

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya

By

Abdikadir Abbey Hussein^{1*}, Mr. Musa Oluochi², Dr. Muthoni Mwangi³

¹Department of Health Systems Management, Kenya Methodist University, Kenya,

²Lecturer, Department of Health Systems Management, Kenya Methodist University, Kenya,

³Health Systems Instructor, Dr. Muthoni Mwangi, Department of Population Health, Aga Khan University

Correspondence: Abdikadir Abbey Hussein
abbeyabdikadir98@yahoo.com

Abstract

Despite the ongoing health sector reforms in Kenya, services have remained poor especially in Wajir County. The inadequate performance of health workers coupled with lack of adequate support from the central and local governments are believed to have partly contributed to this deterioration and stagnation of some of the important health indicators under the second Health Sector Strategic Plan (HSSP II). Whatever the case, poor performance of individual health workers culminates into poor organizational performance. Failure of the stakeholders in the health sector to implement programmes meant to enhance workforce performance has led to poor quality of health services seen currently in the country. The study adopted a cross sectional survey research design with descriptive approach involving 109 health workers from 77 public health facilities in five sub-counties namely Wajir North, Wajir South, Wajir East, Wajir West, Eldas and Tarbaj. The survey used questionnaires to collect data from the respondents. Consent was obtained from participants. Logistic regression analysis results indicated that recognition systems influenced performance of health workers in Wajir County, Kenya. Recognition systems determined health workers' performance. Public health facilities should focus on devising and practicing various forms of intrinsic reward systems such as; career advancement, promotion, praises, appreciation, democratic solution to problems, etc. in order to improve health workers' performance and hence health services.

Keywords: Kenya, Wajir County, Recognition systems, health workers' performance and health services

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya

By

Abdikadir Abbey Hussein^{1*}, Mr. Musa Oluochi², Dr. Muthoni Mwangi³

Introduction

Background to the Study

There is growing recognition on the importance of health workforce studies. This is motivated by links that have been established between human resource issues and health systems performance resulting from the health sector reforms. The World Health Organization launched the health workforce decade (2006-2015) with high priority given to countries to develop effective workforce strategies through: improving recruitment, improving performance and reducing attrition of health workers. It is widely accepted that human resources are the most important assets of the health system and play a critical role in the attainment of the reform objectives. (Barugahara et al., 2008) describes health workforce issues as strategic because they affect the overall systems performance, feasibility and sustainability of health sector reforms. Hence, addressing the health workforce issues strategically helps in identifying the gaps in policy and implementation of health sector reforms.

The health workforce crisis in developing countries is receiving increasing worldwide attention. Policy makers realize that it will not be possible to attain the millennium development goals (MDGs) unless availability and performance of health workers are addressed more effectively. Poor performance of health workers leads to inappropriate health care which in turn contributes to undesirable health outcomes. Scholars have documented problems related to poor performance of health workers, yet there is still no sufficient evidence on what actually works to improve health workforce performance (Choudhury, R. R., & Gupta, V., 2021).

Human resource management challenges have been reported in Kenya by various documents. For example, the value for money audit conducted in the MOH by the Auditor General in 2006, discovered significant staffing gaps in most of the health facilities (Ministry of Health, 2018). The District Service Commissions (DSCs) had difficulties in attracting and retaining qualified medical personnel. Additionally, the districts did not have clear policies on training, staff transfer and rotation, leading to mal-distribution of health workers, with a bias towards urban areas. At the same time, districts did not regularly appraise and supervise staff. Monitoring and evaluation of performance was irregularly done leading to sloppiness by districts and health workers in providing health services. Finally, the districts and health facilities were not utilizing the existing Health Management Information System (HMIS) to report their performance.

Poor performance of health systems and workers is not unique to Kenya. Other countries within Africa and beyond experience the same problem. Opio et al., (2022) report poor performance management in Mali, evidenced by lack of job descriptions and training needs analysis; inadequate and subjective supervision and appraisal system. Based on their findings, he also recommends improvements in existing performance management strategies. Researchers identified some factors that impact on individual performance and job satisfaction. These include personality, values, attitudes, perceptions, abilities, and

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

motivation. Once these factors are optimized they improve individual health worker performance and job satisfaction, which in turn translate into superior organizational performance.

Delivery of health services in Kenya has been decentralized since the 2013. The decentralization of health care services was part of the reform processes that were initiated in 2013. In a decentralized system, health workers form significant links between the health system and the final consumers of services. They play a major role in translating policy from paper to practice. Yet, most studies on decentralization of health services concentrate on the formulation processes, re-organization, and the impact it has on users. This reflects the main objectives of decentralization which are: improved service delivery and reduced costs, the goals that mainly benefit the central level and consumers. Although decentralization of the health care sector is highly popular worldwide, it is problematic in many low resources countries. Little emphasis has been put on its implications for health workers both professionally and socially Ministry of Health (2021).

Statement of the Problem

The Wajir County Investment Plan for the health sector (2014-2019) intends to retain, maintain, and strengthen the ability of health care workers in public health centers, resulting in improved productivity and clinical outcomes; and also to increase capacity maternity, neonatal, and prenatal care. However, due to low functioning of service health professionals as a result of insufficient application of performance-based standards (USAID, 2014), performance improvement requirements, and inadequate professional oversight, problems exist in executing these human capital reforms (McCarthy et al, 2014). Even in the absence of major manpower shortages, health care workers failed to offer high-quality care and hence fail to minimize mothers and babies mortality and morbidity. In comparison to other Kenyan counties, the County ranks third in maternal deaths and infant death ratios, with 581 stillbirths and 1,685 mortality rates for every 1000 births. Mortality rates in general populace health centers in the County still are shockingly high due to pregnancy-related causes such as post-partum blood loss, infectious diseases, hypertension, and obstructed labor, as well as dengue, leukopenia, HIV, as well as pneumonia, which are totally avoidable with the obtainable, skilled, and able to respond working population. This research provides a chance to improve and improve the performance of the healthcare workers in Wajir County in order to achieve the greatest possible results and effect with limited resources.

Objective of the Study

To what extent do recognition systems influence performance of the health workers in public health facilities, in Wajir County.

Review of Related Literature

To what extent do recognition systems influence performance of the health workers in public health facilities, in Wajir County, Kenya.

Research is showing that nonmonetary incentives associated with medical examiners' career development, going for walks surroundings (e.g., individualized mentoring, basic performance opinions with feedback, continuing schooling, supportive profession systems, non-monetary reputation of top performance) are as important as economic incentives (Santana & Loureiro, 2019). There is mounting evidence that intrinsically prompted public

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

company businesses desire to carry out an interest for no apparent reward apart from the hobby itself, exert more attempt and require fewer extrinsic incentives than self-concerned carriers and that the supply of financial incentives can undermine motivation, conflict with or reduce intrinsic motivation, get worse popular overall performance on complicated cognitive obligations and decrease the selection to perform an hobby for its inherent rewards (e.G. Pride in exceptional art work, empathy with sufferers), (Shakibaei, 2019). Even in times in which monetary incentives have labored, they have been not the sole cause, and regularly not the number one cause, for motivation but that different motivators alongside popularity and esteem (i.e., from the general public, peer, manager, community), appreciation (i.e. From managers, buddies, sufferers, community), (Rubel et al., 2021) conducive place of business norms and situations, and possibilities for professional development and improvement also are key.

Many one of kind factors have an effect on group of workers preferred performance. For instance, there can be a growing frame of research that suggests that technique pride, productiveness, and organizational willpower are all “influencers” of high-quality and overall performance which is probably affected by control and governance systems and manage practices. According to Kjellström et al., (2017) recent opinions of human assets manipulate, supervision, and mentoring interventions diagnosed key success factors to encompass: lively involvement of team of workers to find out and located into impact solutions to issues, energetic involvement of stakeholders in software program format, implementation, and assessment; organizational willpower and leadership; and networking and supportive relationships.

Other vital predictors of medical professional typical overall performance and productiveness consist of: The role of organizations is big for network medical experts, whose universal performance relies upon beneficial useful resource from each the community and formal fitness tool. Supervision and control of organizations; medical examiners are traditionally supplied by means of the health system but regularly cautioned as prone and vain (Anthony & Stablein, 2016). The degree and scope of supervision have to be absolutely articulated to ensure that the supervisor and supervised understand what is predicted of every inside the particular context. Oppi and Vagnoni, (2020) argues that experience with community involvement in the supervision of network medical examiners consists of the provision of comments on evaluations 67 public recognition of overall performance and contribution and provision of comments and tracking thru village health committees.

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Conceptual Framework

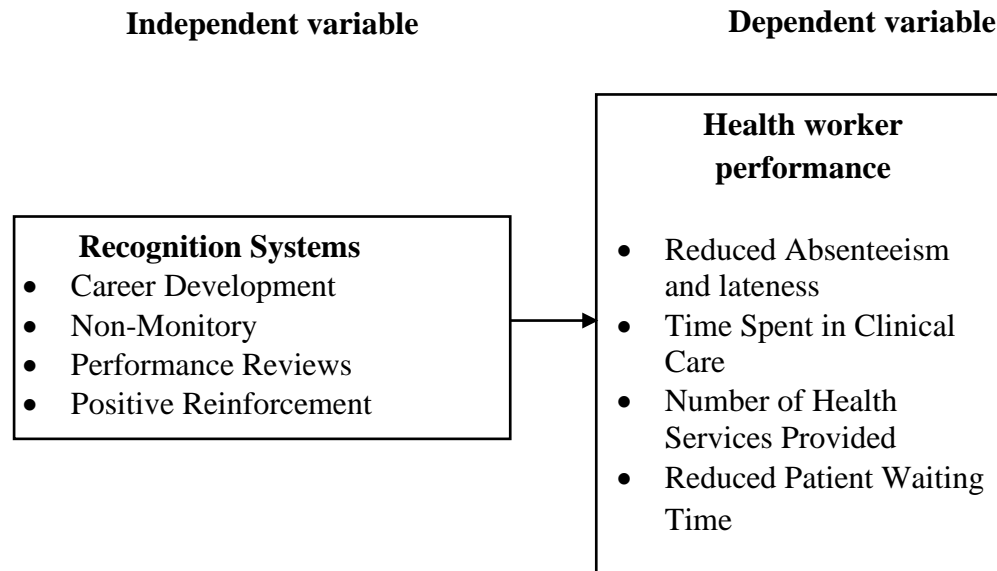


Figure 1: Conceptual Framework
Source: Field survey

Research Design

This cross-sectional quantitative survey was conducted between January and May 2022 among employees from public health facilities in Wajir County. The study was carried out in Wajir North, Wajir South, Wajir East, Wajir West, Eldas and Tarbaj sub-counties.

Inclusion criteria

Participants were included in the study if they had been working at the facilities for the last six months and were eighteen years old or above.

Exclusion criteria

Participants were excluded if they had worked in the facilities under study for less than one year and were below eighteen years of age.

Sample size

A sample size of 130 was derived using sample size formula for a single population based on Nassiuma's formula. Because Wajir County is divided into six sub-counties, this research employed stratified sampling to choose health care workers from each. Facilities were divided into groups primarily on their location (Sub-County). The characteristics of stratified sampling ensured that each healthcare professional had an equal opportunity of being included whilst maintaining the sample size reasonable (Azhar & Choudhry, 2016). Random sampling was used to select participants from the healthcare setting. To improve the generality of the survey's data, random sampling was performed (Helfrich et al., 2020). As stated in Table 1, the size of the sample was proportionately distributed per the target group in each Sub-County.

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Table 1: Allocation of sample size according to targeted population in respective sub-counties

Sub-Counties	Facilities (Both level 3 & 4)	Target population	Percentage (%)	Sample size
Wajir North	16	178	16.41	29
Wajir South	16	167	16.41	27
Wajir East	13	127	16.41	21
Wajir West	12	144	16.41	24
Eldas	5	55	16.41	9
Tarbaj	15	121	16.41	20
Total	77	792	16.41	130

Source: Field data (2022)

Measurement: Data was collected using a structured questionnaire with closed ended pre-coded questions and administered verbally to participants. The questionnaire was divided into three parts; socio- demographic characteristics, recognition system and health workers' performance. To determine the influence of recognition system on health workers' performance, the researcher developed four items.

Data analysis: The raw data in the questionnaires were checked for consistency, accuracy, and completeness before data entry and data was analyzed using Statistical Package for Social Science (SPSS) version 26. SPSS suite of survey commands was used to obtain estimates with 95% confidence intervals that took into account the survey design. The data was analyzed using percentages, frequencies, means, and standard deviation. The data was presented in table, and frequency table.

Ethics issues: Approval for this study was obtained from Kenya Methodist university review committee and national commission for science, technology and innovation (NACOSTI). Informed consent was sought from the study participants before being allowed to take part in the study. The identity of the study participants remained anonymous and data collected from them were kept confidential in a password secured computer.

Results and discussion

Descriptive Statistics of the Study population

The majority of respondents—72 (66%) were men, compared to 37 (34%) women—which indicates an unequal gender distribution and, consequently, gender bias in the data gathered. According to the study, the majority of respondents, 42 (or 39%), were between the ages of 31 and 40, while 31 (or 29%) were between the ages of 41 and 50. The summary s shown on table 2.

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Table 2: Demographic Characteristics

Demographic	Classification	Frequency	Percent (%)
Gender	Male	72	66
	Female	37	34
Age	20-30 years	26	24
	31-40 years	42	39
	41-50 years	31	29
	>51 years	9	8
Education level	Certificate Level	15	14
	Higher Diploma	34	31
	Postgraduate degree	15	14
	Bachelor's Degree	45	41
Working experience	Less than 1 year	16	15
	1-5 years	39	36
	6 – 10 years	10	9
	Over 10 years	44	40

Source: Field data (2022)

The respondents were competent, and the answers they gave were based on both theoretical and practical knowledge, as was demonstrated by the fact that 45 (41%) of them had bachelor's degrees, followed by 34 (31%), by those with diploma education. High levels of education among the respondents also correlate with greater comprehension of the data collecting methods and the study's aims and goals, which enhances the relevancy of the replies. Of the respondents, 44 (40%) had worked for more than ten years, followed by 39 (36%) who had worked for less than five years, and 16 (15%) who said they had worked for less than one year.

Recognition Systems Descriptive Statistics

The respondents were required to indicate the extent to which they agreed with statements related to reward systems. On a scale of 1-5, they rated statements that indicated teachers' direct instructional strategies as: Strongly Agree = 5, Agree = 4, neutral = 3, Disagree = 2, or Strongly Disagree = 1. The findings were recoded to two, agree and disagree. The findings are presented in Table 3. Responses of strongly disagree, disagree and neutral were combined to form disagree component, while the responses for agree and strongly agree were combined to form the response for the agree, hence transforming the variable into bivariate.

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Table 3: Recognition Systems

	Agree n(%)	Disagree n(%)
There are adequate health workers reward systems for recognizing high performance	26(24.3)	83(75.7)
There are financial rewards for recognizing high performance	39(36.1)	69(63.2)
There are opportunities for non-financial rewards for good performance	47(42.0)	62(57.3)
We are verbally praised for good performance	61(55.6)	48(43.8)

Source: Field data (2022)

According to the results in Table 1, majority 83(75.7) disagreed that there are adequate health workers reward systems for recognizing high performance while a few 26(24.3) agreed, majority 69(63.2) disagreed that There are financial rewards for recognizing high performance while a few 39(36.1) agreed. Further, 62(57.3) disagreed that There are opportunities for non-financial rewards for good performance while 47(42.0) agreed and lastly, 61(55.6) agreed that they are verbally praised for good performance while 48(43.8) disagreed.

Health Workers Performance

Health workers' performance was the dependent variable in the study. The respondents were asked to rate how much of the assertions about their performance they agreed with. Health worker performance scores were presented in the table 4 below;

Table 4: Performance of health workers descriptive statistics

Sub-variable	Disagree n (%)	Agree n (%)
Reduced absenteeism	61(56.1)	48(43.3)
Reduced lateness	61(55.7)	48(45.3)
Reduced time spent in clinical care	64(58.4)	45(41.6)
Increased the number of health services provided	61(55.6)	48(43.8)
Reduced patient waiting time	69(63.5)	40(36.5)

Source: Field data (2022)

The findings show that 56.1% disagreed that absenteeism had decreased while 43.3% agreed, 55.7% disagreed that lateness had decreased while 45.3% agreed, 58.4% disagreed that time spent in clinical care had decreased while 41.6% agreed, and 55.6 disagreed that the number of health services offered had increased while 43.8% did. Finally, 36.5 percent agreed and 63.5% disagreed that patient wait times had decreased. According to Rowe et al. (2018) support the findings of the respondents' disagreements that absenteeism, tardiness, and excessive waiting times are widespread in Wajir County. Health professional performance includes availability, clinical competency, responsiveness (offering patient-centered care), and productivity,

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Influence of Recognition Systems on Health Workers' Performance

The influence of recognition systems on performance was assessed at two levels; one at binary level where Pearson chi-square analysis was done, and at multivariate level, where logistic regression analysis was done.

Bivariate level: Chi-square correlation

At bivariate level, Pearson chi-square correlation was used. The following was the feedback from the chi-square analysis. The coefficient of correlation may vary from -1 to +1, with -1 being perfect negative correlation, +1 representing perfect positive correlation, and 0 representing no association whatsoever

Table 5: Pearson Correlation Matrix for Independent and health workers performance

		Career_Dev	Non_Monitory	Perform_Rev	Pos_Reinf	Health_Perf
Career_Dev	R	1				
	P-value					
Non_Monitory	R	+0.114	1			
	P-value	.009				
Perform_Rev	R	+0.093	.934**	1		
	P-value	.217	.000			
Pos_Reinf	R	-.043	.290**	.246**	1	
	P-value	.568	.000	.001		
Health_Perf	R	+0.188*	.506**	.435**	.751**	1
	P-value	.012	.000	.000	.000	

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Keywords: CareerDev = Career Development; Non-Monitory = Non-Monitory; Perform_Rev = Performance Reviews; Pos_Reinf = Positive reinforcement; and Health_Perf = Performance of the health workers

Source: Research Data

The research established that health performance had a positive but weak correlation with career development (sig. 0.012, $r=+0.188$). Similarly, non-monitory rewards had a weak but positive correlation with health performance (sig. 0.009, $r=+0.114$). Performance reviews (sig. 0.217, $r=+0.97$) and positive reinforcement (sig. 0.568, $r= -0.043$) had no any correlation with health performance as they had significant values above 0.05.

Multivariate level; Logistic regression

Since the dependent variable in this study is a Logit, the magnitude of the influence of a given independent variable is indicated by the odds ratio generated from its Exp (B). Odds ratio is the probability of success divided by the probability of failure. The summary is shown in table 6.

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Table 6: Relationship of Individual Independent Variables to health worker performance

	Parameters	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1a	Career development	1.643	.850	3.734	1	.050	.193
	Non-monitory	-.677	.226	9.009	1	.003	1.968
	Performance reviews	.742	.363	4.173	1	.041	.476
	Positive reinforcement	2.362	.779	9.187	1	.002	10.616
	Constant	1.057	1.067	.981	1	.322	.348

a. Variable(s) entered on step 1

Source: Research Data (2022)

Effect of Recognition Systems on the Performance of Health Workers

The analysis revealed that the probability of the Wald statistic for the variable recognition systems was 9.187 and was significant ($p= 0.002$) at $\alpha = 0.05$ as shown in Table 2. This indicates that recognition systems influenced health workers' performance. The value of Exp (B) was 10.616 which imply that a one-unit increase in recognition systems increased the odds by 10.616 times that health workers' performance is influenced by recognition systems. The findings are in line with opio et al (2022) opines that reward systems influence health workers' performance. Reward systems are outcomes or events in the organization that satisfy work related needs. Rewards include intrinsic and incentives types like promotions, re-assignment and non-monetary bonuses. Furthermore, high morale and productivity go hand in hand, it is however imperative on managers to reward employees when they hit organizational targets and stretched standards set by the organization. A properly administered system of reward has the capacity not only to implore incentives for quality workmanship and staff performance but also based on how skilled employees to join the organization.

Summary

The findings of the correlation analysis showed a favorable association between the health professionals' performance in public health facilities in Wajir County and their recognition system ($r = 0.751$; $P\text{-value} < 0.05$). The value of Exp (B) was 10.616; hence, a one-unit increase in recognition systems increased the likelihood that recognition systems have an impact on health professionals' performance by 10.616 times.

Conclusion

The research concludes that, whereas professional rules, recognition programs, and standard-based performance all have a positive association with the performance of health professionals in public health facilities at the bivariate level, quality improvement guidelines do not in Wajir County

Recommendations

The study indicated that, in a mixed setup, performance-based strategy was followed by recognition systems as the most crucial approach. The management at public health facilities is advised to make sure that performance-based standards are regularly updated and used for clinical decision-making, that employees always abide by the established performance-based standards, that managers regularly communicate performance-based standards to employees,

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

and that there are mechanisms in place for collecting feedback on the performance-based standards that are available

Suggestions for Further Research

Although the techniques that affect the performance of healthcare professionals in public health facilities in Wajir County were effectively established by this study, there are still some gaps that need to be filled in future research. Further research may be done to see whether the findings can be repeated on the techniques that affect health professionals' performance in public and private health facilities in Wajir County, other counties, in East Africa, and beyond. Another investigation is required to ascertain the reasons why the performance of the health professionals in Wajir County was negatively impacted by quality improvement recommendations.

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

References

- Agnihotri, S. & Agnihotri, R. (2018). Application of evidence-based management to chronic disease healthcare: a framework, *Management Decision*, 56(10), 2125-2147. <https://doi.org/10.1108/MD-10-2017-1010>
- Atinga, R.A., Dery, S., Katongole, S.P. & Aikins, M. (2020). Capacity for optimal performance of healthcare supply chain functions: competency, structural and resource gaps in the Northern Region of Ghana, *Journal of Health Organization and Management*, 34(8), 899-914. <https://doi.org/10.1108/JHOM-09-2019-0283>
- Azhar, S. & Choudhry, R.M. (2016). Capacity building in construction health and safety research, education, and practice in Pakistan, *Built Environment Project and Asset Management*, 6(1), 92-105. <https://doi.org/10.1108/BEPAM-09-2014-0044>
- Bäckström, I. (2019). Health-related quality management values – comparing manager and co-worker perceptions, *International Journal of Quality and Service Sciences*, 11(4), 588-603. <https://doi.org/10.1108/IJQSS-08-2018-0071>
- Bäckström, I., Ingelsson, P. & Johansson, C. (2016). How communicative leadership influences co-workers' health – a quality management perspective, *International Journal of Quality and Service Sciences*, 8(2), 143-158. <https://doi.org/10.1108/IJQSS-08-2015-0059>
- Barugahara, P., Maniple, E., & Mugisha, J. F. (2008). The Challenges of Managing Government-Secoded Health Workers in Private Not-for-Profit Health Facilities of Kibaale District, Uganda. *Health Policy and Development*, 6, 142-152.
- Brandrud, A. S., Nyen, B., Hjortdahl, P., Sandvik, L., Helljesen Haldorsen, G. S., Bergli, M., ... & Bretthauer, M. (2017). Domains associated with successful quality improvement in healthcare—a nationwide case study. *BMC Health Services Research*, 17(1), 1-9. <https://link.springer.com/article/10.1186/s12913-017-2454-2>
- Bronkhorst, B. & Vermeeren, B. (2016). Safety climate, worker health and organizational health performance: Testing a physical, psychosocial and combined pathway", *International Journal of Workplace Health Management*, 9 (3), 270-289. <https://doi.org/10.1108/IJWHM-12-2015-0081>
- Choudhury, R. R., & Gupta, V. (2021). Impact of Age on Pay Satisfaction and Job Satisfaction Leading to Turnover Intention: A Study of Young Working Professionals in India. *Management and Labour Studies*, 36, 353-363. <https://doi.org/10.1177/0258042X1103600404>
- Emilia James, O., Ella, R., S.E, N., E. Lukpata, F., Lazarus Uwa, S., & Awok Mbum, P. (2015). Effect of Reward System among Health Care Workers Performance: A Case Study of University of Calabar Teaching Hospital Calabar, Nigeria. *Journal of Hospital Administration*, 4, 45-53.
- Fiorillo, D. (2016). Workers' health and social relations in Italy, *Journal of Economic Studies*, 43(5), 835-862. <https://doi.org/10.1108/JES-11-2014-0193>
- Ministry of Health (2018). *Annual Health Sector Performance Report, Financial Year 2017/18*. <https://www.health.go.ke/>
- Ministry of Health (2021). *The Republic of Kenya Ministry of Health Service Standards and Service Delivery Standards for the Health Sector*. <https://www.health.go.ke/>

Citation: Abbey, A. H; Oluochi, M & Mwangi, M. (2022). Influence of Recognition Systems on Performance of the Health Workers in Public Health Facilities In Wajir County, Kenya. *Journal of African Interdisciplinary Studies*, 6(9), 63 – 75.

Onubi, H.O., Yusof, N. & Hassan, A.S. (2020). Adopting green construction practices: health and safety implications, *Journal of Engineering, Design and Technology*, 18(3), 635-652. <https://doi.org/10.1108/JEDT-08-2019-0203>

Opio, M., Agweta, C., Ejang, M., Picorella, I., & Okello, T. R. (2022). The Effect of Reward Practices and Health Service Delivery in Health Facilities—Nairobi County, Kenya. *Journal of Human Resource and Sustainability Studies*, 10(2), 223-231.

Oppi, C. & Vagnoni, E. (2020). Management accountants' role and coercive regulations: evidence from the Italian health-care sector, *Qualitative Research in Accounting & Management*, 17(3), 405-433. <https://doi.org/10.1108/QRAM-02-2019-0040>

Teizer, J. (2016). Right-time vs real-time pro-active construction safety and health system architecture, *Construction Innovation*, 16(3), 253-280. <https://doi.org/10.1108/CI-10-2015-0049>