

**INFLUENCE OF SHORT-TERM EMPLOYMENT CONTRACTS ON
PERFORMANCE OF HEALTH CARE WORKERS AT NAKURU COUNTY
LEVEL 4 AND 5 PUBLIC HOSPITALS**

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DECLARATION

“I declare that this thesis is my original work and has not been presented in any other university.”

Signed.....

Date.....

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ABSTRACT

The study aimed at establishing the influence of short-term employment contract on health workers' performance at Nakuru county public hospitals. The specific objectives were to; establish the influence of employment continuity and benefits award, level of supervision, employment relations on contracted healthcare employees' performance at Nakuru county public hospitals. The study was anchored on equity theory as developed by John Stacey Adams and Social exchange theory. Cross-sectional research approach was employed in fulfilling the purpose of this study. The 490 contracted health workers at the PGH Nakuru hospital and the Naivasha referral hospital formed the target population. The study used stratified random sampling technique and from each stratum, simple random technique and census for health workers and hospital administrators respectively. This resulted in a sample size of 220 respondents. To collect primary data a structured questionnaire was used. The coding and analysis of data was done the SPSS 25.0, where it was analyzed utilizing descriptive and inferential statistics. Independent variables in this study explained 38% of the variations of the dependent variable. The study found that a unit increase in employment continuity would lead to a .036 decrease in short term contract health workers' performance where it insignificantly ($p=.923>.05$) influenced the short term contract health workers' performance. Further, the study found that a unit increase in benefits award would lead to .646 increase in performance of short term contract health workers' where it significantly ($p=.025<.05$) influenced the short term contract health workers' performance. In addition, the study found that a unit increase in level of supervision would lead to 1.261 increase in short term contract health workers' performance where it significantly ($p=.000<.05$) influenced the short term contract health workers' performance. Finally, the study found that a unit increase in employment relations would lead to .832 increase in short term contract health workers' performance where it insignificantly ($p=.060>.05$) influenced the short term contract health workers' performance. The results imply that the level of supervision was the most significant influencer of short-term contract health workers' performance followed by benefits award with significance values of $p<.0001$ and $p=.025$ respectively. Also, the study found that the employment continuity and the employment relations were insignificant influencers of short term contract health workers' performance with significance values of .923 and .060 respectively. The study recommends that the hospitals should invest in mentorship programmes aimed at promoting the employment continuity. The programmes would give personal and career growth hence promoting job satisfaction and performance. The study also recommends that the hospitals should come up with a rewarding system that would be based on the performance score of each and every worker serving under each contract package. Further recommends that the level of supervision quality should be improved by improving the evaluation and monitoring approaches which in turn promote the personal and organizational outputs. Finally, the study recommends that the hospitals should abandon the authoritative approach of leadership and adopt horizontal approach which puts away the complexities in the communication and ordering hierarchy employment relations.

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CHAPTER ONE: INTRODUCTION

1.1 Background

In developing nations, there is a growing interest in strengthening health systems and increasing capacity to ensure the long-term viability of public health programs. A health system is any organization, institution, resource, or person whose primary goal is to enhance health. A well-functioning health system is built on six pillars: delivery of health services, human resources for health (HRH), medical/clinical supplies, financing for health, management, and health governance (World Health Organization [WHO], 2018). The HRHs that are qualified and motivated are critical for providing effective health care in Kenya. However, human resource shortages have now reached catastrophic proportions across many resource-poor settings, particularly in Kenya's rural districts (Nyikuri et al., 2019). Kenya has made great progress, notably increasing the number of health workers hired on a temporary basis.

When unemployment in Europe was on the rise in the 1970s, the notion of contract labour was born. In 1980, this percentage was set at 80% in France and up to 90% in Spain. Since the 1980s, several businesses have changed their business procedures (Handy, 1995). Temporary work has always existed in labour markets for specific reasons. However, a short-term employment contract allows the organization to enjoy a variety of benefits, including the adaptability to reduce or increase personnel based on need assessment, allowing the organization to cope with the extra workload during certain periods, resulting in less time wasted for service delivery and customer satisfaction. The health system can also save money because short-term contract health employees are only paid while they work and not when they are not. Some firms are known to hire prospective employees on a temporary basis before hiring them full-time

(Tempest & Coupland, 2019). The shift toward temporary labour and other atypical forms of employment has raised questions regarding the future of jobs, such as the situation of the traditional employment agreement, and has compelled calls to ensure that all staff, irrespective of business agreement, have better working conditions (Biondi, 2021).

In several Organization for Economic Cooperation and Development (OECD) countries, short-term employment has significantly increased. This has led to concerns that less secure forms of work, making employees more vulnerable, are replacing traditional, stable job opportunities. As a result, a clear divide is emerging in the labour market between individuals who secure stable career jobs and those who do not (Martin, 2019). This rising migration is more prevalent in the Netherlands, Denmark and the United Kingdom, but less so in France, Belgium and Spain. In the United States, nearly one out of every four workers is a contract worker. As per the Bureau of Labour Statistics (2012), temporary workers now make up a sizable fraction of U.S. labour, and approximately four out of every five firms utilize some sort of non-traditional employees. Although wage employment remains minimal in many African countries, there appears to be an evolution in contractual agreements among waged employees (Betcherman, 2020). This evolution has varied between countries, presumably due to differences in firm choices, specific economic conditions, or legislative frameworks, potentially resulting in long-lasting practices.

This increase in short-term employment contracts may indicate a labour market segmentation, with organisational insiders and organisational outsiders (Eichhorst & Marx, 2021). Accordingly, many organizations nowadays feature a core-peripheral set-up, combined with full-time personnel in the core bounded by contracted employees (Carvalho, 2019). As a result, significant studies have been conducted to investigate the possible dangers of temporary

employment, as well as how it negatively affects the happiness, attitudes and health of healthcare workers (Felbo-Kolding et al., 2019).

The decentralization of Kenya's healthcare services has been fraught with difficulties. This would include protests by healthcare workers (HCWs) in various counties, and also the withdrawal of service by certain HCWs; and an uneven distribution of existing healthcare personnel caused by health workers abandoning specific counties in preference of those with improved work circumstances, among many other things (Tsofa et al., 2019). Kenya is experiencing considerable hurdles in resolving healthcare worker deficits and low turnover, and also difficulties in achieving equal distribution of health workforce, especially in difficult-to-reach areas.

In Kenya, the allocation of healthcare professionals has been skewed against several remote regions, with several doctors concentrated in metropolitan areas and a few in remote hospitals (Ojakaa et al., 2019). Decentralization provides challenges and opportunities to the healthcare systems, which combined define the effectiveness of delivery of services and the overall health service's characteristics. To address the shortage, the public health sector and non-profit health groups in Kenya have resorted to hiring health professionals on short-term contracts in order to balance demand with the available supply of health staff (Jivetti et al., 2019). The Emergency Hiring Plan (EHP, 2005) which was an initiative by the National Ministry of Health in 2005 to quickly hire and deploy various cadres of Health Workers, is a good example of a short-term employment contract for healthcare workers in Kenya (HCWs) (Vindigni et al., 2019).

In Kenya, healthcare services are provided through a decentralized system, with the national government overseeing policy and strategy and county governments managing service delivery

(Ministry of Health [MOH], 2018). The responsibility for contracting healthcare workers varies depending on the type of facility and its level of autonomy (Mwanzia & Mwangi, 2019). In Nakuru County, healthcare workers are contracted either by the county government or by individual healthcare facilities, such as hospitals or clinics. Contracts are issued directly by the facility or county, or through a third-party service provider, such as a recruitment agency (County Government of Nakuru, 2021). The terms of the contract, including the duration, salary, benefits, and responsibilities vary depending on the specific employer and job requirements. The contracting of healthcare workers is an important process for ensuring the availability and quality of healthcare services in Nakuru County and throughout Kenya. Hence the purpose study of the temporary hiring of workforce within the Kenyan health sector and the influence on the performance of the healthcare workers focusing on the Nakuru county public hospitals.

1.2 Statement of the Problem

The diversity and the poorly coordinated practices in hiring of contracting health workers in Kenya have continued to bring about difficulties facing the original purpose of providing health services to the citizens. Commitment and performance may suffer at the conclusion of a short-term contract because health professionals anticipate leaving organization and begin focussing their resources on job-seeking practices (Omondi, 2019). Discussions about future work events are less likely to take place with short-term health workers, which is thought to eliminate obstacles in an organization's information flow and, hence, employee performance. Contracted employees often experience job insecurity as they face uncertainty about whether their contracts will be extended or not. This can lead to anxiety and stress, as they are aware that they may lose their employment when their contracts expire. Employees who expect their contracts to be

renewed are less likely to pursue fresh chances elsewhere. This might explain why longer contracts result in improved job performance (Fatoni et al., 2019).

In Kenya's public hospitals, healthcare workers face significant challenges related to employment continuity, benefits reward, supervision, and employment relations, which collectively impact their performance. Employment continuity is often disrupted by short-term contracts and delays in contract renewal, leading to job insecurity and reduced morale. Inadequate benefits, including delayed or insufficient salaries, lack of health insurance, and minimal allowances, further diminish motivation (Muchemi & Gachoka, 2021). Poor supervision, characterized by inconsistent oversight and inadequate professional support, hampers the ability of healthcare workers to meet performance expectations. Additionally, strained employment relations, marked by a lack of effective communication between staff and management and frequent labour disputes, create a hostile work environment that lowers productivity and service delivery. Studies from Kenya highlight how these factors collectively lead to poor performance outcomes in public hospitals, including high turnover rates, absenteeism, and reduced patient satisfaction (Wamalwa et al., 2022).

Notwithstanding the significant rise in short-term jobs in businesses around the world, the rising amount of research on job performance in the health industry is mostly limited to employees (typically referred to as permanent employees). Hence the study aims to fill this conceptual and literature gap by examining the influence of short-term employment contracts for health workers on employees' performance at Nakuru County Public Hospitals.

1.3 Objective of the study

1.3.1 General Objectives

The study aimed at establishing the influence of short-term employment contracts on health workers' performance at Nakuru County public hospitals.

1.3.2 Specific Objective

- i. To establish the influence of employment continuity on short-term contract health workers' performance at Nakuru County public hospitals
- ii. To determine the influence of benefits awards on short-term contract health workers' performance at Nakuru County public hospitals
- iii. To examine the influence of supervision on short-term contract health workers' performance at Nakuru County public hospitals
- iv. To establish the influence of employment relations on short-term contract health workers' performance at Nakuru County public hospitals

1.4 Research questions

- i. How does employment continuity impact the performance of short-term contract health workers in Nakuru County public hospitals?
- ii. What influence does the benefits awards have on the performance of short-term contract health workers in Nakuru County public hospitals?
- iii. How does the supervision of short-term contract of health workers influence their performance in Nakuru County public hospitals?
- iv. In what way does employment relations influence the performance of short-term contract health workers in Nakuru County public hospitals?

1.5 Justification of the Study

Many people have expressed concern about the declining quality of health care in Kenya's public hospitals. For instance, through the 57th session convened by the African region WHO Committee (WHO, 2017), health ministers remarked that performance and quality delivery in most medical centres in Africa is indeed shambolic. The county governments were given the role of managing health after the decentralization of powers from the national government. In 2014, the county government of Nakuru announced vacancies for over 200 healthcare workers in different levels, capacities and cadres and the number has kept growing to over 700-contracted healthcare workers at all levels in the county by the end of 2022. The performance of employees in public hospitals can be measured in various ways, such as through customer satisfaction, employee satisfaction with their roles within the facility, and turnover rates of the workforce. These indicators can provide insights into the quality of care provided by the hospital, as well as the work environment and job satisfaction of the employees. This crisis is exacerbated in Nakuru County, whereby low productivity and work motivation have resulted in ongoing strikes by nurses, doctors, and other healthcare staff. This study aims to determine how increased hiring of healthcare workers on short-term contracts affects employees' performance in Nakuru County public hospitals.

1.6 Limitations of the Study

The focus of this study was limited to public hospitals in Nakuru County. Some or most of the respondents may be constrained from answering the questions by their institutions, which might have policies on confidentiality that may be restrictive and may consider divulging such information. The researcher explained the importance of the study in promoting their

performance as sought by the study to be against these policies. The researcher explained and clarified that the information that they were realized from participants was used purely for academic purposes. Additionally, some of the respondents failed to complete the questionnaires. Some unexpected situations were faced such as the respondents going for their leave before they had filled and returned the questionnaires.

1.7 Delimitation of the Study

The study mainly focused on examining the influence of short-term employment contracts on health workers' performance. The study was conducted in Nakuru County public hospitals. Specifically, the study sought to establish the influence of; employment continuity, benefits awards, level of supervision and employment relations on employees' performance. The study was conducting in two months. The limitation on confidentiality was surmounted by assuring the respondents that their answers were confidentially treated and were only used for the intended purposes. The respondents were also constantly reminded to fill out the questionnaire so as to overcome the limitation of failure to fill out the questionnaire. To avoid suspicion and therefore enhance the disclosure of the specific information required by the study, where the researcher was provided with written authorization from the university, which was presented, to the respondents' institutions.

1.8 Significance of the Study

The study's findings will notably assist Nakuru County and its hospital management in crafting and refining policies and regulations. This will help enhance the performance of contract workers within the county's hospitals. Specifically, they should improve the policies in terms of engagement, remunerations and insurance coverage for the contracted employees. The

conclusions of this study will be useful to academicians and scholars as a foundation for future research. Scholars and researchers can use this research to engage in and discuss short-term employment contracts in organisations both in the national government and in devolved governance structures, as well as in other similar settings. In terms of theory, the data and information gleaned from this study will aid in the construction of a long-term and effective model for implementing strategic methods to improve employee performance in public health organisations.

1.9 Assumptions of the Study

The participants willingly took part in the study and provided all the information required by the study. Further, assumed that respondents willingly participated and gave information sought by the study. Assumed that the information given was a true representation of the whole population and that the results of the study were thus generalizable to all the other countries and developing countries.

1.10 Operational Definition of Terms

Benefits award: This refers to employees' entitlement to a certain type of benefits such as health insurance, retirement plans and financial awards (Gallus & Frey, 2016).

Health Workers: A healthcare worker is anyone who cares for and serves the sick, and wounded, whether directly as a doctor or nurse or indirectly as an assistant, helper, laboratory technician, or even a medical waste handler (Mohanty et al., 2019).

Employee Performance: Employee performance refers to the good results that employees are intended to accomplish in terms of productivity (Bin, 2015).

Employment Relations: Refers to something that both the employee and employer agree to at the beginning of a worker's employment such as safety issues, minimum wage and mandated break times (Godard, 2014).

Employment continuity: Refers to working for the same employer without a break or with short breaks that do not interrupt this continuity (Veen et al., 2019).

Level of supervision: This refers to the provision of continuing assignments to employees as well as monitoring as indicated in the tracking of results, rewarding workers and technical support (Stein et al., 2020).

Short-term employment contract: A short-term employment contract is one in which an employee has been engaged for fewer than two consecutive calendar quarters in a calendar year and has no realistic expectation of being rehired by the same employer for the same service in the following calendar year (Walden, 2019).

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Literature related to the study topic was reviewed where most specifically; the researcher sought to review what other authors have found on employment continuity, benefits award, level of supervision and employment relations and their influence on employees' performance. The purpose of the aforementioned review was to highlight existing gaps that were to be filled by the current study. Methodology and context gaps were discovered. Other countries' efforts to improve employee performance were also highlighted.

2.2 Theoretical Framework

2.2.1 Equity theory

The theory was coined in 1963 by a psychologist called John Stacey Adams of Crotonuille, New York. Individuals assess the appropriateness of rewards by evaluating the rewards received by others for similar labour or for another dedication they encounter (Chiekezie et al., 2009). Emotions, perceptions, and a comparing process are all part of it (Idemobi, 2010).

Employment continuity is critical in the healthcare sector, especially for contracted employees who may face job insecurity. Equity Theory suggests that healthcare workers compare their job stability with that of their peers in permanent positions. When contracted employees perceive inequity in job security especially when they work as hard as permanent staff but face the threat of contract non-renewal; they may experience reduced motivation and lower performance. A study by Ahmed et al. (2019) showed that job continuity directly influences employee engagement and performance, especially in environments where insecurity is prevalent. At

Nakuru County public hospitals, healthcare workers on short-term contracts may feel less valued, which can negatively impact their willingness to fully commit to their roles.

The equitable distribution of benefits, including salaries, allowances, and health coverage, is another factor that influences performance under Equity Theory. Contracted employees who perceive that their benefits are inferior to those of permanent staff performing similar roles may feel undervalued, leading to demotivation and lower productivity. Research by Waititu et al. (2019) on Kenya Railways Corporation revealed that compensation practices significantly affected employee performance across all levels. Similarly, contracted healthcare workers at Nakuru County public hospitals may perceive inequities in the benefits awarded, which could manifest as dissatisfaction, absenteeism, or higher turnover rates.

Supervision is essential in shaping healthcare workers' experience and performance. Under Equity Theory, if employees perceive that their supervisors are more supportive or lenient towards permanent employees than towards contracted ones, feelings of inequity arise, leading to diminished morale and productivity. According to Tesfaye (2019), effective supervision has a significant impact on job performance, especially when employees receive equitable oversight, feedback, and opportunities for professional growth. At Nakuru County public hospitals, if contracted healthcare workers feel that they are not receiving equitable supervision, they may feel marginalized, resulting in lower performance levels.

Employment relations and perceived equity equitable employment relations, including communication, recognition, and inclusion in decision-making, play a pivotal role in determining the performance of contracted healthcare workers. Equity Theory suggests that employees who feel excluded from key organizational processes or who perceive that their

relationships with management are less favourable compared to their permanent counterparts may experience dissatisfaction. Calvin (2019) found that employee relations, especially in terms of involvement in decision-making and fair communication, had a notable impact on employee performance. In the case of Nakuru County public hospitals, contracted healthcare employees who perceive inequity in employment relations may feel disengaged, affecting their overall performance and the quality of patient care they provide.

Equity Theory provides a valuable framework for understanding the performance of contracted healthcare employees at Nakuru County public hospitals. When workers perceive unfairness in employment continuity, benefits awards, supervision, and employment relations, their motivation and performance suffer. To ensure optimal performance, hospital management must address these potential inequities by providing fair employment conditions and ensuring that contracted employees feel equally valued compared to their permanent counterparts. This would lead to improved morale, reduced turnover, and enhanced patient care outcomes in the public health sector.

2.2.2 Social Exchange Theory (SET)

Social Exchange Theory (SET) posits that social behaviour is the result of an exchange process where individuals seek to maximize benefits and minimize costs in their relationships. In the context of employment, SET provides a useful framework to understand how employment continuity, benefits awards, level of supervision, and employment relations affect healthcare employees' performance at Nakuru County public hospitals. SET suggests that employees who perceive fairness and reciprocity in their employment arrangements, supervision, and benefits

are more likely to reciprocate with higher levels of commitment and performance (Cropanzano & Mitchell, 2005).

According to SET, job security fosters a sense of trust and commitment between employers and employees, which is critical for improving performance. In Nakuru County's public hospitals, short-term contracts create uncertainty and anxiety, leading to decreased motivation among healthcare workers. Studies suggest that job security significantly influences job satisfaction, and insecure employment often results in disengaged employees (De Cuyper et al., 2011). Healthcare employees under temporary contracts may feel that the employer does not value them, reducing their willingness to invest effort in their work. Thus, consistent employment continuity, through stable contracts, would likely enhance employees' perception of their roles, leading to improved performance.

The SET framework also explains how rewards like salary and benefits play a crucial role in shaping employee performance. Benefits serve as a form of exchange, where employees feel valued and are thus more motivated to perform well (Blau, 1964). When healthcare workers in Nakuru County public hospitals perceive their compensation as inadequate, they may feel undervalued, leading to reduced commitment and performance. Research shows that competitive compensation packages significantly improve healthcare workers' job satisfaction and performance (Waititu et al., 2019). Inadequate benefits, on the other hand, create dissatisfaction, resulting in high turnover rates, absenteeism, and low-performance levels.

Effective supervision is crucial in ensuring that employees have the guidance and support needed to perform their duties well. SET suggests that positive exchanges between supervisors and employees, such as clear communication, mentorship, and support, promote reciprocal

positive behaviours from employees, like increased effort and improved performance (Eisenberger et al., 2001). In Nakuru County public hospitals, insufficient or inconsistent supervision may lead to poor performance, as employees feel neglected or unsupported. Conversely, employees who feel supported by their supervisors are more likely to reciprocate through higher performance levels.

The quality of employment relations—defined by mutual respect, communication, and trust—is another critical factor influencing healthcare workers' performance, according to SET. Positive employment relations contribute to a conducive work environment, where employees feel a sense of belonging and responsibility towards their organization (Cropanzano & Mitchell, 2005). In Nakuru County public hospitals, strained relations between healthcare employees and management, often characterized by poor communication and lack of involvement in decision-making, can result in lower performance. Studies indicate that strong employment relations are key to enhancing employee engagement and productivity (Muchemi & Gachoka, 2021).

Social Exchange Theory provides a comprehensive lens to analyze how employment continuity, benefits, supervision, and employment relations influence healthcare workers' performance. For Nakuru County's public hospitals, improving these factors could lead to better employee outcomes, as healthcare workers feel more valued and are likely to reciprocate with increased effort and productivity.

2.3 Performance of Health Care Workers

The actual conduct of actions to meet duties by standards is referred to as performance. It indicates what is accomplished and how well it is accomplished (Schmutz et al., 2019). According to the 2019 health report from the WHO (2018), performance in the healthcare sector

is determined by employees' accessibility, proficiency, effectiveness, and responsiveness. When service providers perform poorly, it results in a lack of available medical services and inadequate care. Consequently, health outcomes suffer as people either avoid seeking services or receive unfair treatment due to harmful practices. This poor performance can stem from either insufficient staff or employees not adhering to medical standards and lacking sensitivity to patient needs. According to Thulth and Sayej (2020) held that most performance issues can be linked to unclear objectives, skill inadequacies, resource or equipment constraints, or a lack of desire. The phrase "performance" refers to a person's overall behaviours, which includes his or her organization, use of specialist knowledge, mindset acquired via training, and also institution and blending of practice (Vainieri et al., 2019).

Public healthcare employees are critical to obtaining universal health coverage, as well as guaranteeing health fairness and social justice. Healthcare worker motivation is vital for healthcare quality (Haso et al., 2019), yet they typically receive lower benefits (in terms of reputation and income) than other health employees. According to Tabrizi et al. (2019) analysis of the PHC system of Iran, one of the system's flaws is a lack of funding and a lack of human resource incentives (Tabrizi et al., 2019).

Moreover, Nekoei-Moghadam et al. (2019) discovered that poor personnel performance appraisal was among four reasons for low morale amongst health personnel in a qualitative case study on human capital in Iran's primary healthcare system (Nekoei-Moghadam et al. 2019). Given these circumstances and budgetary restrictions, interventions such as performance evaluation and management assistance are affordable methods of promoting healthcare workers' productivity. Whatever intervention in this sector is undertaken, it must begin with an

examination of the performance assessment system and the identification of areas for improvement.

2.4 Employment Continuity and Employees' Performance

Ahmed et al. (2019) aimed to determine the connection that exists between the job security of the employees and the performances of the workers. The research tried to build an operational model by employing the PLS regression analysis to assess the connection between job security, involvement of the workers, and productivity in the aspect of development. A survey approach is used in the study to collect the perceptions of 392 employees from Bangladesh's ready-made garment (RMG) industry. According to the study, job continuity influences the performance and involvement of the employees which arbitrates the link that exists between job continuity and performance. As a result, the concept is expected to be used in poor countries to improve employee performance.

Amaechi et al. (2020) evaluated how job performance was influenced by job security. The study was carried out using a sample marketing service organization in Calabar. Employment continuity, according to the research, is still a key motivation in improving employee performance. The paper recommended that organizational objectives include job security to promote employee performance, satisfaction, and relationships between the workers and the management.

Karama (2020) investigated job security and employee performance. The research was carried out at the Kyusa Uganda offices in Kalerwe. According to the study's findings, a strong positive correlation existed between job stability and performance. Organizations were advised to give formal contracts to their employees outlining the terms and conditions of their employment

while emphasizing that employees' tenures will not be terminated prematurely unless there are compelling reasons to do so.

Nzuve and Njambi (2019) investigated the elements perceived to influence employee performance. The study was carried out using a sample from the Independent Electoral and Boundaries Commission. Commission workers thought that job security, incentives, job design, and training and development opportunities influenced their performance, according to the study's findings. Employees were pleased with their job security, which encouraged them to work in the commission and enhance their performance.

2.5 Benefits award and employees' performance

Feraro-Banta and Al Shaikh (2019) performed research into the influence of salary and perks on employee performance in a sample of Bahraini audit businesses. In terms of compensation, allowance, promotion, and incentives, the research study analyzed the businesses' current wages and benefits. A significant connection exists between employee remuneration and benefits in Bahrain audit organizations and staff efficacy. Employees in Bahrain's auditing firms complained about the following salary and benefits issues: wage and price rises are not in sync; Pay differences amongst co-workers in various occupations; Allowances are not given according to equitable principles. Benefit payments are based on socially unacceptable criteria; There is no obvious justification for allocating allowances, such as productivity. The ambiguity of the imposed promotion criteria; There are no regulations in place to govern the promotion procedures and in terms of incentives, there is a lack of transparency.

In Port Harcourt, Nigeria, Ekere and Amah (2021) explored how rewards impact work satisfaction among employees at privately owned health facilities. The study looked at the field's

relevant literature. The impact of benefits on work performance is dictated by the organization's existing compensation and performance management package, according to the empirical review. Staff respond positively and productively to increases in wages and perks. It was also obvious that both obligatory and non-mandatory benefits had a strong and positive relationship with employee commitment and organizational success. In comparison to mandatory benefits, fringe benefits had a greater relationship. According to the findings of this study, as employees received more benefits, their loyalty to the firm rose. Employee-friendly perks also inspire the workforce to be focused on the success of the facility without diverting attention thereby bringing about an elevated performance according to the study. Patients gain more in the healthcare sector when they are cared for by staff who are comfortable and happy in their jobs.

Kim and Cho (2019) investigated the monetary variables that influence eg salaries and allowances on employee performance and work satisfaction. Several theories and models were used in this study to explain work performance, satisfaction, and loyalty. The study anticipated that a changed pension system would influence attitudes about the pay peak system and, as a result, performance. This shows that monetary considerations have a bigger impact on public perception of the payment system. In addition, the study revealed that unfavourable perceptions and attitudes regarding the pay peak system had a negative influence on motivation, satisfaction, loyalty, and desire to quit. Furthermore, the findings show a decline in worker motivation, happiness, and commitment to work and the company, as well as an increase in worker intention to quit under the system.

Elsewhere at Kenya Railways Corporation, Waititu et al. (2019) studied the extent to which the employee welfare programs affected the performance of the staff at various levels. Specifically, the paper explored the influence of pay methods on employee performance. Employee

performance at Kenya Railways Corporation was shown to be affected by work-related well-being, the planning in the successions, developmental training, systems for referring employees, as well as policies for compensating the employees. According to the regression model, pay practices at Kenya Railways Corporation had a positive and crucial influence on the performance of the employees at all levels.

2.6 Supervision and employees' performance

Tesfaye (2019) conducted a research study to investigate what comprises supervisory administration in companies and the benefits that can be acquired as a result of it. The research findings demonstrated that supervision influences job performance. Except for the company's organizational culture, all aspects of supervision explain employee performance. Furthermore, the organization can keep employees updated with new skills and knowledge, allowing them to swiftly adjust to changes in their primary duties because supervisors can immediately know the employee's knowledge, skills, and capacities.

Nasution et al. (2019) researched to investigate the impact of both partial supervision and discipline on job performance, as well as the impact of concurrent supervision and job discipline on employee performance. The study's findings indicate that supervisory variables have a significant and positive influence on job performance, and work discipline variables have a positive and major influence on the performance of the workers.

Kamwendo et al. (2020) undertook a study to investigate district health management teams' perspectives of their position as supervisors and the barriers to successful supervision at the district level in Tanzania and Malawi. This qualitative research was carried out as part of a broader project titled "Health Systems Strengthening for Equity: The Power and Potential of

Mid-Level Providers. The outcomes of the study indicated that effective HRM necessitates monitoring. To improve district-level performance and retention, supervision must be adequately resourced and supported.

Magda et al. (2019) researched to investigate the impact of supervisory procedures on staff nurses' reported quality of work life. The study employed a descriptive correlational design. The research was carried out at Sohag University Hospital. Two hundred forty nurses from a particular hospital were chosen as a convenient sample. The findings revealed that there was an average quality of life working as a nurse where the mean score for quality of work life was high and connected with the working environment. The relationship between supervisory strategies and work satisfaction was considerably inverse. Additionally, the findings established that head nurse supervisory approaches have a direct influence on the quality of nurses' work lives.

Rulandari (2019) investigated the effects of supervision on the performance of the employees at the East Jakarta Administrative City's Office of Social Affairs. The study discovered that, both partially and simultaneously, supervision has a positive influence on the performance of staff at the Office of Social Affairs in East Jakarta, resulting in the creation of a causality connection mechanism.

2.7 Employment Relations on Employees' Performance

Calvin (2019) did a study in Nigeria at Abdul Gusau Polytechnic, Talata-Mafara, and State College of Education Maru, Zamfara State, analyzing workers' employment relationships and their impact on performance. The research looked into the impact of pay on employee performance. Performance of workers and compensation had a noteworthy and positive

connection, according to the research, Employees are also motivated by their salary/wage, as well as bonuses/incentives. The benefits of quick remuneration, compensation, as well as other privileges, along with encouraging the involvement of employees in pay decisions, have been demonstrated.

Kim and Cho (2019) researched to investigate how contractual workers attain well-being and optimal functioning, and how commitment and productive behaviour might be promoted among temporary workers. The work was written in the style of a literature review approach. Short-term hiring is no longer solely negative or a symptom of labour market segmentation. Alternatively, techniques for encouraging commitment and productive behavior that benefit all persons who taking part are recognized. Contract work is a reality that requires solutions to balance the often opposing viewpoints of employees and companies. Although this unique technique is fascinating, researchers should investigate and increase awareness about the possible, and frequently hidden, downsides of temporary work.

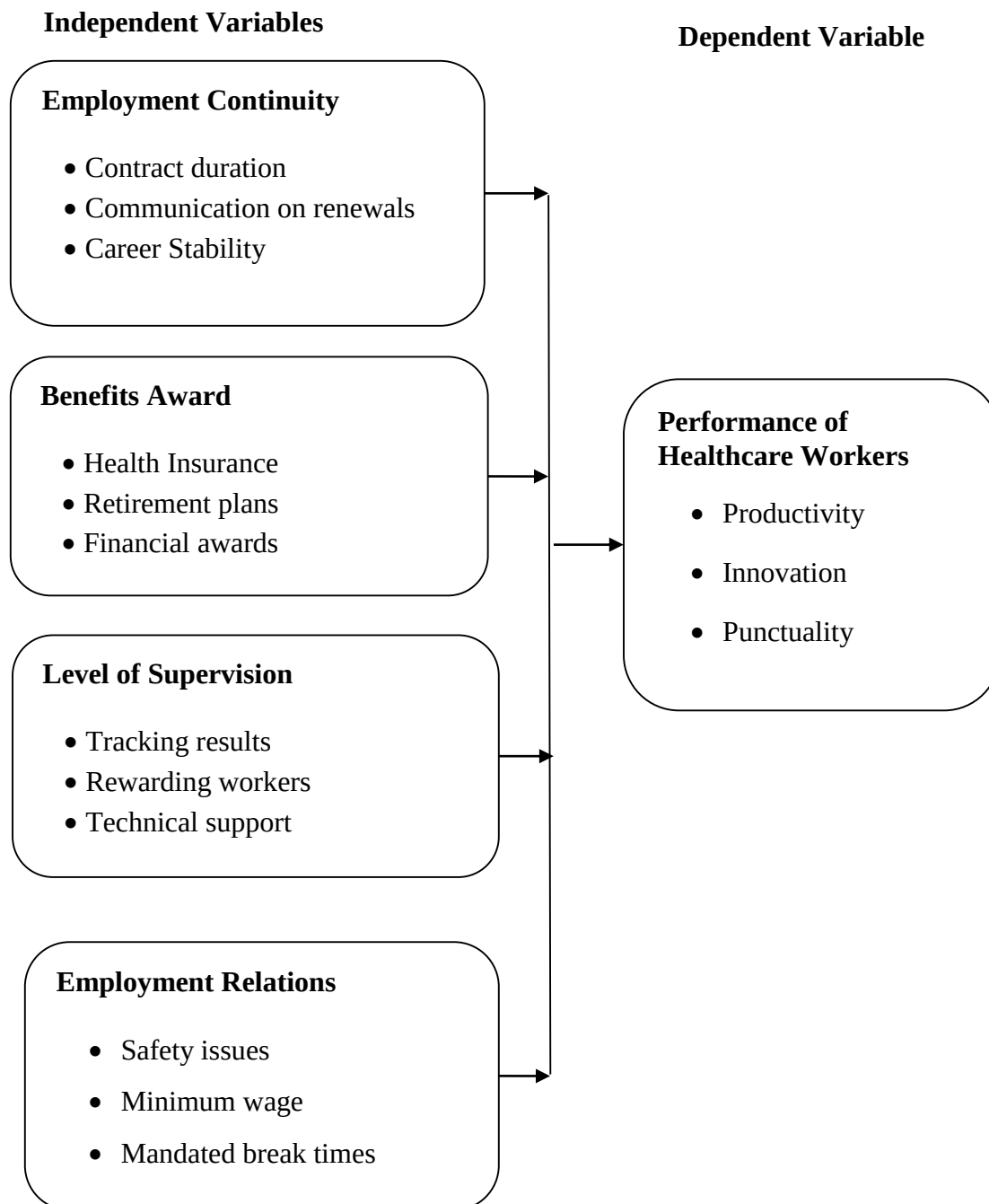
Kemboi (2019) investigated performance contracting as an approach for increased employee commitment at the vocational training institution Sikri in Kenya. A cross-sectional survey approach was used in fulfilling the purpose of the study. This study attempted to evaluate the relationship between performance contracting and employee commitment. Commitment was reported to have a beneficial effect on performance contracting in the study. Employee commitment, performance contracting, employee productivity, and performance contracting were also found to have a favourable and significant association with employee commitment.

2.8 Conceptual Framework

It is a diagram that demonstrates the connection that exists between the study variables. It's a hypothesized model that identifies the concepts under investigation and their connections (Mugenda & Mugenda, 2009). The presence or modification of independent factors will cause the dependent variable to change. It represents that healthcare workers' performance is affected by their employment continuity, benefits award, level of supervision, and employment relations. The following conceptual framework depicts these factors and their relationships.

Figure 2.1

Conceptual Framework



2.9 Literature Review Summary

Starting with a theoretical examination of equity theory and social exchange theory, this chapter has given the literature that has been evaluated. The study variables have been connected to these ideas. The empirical research on the effect of short-term contracts for health workers on the performance of the workforce was also evaluated in this chapter. To highlight the gaps in the literature, this has been grouped into four categories based on the independent variables of employment continuity, benefits award, amount of supervision, and employment relations. As a result, this has been utilized to show the link between the variables. The chapter also discusses the research gap to show why this study is necessary.

2.10 Research Gap

The literature on healthcare worker performance highlights several gaps that need to be addressed, particularly in the context of employment continuity, benefits reward, supervision, and employment relations. Although existing studies like those by Thulth and Sayej (2020) and Vainieri et al. (2019) discuss general performance issues related to unclear objectives and skill inadequacies, there is limited research focused specifically on how short-term employment contracts in public hospitals affect the long-term performance and retention of health care workers. Most of the available studies have been conducted in non-healthcare sectors or countries with different healthcare structures, such as Iran (Tabrizi et al., 2019). A research gap exists in exploring how employment continuity, particularly in public hospitals in Kenya, impacts healthcare workers' motivation and the quality of care provided to patients over time. This gap calls for a more detailed analysis of the link between job security and performance in

Kenya's public healthcare system, where short-term contracts and irregular renewal processes are prevalent.

While studies like Feraro-Banta and Al Shaikh (2019) and Kim & Cho (2019) explore the impact of benefits on performance, these are largely based in non-healthcare contexts, with few focusing on Kenya's public health sector. There is a lack of comprehensive research on how benefits—or the lack thereof—affect the performance of healthcare workers in public hospitals, specifically in developing countries like Kenya. Moreover, previous research does not extensively examine how Kenya's public hospital policies regarding supervision and benefits contribute to or mitigate performance challenges. Given the significant role supervision plays in shaping employee performance, Tesfaye (2019) concludes further research is needed to explore the role of managerial oversight in the public healthcare sector in Kenya, addressing gaps in communication, leadership, and performance evaluation systems. Studies that investigate the combined effect of employment relations, benefits, and supervisory practices on healthcare performance in Kenya remain scarce, leaving a critical gap in understanding how these factors collectively impact overall patient care.

It is clear from the examined literature that all of the investigations were focused on the direct association between study variables. This study will gather all of the individual independent variables into one study and rank them according to how much each one impacts the dependent variable. Furthermore, there have been very few researches undertaken in Kenya. For example, Ahmed et al. (2019) performed research in Bangladesh; Amaechi et al. (2020) conducted research in Nigeria; Feraro-Banta and Al Shaikh (2019) conducted research in Bahrain; and Nasution et al. (2019) conducted research in Indonesia. As a result, it is conceivable to claim that these studies are not generalizable to the Kenyan setting because they were conducted in

areas with different contexts than Kenya. As a result, a local study is required to obtain the local context of the topic under investigation. Furthermore, the bulk of these studies have been conducted in organizations other than hospitals, necessitating a study from a healthcare facilities perspective. The study aimed to fill in all of these gaps by looking into the impact of short-term employment contracts for health workers on the performance of employees at Nakuru County Public Hospitals.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

Techniques used in this study are described and justified in this section of the paper. The major parts of the methodology are the research design employed, the population targeted by the study, approaches used in realizing a sample, data collection and analysis techniques

3.2 Research Design

The research design refers to the structure and stages for meaningful outputs of the study. A cross-sectional research approach guided the study. This approach has the advantage of allowing the researcher to realize both quantitative and qualitative data from the field for the sake of analysis and derive meaning from it (Cooper & Schindler, 2010). Further, the design offered an in-depth and elaborate understanding of the concept(s) under study. As a result, the conclusions of this study, in terms of the impact of short-term labour contracts, were relevant to all other countries.

3.3 Target Population

"All participants of a real or hypothetical group of individuals, events, or objects to which a researcher wishes to generalize the result, Borg and Gall (2012) define the target population. The target population is made up of the entire group of people, as well as their socio-economic status. This study population was 490 contracted health workers from Nakuru County's level 4 and 5 public hospitals. Nakuru County has 12 level 4 hospitals and one level 5 hospital, according to the Nakuru County Report (2018). The study concentrated on the Provincial General Hospital (PGH) in Nakuru and the Naivasha referral hospital as shown in Table 3.1 below;

Table 3.1*Target Population*

Category	Naivasha referral	PGH Nakuru hospital	Target Population
Medical officers	9	10	19
Pharmacists	4	12	16
Dentists	1	3	4
Nurses (hospital)	84	187	271
Lab tech (hospital)	8	39	47
Clinical officers	18	26	44
Pharmaceutical technologists	6	4	10
HRIO	9	11	20
Radiographers	6	5	11
Public health officer	1	2	3
Biomedical engineers	3	7	10
Nutritionists	4	15	19
Occupational therapist	1	10	12
Physiotherapist	3	3	4
Total			490

3.4 Sample Size and Sampling Technique

According to Kombo and Tromp (2011), a sample is a discrete portion of a statistical population whose attributes are investigated in order to learn more about the total. The study selected a

sample from a population of 490 people using a stratified random sampling technique. The study used a simple random sample of healthcare professionals. Yamane's (1967) algorithm was used to estimate the sample size for the health professionals.

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

Where: N = Population size

n = sample size

e = Margin error of the study set at $\pm 5\%$

The sample size therefore will be;

$$= \frac{490}{1 + 490(0.05)^2} = 220$$

The study sampled 220 healthcare workers on contract at Naivasha Referral Hospital and PGH Nakuru Referral Hospital, which is 45% of the target population.

Table 3.2

Sample Size

Category	Population	Sample size (45% of the population)
Medical officers	19	9
Pharmacists	16	7

Dentists	4	2
Nurses (hospital)	271	122
Lab tech (hospital)	47	21
Clinical officers	44	20
Pharmaceutical technologists	10	2
HRIO	20	9
Radiographers	11	5
Public health officer	3	1
Biomedical engineers	10	5
Nutritionists	19	9
Occupational therapist	12	5
Physiotherapist	4	3
Total		220

3.5 Research Tools

The study used primary data which was realised from the field by the use of structured questionnaires (See Appendix II). The tool comprised of close-ended items. The study focused on elements that cannot be immediately observed, such as respondents' opinions, perceptions, and feelings. The study tool had six sections; section A included the items on the background information of the respondents. Further sections B-F included items under the study variables.

Furthermore, questionnaires are selected in this study since the respondents are literate and capable of adequately answering the questions. The questionnaire was created in accordance with the study's goals. Each research question was addressed with questions. The questionnaire

was kept brief and structured, with largely multiple-choice answers on a Likert scale, to ensure uniformity in response and to promote participation.

3.6 Pre-Testing

A researcher does a pre-test to assess whether the instruments that are used in the study are valid and trustworthy. Pre-testing, according to Mugenda & Mugenda (2009), allows the researcher to uncover instrument defects and rectify them before the real data collection begins. It also contributes to the training of data-gathering assistants. For the instrument review to be effective there is a need to examine the flow and continuity of the questions. The pretest sample was 30 respondents drawn from the Nyahururu County hospital in the neighbouring Laikipia County as Nakuru and Laikipia counties exhibit similar dynamics in the health county. The pre-test sample should be at least 10% of the sample planned for the larger parent research (Connelly, 2008). To determine how the research questions were addressed, a preliminary analysis was conducted utilizing the information obtained from the pre-test. The internal consistency approach was utilized to eliminate instrument mistakes and boost the reliability of the gathered data. The researcher did this by examining the scores of the officers who were excluded from the main study.

3.6.1 Reliability of Research Instruments

Cooper and Schindler (2010) describe reliability as data's trustworthiness, stability, and consistency. When a researcher measures a variable, he or she wants to ensure that the results are consistent and reliable. The number of errors contained affects the trustworthiness of the research. To determine this, the questionnaire was tested for both general and internal reliability. The researchers used Cronbach's alpha, an internal reliability coefficient, to determine the

instrument's internal consistency. This analysis helped determine if the various items in the questionnaire, testing the same underlying hypothesis, produced consistent results. As per Castillo's (2009) guidelines, a reliability cut-off value of 0.7 was considered acceptable in this context.

3.6.2 Validity of research instruments

Validity relates to how well the research instrument assesses what it is designed to measure. Also refers to the degree to which the study instrument reflects the true discrepancies among the studied (Kothari, 2004). The research instrument was adjusted based on the results of the pretests, with inappropriate items being refined or discarded (Creswell, 2009). In the current investigation, this was accomplished by instrument pretesting. A request was also sent to the supervisors at KEMU to review the instruments and give suggestions for improvement. According to Creswell (2009), trustworthiness, authenticity, and credibility can all contribute to quantitative research validity. The researcher solved this by collecting data in an honest manner and using reputable and trustworthy subjects. Face validity, on the other hand, is the degree to which the instrument looks to evaluate what it was designed to measure at first glance. The instrument's validity was assured by distributing it to supervisors, peers, and research specialists who assessed its face and content validity. This helped to ensure that the study's objectives were satisfied. The above-mentioned parties' feedback was used to rectify any typos, spelling errors, or other ambiguities that may threaten the instrument's authenticity.

3.7 Data Collection Procedure

Raw data was realized by the use of a structured questionnaire that comprised closed items. The 'drop and pick later' technique was used in the distribution and administration of the

questionnaires. A period of one week was given to the respondents to allow them ample time to read, internalize and respond to the questions. Administration of the instruments was done personally to ensure high return rates. This study was done over a two-month period to ensure that the participants had adequate time to answer the questions posed in the questionnaires.

3.8 Methods of data analysis

The data gathered was organized and cleaned before being coded and input into SPSS version 25. Descriptive statistics were employed to analyze the quantitative data, which was then presented through tables, charts, and bar graphs. The interpretation of the findings was provided in a narrative format. Ordinal regression was used in the study to evaluate the link between the dependent variable, healthcare worker performance, and the independent variables, job continuity, benefits award, degree of supervision, and employment relations. The necessity for variable correlation motivates the usage of multiple regressions. The regression equation was

$$\text{logit } (P(Y \leq j | X)) = \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

$P(Y \leq j | X)$ = Performance of Contracted Healthcare Workers;

X_1 = Employment continuity;

X_2 = Benefits award;

X_3 = Level of supervision;

X_4 = Employment relations

β_0 = Constant

β_1 β_2 and β_3 = coefficients of variables & ϵ = error term

3.9 Ethical Considerations

Kenya Methodist University provided an approval letter (See Appendix I) for the study. The National Commission also granted the researcher permission for Science, Technology and Innovation (NACOSTI) **(See Appendix V. Approval number: NACOSTI/P/22/18497)** before the commencement of the data collection exercise. Respondents were not forced or coerced to take part in the survey. The participants had given their informed consent (See Appendix I) and were able to choose whether or not to participate. As noted by Creswell (2009), it is essential to protect participants in any sensitive study to establish trust and build a strong rapport. This trust encourages participants to voluntarily provide responses to the questionnaire items. Participation in the study was entirely voluntary, with informed consent obtained after participants were fully informed about the study's purpose. The privacy and confidentiality of the respondents were assured, and the researcher clarified that the information provided would be used solely for academic purposes. A letter of approval from the Department of Health Studies was also presented. Only those who signed the consent form, indicating their willingness to participate, were included in the study.

CHAPTER FOUR: RESULTS

4.1 Introduction

The study aimed at establishing the influence of short-term employment contracts on performance of health care workers at Nakuru County public hospitals. Tables were used in the presentation of findings and the interpretations were done in prose.

4.2 Reliability Results

The researcher conducted on was 30 respondents drawn from the Nyahururu County hospital in the neighboring Laikipia County as Nakuru and Laikipia counties exhibit similar dynamics in the health county. The internal consistency of the tool of study was determined by the use of Cronbach's alpha. Results are shown in Table 4.3,

Table 4.1

Cronbach's Coefficients

	Cronbach's Alpha	No. of Items	Conclusion
Employment Continuity	0.769	6	scale reliable
Benefits Award	0.793	7	scale reliable
Employment Relations	0.789	6	scale reliable
Level of Supervision	0.761	7	scale reliable
Healthcare Workers	0.750	10	Instrument
Performance			
Overall	0.772	36	reliable

The five items show an alpha coefficient of 0.772 which explains that the items had a high internal consistency. This indicates that the tool was good as any reliability coefficient above .70 is regarded as sufficient for analysis and reporting.

4.3 Response Rate

The study sample was 220 healthcare workers on contract at Naivasha referral hospital and PGH Nakuru Referral Hospital. Out of 220 questionnaires issued, 173 respondents filled the questionnaires contributing to 78.6% response rate. According to Mugenda and Mugenda (2009), a response rate above 50% is adequate for analysis, a response rate of above 60% good and that of 70% is excellent. This implies that the study response rate of 78.6% was excellent for analysis and also generalization of the study. The results are presented in Table 4.2,

Table 4.2

Response Rate

	Frequency (N)	Percentage (%)
Completed questionnaires	173	78.6
Uncompleted questionnaires	47	21.4
Total	220	100.0

4.4 Demographic Information

The background information sought was respondents' gender, age, level of education, duration of time in the organisation and the length of current contract. The findings are presented in Table 4.3,

Table 4.3*Demographic Information*

Gender	Frequency(N)	Percent(%)
Males	71	41
Females	102	59
Total	173	100
Age bracket	Frequency(N)	Percent (%)
18-29 years	135	78
30-39 years	30	17
40-49 years	8	5
Total	173	100
Level of Education	Frequency(N)	Percent (%)
Certificate	16	9
Diploma	112	65
Degree	45	26
Total	173	100
Duration of service in the Facility	Frequency(N)	Percent(%)
1- 5 years	112	65
6- 10years	61	35
Total	173	100
Length of current contract	Frequency(N)	Percent(%)
Below 1 year	133	77
3 years	40	23
Total	173	100

The finding established in Table 4.3 that majority 102(59%) of the respondents were females. The males were only 71(41%). This implies that the health staff contracted within Nakuru County at the time of the study were females. The outcome further implies that the workforce recruitment focused on securing a female faced workforce as they may be considered caring, gentle, and friendly while dealing with patients.

The results also show that majority 135(78%) of the respondents were 18-29 years, 30(17%) were 30-39 years while 8(5%) were 40-49 years. This means that the largest age group of respondents fell between ages 18-29 years, and it is an age group that is at its optimum age for productivity and much focused for personal and organizational growth.

As depicted in Table 4.3 above, majority 112(65%) of the respondents had a diploma being the highest level of education, 45(26%) were degree holders while 16(9%) had certificate level of academic qualification. All the respondents had achieved the minimum academic and professional training for healthcare workers depending on their cadre. Thus, the respondents displayed competence to respond to questions in the questionnaires. In addition, the result also implied that professionalism was an important factor in the recruitment of health workers within Nakuru County.

Results further shows that majority 112(65%) of the respondents had been in the health facilities for 1-5 years. 40(23%) had served for 6-10years. This implies that they were conversant with the influence of short-term employment contracts on performance of health care workers.

Finally, the findings displayed in Table 4.3 above shows that majority 133(77%) of the respondents had been awarded contracts of below 1 year and 40(23%) were on 3 years' contract. The results imply that the most available contract package was below one year (6 months). In addition, seemed fair to the contracted workers and the county government's financial plan.

4.5 Short Term Contracts and Employment Continuity

Using a scale of 1-5, the respondents were asked to indicate their level of agreement to the statements relating to contract duration, communication on renewals and career stability. In the analysis the 5-point likert scale was reduced to 3-point where 1 and 2 were combined to form the overall disagree result. Further 4 and 5 responses were combined to form the overall agreement response. The findings are presented in Table 4.4,

Table 4.4*Short Term Contract and Employment Continuity*

	Disagree N (%)	Moderately Agree N (%)	Agree N (%)
Assurance of career stability motivates me to perform	4(02)	32(19)	137(79)
The communication on changes of employment terms is done in advance	18(10)	18(10)	137(79)
Promise for permanent employment affects my morale and productivity	13(08)	16(09)	144(84)
I am given the sense of belonging once I started working with the organization	15(8)	17(10)	141(82)
I anticipate long-term employment with the hospital at the point of employment	24(14)	21(12)	128(74)
I am actively engaged in other duties outside official responsibility	90(52)	47(27)	36(21)

The results in Table 4.4 above show that the majority 137(79%) of respondents agreed that the assurance of career stability motivated contracted workers to perform; 137(79%) agreed that the communication on changes of employment terms was done in advance and 144(84%) of the respondents agreed that promise for permanent employment affects their morale and productivity. Moreover, 141(82%) agreed that they were given the sense of belonging once they started working with the health organizations. In addition, 128(74%) agreed that they anticipated long-term employment with the hospital at the point of employment. On the contrary 90(52%) disagreed that they were actively engaged in other duties outside official responsibility. The results imply that the respondents were aware of all the aspects that would lead to employment continuity as contracted employees.

The findings agree with Ahmed et al. (2019) that job continuity influence performance and involvement of the employees which arbitrates the link that exists between job continuity and performance and therefore the concept was expected to be used in poor countries to improve

employee performance. The study found that contract duration influenced the performance of health care workers. These results are in line with Goudreau and Lapierre (2019) that job insecurity was negatively related to work performance, and that psychological contract breach partially mediated this relationship. Further, the study found that communication on renewals influenced the performance of health care workers. The results agree with Lee et al. (2019) that that communication was positively related to nursing performance, and that the influence were more pronounced for nurses who had been working in their current job for a longer duration in Korean hospitals. The study also found that career stability influenced the performance of health care workers. These results are in line with Lu et al. (2019) that career stability of healthcare workers to enhance their job performance

4.6 Short Term Contracts and Benefits Award

The level of agreement to the statements relating to health insurance, retirement plans and financial awards are presented in Table 4.5 below;

Table 4.5

Short Term Contracts and Benefits Award

	Disagree N (%)	Moderately Agree N (%)	Agree N (%)
Employment gives a sense of job security and is a source of my motivation	17(10)	26(15)	129(75)
Financial awards influence my performance	25(14)	19(11)	129(75)
Inclusion of retirement plans in employment contracts influence my performance	120(69)	11(6)	42(25)
Employees with short-term contracts have right to maternity leave	32(19)	30(17)	111(64)
My contract has a health insurance cover.	42(24)	0(0)	130(75)
Short term workers are paid lower than long term workers.	42(24)	48(28)	83(48)

Short-term employees are not paid for days they have been absent from work	104(60)	20(12)	49(28)
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The findings in Table 4.5 above shows that 129(75%) of the respondents agreed that continuity of employment gave a sense of job security and is a source of motivation and 129(75%) agreed that financial awards influence their performances. In addition, 120(69%) disagreed that there was inclusion of retirement plans in employment contracts that influenced their performance and 111(64%) agreed that employees with short-term contracts have right to maternity leave. Moreover, 130(75%) of the respondents agreed that their contracts have a health insurance cover. Further, 83(48%) of the respondents agreed that short term contracted employees were paid lower than long and 104(60%) disagreed that short-term employees were not paid for days they have been absent from work. The results imply that the respondents were aware of the role played by the rewarding in their personal and collective performance within the health organisations. The study found that health insurance influenced the performance of health care workers. These findings agree with Atinga et al. (2021) that health care workers who were covered by health insurance were more likely to provide high-quality care to their patients compared to those who were not covered as health insurance reduced financial barriers to seeking care, which led to earlier detection and treatment of illnesses. The study found that retirement plans influenced the performance of health care workers. The findings agree with Liu and Zhang (2020) that retirement plans that offer generous benefits and early retirement options can have a positive impact on job satisfaction and retention among healthcare workers. However, the study also found that retirement plans that do not offer early retirement options can have a negative impact on job satisfaction and performance, particularly among older workers who may be more likely to experience burnout and fatigue. The study found that financial awards influenced the performance of health care workers. The findings agree with

Bonfrer et al. (2021) that financial incentives improved the performance of healthcare workers in terms of increasing the number of patients seen and reducing wait times.

4.7 Short Term Contracts and Level of Supervision

The respondents were tasked to indicate the level of agreement with statements in regard to rewarding workers and technical support on a scale of 1-Strongly Disagree and 5-Strongly Agree. Further during analysis, the 5-point likert scale was collapsed to three columns where 1-strongly disagree and 2- disagree were combined to form overall negative outcome; 4-agree and 5-strongly agree were combined in the analysis to form the overall positive results. The outcomes are tabulated in Table 4.6;

Table 4.6

Short Term Contracts and Level of Supervision

	Disagree N (%)	Moderately Agree N (%)	Agree N (%)
My supervisor offers technical support which helps in the achievement of performance targets	15(8)	44(25)	114(66)
My supervisor gives me freedom to make constructive decisions at my work station	51(29)	54(31)	67(39)
Supervisors always recommend my rewarding when I perform optimally	86(50)	25(15)	62(36)
Tracking results by the supervisor enables planning for my rewards	86(50)	19(11)	67(39)
I receive constructive feedback from my manager	79(45)	24(14)	70(41)
I relate well with my supervisor	117(67)	16(9)	40(24)

Outcomes that are presented in Table 4.6 above show that 114(66%) of the respondents agreed that their supervisors offered technical support which helped in the achievement of performance targets. Further, 67(39%) of the respondents agreed that their supervisors gave them freedom to make constructive decisions at my work station and 86(50%) disagreed that supervisors

always recommended their rewarding when performed optimally. Additionally, 86(50%) of the respondents disagreed that tracking results by the supervisor enabled planning for the rewarding; 79(45%) disagreed that they received constructive feedback from my manager and 117(67%) disagreed that they related well with the supervisor. The study found that tracking results influenced the performance of health care workers. These findings are in line with Kastner et al. (2012) that feedback on guideline adherence significantly increased the use of the guidelines by healthcare providers, leading to improved patient outcomes. The study found that rewarding workers influenced the performance of health care workers. The findings agree with Hsieh and Hsieh (2019) that financial incentives were effective in increasing the quantity and quality of care provided by healthcare workers. The study found that technical support influenced the performance of health care workers. These findings agree with Kabue et al. (2019) that providing technical support to midwives increased their confidence in providing maternal and neonatal health services. Also agree with Mlotshwa et al. (2019) that providing technical support to nurses helped to bridge the gap between their skills and the demands of their work.

4.8 Short Term Contracts and Employment Relations

Using a scale of 1-5 where 1-strongly disagree and 5-strongly agree. The respondents were requested to indicate their level of agreement with the statements relating to safety issues, minimum wage and mandated break times. The results are presented in Table 4.7;

Table 4.7*Short Term Contracts and Employment Relations*

	Disagree N (%)	Moderately Agree N (%)	Agree N (%)
The hospital has incorporated safety issues in the employment contract	12(7)	60(35)	101(58)
The contract of my employment has incorporated mandated break times	7(4)	85(49)	81(47)
Short-term employment is utilised as a recruiting avenue for prospective employees.	25(15)	60(35)	85(49)
My minimum wage has been well captured in the employment contract	20(12)	74(43)	79(45)
Short-term contractual personnel are recruited as backup labour	18(10)	89(51)	66(38)
Employees on short-term contracts typically receive lower pay compared to those on long-term contracts	8(5)	56(32)	109(63)
Employees on short-term contracts are employed as unskilled labor	38(22)	82(47)	53(31)

The outcomes in Table 4.7 above show that 101(58%) of the respondents agreed that the hospitals had incorporated safety issues in the employment contract. In addition, 81(47%) of the respondents disagreed that the contract of their employment had incorporated mandated break times and 85(49%) agreed that short term employments were used as recruitment channel of potential employees. Moreover, 79(45%) of the respondents agreed that their minimum wage had been well captured in the employment contract and 89(51%) moderately agreed that short term contracted employees were hired as backup labour. Also, 109(63%) agreed that short term contracted employees were paid lower than long term employment contracts. Finally, 82(47%) of the respondents moderately agreed that short term contracted were hired as unskilled labour. The findings are in line with Ongera and Juma (2019) that Safaricom Limited was encouraged

employee employability through coaching and job autonomy, as well as enhancing their employment continuity through contract renewal. The study found that safety issues influenced the performance of health care workers and the findings agree with Gerberich et al. (2019) that exposure to workplace violence lead to increased rates of depression, anxiety, and post-traumatic stress disorder (PTSD) among healthcare workers. Also the findings are in concurrence with Liu et al. (2020) that the COVID-19 pandemic has highlighted the importance of protecting healthcare workers from exposure to infectious diseases. Lack of personal protective equipment (PPE) and other safety measures has led to increased rates of infection and mortality among healthcare workers during the COVID-19 pandemic. The study found that minimum wage influenced the performance of health care workers. The findings agree with McCullough et al. (2019) that minimum wage increases were associated with increased job satisfaction and decreased turnover rates among healthcare workers. Also agree with Kim & Park (2019) that that minimum wage increases were not associated with improvements in the quality of care, and may have even had negative influence on patient outcomes. The study found that mandated break times influenced the performance of health care workers. The findings were similar with Trougakos et al. (2019) in that breaks can improve cognitive performance, reduce errors, and increase job satisfaction, among other benefits. The findings further agree with Cho et al. (2019) that breaks increased job satisfaction and reduced physical and emotional exhaustion, but did not significantly impact task completion time or the quality of work performed.

4.9 Short Term Contracts and Healthcare Employees' Performance

Using a scale of 1-5 where 1 denotes strong disagreement and 5 denotes strong agreement. The respondent was asked to indicate their level of agreement level to the statements below that relate to Productivity, Innovation and Punctuality as presented in Table 4.8;

Table 4.8

Short Term Contracts and Employees' Performance

	Disagree N (%)	Moderately Agree	
		Agree N (%)	N (%)
I accurately do my responsibilities	6(4)	36(21)	131(76)
I work under minimum supervision	10(6)	65(38)	98(56)
My team sufficiently supports me	13(8)	54(31)	106(61)
I perform my duties in a timely manner	22(13)	35(20)	116(67)
I consistently adhere to set work schedules	18(10)	44(25)	111(64)
I arrive to work on time and are present at my workplace on a daily basis	13(7)	78(45)	82(47)
I seek out and propose innovative strategies and techniques for accomplishing my tasks	32(19)	51(30)	90(52)
I offer creative ideas that add value to the organization	12(7)	90(52)	71(41)
My team motivates me to perform at my best in my role	11(6)	91(53)	71(41)
I am skilled in utilizing work-related equipment, tools, and technology	44(25)	63(36)	66(38)

The results presented in Table 4.8 indicate that a majority of 131 respondents (76%) agreed that they performed their work with high accuracy, and 98 respondents (56%) felt they worked with minimal supervision. Additionally, 106 respondents (61%) acknowledged receiving support from their teams when needed, and 116 respondents (67%) agreed they completed their duties

in a timely manner. Moreover, 111 respondents (64%) stated that they consistently adhered to established work schedules, while 90 respondents (52%) agreed that they explored and suggested new approaches for task completion. Similarly, 90 respondents (52%) moderately agreed that they contributed innovative ideas beneficial to the organization, and 91 respondents (53%) moderately agreed that their teams motivated them to perform their best at work. However, only 66 respondents (38%) felt they proficiently used work-related equipment, tools, and technology, and 91 respondents (53%) disagreed with the statement that they arrived to work on time and were present at the workplace daily. The study revealed that short-term employment contracts affected the productivity of healthcare workers. These findings are consistent with García-Sierra et al. (2019), who found that healthcare workers in Spain with short-term contracts experienced lower job satisfaction and were more prone to burnout compared to those with permanent contracts. Similarly, Bayram et al. (2019) noted that temporary contracts were linked to lower job satisfaction and higher turnover intentions among healthcare workers. Campanini et al. (2019) also found that temporary contracts were associated with higher job strain among healthcare workers. The study further revealed that short-term employment contracts influenced healthcare workers' innovation. This aligns with Lundberg et al. (2019), who found that temporary workers in the Swedish healthcare industry were less likely to engage in innovative behaviors compared to permanent workers. Hesselink et al. (2020) also found that temporary nurses in the Netherlands were less likely to participate in quality improvement activities than their permanent counterparts. Additionally, the study found that short-term contracts affected the punctuality of healthcare workers. This supports McInerney and Mellor's (2021) findings that nurses on short-term contracts were significantly more likely to be late for work compared to those on permanent contracts. Agyepong et al.

(2019) similarly found that healthcare workers on short-term contracts were more likely to miss work than those on permanent contracts. Lastly, the findings agree with Feuerstein and González-Morales (2019), who found that healthcare workers on short-term contracts were significantly less satisfied with their jobs compared to those on permanent contracts.

4.10 Ordinal Logistical Regression

The researcher used an ordinal logistical regression to calculate the Case Processing Summary, Model Fitting Information, Goodness-of-Fit, and Pseudo R-Square when modelling the predictive power of the independent factors influencing the performance of contracted health care workers at Nakuru County public hospitals.

4.10.1 Model Fitting Information

Table 4.9 indicates that the model was statistically significant, with a significance value below .05. This demonstrates a notable improvement of the final model compared to the null model, as evidenced by $\{X^2(4) = 27.332, p = .000\}$. Therefore, the model was effective in analyzing the relationships between the study variables.

Table 4.9

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	818.096			
Final	790.764	27.332	4	.000

Link function: Logit.

4.10.2 Goodness-of-Fit

The goodness-of-fit test is designed to evaluate the null hypothesis. Since the significance values for both Pearson and deviance are above 0.05, the null hypothesis is rejected (short-term employment contracts had no significant influence on the performance of health care workers)

with values .236 and 1.000 respectively. Therefore, the alternative hypotheses (short-term employment contracts had significant influence on the performance of health care workers) approved thereby implying that the employment continuity, benefits award, level of supervision and employment relations were significant in determining workers' performance as shown in Table 4.10 below;

Table 4.10

Goodness-of-Fit

	Chi-Square	df	Sig.
Pearson	2266.648	2219	.236
Deviance	789.377	2219	1.000

Link function: Logit.

The Pearson Chi-Square test measures how well the observed data fits the expected data under the logistic regression model. The value of 2266.648 is the test statistic. The degrees of freedom (2219) reflect the number of observations minus the number of model parameters. A p-value (Sig.) of 0.236 indicates that the test is not statistically significant at common alpha levels (e.g., 0.05), meaning there is no strong evidence to reject the null hypothesis that the model fits the data well. Since the p-value (0.236) is greater than 0.05, we fail to reject the null hypothesis, suggesting that the model provides an acceptable fit to the data. This means that the discrepancies between the observed and expected frequencies are not statistically significant.

Deviance is a measure of the goodness of fit of a model in logistic regression, with lower values indicating a better fit. In this case, the deviance is 789.377, which is relatively low compared to the degrees of freedom (2219). The p-value of 1.000 suggests that the model fits the data extremely well, meaning that the difference between the observed and predicted values is

minimal. A p-value of 1.000 in the deviance test indicates that the model perfectly fits the data (which is rare but possible in certain cases), meaning there is no evidence of lack of fit. The deviance is far lower than the degrees of freedom, further supporting that the model's fit is adequate.

The Logit link function is used in logistic regression to model the relationship between the predictors and the outcome. It links the linear combination of predictors to the probability of the outcome being in a particular category, typically through the log-odds transformation. The choice of the Logit link function is standard in logistic regression for binary or categorical outcomes, as it appropriately models the relationship between independent variables and the probability of a binary response.

In summary, both the Pearson Chi-Square and Deviance tests suggest that the logistic regression model fits the data well, as indicated by non-significant p-values. This implies that the observed data does not significantly differ from the expected data under the model.

4.10.3 Cox and Snell R-squared and Nagelkerke R-squared

The study looked at measurements akin to R^2 in conventional least-squares regression, which is the fraction of variation that can be explained by the model. In multinomial ordinal logistic regression, these are known as pseudo R^2 measures. The SPSS Statistics calculates the Cox-Snell, Nagelkerke, and McFadden pseudo- R^2 measurements. Table 4.11 shows the results.

Table 4.11

Cox and Snell R-squared, Nagelkerke R-squared and McFadden

	Pseudo R-Square
Cox and Snell	.377
Nagelkerke	.380

Link function: Logit.

The Nagelkerke R-squared value is more comprehensive than the Cox and Snell R-squared, with its range extending from 0 to 1. It indicates the proportion of variation in the dependent variable—Performance of Health Care Workers—that is explained by independent variables such as Employment Continuity, Benefits Award, Level of Supervision, and Employment Relations. This study favored Nagelkerke R-squared because it accounted for 38% of the variance, making it a more complete measure compared to Cox and Snell.

4.10.4 Parameter Estimates

The study used the parameter estimates in determining and understanding the relationships existing between the independent and dependent variables as presented in Table 4.12;

Table 4.12

Parameter Estimates

								95% Confidence Interval	
			Estimate	Std. Error	Wald	df	Sig.	Lower Bound	Upper Bound
Threshold	[HCWP 3.00]	=	4.903	2.305	4.525	1	.033	.385	9.420
	[HCWP 3.10]	=	5.752	2.284	6.340	1	.012	1.275	10.229
	[HCWP 3.20]	=	6.818	2.282	8.930	1	.003	2.346	11.290
	[HCWP 3.30]	=	7.584	2.289	10.974	1	.001	3.097	12.071
	[HCWP 3.40]	=	8.057	2.297	12.304	1	.000	3.555	12.558
	[HCWP 3.90]	=	11.684	2.374	24.228	1	.000	7.032	16.336
	[HCWP 4.00]	=	12.073	2.385	25.625	1	.000	7.398	16.747

	[HCWP = 4.10]	12.971	2.428	28.546	1	.000	8.213	17.729
	[HCWP = 4.20]	13.389	2.463	29.562	1	.000	8.562	18.216
Location	Employment Continuity	-.036	.371	.009	1	.923	-.763	.691
	Benefits Award	.646	.288	5.008	1	.025	.080	1.211
	Supervision	1.261	.286	19.440	1	.000	.701	1.822
	Employment Relations	.832	.443	3.526	1	.060	-.036	1.701

Link function: Logit.

The regression equation was: **logit (P (Y ≤ j| X)) = β₁X₁ + β₂X₂ + β₃X₃ + β₄X₄ + ε**

It became **logit (P (Y ≤ j| X)) = -.036 X₁ + .646X₂ + 1.261X₃ + .832X₄ + ε**

From the Parameter estimates presented in Table 4.12 above display that a unit increase in employment continuity would lead to a .036 decrease in short term contract health workers' performance at Nakuru county public hospitals. Employment continuity did not significantly influence the performance of health workers on short term contracts (p=.923>.05). Further the outcomes show that a unit increase in benefits award would lead to .646 increase in short term contract health workers' performance at Nakuru county public hospitals. Benefits award significantly influenced the performance of health workers on short term contract (p=.025<.05) Nakuru county public hospitals. In addition, the results show that a unit increase in level of supervision would lead to 1.261 increase in short term contract health workers' performance at Nakuru county public hospitals where it significantly (p=.000<.05) influenced the short term contract health workers' performance at Nakuru county public hospitals. Finally, the outcomes show that a unit increase in employment relations would lead to .832 increase in short term contract health workers' performance at Nakuru county public hospitals where it insignificantly

($p=.060>.05$) influenced the short term contract health workers' performance at Nakuru county public hospitals.

The results imply that the level of supervision was the most significant influencer of short term contract health workers' performance at Nakuru county public hospitals with significance values of .000. The finding agrees with Tesfaye (2019) that the organization can keep employees updated with new skills and knowledge, allowing them to swiftly adjust to changes in their primary duties as supervisors are capable of immediately know the employee's knowledge, skills, and capacities. Also in line with findings of Kamwendo et al. (2020) that effective HRM and supervision necessitates monitoring which in turn promotes the performance and retention of staff.

Further, the results imply that the benefits award was significant influencer of short term contract health workers' performance at Nakuru county public hospitals with significance values of .000 and .025 respectively. These findings agree with Feraro-Banta and Al Shaikh (2019) that there was a significant link between employee remuneration and benefits in staff efficacy. Further the finding agrees with Kim and Cho (2019) that benefits award promotes the work performance, satisfaction and loyalty. Further the outcomes agree with Calvin (2019) that performance of workers and compensation had a noteworthy and positive connection, according to the research, Employees are also motivated by their salary/wage, as well as bonuses/incentives.

The employment continuity insignificant influencers of short term contract health workers' performance at Nakuru county public hospitals with significance values of .923. The findings agree to findings of Karama (2020) that there was no favorable connection between job stability

and performance at the Kyusa Uganda offices in Kalerwe. The findings are in line with the recommendations of Amaechi et al. (2020) that organizational objectives include job security in order to promote employee performance, satisfaction, and relationships between the workers and the management.

The employment relations were insignificant influencers of short term contract health workers' performance at Nakuru county public hospitals with significance values of .060 respectively. The findings disagree with Kemboi (2019) that employment relations positively influenced the employee productivity, and performance contracting.

4.10.5: Test of Parallel Lines

The study adopted the parallel lines assumption, which assumes that the relationship between each predictor variable and the dependent variable is the same for all levels of the dependent variable. The outcomes are presented in Table 4.13 below;

Table 4.13

Test of Parallel Lines

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	790.764			
General	742.403 ^b	48.361 ^c	48	.458

a. Link function: Logit.

The outcomes presented in Table 4.13 above for the test of parallel lines (assumptions of proportional odds) indicate a non-significance ($p=.458>.05$) implying that the assumption has been satisfied. This means that the coefficients for each predictor variable are similar across all levels of the dependent variable, and the relationship between the predictor variables and the dependent variable is constant across all levels of the dependent variable. Further, suggests that the ordinal regression model is appropriate for the data, and that the relationship between the

predictor variables and the dependent variable does not vary significantly across different levels of the dependent variable.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section provides a summary of the findings, draws conclusions, and offers recommendations regarding the determinants of short-term employment contracts on the performance of healthcare workers at public hospitals in Nakuru County. It also identifies areas for further research.

5.2 Summary of Findings

The primary objective of this study was to determine the impact of short-term employment contracts on the performance of healthcare workers in Nakuru County's public hospitals.

5.2.1 Employment Continuity

The study found that assurances of career stability effectively motivated contracted workers to perform well. It was also noted that changes in employment terms were communicated in advance. Additionally, respondents reported feeling a strong sense of belonging upon joining the healthcare organizations and anticipated long-term employment at the hospital. However, the study also revealed that workers were generally not engaged in tasks beyond their official responsibilities.

5.2.2 Benefits Award

The study revealed that job continuity provided a significant sense of security, which in turn served as a strong source of motivation for healthcare workers. Financial rewards were also found to have a positive impact on performance. It was noted that while retirement plans were included in the employment contracts, short-term contract employees did not have rights to maternity leave. However, these contracts did include health insurance coverage. Additionally,

short-term employees were not paid less than their long-term counterparts and were compensated for days they were absent from work. These findings suggest that respondents recognized and valued the crucial role that rewards play in both their individual and collective performance within the health organizations.

5.2.3 Level of Supervision

The study found that supervisors offered valuable technical support, which was instrumental in helping employees meet their performance targets. However, it also highlighted that supervisors did not grant employees the autonomy to make constructive decisions at their workstations, nor did they consistently recommend rewards for exceptional performance. Additionally, the study observed that the tracking of performance results by supervisors did not effectively contribute to reward planning, and employees frequently did not receive constructive feedback from their managers. Furthermore, a significant number of respondents reported having poor relationships with their supervisors, indicating a need for improved supervisory practices.

5.2.4 Employment Relations

The study found that hospitals had integrated safety measures into employment contracts, and these contracts also specified mandated break times. Additionally, short-term employment was frequently utilized as a recruitment tool for potential future employees. However, the study revealed that the minimum wage was insufficiently addressed in these contracts, and short-term contract employees were not employed for backup or unskilled labour roles.

5.2.5 Performance of Contracted Healthcare Workers

The study found that healthcare workers demonstrated high levels of accuracy and efficiency in their duties with minimal supervision. They effectively utilized team support when required and

completed tasks in a timely manner. Despite adhering to work schedules and experimenting with new approaches, most workers did not offer innovative ideas that could benefit the organization or find their teams particularly motivating. Additionally, although workers competently used work-related equipment, tools, and technology, many failed to consistently arrive on time or maintain daily attendance.

The analysis further revealed that an increase in employment continuity was associated with a negligible 0.036 decrease in the performance of short-term contract healthcare workers at Nakuru County public hospitals, though this effect was statistically insignificant ($p = 0.923 > 0.05$). Conversely, an increase in benefits awarded resulted in a significant 0.646 increase in performance ($p = 0.025 < 0.05$). Similarly, a rise in the level of supervision led to a substantial 1.261 increase in performance, which was statistically significant ($p = 0.000 < 0.05$). On the other hand, an increase in employment relations was linked to a 0.832 increase in performance, but this effect was not statistically significant ($p = 0.060 > 0.05$). These findings indicate that the level of supervision was the most influential factor on performance, followed by benefits awards, with employment continuity and employment relations having a less pronounced impact.

5.3 Conclusions

The study concludes that employment continuity does not have a significant impact on the performance of short-term contract healthcare workers at Nakuru County public hospitals. Despite assurances of career stability and a sense of belonging, many workers expected long-term employment but experienced delays, with some remaining on short-term contracts for over six years. Additionally, workers were seldom engaged in duties beyond their official

responsibilities, and communication about changes in employment terms was infrequent and often not provided in advance.

The study further concludes that benefits awards significantly affect the performance of short-term contract healthcare workers. Job security and financial rewards are critical for motivation and performance. Although short-term contract employees are entitled to maternity leave and receive health insurance coverage, retirement plans are not included in their contracts, which adversely affects their performance. The study also finds that short-term employees are not paid less than their long-term counterparts and are compensated for days missed from work, underscoring their recognition of the importance of financial rewards.

Moreover, the study concludes that supervision significantly influences the performance of short-term contract healthcare workers. Supervisors provided essential technical support, which helped in meeting performance targets. However, the study highlights that supervisors did not grant workers the autonomy to make constructive decisions or consistently recommend rewards for outstanding performance. Tracking of results by supervisors was not effectively linked to reward planning, and workers frequently did not receive constructive feedback. Additionally, most workers reported poor relationships with their supervisors.

Finally, the study concludes that employment relations do not significantly impact the performance of short-term contract healthcare workers. While employment contracts included safety measures and mandated break times, and short-term employment served as a recruitment tool, the study identified gaps such as inadequate minimum wage provisions and the lack of backup or unskilled labor roles for short-term contract employees. Overall, the study

underscores the need for improved communication, better reward systems, and more effective supervisory practices to enhance the performance of short-term contract healthcare workers.

5.4 Recommendations

The study recommends several strategies to enhance the performance of contracted healthcare workers. Firstly, hospitals should invest in mentorship programs designed to foster employment continuity. Such programs would facilitate personal and professional development, thereby improving job satisfaction and overall performance.

Secondly, the development of a performance-based reward system is advised, where rewards are linked directly to the performance scores of workers under each contract package. This approach would ensure that compensation is aligned with individual achievements.

Thirdly, it is recommended that hospitals improve the quality of supervision by refining evaluation and monitoring practices. Enhanced supervision would not only support personal development but also contribute to better organizational outcomes.

Additionally, the study suggests that the county government and hospitals explore ways to improve the remuneration of contracted healthcare workers. Increased financial incentives would likely improve job satisfaction and performance.

Finally, the study advocates for a shift from an authoritative leadership style to a more horizontal approach. This change would streamline communication and reduce the complexities within the employment relations hierarchy, fostering a more collaborative work environment.

5.5 Areas for Further Research

The study's findings indicate that factors not covered in this study accounted for 35.6% of the performance of contracted healthcare workers. Therefore, additional research is needed to identify these other factors. Further research is also suggested to explore the performance of contracted healthcare workers in other counties with similar health systems to compare results and also in non-governmental hospitals.

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APPENDICES

Appendix I: Informed Consent

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

SUBJECT: INFORMED CONSENT

Dear Respondent,

My names are Purity Thirikwa, I am an Msc student from Kenya Methodist University. I am conducting a study titled: **Effect of short-term employment contract for health workers on employees' performance at Nakuru county public hospitals**. The health system will be strengthened by the findings of this study especially in county levels. This will intern benefit the community, the neighboring counties and the country at large. The proposal will bring out new insight to the researcher and will help those making decision on health systems. All the decision made will be relevant to county and national government.

Procedure to be followed

This study will require that I gather some of the important information from you as the participant that will help in enforcing the health system pillar. I will require your approval to record some of the information that you will give fro academic purpose only. You as the participant can either accept or reject the pleasure to participate in this academic study. No one will judge you for your decision on partaking this study. And whatever you decide will not be used against you by any party present or absent.

It is on your own will that you are allowed to participate in this study. Any questions that are study related are accepted at any time. You may or may not answer question that you feel to or not to answer at any time. You may also leave an interview room or area at any time you wish to. All the decision you make will be accepted positively by the researcher.

Discomforts and risks

Some of the many question that you might experience in the session may not be as you wish and might be at an intimate level. If this is so, you may answer if you wish or refuse and you will not be questioned by any one. A whole interview may take more than 40 min, if you will feel uncomforTable at the middle of the session you may leave at your own wish.

Benefits

By your participation on this academic study, you may be of big help to improving county and national healthcare system. As a result not only does your county or country benefit on it but also the entire continent of Africa will get new insight on strengthening healthcare systems. This will greatly help both scholars and government entities on healthcare systems and how to improve them.

Rewards

This study is fully academic; therefore, no rewards will be given or received by undertaking this critical study.

Confidentiality

The study will be confidential from any outside partner and it will be undertaken in a private room in the hospital to ensure every party is comfortable. No name or any personal detail will be recorded in either the questionnaires. After all is done the documents will be kept safely in the University.

Contact Information

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

Below are the main contact persons that you may call if there are any questions you will wish to put across.

1. Dr. Kezia Njoroge Head of Department of Health Systems Management of Kenya Methodist University, Nairobi campus.

Participant's Statement

The above statement are well read and understood by myself. There are chances given to me to ask any kind of questions as per the study at hand and am satisfied with the answers I will get. I have volunteered entirely to participate in this study. Any records that come from this study I believe will be kept with utmost care and privacy. I understand that I can leave the study session at any time that I wish without questions asked. I understand that I will not be victimized at any place may it be at work or home.

Name of Participant..... Date.....

Signature.....

Investigator's Statement

I, the researcher have read to my participants all the required instruction on this study with the easiest language that he/she may understand and I have signed with all the agreements done to this study.

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

Interviewer Signature.....

Appendix II: Questionnaire

Kindly fill in the questions in the spaces provided to the best of your ability. Be assured that the information you provide here will only be used for the academic purposes only.

Part A: Background of the Study

1. What is your gender?
a) Female [] b) Male []
2. What is your age?
.....
3. In your education, what is the highest level attained?
a) Certificate [] b) Diploma
c) Degree [] e) Post graduate degree []
4. What is the duration of your service in this hospital?
.....
5. What is the length of your current work contract?
.....

Part B: Employment Continuity on Employees' Performance

Using a scale of 1-5 where 1 denotes strong disagreement, 2 denotes disagreement, 3 denotes moderate agreement, 4 denotes agreement and 5 denotes strong agreement, kindly indicate your agreement level to the statements below that relate to employment continuity.

Statements	1	2	3	4	5
Permanent employment affects my morale and productivity					
The communication on changes of employment terms is done in advance					
Assurance of career stability motivates me to perform					
I anticipate long-term employment with the hospital at the point of employment					
I am actively engaged in other duties outside official responsibility					
I am given the sense of belonging once I started working with the organization					

Part C: Benefits Award on Employees' Performance

6. Using a scale of 1-5 where 1 denotes strong disagreement, 2 denotes disagreement, 3 denotes moderate agreement, 4 denotes agreement and 5 denotes strong agreement, kindly indicate your agreement level to the statements below that relate to benefits award.

Statements	1	2	3	4	5
My contract does not have a health insurance cover					
Inclusion of retirement plans in employment contracts influence my performance					
Financial awards influence my performance					
Continuity of employment gives a sense of job security and is a source of my motivation					

Employees with short-term contracts do not have right to maternity leave					
Short-term employees are not paid for days they have been absent from work					
Short term contracted employees are paid lower than long term employment contracts					

Part D: Level of Supervision on Employees' Performance

7. Using a scale of 1-5 where 1 denotes strong disagreement, 2 denotes disagreement, 3 denotes moderate agreement, 4 denotes agreement and 5 denotes strong agreement, kindly indicate your agreement level to the statements below that relate to level of supervision.

Statements	1	2	3	4	5
Tracking results by the supervisor enables planning for my rewards					
Supervisors always recommend my rewarding when I perform optimally					
My supervisor offers technical support which helps in the achievement of performance targets					
I receive constructive feedback from my manager					
I relate well with my supervisor					
My supervisor gives me freedom to make constructive decisions at my work station					

Part E: Employment Relations on Employees' Performance

8. Using a scale of 1-5 where 1 denotes strong disagreement, 2 denotes disagreement, 3 denotes moderate agreement, 4 denotes agreement and 5 denotes strong agreement, kindly indicate your agreement level to the statements below that relate to employment relations.

Statements	1	2	3	4	5
The hospital has incorporated safety issues in the employment contract					
My minimum wage has been well captured in the employment contract					
The contract of my employment has incorporated mandated break times					
Short term employments are used as recruitment channel of potential employees					
Short term contracted employees are paid lower than long term employment contracts					
Short term contracted employees are hired as unskilled labour					

Part F: Employees' Performance

9. Using a scale of 1-5 where 1 denotes strong disagreement, 2 denotes disagreement, 3 denotes moderate agreement, 4 denotes agreement and 5 denotes strong agreement,

kindly indicate your agreement level to the statements below that relate to employee performance.

Statements	1	2	3	4	5
I perform my duties in a timely manner					
I perform my work with a lot of accuracy					
I proficiently use work related equipment, tools and technology					
I arrive to work on time and are present at my workplace on a daily basis					
I consistently adhere to set work schedules					
I contribute innovative ideas that benefit the organization					
I explore and suggest new approaches and methods of completing my tasks					
I get support from my team whenever I need it					
I work under minimum supervision					
My team is an inspiration for me to do my best at the job					

THANK YOU FOR PARTICIPATING.

Appendix III: SERC Approval



KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: INFO@KEMU.AC.KE

June 14, 2022

KeMU/SERC/HSM/15/ 2022

PURITY WANJIRU THIRIKWA
HSM-3-0216-1/2017

Dear Purity,

SUBJECT: EFFECTS OF SHORT-TERM EMPLOYMENT CONTRACTS ON PERFORMANCE OF HEALTH CARE WORKERS AT NAKURU COUNTY PUBLIC HOSPITALS

This is to inform you that Kenya Methodist University Scientific Ethics and Review Committee has reviewed and approved your research proposal. Your application approval number is KeMU/SERC/HSM/15/2022. The approval period is 14th June, 2022 – 14th June, 2023.

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 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 SERC 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 SERC 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 SERC.

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.



Appendix IV: NACOSTI Approval

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 782786	Date of Issue: 04/July/2022
RESEARCH LICENSE	
	
This is to Certify that Ms. PURITY WANJIRU THIRIKWA of Kenya Methodist University, has been licensed to conduct research in Nakuru on the topic: EFFECTS OF SHORT-TERM EMPLOYMENT CONTRACTS ON PERFORMANCE OF HEALTH CARE WORKERS AT NAKURU COUNTY PUBLIC HOSPITALS for the period ending : 04/July/2023.	
License No: NACOSTI/P/22/18497	
782786 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.	

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License and rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies
5. The License does not give authority to transfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one year of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation
off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4607000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

Appendix V: County Approval



DEPARTMENT OF HEALTH SERVICES NAKURU COUNTY



COUNTY PUBLIC HEALTH OFFICE
P.O. BOX 2060 - 20100
NAKURU

REF: NCG/CDPH/RES/VOL.1/2022/526

26th August, 2022

To
The Medical Superintendents
• Nakuru Level 5 Hospital
• Naivasha County Referral Hospital

29-8-22
Received
forwarded to R&E
Committee.
[Signature]

RE: RESEARCH AUTHORISATION
PURITY THIRIKWA

This letter serves as an authorization from the County Department of Health Services Nakuru for the above named to carry out research in your facility. The title of the research is ***"Effects of Short Term Contracts on Performance of Health care workers at Nakuru County Public Hospitals."***

The purpose of this letter is to request you to allow her to collect data for academic purpose.

Kindly accord her the necessary support.

[Signature]



GEORGE GACHOMBA
COUNTY PUBLIC HEALTH OFFICER
NAKURU