggested that training had clear impacts/effects on the employee's performance and recommend that HRM managers and other organizational leaders should develop and implement training programs in their respective organizations. Other researchers the study agreed with includes Gadalla and Mukhtad (2021), Ivelia (2018) and Onyango and Wanyoike (2014) same sentiments that training has a strong positive relationship on employees' performance.

**Table 4.16**

*Multivariate logistic regression*

| Variable | indicator | | B | Std. Error | df | Sig. | OR |
|---|---|---|---|---|---|---|---|
| Training | training extent | Fully Trained | 16.795 | 0.477 | 1 | .000 | 5.080 |
| | | Partially Trained | 11.065 | 0.689 | 1 | .000 | 3.443 |
| | | Currently under training | -3.406 | 0.271 | 1 | .800 | 1.104 |
| | No. of CME attended | None | 11.960 | 0.645 | 1 | .003 | 0.739 |
| | | One | 72.385 | 0.206 | 1 | .004 | 2.73156 |
| | | Two | 84.797 | 0.187 | 1 | .004 | 6.709 |
| Deployment | aware of the deployment policies | Yes | 24.416 | 0.395 | 1 | .001 | 2.491 |
| | Number of transfers received | None | -.610 | 0.694 | 1 | .772 | .543 |
| | | One | 2.564 | 0.211 | 1 | .001 | 2.859 |
| | | Two | -2.535 | 1.196 | 1 | .491 | 12.616 |
| Job Description | feel roles are aligned to their training | Yes | 6.100 | 0.443 | 1 | .002 | 3.222 |
| | | No | 19.265 | 0.676 | 1 | .804 | 2.151 |
| | level of satisfaction with current job | Very Satisfied | 18.5832 | 0.591 | 1 | .004 | 5.082 |
| | | Satisfied | -83.518 | 0.627 | 1 | .002 | 5.353 |
| | | Neither | 20.3935 | 0.430 | 1 | .004 | 3.699 |
| | | Little Satisfied | 10.225 | 0.001 | 1 | .001 | 3.625 |
| | opinion about current workload | Appropriate | 1.302 | 0.559 | 1 | .000 | 3.677 |
| | | Manageable | 7.2540 | 0.279 | 1 | .082 | 3.136 |
| Supervision | opinion on structure of supervision | Supportive | 3.1665 | 0.698 | 1 | .000 | 11.771 |
| | | Intimidating | 9.7.119 | 0.327 | 1 | .002 | 6.637 |
| | | Sometimes Unclear | 66.101 | 0.020 | 1 | .401 | 5.09886 |
| | | Good mentorship | 10.790 | 0.376 | 1 | .000 | 4.8521 |

| | | | | | | |
|---|---|---|---|---|---|---|
| There a supervision policy | Yes | 59.948 | 0.967 | 1 | .002 | 8.08449 |
| | No | 12.503 | .000 | 1 | . | 1.703 |
| Opinion on the structures for reporting complaints and compliments | Very Good | 4.0945 | 0.365 | 1 | .004 | 8.912 |
| | Good | 3.7113 | 0.081 | 1 | .064 | 2.451 |
| | Poor | 0.56.885 | 0.802 | 1 | .004 | 2.646 |

It was revealed that job description had a positive effect on the job performance as on the statement that if they felt roles were aligned to their training, those that agreed had OR of 3.22 ($p<0.05$) compared to those who disagreed while assessing their level of satisfaction with current job, those that were very satisfied had OR of 5.01 ($p<0.05$) compared to those satisfied (OR=5.4, $p<0.05$). Ellington et al. (2015) who argued that that job descriptions are necessary for employees to successfully perform a job while the study shares same sentiments shared by Stocks and Slater, (2016) employees are supposed to be made aware what is expected of them through a clearly written job description ( Muriithi (2017).

On deployment, awareness of the deployment policies had a positive effect on job performance as those indicated yes had OR=2.49 ($p<0.05$) while number of transfers had negative impacts on job performance as those that none transfers had OR of 0.5, $p>0.05$) compared to those with one and two transfers (OR=2.8, $p<0.05$) and OR=12.6, $p>0.05$) respectively. The study aligns with Mithano and Uzel (2020) who opined that there is a clear relationship between the deployment procedures and the performance of employees. the same sentiments shared by Nduati and Wanyoike (2022) that positive relationship between the performance management practices (deployment) and staff performance which led to organizational effectiveness in achieving their mission and goals while Soud (2018) findings agrees with this study as the author asserted that positive relationship between the deployment and employee performance.

Generally, supervision had positive impacts on job performance as the supportive supervision had OR of 11.77, $p<0.05$) compared to intimidating type (OR=6.6, $p<0.05$) while good mentorship had OR=4.8 ($p<0.05$) on job performance while presence of supervision policy had OR of 8.1 ($p<0.05$) while very good structures for reporting complaints and compliments had

OR of 8.9 (p<0.05). The study concurs with the Buttery et al.  (2005), who argued that supervisory practices and communication, training and continuation of education and further of the study concurs with Mubunda (2019) who opined that supervision as fundamental aspect in good performance of employees and as positive relationship exists between supervision and employee performance.

## CHAPTER FIVE

## SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Introduction

This section provides the study findings, conclusions and recommendations.

### 5.2 Summary of findings

It was evident that most of the respondents agreed that there were performance management policies which were well-integrated in the various healthcare facilities and they believed that the performance management were meant to increase their productivity. The respondents were neutral on the statement that they perceived their managers as fair and supportive in their appraisals, ratings and feedback despite them agreeing that they accepted positive feedback in order to achieve higher productivity as shown by the mean obtained.

### 5.2.1 Training

Regarding the number of continuous medical education (CME) the respondents had attended in the previous six months, a third pointed that they had not attended any CMEs compared to a third who had attended two CMEs while a further 25(16.2%) had attended to one CME in the past half year. A third had attended more than three on-job training (workshop/seminar) and close to a quarter of the respondents had attended only two workshop/seminar and this indicated that HCWs in this level 2 and 3 needed to attend more workshops/seminars or CMEs in order to improve their knowledge on their various competencies. It was established that most of the HCWs indicated that the training requirement for the positions they held was graduate level compared to the 30(19.5%) who cited their positions needed specialist training.

### 5.3.2 Availability of Job Descriptions

Close to 52% indicated they were quite satisfied with their current job positions while 38(24.7%) were unsatisfied. Slightly more than half stated that they felt their roles were aligned to their training and their expectations and a third cited they were not and this was indicated by their responses on their current workload whereby most indicated was manageable compared to

32(20.8%) who cited their workload as overwhelming.

### 5.3.3 Deployment Practices

Close to 59(38.3%) had held their position for period between 6-10 years while approximately 32.5% had held their positions for a period of between 2-5 years. Slightly, more than half were aware of the deployment policies in the organization that influence deployment while 41.6% were not aware and this indicated there was need to educate the HCWs in Githunguri Sub County on the various deployment policies by the Ministry of Health.

### 5.3.4 Supervision

Most of the staff indicated that the structure of supervision in their respective facilities was supportive/good mentorship while 27.9% indicated the supervision was sometimes unclear while those that indicated their supervision was either intimidating or authoritative were 10.4% and this may have negative effect on their job performance. most of the respondents (were aware of supervision policy in the health facility they worked in while close to a third indicated that they were not aware of such policies. Majority indicated that the structures for reporting complaints and compliments at their healthcare facility were good and this translated to better staff performance and this was replicated in their responses on the type of relationship they had with their immediate supervisors which was generally good.

### 5.3 Conclusions

Majority of the respondents were female of whom most had worked in their respective facilities between 1-5 years. Those in the age bands of between 20-30 years formed the majority and slightly more than a third indicated they were between 31- 40 years. Those with diploma and certificates formed the majority.

### 5.3.1 Training and Staff Performance

Majority of the HCWs across all Githunguri Sub-County Level 2 and 3 health facilities in Kiambu County were fully trained and close to 42(27.2%) were partially trained during the time of study. This evidently indicated that they provided services professionally. Most of them cited that they

graduated from training within more than two years. On the number of Continuous Medical Education (CME), approximately a third pointed that they had not attended any CMEs compared to 29.2% who had attended two CMEs.

Regarding on-job trainings such as seminars and workshops respondents had attended in the past six months, close to 36.4% had not attended any single workshop/seminar, 31.8% had attended more than three on-job trainings (workshop/seminar) and a quarter had attended only two workshops/seminars. Most had not missed any opportunity for progression because their training was below the expectation of the advertised position and slightly more than half of them (54.5%) thought their employer had adequate training opportunities to support their career progression. There was significant association between staff performance and the number of CMEs attended and job trainings (seminars /workshops) as p value obtained were 0.072 and 0.087 respectively.

### 5.3.2 Deployment and Staff Performance

Majority of the respondents were aware of the deployment policies in the organization that influence deployment while 64(41.6%) were not aware. This implied there was need to educate the HCWs in Githunguri Sub County on the various deployment policies by the Ministry of Health. Majority of the respondent had received two or more transfers in the last four years and most were generally unsatisfied with the current structure of promotions in their organizations/healthcare facilities. Most pointed that there were no motivation strategies done at their facilities while a mere 17.5% and 5.2% indicated that there was conducive working environment and recognition of achievement through certificates issuing respectively. The study found significant association between the staff performance and deployment on the number of transfers they had received in the last four years as the p values obtained was less than 0.1.

### 5.3 3 Job Description and Staff Performance

Slightly more than half indicated they were quite satisfied with their current job positions and more than half ascertained that they felt their roles were aligned to their training and their expectations and this was further confirmed by their responses on their current workload whereby most (67.5%) indicated their roles were manageable compared to a fifth who cited their workload was

overwhelming.

## 5.3.4 Supervision and Staff Performance

Most respondents indicated that the structure of supervision in their respective facilities was supportive/good mentorship while 27.9% indicated that the supervision was sometimes unclear and 10.4% indicated their supervision was either intimidating or authoritative. This may have negative effect on their job performance. Most were aware of supervision policy in the health facility they worked while a third pointed that they were not aware of such policies. Majority indicated that the structures for reporting complaints and compliments at their healthcare facility/ies were fair and this translated to better staff performance. This was indicated in their responses on the type of relationship they had with their immediate supervisors which was generally good. Regarding whether there was any association between Supervision and staff performance, it was established that there was significant association between the staff performance and the structure/type of supervision that existed.

## 5.4 Staff Performance

Most of the respondents agreed that there were performance management policies well- integrated in the various healthcare facilities and they believed that the performance management activities were meant to increase their productivity. They were neutral on the statement that they perceived their managers as fair and supportive in their appraisals, ratings and feedback despite them agreeing that they accepted positive feedback in order to achieve higher productivity. Most disagreed that their immediate managers were well trained on appraisals, rating and feedback on performance management despite them agreeing that their respective health facilities embraced performance cultures and this was reflected by their agreement that facilities used performance management for continuous improvement.

## 5.5 Recommendations

The purpose of the study was to find out how training, clarity of roles via job description, deployment (postings and transfers) and supervision, among other employer related dynamics, influence staff performance and the study makes the following recommendations:

1. The Directors of Health departments in the County Government of Kiambu (CHMT) cascading down to the Subcounty Medical Officer of Health and the facility in-charges, should increase opportunities and facilitation for the number of on-job trainings, Continuous Medical Education (CMEs), seminars and workshops both at facility level and away.

2. The County Health Management Teams (CHMTs) and the Health Management teams at the health facilities level should conduct staff sensitization on the deployment policies and reduce the number of transfers or redeployments made of the staff.

3. The HMTs i.e., heads of departments at the facility level, should provide written job descriptions for all healthcare workers in the facilities for reference to facilitate achievement of set and expected goals.

4. Supervision policies should be well articulated and sensitization be done by the HMTs to enhance staff performance.

5. The HMTs should provide mentorship/coaching programs and be rolled out in all healthcare facilities in the Sub-County and subsequently, in the county and the country.

## 5.4 Recommendations for further study

The effect of training, job description, deployment and supervision on staff performance in level 2 and 3 private and faith-based health facilities in Githunguri Subcounty, Kiambu County.

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**Appendix I: Informed Consent**

Kenya Methodist University
P. 0 Box 267-60200
MERU, Kenya

**SUBJECT: INFORMED CONSENT**

Dear Respondent,

My name is Samwel Ondiek. I am an MSc student from Kenya Methodist University. I am conducting a study titled: - Factors Influencing Staff Performance in Public Level 2 and 3 Health Facilities in Kiambu County – The Case of Githunguri Sub-County, Kenya.

This proposal seeks to identify the management factors which influence staff performance, providing appropriate recommendations to address them. This makes the outcomes of the study critical in the healthcare management in both Kiambu County, other counties and by extension Kenyan Ministry of Health. By identifying and addressing these factors, the policy-makers and key stakeholders of Kenyan healthcare would have improved healthcare services in Githunguri Sub- County.

**Procedure to be followed**

My role in this study will be to ask you some questions (indicated in the questionnaire) which are aligned with the purpose of the research. I will give you the opportunity to fill out the questionnaire by yourself and submit it back to me.

As a participant, you hold the liberty of answering or choosing not to do so. However, for the purposes of accuracy and effectiveness of this study, I beseech you to answer them all to the best your knowledge and transparency.

In case of any privacy or discreteness to the answers, I request that you only answer what pertains to the questions and avoid going personal on the questions. Do not give much biography or personal details not indicated in this questionnaire. Also, you are at free will to stop participating in case you will feel uncomfortable with the questions.

**Discomfort and Risks**

None of the questions are personal and embarrassing to make you uncomfortable. So, feel at ease as you do this. In case of any issue with any question, kindly let me know before submitting back the questionnaire.

**Benefits**

By participating in this study, you would have contributed to the solutions of this country's healthcare managerial problems, which need to be addressed, as my study seeks to do so. Eventually, many countries, communities and individuals will benefit from our improved healthcare services, and even borrow from our management standards.

**Rewards**

Unfortunately, there is no reward for any participant of this study. However, I pass my humble and heartfelt gratitude for accepting to participate in the study.

**Confidentiality**

The interviews will be done in form of self-administered questionnaires, distributed to the chosen participant within the healthcare facilities. Your name will not be recorded and the questions are friendly and not personal. Besides, upon return, the questionnaires will be kept as confidential documents within the university, handled with care.

**Contact Information**

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

1.      Dr. Wanja Tenambergen

2.       Mr. Musa Oluoch

Department of Health Systems Management of Kenya Methodist University, Nairobi Campus.

**Participant's Statement**

I have read the above statement regarding my participation in this study and I have understood everything and my role in this study. I have been assured that no personal information will be asked in the questionnaires, and if need be, I should confirm with the researcher. The researcher

has also assured me that the questionnaires will be kept as confidential documents and properly handled within the university. Though the researcher has given me an option of leaving the study anytime, the researcher has also beseeched me to answer the questions with transparency and honesty for the purposes of accuracy of the research. I therefore consent to participant in this study.

Name of the Participant ……………………………………. Date ………………

Signature …………………………………

**Interviewer's Statement**

I have explained to the volunteer participant what is expected of him/her in this study. Further, to my level best, I have outlined to the participants all the procedures, benefits, risks, and confidentialities involved in this study.


Name of the Interviewer ……………………………… Date …………………

Interviewer's Signature ………………………………………

**Appendix II: Questionnaire**

**Topic: Factors Influencing Staff Performance in Public Level 2 And 3 Health Facilities in Githunguri Sub-County**

Dear Respondent,

We would like to request that you kindly spare part of your time to participate in this study that aims at assessing the various factors influencing staff performance in Githunguri Level 2 and level 3 health facilities in Kiambu County. The findings of this research will be used for Academic purposes only and as such the respondent to this questionnaire will remain anonymous.

Date: ___/___ /20___ (*dd/mm/yy*)

**Please kindly indicate your response by ticking (√) the appropriate option and filling in the spaces provided where necessary.**

**SECTION A: DEMOGRAPHICS CHARACTERISTICS OF RESPONDENT**

1.      What is your title …………………………………………...

2.      Duration in the current position …………………………...

3. Sex of respondent   Male ( )        Female ( )

4. Age in years _____

5. What is your level of education?

Diploma ( )

Certificate ( )

Higher Diploma ( )

Degree ( )

Post-graduate ( )

A.      **Training**

1.      To what extent are you trained for the job you currently do?

Fully Trained ( )

Partially Trained ( )

Not trained ( )

Currently under training ( )

2.      When did you graduate from training?


Last 3 months ( )

Last 6 months ( )

Last 1 year ( )

Last 2+ years ( )

3.      How many continuous medical education sessions have you attended in the last 6 months:

_____

4.      How many on the job trainings (workshops or seminars) have you attended in the last 6

months? _____

5.      What was the training requirement for your current position?


Specialist training     ( )

Graduate        ( )

Other, specify _____

6.      Have you missed any opportunity for progression because your training was below the

expectation of the advertised position?


Yes     ( )

No      ( )

7.      Do you feel your employer has adequate training opportunities to support your career

progression?

Yes ( )

No ( )

8. In a score of 1 to 5 where 1 is least satisfied and 5 is highly satisfied, how do you rate your training as relevant to current position and responsibilities?

**B. Job Description**

1. What is the title of your current position? ………………………………………………

2. Briefly describe your role at the level 2 or 3 health facility

…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………….

3. In a scale of 1 to 5 where 1 is least satisfied and 5 is highly satisfied, rate your level of satisfaction with your current job.

4. Do you feel your roles are aligned to your training and expectations?

Yes ( )

No ( )

Somehow ( )

5. What is your opinion about your current workload?

Overwhelming(  )

Manageable    (  )

Appropriate    (  )

C.    **Deployment**

1.    How long have you worked in your current position?

more than ten years    (  )

Between 6-10 years    (  )

Between 2-5 years    (  )

less than two years    (  )

2.    Are you aware of the deployment policies in your organization that influence    your deployment?

Yes    (  )

No    (  )

3.    How many transfers have you received in the last four years?

None   (  )

One    (  )

Two    (  )

More than two(  )

4.      Are you satisfied with the structure of promotion in your current organization?

Yes     (  )

No  (  )

5.      Mention two activities of motivation for staff available at your place of work

a.

b.

D.      **Supervision**

1.      What is your opinion about the structure of supervision in your facility?

Supportive     (  )

Intimidating   (  )

Unclear        (  )

2.      Is there a supervision policy in your current health facility?

Yes     (  )

No      (  )

Not aware (  )

3.      What is your opinion on the structures for reporting complaints and compliments at your

healthcare facility?

Very good     (  )

Good   (   )

Poor    (   )

Very poor      (   )

4.      What is your relationship with your immediate supervisor?

Very good      (   )

Good   (   )

Poor    (   )

Very poor      (   )

**Staff Performance**

To what extent do you agree with the following statements on performance management at the hospital?      Key: 1 strongly disagree, 2 Disagree, 3 Undecided, 4 Agree and 5 strongly agree (please put a tick as appropriate).

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Employees PM is well integrated in the organization |  |  |  |  |  |
| I believe PM aims to increase my productivity |  |  |  |  |  |
| There are initiatives to align individual and organizational objectives, and improve performance |  |  |  |  |  |
| We perceive the managers at our organization managers as fair and supportive in their appraisals, ratings and feedback |  |  |  |  |  |
| We are always out to accept positive feedback to achieve higher productivity |  |  |  |  |  |
| The managers are well trained on appraisals, rating and feedback for performance management |  |  |  |  |  |
| Employees believe that the organization embraces performance culture |  |  |  |  |  |
| The institution uses PM for continuous improvement |  |  |  |  |  |

**Appendix III: Ethical Clearance**

**KENYA METHODIST UNIVERSITY**

P. O. BOX 267 MERU - 60200, KENYA          FAX: 254-64-30162
TEL: 254-064-30301/31229/30367/31171       EMAIL:
INFO@KEMU.AC.KE

March 21, 2023                              KeMU/ISERC/HSM/04/2023

SAMWEL OTIENO ONDIEK
HSM-3-2993-2/2013

Dear Samwel,

SUBJECT: FACTORS INFLUENCING STAFF PERFORMANCE IN PUBLIC LEVEL 2 AND 3 FACILITIES IN KIAMBU COUNTY, THE CASE OF GITHUNGURI SUB-COUNTY, KENYA.

This is to inform you that Kenya Methodist University Institutional Scientific Ethics and Review Committee has reviewed and approved your research proposal. Your application approval number is KeMU/ISERC/HSM/04/2023. The approval period is 21st March, 2023 – 21st March, 2024.

This approval is subject to compliance with the following requirements:-

I.      Only approved documents including (informed consents, study instruments, MTA) will be used.

II.     All changes including (amendments, deviations, and violations) are submitted for review and approval by Kenya Methodist University Institutional Scientific Ethics and Review Committee.

III.    Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KeMU ISERC within 72 hours of notification.

IV.     Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to KeMU ISERC within 72 hours.

V. Clearance for export of biological specimens must be obtained from relevant institutions.

VI. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.

VII. Submission of an executive summary report within 90 days upon completion of the study to KeMU ISERC.

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

Yours sincerely

MR. HERBERT SIREBE
SECRETARY (ISERC)

**Appendix III: NACOSTI RESEARCH LICENSE**



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION.

Ref No: 616842

Date of Issue: 26/April/2023

**RESEARCH LICENSE**

This is to Certify that Mr.. Samwel Otieno Ondiek of Kenya Methodist University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kiambu on the topic: FACTORS INFLUENCING STAFF PERFORMANCE IN PUBLIC LEVEL 2 AND 3 HEALTH FACILITIES IN KIAMBU COUNTY, THE CASE OF GITHUNGURI SUBCOUNTY, KENYA for the period ending : 26/April/2024.

License No: NACOSTI/P/23/25260

616842

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.

See overleaf for conditions

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**The National Commission for Science, Technology and Innovation**, hereafter referred to as the Commission, was the established under the Science, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

## CONDITIONS OF THE RESEARCH LICENSE

1. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of International treaties of which Kenya is a signatory to

2. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way;
    i. Endanger national security
    ii. Adversely affect the lives of Kenyans
    iii. Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
    iv. Result in exploitation of intellectual property rights of communities in Kenya
    v. Adversely affect the environment
    vi. Adversely affect the rights of communities
    vii. Endanger public safety and national cohesion
    viii. Plagiarize someone else's work

3. The License is valid for the proposed research, location and specified period.

4. The license any rights thereunder are non-transferable

5. The Commission reserves the right to cancel the research at any time during the research period if in the opinion of the Commission the research is not implemented in conformity with the provisions of the Act or any other written law.

6. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.

7. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.

8. The License does not give authority to transfer research materials.

9. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.

10. The Licensee shall submit one hard copy, and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.

11. The Commission reserves the right to modify the conditions of the License including cancellation without prior notice.

12. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.

13. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.

14. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.

15. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically, and make a report of its findings to the Commission for necessary action.

**Appendix IV: County Research Clearance Letter**

**COUNTY GOVERNMENT OF KIAMBU**
**DEPARTMENT OF HEALTH SERVICES**

All correspondence should be addressed to HEAD
HRDU – HEALTH DEPARTMENT
Email address: mndiritu@gmail.com
                        mkwasa@live.com
Tel. Nos: 0721641516
               0721974633

HEALTH RESEARCH AND DEVELOPMENT
UNIT
P. O. BOX 2344 – 00900
KIAMBU

Ref. No.: KIAMBU/HRDU/23/03/28/RA_ONDIEK          Date: 28th March 2023

TO WHOM IT MAY CONCERN

RE:  CLEARANCE TO CONDUCT RESEARCH IN KIAMBU COUNTY

Kindly note that we have received a request by Mr. Samwel Otieno Ondiek of the Kenya Methodist University to carry out research in Kiambu County, the research topic being on "**factors influencing staff performance in public level 2 and 3 facilities in kiambu county, the case of githunguri subcounty, kenya**"

We have duly inspected his documents and found that he has been cleared by the KMU ISERC to carry out the research for a period ending **21st March 2024**. As he has received approval from a NACOSTI licenced ERC, we hereby give him a provisional clearance to begin collecting his data immediately to avoid any delays in the research process. However, he is required to submit the license within 2 months of receiving this letter.

It is incumbent upon the institution where he is carrying out research to ensure that he receives adequate supervision during the process of conducting the research. This note also accords him the duty to provide a feedback on his research to the county at the conclusion of his research.

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DR. MWANCHA KWASA
COUNTY CLINICAL RESEARCH OFFICER
KIAMBU COUNTY