

**HUMAN RESOURCE MANAGEMENT PRACTICES INFLUENCING
PERFORMANCE OF HEALTH PROFESSIONALS WORKING IN
SELECTED PUBLIC MENTAL HEALTH FACILITIES IN, KENYA**

FREDRICK NJOROGI WAMBU

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

MARCH, 2024

DECLARATION

Student Declaration

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

Signature Date:

Fredrick Wambu

HSM-3-3061-3/2021

Supervisors:

“This thesis has been submitted for examination with our approval as university supervisors.”

Signature ----- Date:.....

Mr. Musa Oluoch

Department of Health Systems Management

Kenya Methodist University

Signature----- Date:.....

Prof. Wanjia Mwaura-Tenambergen

Department of Health Systems Management

Kenya Methodist University

COPY RIGHT

© Fredrick Njoroge Wambu

“All rights reserved. No part of this thesis may be reproduced, stored in any retrieval system or transmitted in any form or by any means, electronically, mechanically, by photocopying or otherwise, without prior written permission of the author or Kenya Methodist University, on that behalf”.

DEDICATION

To family members: Mrs. Anneh Njoroge, Rehema Njoroge, Rema Njoroge, Rapha Njoroge and Rera Njoroge, Justus Wambu late loving mum Jane Rose Njoroge and Dr. Charles Wambu, Joe, Martha and Zippy I treasure you all.

ACKNOWLEDGMENT

I Thank God for abundance of divine grace and favor that has brought me this far in my postgraduate studies. I am forever grateful to the professionals working in mental health at the MNTRH, Gilgil Sub-County and Nakuru Level 5 County Hospital who have gladly taken time to provide data for this study, I also profoundly appreciate my two caring supervisors Mr. Musa Oluoch and Prof. Wanjia Mwaura-Tenambergen for their patience, guidance, encouragement and advice throughout my academic journey. Am forever indebted to them for their empathetic support and academic excellence. The staff and faculty in the department of Health Systems, I truly thank you because completing this work would never have been easy were it not for your continued support. I would also like to express my sincere gratitude to all my classmates in the September 2021 cohort for your immense support and friendship which motivates me to pursue excellence. Am out of words to thank my beloved wife Anneh for unwavering support and our children for all the sacrifices you continue to make in allowing me time to devote to my studies. Special thanks to my parents and siblings whose endless prayers, love, and guidance made me the person I am today.

ABSTRACT

Human resource for health is a fundamental building block in the health system as espoused in the sustainable development goals and Kenya Health Policy 2014-2030. According to the WHO-mhGAP an estimated 450 million people are living with mental disorders globally and seek services in acutely under staffed, and under financed health systems characterized by a treatment gap of 50% - 85%. In Kenya a gap exists in translation of mental health policy 2015-2030 service outcome indicators and targets into tangible outputs, resulting in disparity of access and delivery of mental health services at all tiers of the health care system. This study sought to establish whether human resource management practices influence performance of health professionals in selected public mental health facilities in Kenya. To achieve this objective, the study focused on influence of training, employee relations, appraisal systems and rewards on performance of health professionals. A concurrent mixed method design was used, data was collected using a structured questionnaire from 137 mental health professionals, key informant interviews were conducted with eight supervisors. Quantitative data was analyzed using SPSS Version 26, findings presented as descriptive and inferential statistics. Thematic analysis of qualitative data done and identified themes triangulated with quantitative data. Results obtained from multiple linear regression analysis indicate that minimal training opportunities led to non-statistically significant decline in performance of mental health professional ($\beta = -0.059$ [95% CI: -0.203 to 0.085, $p=0.42$), employee relations revealed a statistically significant increase in work performance ($\beta=0.219$ [95% CI: 0.029 – 0.408, $p=0.024$), appraisal system led to statistically significant increase in health professional work performance ($\beta= 0.221$ [95% CI: 0.086 to 0.357, $p=0.002$), while rewards did not lead to a statistically significant increase in work performance ($\beta= 0.068$ [95% CI: -0.115 to 0.251, $p=0.464$). Human resource management practices influence performance of mental health professionals. This study recommends support and incentives for continuous professional development, expedited grievance and safety incident resolution, linking performance appraisal to rewards, training needs, promotions, career progression and sanction framework. Further replication studies should be done in other public and private mental hospitals using a larger sample size to investigate whether the study variables are also applicable.

TABLE OF CONTENTS

DECLARATION	ii
COPY RIGHT	iii
DEDICATION	iv
ACKNOWLEDGMENT	v
ABSTRACT	vi
LIST OF TABLES	x
LIST OF FIGURES	xi
LIST OF ABBREVIATIONS AND ACRONYMS	xii
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the Study	1
1.2 Statement of the Problem.....	7
1.3 Purpose of the study	9
1.4 Study Objectives	9
1.5 Research Questions	10
1.6 Justification of the study	10
1.7 Scope of the study.....	11
1.8 Limitations of the study	11
1.9 Delimitation of the study	12
1.10 Significance of the Study	12
1.11 Assumptions of the study	13
1.12 Operational Definition of Terms.....	13
CHAPTER TWO	15
LITERATURE REVIEW	15

2.1 Introduction.....	15
2.2 Performance of Health Professionals in Mental Health Facilities	15
2.3 Training and Performance of Health Workers in Mental Health Facilities	19
2.4 Employee Relations	25
2.5 Appraisal system	29
2.6 Rewards.....	31
2.7 Theoretical Framework	34
2.8 Conceptual Framework	Error! Bookmark not defined.
2.9 Summary of the Literature Review and Research Gap	40
CHAPTER THREE	41
RESEARCH METHODOLOGY	41
3.1 Introduction.....	41
3.2 Research Design.....	41
3.3 Study Area.....	42
3.4 Target Population.....	43
3.5 Sampling Procedure and Sample Size Determination	44
3.6 Data Collection Instruments	48
3.7 Pre-test Results.....	50
3.8 Operationalization of Variables	51
3.9 Data Analysis and Presentation	52
3.10 Ethical Approval	57
CHAPTER FOUR.....	58
RESULTS AND DISCUSSION	58
4.1 Introduction.....	58
4.2 Response rate	58

4.3 Reliability Tests	59
4.4 Demographics results	60
4.5 Descriptive Statistics.....	Error! Bookmark not defined.
4.6 Inferential Statistics.....	82
CHAPTER FIVE	89
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	90
5.1 Introduction.....	90
5.2 Summary of Findings.....	90
5.3 Conclusions	Error! Bookmark not defined.
5.4 Study Recommendations	96
5.5 Policy Recommendations.....	97
5.6 Suggestions for Further Research	98
REFERENCES	99
APPENDICES	111
Appendix I: Consent Form.....	111
Appendix II: Questionnaire	114
Appendix III: Interview Schedule for Key Informants	123
Appendix IV: NACOSTI Approval.....	125
Appendix V: KeMU SERC Approval.....	126
Appendix VI: Approval from Nakuru County Referral Teaching Hospital	128
Appendix VII: Approval from Nakuru County Department of Health.....	129
Appendix VIII: Approval from Mathari National Teaching and Referral Hospital ..	130

LIST OF TABLES

<u>Table 3.1: Distribution of the Target Population</u>	44
<u>Table 3.2: Distribution of sample size according to Health Workers' Cadres</u>	46
<u>Table 3.3: Sample frame for Key Informants</u>	47
<u>Table 3.5: Operational variables</u>	51
<u>Table 4.1: Response rate</u>	59
<u>Table 4.2: Reliability Statistics</u>	60
<u>Table 4.3: Social-demographics Characteristics of respondents</u>	61
<u>Table 4.4 Performance of mental health professionals</u>	64
<u>Table 4.4: Assessment of Training Practices in Mental Hospitals</u>	67
<u>Table 4.5: Employee Relations in Mental Health Hospitals</u>	70
<u>Table 4.6 Influence of appraisal system on performance</u>	74
<u>Table 4.7 Role of rewards in the performance of mental health professionals</u>	78
<u>Table 4.9 Test for Normality</u>	83
<u>Table 4.10 Correlation coefficients</u>	84
<u>Table 4.11 Model Fit</u>	85
<u>Table 4.12 ANOVA Model</u>	86
<u>Table 4.13 Regression Model</u>	86

LIST OF FIGURES

<u>Figure 2.1 David Guest Model of Human Resource Management (1987)</u>	<u>35</u>
<u>Figure 2.2: David Guest HRM Model 6 Dimensions. (Adopted from Guest</u>	
<u>1997)</u>	<u>Error! Bookmark not defined.</u>
<u>Figure 2.3: Conceptual framework to assess the influence of HRM Practices on</u>	
<u>Performance of Mental Health Professionals</u>	<u>39</u>

LIST OF ABBREVIATIONS AND ACRONYMS

CPD	Continuous professional development
GSHRH	Global Strategy on Human Resources for Health
HRH	Human resource for Health
HRIS	Integrated human resource for health information system
HRM	Human Resource Management
HWF	Health Work Force
LIC	Low Income countries
LMIC	Low- and Middle- Income Countries
MHGAP	Mental Health Gap Action Program
MNSD	Mental, Neurological and Substance Use Disorders
MNTRH	Mathari National Teaching and Referral Hospital
MTRH	Moi Teaching and Referral Hospital
SDG	Sustainable development goals
UHC	Universal health coverage
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

A health system encompasses all the people and organizations, with a cardinal purpose to bolster, sustain and reinstate, well-being, including all strategies made to influence the determinants and activities directly geared towards improving health (World Health Organization[WHO], 2007). The World Health Organization (WHO) report launched in 2006, titled working together for health, recognizes human resource for health as the heartbeat of a health system and emphasizes the essential roles they play in tackling health problems. Additionally, it brings to the fore an urgent call to ensure the correct numbers of workers, optimized skills set and professionalism (WHO, 2006). According to the WHO, health is an integrated continuum of physical, mental and social wellbeing, however the mental health aspect has been neglected and under sourced in the wider health systems globally (WHO, 2019).

The study was pegged on the human resource building block with an aim of mental health system strengthening anchored on a systems thinking approach. The widespread shortage and high turnover rate of mental health professionals has become a significant problem and phenomenon in both developed and developing countries health systems. In Kenya, there is a reduced number of health professionals dedicated to work in mental health facilities which is a major concern as it greatly affects efficiency, productivity and delivery of services to the population that need it most. Mental, neurological and substance abuse disorders (MNSD) contributes about 10 percent of global disease burden because they run a chronic course, are disabling, associated with stigma and significant premature mortality. Moreover, far and beyond the health sequele their impact on the social and economic wellbeing of individuals, families and societies is

enormous (WHO, 2020). Mental health systems are important in improving access to mental health care and central to this initiative is invigorating, expanding a professional work force delivering services in mental health while simultaneously increasing funding. An optimally functional broader health and mental health system is envisaged to be one that is cognizant of the need for well-trained human resource, well maintained infrastructure, a reliable supply of medicines, vaccines and technologies, based on timely accurate health information, adequately financed and backed up by a strong leadership and governance structure. (WHO, 2016).

Mental Health systems globally are founded on the WHO health systems building blocks framework: service delivery, human resource for health, financing, information, leadership & governance, medical products, vaccines and technologies. Adequate numbers of skilled, motivated and equitably spread-out human resource for health are imperative in ensuring access of services to populations as well as accelerating targeted achievement of universal health coverage (UHC) and sustainable development goals (SDGs) ((MOH, 2018).The global governance strategy on human resources for health, workforce 2030 has reiterated the increased need for all countries targeting to improve mental health services for its people should aim at ensuring its health workforce is available, competent, responsive, productive and motivated (WHO,2016).The absence of an accurate human resource management information system hinders human resource planning due to incomplete or absent data which is pivotal in decision making, to optimally utilize existing professional mental health workforce. A clarion call anchored on the HRH action framework is geared towards advocacy for investment and upscaling the human resources for health (HRH) through education, financing policy, partnership, leadership and human resources management systems is therefore an ongoing debate globally(WHO,2016a).

According to the WHO, (2017), mental health report Kenya is among top five countries with a rapidly raising burden of depression. This informed government initiative to set up a taskforce titled mental health and wellbeing towards happiness and national prosperity which launched its report in 2020 that revealed high prevalence rates of depression, suicidal behavior and mental distress which is congruent to the WHO mental health report with recommendations made on reforming and strengthening mental health systems (MOH, 2019). The findings of the mental health task force report 2020 indicates that years of underinvestment in financing have resulted in neglected health facility infrastructure and ambience with some sections of Mathari Hospital categorized as unhygienic and patient's environment regarded as dehumanizing and unsafe lacking basic amenities like toilets (MOH, 2020a).

Data from the mental health atlas alludes that 14% of the global burden of mental disorders is linked to Neurodevelopment disorders, schizophrenic, psychotic spectrum disorders, bipolar, depression, anxiety, feeding and eating, personality, Substance abuse and addiction related disorders. (MOH, 2016). The 2015-2030 mental health policy and Kenya health workforce report 2015 posits that constraints in human resource for health undermines provision of comprehensive, integrated and affordable mental health care in accelerating reduction of the currently existing treatment disparity (WHO, 2018). The Chinese government implemented a strategic plan to strengthen mental health systems spanning (2015-2020) depicts inadequate skilled health professionals working in mental health and this hinders equitable service delivery in its mental health system including psychiatrists, psychiatric nurses, psychologists and social workers.

China government reported that it has a psychiatrist to population density of 1.49 psychiatrists for every 100,000 people compared to high-income countries whose psychiatric to population density is 2.03 psychiatrists per 100,000 (Di Liang et al.,

2017). A report on density of health care workers among countries under the umbrella of the WHO African region reveals that there will be an estimated deficit of 6.1 million workers by 2030. Additionally, many sub-Saharan Africa countries are lagging behind in achieving WHO standards on safe staffing and only four countries have made significant efforts to bridge staff deficits including South Africa, Namibia, Mauritius and Seychelles having densities of 4.45 doctors, nurses and midwives against an average of 1.55 in most of the other countries and this shortfall hugely impacts on achievement of universal mental health coverage (Ahmat et al., 2022).

A study on the Kenya health workforce information system by Waters et al. (2013) highlighting a strategic model that informs human resource planning, policy and management underscores that Kenya's human resource for health has faced suboptimal supply of available numbers of skilled professionals in mental health, skewed distribution patterns and this stems out from recruitment, deployment and retention. Performance of health care provider is anchored on productivity and perceived standards of care rendered to the patients and their immediate families in the mental health system. The ministry of health in Kenya formulated a strategic plan spanning from 2014-2017 that comprehensively addressed human resource for health goals and this framework alludes that a critical shortage of HRH in the Kenyan mental health system occurs due to multiple interrelated factors like negative work environments, inadequate incentives, professional training capacity and regulatory frameworks. The strategic plan further postulated that skill mismatch, delays in staff promotion, persistent health workforce unrest, high workforce turnovers, inadequate infrastructure, equipment's and drugs hinders productivity of health care professionals working in mental health systems (MOH, 2014a). Strategies to bridge huge staffing gaps currently existing in mental health units are very key to match up with standards set on safe

staffing levels as envisaged in the ministry of health mental health staffing policy framework and also to attain the WHO recommendation ratio of 4.45 health workers per 100,000 populations (WHO, 2020).

Mental health systems worldwide are characterized with widening gaps and inequity in information, leadership, research, governance, resource stewardship and services. Globally many countries have prioritized and paid premium attention to non-communicable and infectious communicable diseases while mental health has faced years of neglect, under investment and resource shrinkage with most allocating below 2% of their healthcare spending towards mental health system strengthening. Several barriers hinder patients and families from seeking mental health services including poor quality of service, unresponsive health workforce, limited availability of essential psychotropic medicine, unaffordable and inaccessible services (WHO, 2020).

Armstrong in (2014) stated that human resources management practices are strategic actions underpinned on organizational leadership and culture implemented to attract, select, train, assess and reward employees. Armstrong (2014) further established that human resources management policies aligned to mental health systems are often overlooked in many low-income countries. Effective human resource management (HRM) strategies have over the years been adopted in private sectors and industries like banking and manufacturing however limited studies exist in health systems in the developing countries.

Results from studies among private sector firms have shown that no single set of HRM practices leads to effective performance rather a combinations of key practices aligned to organizations strategy (Armstrong, 2014). According to Thuku et al. (2020) more research is required in low middle income countries on implementation of key human

resource management practices to include: employee performance management, employee relations, training, rewards and their influence on health workforce performance indicators such as availability at the work station, responsiveness, productivity and competence. Research led by Marangu et al. (2014) reveals an estimated 85% estimated treatment gap in delivery of mental health services in Kenya. However despite a myriad of challenges there are enormous opportunities in investing in multidisciplinary mental health care professionals who include: Consultant psychiatrists, psychiatric nurses, psychologists, occupational therapists, medical social workers and pharmacists to enable selected mental health/psychiatric units achieve its mission, vision and statutory mandate and strategic objectives which include; enhancing equitable access to affordable, quality, efficient and effective service delivery.

A study done by Munywoki et al. (2020) assessing the impact of human capital for health on health system efficacy and effectiveness among selected counties reported that underfunding and insufficient skill mix hindered mental health service delivery resulting to inappropriate task shifting where non-specialized staff performing roles beyond their scope of practice negatively influencing essential dimensions of patient centric care aspects like timeliness, safety, accessibility and quality.

As Kenya strives matching policy with actions in regard to mental health systems strengthening and achieving universal mental health care by 2030, there is shortage ,demotivation and high attrition of mental health professionals, it is necessary to look at how human resource management practices: Employee relations, training ,appraisal system and rewards influence the performance of existing multidisciplinary mental health professionals including: consultant psychiatrists, psychiatric nurses, medical social workers, occupational therapists and counselling psychologists working in the

public health facilities in regards to their availability, productivity and competency improvement (Marangu,2014). This study therefore assessed the influence of Human resource management practices on the performance of professional's working in mental health in selected mental hospitals in Kenya.

1.2 Statement of the Problem

Reference made to WHO, 2020 mental health atlas indicate a far-reaching disparity exists between the current demand for mental health services and actual provision. Moreover, the WHO reports that a paltry health workforce equivalent to 1% of the total global human resource for health is devoted to mental health care, while 1 in 10 people suffer from a mental, neurological, and substance use disorder (WHO, 2018).The mental health system strengthening agenda is anchored on the Kenya mental health action plan (2021-2025) which stipulates a short, mid and long-term strategic roadmap to the two tiers of governments in implementing the mental health policy (2015-2030) which focuses on mental health systems reforms and reengineering (MOH, 2021).

The existing Kenya mental health policy identifies several constraints that are slowing down achievement of highest standards of mental health which includes: inadequate human resource for mental health, unequal distribution of staff, inappropriate skill mix and competencies gaps, low retention, a demotivated workforce, poor remuneration and declining performance and productivity of existing health professionals (MOH, 2021).

Alhassan et al. (2016) reports in efficiency in access of mental health services that arise from skewed deployment of healthcare workers across regions in Ghana and further contributes to a weak health system and compromised health workforce performance and this finding concurs with the health policy assessment in Kenya. The Auditor general report (2017) alludes to a slow translation of the mental health policy into action as

evidenced by a psychiatric nurse to patient ratio of 1:30 in Mathari National teaching and referral hospital, Moi teaching and referral hospital and Gilgil mental hospital compared to the WHO recommended staffing norm of one psychiatric nurse to every 6 mentally ill patients. Additionally, the report highlights a staffing establishment deficit of 11 consultant psychiatrists, 191 nurses, 20 occupational therapists and 22 medical social workers against the agreed ministry of health staffing norms in this three facilities (Auditor General, 2017).

The Kenya harmonized health facility assessment report (2018-2019) reports indicates that weak HRH governance and inadequate accountability leads to increased staff absenteeism, partial implementation of staff performance monitoring and management and decreased staff efficiency. Further the report stated that inadequate funding allocations hinders execution of programs like health workforce on job or training scholarships and performance based rewards and incentives MOH (2019). Munakampe et al. (2020) carried out a study on mental health system strengthening in Zambia and established that inadequate funding of mental health systems, understaffing, inadequate training, skill mix and competencies gaps results from lack of prioritization at the HRH policy level. The health workforce building block remains a weak link in mental health systems strengthening for both national and county mental hospitals.

Human Resource Management practices are therefore fundamental pillars in boosting productivity, motivation and maintaining performance standards of the currently existing workforce in the mental health system and prevention of frequent employee relations disputes and health worker industrial actions that disrupt service delivery (Waithaka, 2020). There is paucity of studies on the influence of human resources practices

including; training, employee relations, appraisal systems and rewards on performance of human resource for health deployed in psychiatric hospitals in Kenya against the backdrop of a health workforce crisis and documented increasing burden of mental, neurological, and substance use disorder in Kenya, there is an existing Human resources management practices gap between policy and current practice. This study therefore investigated the gap by assessing the influence of human resource management practices that include training, employee relations, appraisal systems and rewards on performance of mental health professionals working in two selected public mental hospitals in Kenya.

1.3 Purpose of the study

This study assessed the influence of human resource management practices on the performance of mental health professionals with a focus on two selected mental health units in Kenya. The study results will expand on the current body of knowledge on human resource practices, enhance evidence-based decision making on health workforce norms and standards to accelerate universal coverage, improve outcomes of patients seeking care and caliber of mental health services.

1.4 Study Objectives

1.4.1 Broad Objective

To assess the influence of Human resource management practices on the performance of health professionals in selected public mental hospitals in Kenya.

1.4.2 Specific Objectives

- i. To assess the influence of training on the performance of health professionals working in selected public mental hospitals in Kenya.

- ii. To determine the influence of employee relations on the performance of health professional working in selected public mental hospitals in Kenya.
- iii. To establish the influence of appraisal system on the performance of health professionals in selected public mental hospitals in Kenya.
- iv. To establish the influence of rewards on the performance of health professionals working in selected public mental hospitals in Kenya.

1.5 Research Questions

- i. To what extent does employee training influence the performance of health professionals working in selected public mental hospitals in Kenya?
- ii. What is the influence of employee relations on the performance of health professionals working in selected public mental hospitals in Kenya?
- iii. To what extent does appraisal system influence the performance of health professionals working in selected public mental hospitals in Kenya?
- iv. What is the role of rewards on work performance health professionals working in selected public mental hospitals in Kenya?

1.6 Justification of the study

This study investigated on the influence of human resources practices on the performance of mental health professionals at two selected psychiatric units in Kenya. There is need for evidence on how human resource management practices shape HRH policy, strategies for developing a coherent discourse to guide the ministry of health, counties and hospitals in human resource for health planning, training, performance management, productivity monitoring with a goal of reforms and mental health system strengthening.

The selection of mental health care workers including consultant psychiatrist, psychiatric nurses, medical social workers, occupation therapists and counselling psychologists is based on the Kenya mental health Action plan 2021-2025 which highlights human capital in mental health services facing burnouts and stress as they discharge their duties thus the need to investigate the human resource practices that can improve their wellbeing as well as their working environment for efficient delivery of mental health services.

1.7 Scope of the study

This study assessed influence of human resources practices on the performance of mental health professionals at selected psychiatric units in Kenya among them the Gilgil mental hospital and MNTRH civil and forensic sections of the hospital and collected data from multi-disciplinary health professionals. The two hospitals were purposively selected because they account for the largest budget from the division of mental health in the financial years 2019 & 2020 and patient census in Kenya. Secondly they represented a homogenous target population that was sampled and MNTRH is the sole gazetted level 6 psychiatric referral hospital in the country mandated to lead in mental health research, national health policy and planning.

1.8 Limitations of the study

This research was carried out in the public sector at one level 6 tertiary referral hospital and an annex of the Mathari Hospital in an urban area and the findings may not be easily generalized in the private sector.

The study focused on four selected human resource management practices to include training, employee relations, appraisal system and rewards as supported by David Guest theory of HRM (1997) and therefore other practices and theoretical frameworks are not

included in the study. During the study some respondents were reluctant to complete the questionnaires and have their key informant's interviews audio recorded fearing retribution and intimidation for the information provided that may portray a negative image of themselves and their institutions.

This was addressed by the researcher who explained the objectives of the study was for academic purposes, assured anonymity and utmost confidentiality. The assumption that the study participants provided accurate data and completed the data collection tools as this was done concurrently with their work schedule. The data in this study was obtained from a small sample size and from two psychiatric hospitals in Kenya.

1.9 Delimitation of the study

The study sites included two purposively selected facilities Mathari Teaching and National Referral Hospital, Gilgil mental Hospital with an accessible population of mental health care professionals that facilitated the successful completion of the study. The study investigated four objectives anchored on David Guest human resources management theory while there could be other factors such as HR Planning, job analysis, recruitment, and retention that may not be elaborated within the scope of this study the findings. The data collection tools administered included structured questions and a key informant interview guide which allowed respondents to comprehensively express themselves and also enabled triangulation of qualitative and quantitative data.

1.10 Significance of the Study

The findings will benefit: The central and decentralized governments, policy strategists and planners at the ministry of health, Mathari National teaching and referral hospital, Gilgil hospital, Medical training colleges and institutions of higher learning. The study recommendations may influence HRM practices on the performance of health

professionals working for the MNTRH and Gilgil Hospital. Institutions of higher learning and middle level medical training colleges will utilize study findings in expanding knowledge in the mental health systems community of practice, policy formulation and improvement of mental health training curriculum used in training Health workers.

It is beneficial to the national, county government and prison forensic psychiatric service on need to strategically invest resources and the significance of health professionals working in mental health in accelerating sustainable and strengthened mental health systems. Findings from this study will be used by health system managers and planners in forecasting future human resource for health needs in regards to mental health systems. Academicians will utilize findings in advancement of ongoing research in mental health system strengthening particularly in mental health workforce by expanding the current literature on influence of HRM practices including training, employee relations, appraisal system and rewards on health professionals working in the mental health system.

1.11 Assumptions of the Study

The assumptions were that all participants responded and completed the data collection tools in a candid and honest manner. It was also assumed that all the participants were well versed with mental health service delivery in the respective psychiatric hospitals.

1.12 Operational Definition of Terms

Human Resources Management Practices: – Process of employing mental health professionals, training, rewarding, developing policies and strategies to retain them.

Performance:	Is an indicator of quality of work done by mental health professionals to meet hospital goals and objectives measured against agreed set standards.
Training:	A planned program to enable mental health professionals acquire skills, knowledge and attitudes to help them achieve effective performance in their job.
Employee relations:	Refers to processes and policies and that support relationships between the employer and the employee
Rewards:	Is any payment financial or non-financial given to an employee in recognition of their skills, time and labour while working for the hospital.
Appraisal system:	Formal process of evaluating an employee against agreed objectives and targets within a stipulated performance cycle or time period.
Mental health Professionals:	This are trained personnel who work in a multidisciplinary team to treat patients living with neurological disorders, mental illness, substance abuse and addiction.
Psychiatric unit:	Unit within a general or specialist hospital organized for out and in-patient treatment of patients living with, mental health illness, neurological or substance abuse and addiction.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter two details empirical review of literature which is organized according to study objectives, underpinning theoretical framework, conceptual framework and research gaps assessed during the study in regards to influence of human resources practices on performance health professionals working in mental health systems.

2.2 Performance of Health Professionals in Mental Health Facilities

Mental health systems are labour intensive and requires a health workforce that is available, competent, productive and responsive, to the health needs of the population it serves, to achieve the best possible health outcomes while utilizing resources efficiently according to WHO, (2016). Optimal numbers of competent and responsive professionals working in mental health facilities are a fundamental performance indicator of health service delivery in a mental health system (WHO, 2015). The 2006 WHO report titled ‘working together for health posits that performance of health workers plays a significant role in improved health outcomes due to its influence on access and appropriateness of care provided to the service users in any health system’. Further it proposes four dimensions for measuring performance of health care workers to include: availability, productivity, competency and responsiveness (WHO, 2006). Studies done in Nepal and review of national HRH policy documents indicate that health worker’s performance has drawn both local and international development policy maker’s as partners for priority setting and has highlighted five key performance

indicators including: availability, productivity, responsiveness, competency and quality. (WHO, 2017).

There is data paucity on the strategies and interventions that have successfully been implemented to develop a well performing HRH workforce in low middle income countries and available data from developed countries demonstrates that human resource for health issues are contextually varied depending on socio economic, political and culture context therefore recommendation for further research to generate evidence based contextually tailored interventions as stated by Barasa et al. (2018)

2.2.1-Responsiveness

Health system responsiveness is regarded as a performance and indicator of quality services. Responsiveness in regards to HRH remains contentious in literature as there is no consensus among health systems researchers, however, Kinyili (2015) describes responsiveness as the social actions that health care providers perform to attain admissible expectations of service users. The world health report of 2000 outlines health systems responsiveness along eight dimensions, including: choice of provider, confidentiality, human dignity, clear communication, timeliness, amenities ambience, quality, and accessible network of social support.

Responsiveness is a critical component of health systems and has been defined as the extent to which the expectations of the population that shape their experiences as they navigate health systems are met and entails those aspects like timeliness in receiving services, respect, confidentiality, choices of their health care providers and effectiveness of communication between health workers and clients according to WHO, (2016). Studies done in India by Narasimhan, (2019) on responsive mental health systems to address mental illness and in Kenya on health system responsiveness by

MOH (2020a) on health literacy on patients' rights charter can therefore be viewed from two lenses the: client who view responsiveness as a means of engaging with service providers in meeting their expectations as service users and from the provider's discourse the clientele expects service providers to act in a responsive manner considers envisioning the clients expectation and modelling all components of service delivery in a customer centric approach.

Further a diverse bundle of factors influences health care responsiveness and including environmental, socioeconomic and community factors. Studies done on responsiveness from the client's dimension reveal that mental illness can undermine the dignity and autonomy of such vulnerable populations increasing the need for safeguards from ethical perspectives of responsiveness. It is estimated that close to 75% of patients living with neurological, mental and substance addiction live in sub-saharan Africa and Asia face lack of equity accessing specialized treatment due to human capital deficits. (WHO, 2016). Responsiveness is therefore a core element for both the health service providers and users and influences client satisfaction and judgement on one side and on the other, accountability on the performance of health professionals working in mental health systems.

2.2.2 Availability

Availability refers to the presence of or a headcount of an adequate number of competent health professionals at service delivery points within the health system who are also equitably distributed according to the needs of a given population according to MOH, (2017). The WHO proposes that all countries should strategically harmonize their education, health financing, health workforce production, and employment plans to be able to strategically accelerate achievement of a mental health workforce that is

adequate in numbers, quality, competencies distribution and performance to meet the current and future population expectations and mental health needs based on (WHO, 2016).

Globally the availability of health workforce can be assessed using several parameters such as staffing ratios, staff attendance, rates of absenteeism, number of vacant positions, staff turnover, distribution of health workers, and patient waiting times (WHO, 2016). A study done to assess assimilation of mental health services in all tiers of health care in two rural Kenyan counties of Meru and Tharaka Nithi alludes to existence of insufficient HRH and its consequences includes: delayed diagnosis, difficulties in performing task shifting expanding the mental health workforce at a primary health care level reported by Marangu et al, (2014). Gathara et al. (2020) reported sparsity of high-quality evidence on benefits of improving number of qualified healthcare providers and demonstrated a clear link between staffing levels and standards of care in Newborn units. Additionally, poor ratios of healthcare workers to patients results to unsafe staffing levels which are generally accepted as the norm in the mental health facilities

2.2.3 Competencies

Health workforce competencies is defined as a combination of attitudes, cognitive knowledge and technical skills that are merged with existing and available resources to generate safe and quality outcomes for the patients and populations (WHO,2015). The six characteristics of competencies includes: competencies take time to develop, inform recruitment, training and evaluation, are a mix of clinical and technical skills, flexibility and are measurable. (WHO, 2006). The 2006 world health report indicates that health worker's competencies and abilities to deliver services that are of acceptable quality

can be evaluated through aptitude tests, patient surveys, clinical audits, vignettes, and analysis of patient mortality rates (WHO, 2006).

Audit findings on mental health care services performance report MOH,(2020), MNTRH and its annex, the Gilgil mental hospital and a mental health unit within MTRH which together receive referrals of about 60-70% of the total numbers of patients, in the countries 18 psychiatric units in level 4 and 5 hospitals, alludes that the current numbers of mental health professionals falls below the WHO standards of one psychiatrist to 30,000 patients while in Kenya one psychiatrist serves 500,000 patients leading to delays in access of services and dissatisfaction from clients. The USAID human resource for health capacity building project targeting the health workforce strengthening initiatives in its midterm evaluation report stated that Kenya requires an increase in the numbers of skilled, fairly distributed and culturally health workforce. The report further underscores that currently Kenya has a ratio of 1.5 health workers for 1,000 compared which is far below the ideal norms of 2.3 health care workers per 1,000 Kenyan patients living with mental illness, substance use and addiction (WHO, 2017).

2.3 Training and Performance of Health Workers in Mental Health Facilities

As stated in the WHO's mental health action program transforming the HRH is a triple pronged intervention that involves reengineering primary care to allow assimilation of mental health, increasing accessibility to households at primary tier of care by enhancing, affordable and equitable mental health care which is supported by training more health workers and thirdly deliberate investments to develop capabilities of existing workforce. (WHO, 2019). The long-standing policy objective in Kenya for close to four decades since adoption of the primary healthcare strategy in 1979, is the

recognition of mental health care as the ninth PHC element in 1982. However, there has been underinvestment of resources to implement this strategy and no continuing professional development on mental health staff and efforts to assimilate national mental health programmes into tiers 1 to 4 health care facilities (Mental health policy, 2015-2030). Mental health services in Kenyan context are centered around three level 6 public hospitals, level 5 hospitals with standalone mental health units within the hospitals, one level 4 hospital and a few private providers in major urban centers (Marangu et al., 2014).

Health care professionals are regarded as the engine that drives health systems and are central to reforms and strengthening mental health systems however resource limitations curtail workforce planning, production of highly specialized and skilled personnel who are fit for purpose (WHO, 2020). Following recruitment of health professional's health facilities have an obligation to train and harness resources to continuously invest in upgrading skills and competencies for their staff to drive the competitive advantage agenda and proactively prepare them to adequately perform their jobs in a responsive manner (Nicol et al., 2019). Training practices are aimed at ensuring that employees professional competencies are continually enhanced through certification from pre -service and ongoing in-service training. The other initiatives which can be utilized include on job training, mentors, preceptors and quality improvement programmers. Pre-service training is stipulated by professional regulatory bodies to prepare professionals during their initial basic training programs aiming at professional socialization, inculcating technical competencies and work ethics. Pre-service training is stipulated by statutory regulatory and licensure professional bodies to prepare healthcare workers during their preliminary education and certification for future clinical practice while in-service training is a form of an ongoing continuous

refresher program of on job training that is aimed at updating skills, competence and knowledge in key work areas as reported by WHO, (2020)

Training of health care providers is broadly categorized into two: preservice and in-service training, with preservice training being a process of preparing health workers to enter a particular professional cadre such as nursing, counseling psychology, and medicine which then prepares the professionals to join the health labour market. (WHO, 2020). In-service training therefore is the process of preparing mental health professionals already posted in the hospitals to improve their skills and enhance competencies. professional growth. In-service training is viewed from four perspectives namely; induction or on boarding training, on the job training, refresher training and career development. These four levels of training are continuously required by the mental health professionals throughout their service life. Induction training is done during onboarding of a new employee for orientation purposes to help them fit in the organization, refresher training updates the employees with the latest updates in their specialty, new methods or evidence-based practices to boost their performance.

On the job training is ongoing scheduled training by supervisors, peers and involves implementing new skills while conducting on the day-to-day work activities on the job is done on a continuous basis. Career development training focusses on long-term upgrading of skills and competencies, prepares employees to upgrade their skills and take up greater responsibilities through merited promotions (WHO, 2020). An interventional study done in Ethiopia among primary health care professionals tasked with assimilation of mental health into the primary health care level demonstrated that training increases productivity of each cadre of health professional by refreshing of skills, boosting morale, enhancing job satisfaction and ultimately successful integration and upscaling up of psychiatric services at the marginal levels of health systems

pyramid in Ethiopia. Studies done have shown positive correlation between training and employee performance, and commitment to organizations (Nicol et al., 2019).

2.3.1 Training Needs Assessment

An ongoing assessment of health care worker's areas of training needs is a systematic process which enables identification of gaps in the health system and individual professionals based on an analysis of the desired performance against the actual performance observed. According to Muriuki et al. (2021) training needs assessment and evaluation is a critical component and informs training projections, aligns priorities to the training plan and enables allocation of budgets to the capacity building plans. Training needs identification and analysis may occur at three levels of organization management namely: strategic level where the top management considers organization goals, mission, strategy and highlights professional development needs to be coopted to the organization wide training plan.

Secondly at tactical level where the middle management teams determine skill and competency gaps while considering cross cutting functions between the organization units and thirdly at operational level where the front line workers highlight operations challenges related to individuals, teams and departments (Armstrong, 2014). A training needs assessment is a continuous process geared towards problem resolutions faced by employees on the frontline, focuses on improving work practices that affect the core operations in an organization and fostering employee's innovativeness in increasing productivity and work performance. (Armstrong, 2014). Research studies emanating from Asian countries India, Nepal, Afghanistan and Bangladesh report that organization learning and development enhances knowledge and improves attitude of health professionals working in mental health systems towards enhancing quality of

services and bridging the ever-increasing inequitable access and treatment gap in these countries health systems. (Koly, et al., 2021).

The Government of Sierra Leone launched a human resource strategy for 2017-2021 which underpins importance of a training needs assessment as a key pillar in strengthening its Human resource for health (MOH, 2017). The Government of Kenya inaugurated a National Training Policy in 2016 which has been utilized both by the National and County governments. This policy aims at closing gaps in capacity building, aligns trainings to the legal, policy framework and population health needs including mental health services. (MOH, 2016). The literature alludes on the benefits of Training Needs Assessment (TNA) includes detection of performance gaps, planning health workers training on a rationalized schedule that minimizes absence from duty station, leads to personalizing of training initiatives, efficient resource utilization and aligned training with Professionals and mental health system's needs

2.3.2 Staff Training Opportunities

According to MOH (2014b) the literature elucidates a consensus and a significant link between training opportunities and, employee commitment, organizational performance and productivity. However, there is paucity of literature on the influence of training practices which is a component of human resources management practices among mental health professionals in Kenya and this study sought to bridge this gap. Health is currently devolved and HRH functions are domiciled at the county level and therefore the context of the environment, available budget allocations and availability of the mental health professional's readiness to pursue onsite or offsite determines the opportunities available for training health workers in post-basic/post graduate studies

through scholarship which aims at building capacity of existing health professionals and motivation of health workers (Koly et al., 2021)

2.3.3 Continuous Professional Development

The Executive agency for health consumers (EAHC) which incorporates aspects of professional regulation, patient relationship skills, lifelong ethical and learning for health care professionals defines continuous professional development as the logical improvement, maintenance, progressive accomplishment and strengthening of permanent expertise, technical dexterity and capacity of health care workers. (WHO, 2016). Continuous professional learning is a fundamental component that aids achievement of quality patient care, effectiveness, efficiency and keeping health care workers abreast with current knowledge and expectations in their respective professional careers. Continuous professional development is an important part of the health workforce which allows them to retain knowledge and skills and keep abreast of new developments in their respective professions and is a precondition for renewal of practicing licenses by the professional regulation bodies (MOH, 2020). The Kenya HRH Strategic plan 2014-2017 states that critical health workforce shortages are aggravated by skill gaps mismatch, an inadequate skill mix, high absenteeism, low motivation, inefficiencies in hiring, deployment, performance, inadequate absolute numbers of skilled health workers, persistent unrest, high turnover, unsatisfied health workers, inadequate implementation lack of HR policy, poor infrastructure, lack of drugs, equipment and this challenges are crippling health workforce performance in hospitals and especially in psychiatric units in Kenya. Lifelong learning and career development are outputs of continuous professional development and ensures that basic standards of care are enhanced, patient safety is enhanced and ultimately health outcomes are improved (Wanjiru et al., 2021).

2.4 Employee Relations

Employee relations are fundamental elements of organizational and employee performance and is a precursor of highly committed, motivated and loyal human resource for health. According to Wanjiru et al. (2021) employee wellbeing and relations is crucial in managing the employee and employer relationship and ultimately in achieving maximum productivity, quality services, employee motivation and conflict resolution mechanisms that may constrain the working environment. The ministry of health in Kenya launched an employee relations user's guide for the health sector in 2016 which seeks to propagate amicable resolution of health worker's grievances and disputes through dialogue with health worker trade unions and this aligns with the statutory provisions of labour regulations, laws, and the constitution of Kenya 2010 (MOH, 2016). Since the 2010 constitution was promulgated, Kenya has experienced seven nationwide strikes and numerous strikes in the devolved units in the counties.

The inadequate reengineering and assimilation of mental health services at the level of public primary health care sector undermines the standards of care, safety of patient's and, exposes the vulnerable poor communities at risk of poverty due to catastrophic health spending. The industrial actions are also a threat to universal mental health care and attainment of sustainable development goals. European union countries including Belgium, France and Germany have enacted labour relations laws that create room for uninterrupted service delivery when health workers agitate for their economic and social interests. It stipulates that trade unions and health workers wishing to take industrial action. South Africa, a model country that has successfully progressively averted health care workers strikes through dynamic legislation and implemented alternative dispute resolution mechanisms for resolving labour disputes without disruption of service delivery rendered by health care professionals. (Waithaka, 2020).

Health workers unrest in Kenya at both at the county and referral hospitals due to escalating disputes and this has resulted to prolonged absence from work stations leading to loss of lives. The triggers of this protracted health worker's industrial disputes between health workers, their trade unions and governments has been about low remunerations, skewed distribution of HRH, unconducive working environments, shrinking numbers of skilled and well-trained mental health professionals, lack of clarity on career pathways and persistent stock out of supplies of healthcare commodities and medicines. Factors leading to good employee relations include employee empowerment, involvement, transparent communication, and conflict management. The literature displays a contrast between developed and middle-income countries with some managing to innovatively implement strategic employee relations to cushion populations from withdrawal of essential health services while the negotiations and consensus building between employers and employees (Wanjiru et al., 2021)

2.4.1 Workplace Safety

According to Kwobah et al. (2022) workplace safety constitutes an employee physical, psychosocial wellness program that is concerned with the prevention of injuries, illness and even deaths related to the work environment hazards as well as protection and improvement of health worker's occupation health and well-being. Health workers are regarded as the heart and engine drivers of health service delivery and are confronted with physical, mechanical, chemical, ergonomics and psychosocial hazards (MOH,2015).The constitution of Kenya 2010 stipulates guidelines and statutory framework on minimum occupation safety standards, codes of practice and extensive policy guidelines on employee occupational injuries, work injury compensation

benefits act, occupational health and safety acts that are tailor made to guide health professionals working in the mental health systems (Kwobah et al., 2023).

Employee work place safety programs targets four basic aspects namely: Protection and promotion of worker's health by preventing occupational related diseases and injuries, safe work environments enhancing productivity, physical, social and emotional wellbeing of workers while enabling employees to contribute to sustainable personal and organizational development (Kwobah et al., 2022). Mental health professionals are a key asset to the psychiatric units and are the cogs of service production and therefore organizations and health systems have a duty of care to ensure safety of their working environment and secondly as a part of the total reward management system (Weltens et al., 2021)

Workplace safety in the mental health systems is based on the fundamental premise that psychiatric units are potentially hazardous environments for health care providers and the patients. The discourse on safety in a mental health facility involves two paradigms, the first being patient safety concerns which ensures that patients institutionalized in mental hospitals have unique patient safety needs are proactively addressed to prevent incidences such as potential patients absconding, self-harm, suicide, use of restraints and patient seclusion for violent patients. Secondly health professionals need to be protected from harm and injury by patients who are aggressive and violent as a sequel of neurological disorders, mental illness and substance abuse. Key aspects in employee workplace safety includes stress management for health workers due to burn out and highly charged work environment, accident prevention through compliance to good health and safety practices and training of employees and continuous process improvement by auditing according to (Kwobah et al., 2022).

2.4.2 Employee Involvement and Participation

According to the chartered institute of personnel and development institute, employee involvement refers to a program that enhances creativity among professionals who exercise, open communication, participatory decision making and organizational citizenship which is shared between the employee and employer and results in industrial democracy and employee motivation (CIPD, 2009). Employee relations is a concept anchored in the labour regulatory framework and 2010 constitution of Kenya which ensures employee fundamental rights are safeguarded including employment relationships, collective bargaining agreements wages, leave, working hours, termination of employment, trade unions, arbitration & mediation and freedom of association (MOH, 2015).

2.4.3 Employee Communication

Communication is the process of passing and exchanging information by two or more people and is successful when meaning is understood. An organization that advocates and practices open ethical communication is regarded as successful because human beings cannot have good performance without good communication. (Wanjiru et al., 2021). Channels of communication in an organization open up opportunities for employees to express their grievances and communicate to management concerning employment terms, working conditions, salary and allowances, work life balance, job security, health and safety and learning opportunities. A study done on communication revealed that employee communication has a positive and significant correlation on employee performance which were measured using aspects of job satisfaction and organizational commitment (Wanjiru, 2021).

2.5 Appraisal System

Workforce performance appraisal and management is at the core of Human resource management practices. Wanjiru (2021) defines it as a scheduled, planned, mutually agreed systematic process owned by both employees and front line managers which aims at quantifying work performance, productivity and target results from the organizations, teams and individuals. Application of management principles on measuring, monitoring and evaluating employee performance is a critical precursor to offering quality mental health services promised in an organizations service delivery charter. Mumbua (2017), Posits that employee performance is measured against agreed objectives and has several benefits including improved effectiveness, quality of services, staff motivation, serves to identify training needs and as a benchmark for rewarding employees. Research studies have reported that efficient performance appraisal management leads to numerous benefits for both the organization and employees in their execution of the vision.

2.5.1 Setting Agreed Targets

The performance appraisal is an important tool that assists health care workers to focus on their goals and set specific, measurable, realistic, achievable and time bound goals. Setting performance targets offers opportunity to align individual employees with organization goals by harnessing talents and efforts to converting inputs to outputs with minimal wastages of resources, discovery of redundancies in processes, work performance and instituting corrective remedies to safeguard quality as an ultimate goal. Leading organizations prioritize value based, performance measurement systems which help them set agreed upon performance targets drawn from their strategic plans, goals and objectives to achieve results-based growth. Observations and facts derived

from quantifying performance guides formulation of strategic interventions that influence decision making, improvement, learning, monitoring and evaluation and overall direction of the organization (Wanjiru, 2021).

2.5.2 Monitoring Performance Targets

The performance cycle usually lasts one year but would have variations depending on organizations strategic focus. Performance monitoring is a continuous process that aligns the employee objectives with the target timeline ideally monthly or quarterly meeting will be held between the supervisor and employee to spot problems early and provide support. Progress or midterm reviews are done at least once during the performance management cycle is mandatory and the discussions focus on the achievement of set performance targets, identification of constraints and how to circumvent or overcome them and modification of initial targets if there are unforeseen limitations that arose midway during the performance year which is stipulated as 12 months in the government of Kenya guidelines to ministry of health and county department of health guidelines (MOH,2018).

A study done by Owino et al. (2019) focusing on health worker's performance in a county referral hospital found that performance monitoring review meetings with supervisors were rarely held and these finding are consistent with a study done on influence of human resource management practices on employee performance targeting health workers in Machakos county (Mumbua et al., 2017)

2.5.3 Reviewing of performance and Managers Feedback

Employee performance plays a critical role and contribute to the success of the organization by enhancing efficiency, effectiveness and productivity in regards to

service delivery in the health system. Continuously monitoring the key performance indicators and providing feedback is fundamental in a successful appraisal cycle. The performance appraisal process identifies the key strategic goals and this are cascaded organization wide for each employee to fit in to the whole organizations strategic focus vision values and mission depending on their role. Feedback is a crucial component of tracking progress and keeps the employee well on course of agreed targets. A participatory framework ensures that critique is used to highlight areas of improvement and success while collaboratively maintain professionalism to be able to achieve the targets (Armstrong, 2014).

2.6 Rewards

Reward management involves formulating and implementing strategies, policies aimed at remunerating mental health care professionals equitably, fairly and consistently in accordance to the value proposition that the health care organization places on the employees (Michael, 2014). A report by World Vision, (2014) that studied emerging trends among health workers following devolution of health function in Kenya highlighted political interference, human resource management strategy discrepancies, meddling from political class, lowered incentives, retention and skill mix deficiencies among health workers to work from their own counties as challenges in the health sector. The other pressing human resource management depicted in research reports includes unharmonized salary scales, schemes of service.

Human capital deficit in mental health systems felt at both National and country government levels, results in high workload, inadequate number of healthcare workers, affects the right skill mix, misdistribution of healthcare staff especially highly skilled specialists in mental health in counties due to a failure to adopt a formalized reciprocal

hiring and sharing of skilled health workers between counties which would translate to better rewards (Munywoki et al., 2020)

2.6.1 Competitive salary

According to Waithaka et al. (2020,) employee remuneration should be founded on legal and ethical principles, internally and externally equitable, adequate, motivating, fair, and provide employment security. Competitive salaries are also pegged on fairness, harmonized remuneration scales, expedited promotions, consistency in remittance of statutory deductions and resignations of staff. The other factors tied to competitive salary highlighted in literature includes unharmonized schemes of services, disparities in pay, emoluments, stipends, failure to remit medical insurance, pension schemes funds and deficit in budgets for propagating human resource management initiatives. A study conducted by Kariuki, and Kiiru, (2021) did an analysis of rewards systems and achievement of performance targets among various health facilities and indicates that basic salary, house allowances and medical insurance schemes influenced employee's performance (Kariuki, & Kiiru, (2021)

2.6.2 Employee Recognition.

According to (Muthoka,2016) employee recognition involves the positive acknowledgement of their special performance and outstanding actions and may adopt some form of service awards such as long service awards, employee of the year, verbal praise in public, annual bonuses pegged on performance, recognition letter and certificates of appreciation. Poor employee performance has been a challenge facing mental health systems globally, regionally, nationally and in the local context of psychiatric units with huge skills gaps experienced is due to various facets of attrition affecting highly skilled mental health professionals. Employee recognition therefore

aims at reinforcing certain positive behaviours and activities to enable them enhance their performance. Well recognized health workers are more determined fosters better work relationships and sense of citizenship and loyalty to the psychiatric unit where they work (Kariuki & Kiiru,2021).

2.6.3 Benefits

Benefits consists of both financial and non-financial incentives offered by an employer to their employee and often includes medical insurance covers, contributions to pension funds, housing, transportation, childcare programs, financial and education assistance programs (Ndungu,2017). Benefits largely cater for the welfare of the employee and their families as incentives to boost productivity and enhance employee performance. Studies done in non-health sectors have established that benefits like medical insurance, paid leave allowance, housing health workers and offering transport services had a positive effect on employee performance at work. A study that obtained feedback from health care professionals as to what they valued as high priority non-financial incentives include: on job training opportunities, improved working conditions, effective supervision, good living conditions for staff, open communication to employees, health care insurance covers and support towards personal educational opportunities for themselves and their immediate families (Mabaso, 2016).

Performance based incentives is now an ongoing debate in motivating health care workers and includes and promote their productivity through rewarding key performance targets which are pegged on quality services and improved patient outcomes. The 2018 WHO guideline on community health workers recommended that a practicing community health workers remuneration for the services they deliver

should be commensurate with the training, hours invested in the job demands and complexity of assigned roles. Incentives can include both financial and non-financial remuneration which is pegged on performance (WHO, 2018).

2.7 Theoretical Framework

This Study investigated the influence of Human resource management practices on the performance of mental health professionals in Kenya. The section further explains the theory and the conceptual framework which underpins and guides the study.

2.7.1 Guest Comparative Model (Guest, 1987)

This theory was developed by David guest in 1987. The David Guest Human resource management comparative model is operationalized on the premise that a matrix of interrelated and integrated HRM practices which when applied in the work environment results to high individual and organizational performance. The theory substantiates a significant difference between HRM and Personnel management by advancing the preposition that HRM approaches like the focus on quality product differentiation, innovation, and cost reduction will lead to initiatives like job designs, employee recruitment, selection, training, performance management, rewards, employee relations, leading to quality outcomes, employee engagement, commitment and flexibility. The key results envisaged by implementing HRM practices will include increased flexibility, productivity and innovation which is achieved by behavioral outcomes limiting absence among staff, low turnover, minimal conflict and customer centeredness

Figure 2.1

David Guest Model of Human Resource Management (1987)



The David guest HRM theory is an appropriate and often considered analytical tool on studies centered around human resource management practices in health care postulated on six broad dimensions classified as three perspectives anchored on HRM strategy, practices and outcomes. Moreover, three end results namely behavioral, performance and financial outcomes. The proponents of the theory suggest that it puts quality, productivity innovation and employee motivation at the heart of management practices therefore ensuring achievement of strategic organizational goals by a workforce that displays organizational citizenship, unreserved engagement, reduced absence from work, and employee turnover. This study was anchored on David Guest HRM model which looks at the concept of Human resources management practices using six dimensions as indicated in Figure 2.2 below.

The David Guest model of HRM is a practical tool to guide health systems managers to identify ,implement, and evaluate both soft and hard human resource management practices that transforms the mental health system workforce from being faceless numbers, inputs or units of health production to the soul and heart of mental health systems and vital catalysts of change in communities and societies particularly bearing in mind the stigma associated with mental, neurological and substance abuse disorders.

Secondly motivated health professional, employee relations, training and capacity development and robust work conditions are determinants of success or failure because mental health system functions in a wider social, political and economic development framework. This theory was applied to assess the influence of human resources practices on the performance of mental health professionals at three purposively selected mental health facilities in Kenya and targeted level 4,5 and 6 public Mental health facilities that provide mental health services because they are all guided by the Mental Health Act (1989) and mental health professionals working there have similar attributes.

Figure 2.2

David Guest HRM Model 6 Dimensions.

HRM strategy	HRM practices	HRM outcomes	Behaviour outcomes	Performance outcomes	Financial outcomes
Differentiation (innovation)	Selection	Commitment	Effort/ motivation	High: Productivity Quality Innovation	Profits
	Training				
Focus (quality)	Appraisal		Cooperation		
Cost (cost-reduction)	Rewards	Quality	Involvement	Low: Absence Labour turnover Conflict	Return on investment
	Job design				
	Involvement	Flexibility	Organizational citizenship	Customer complaints	
	Status and security				

Note: The model was adopted from Guest (1987)

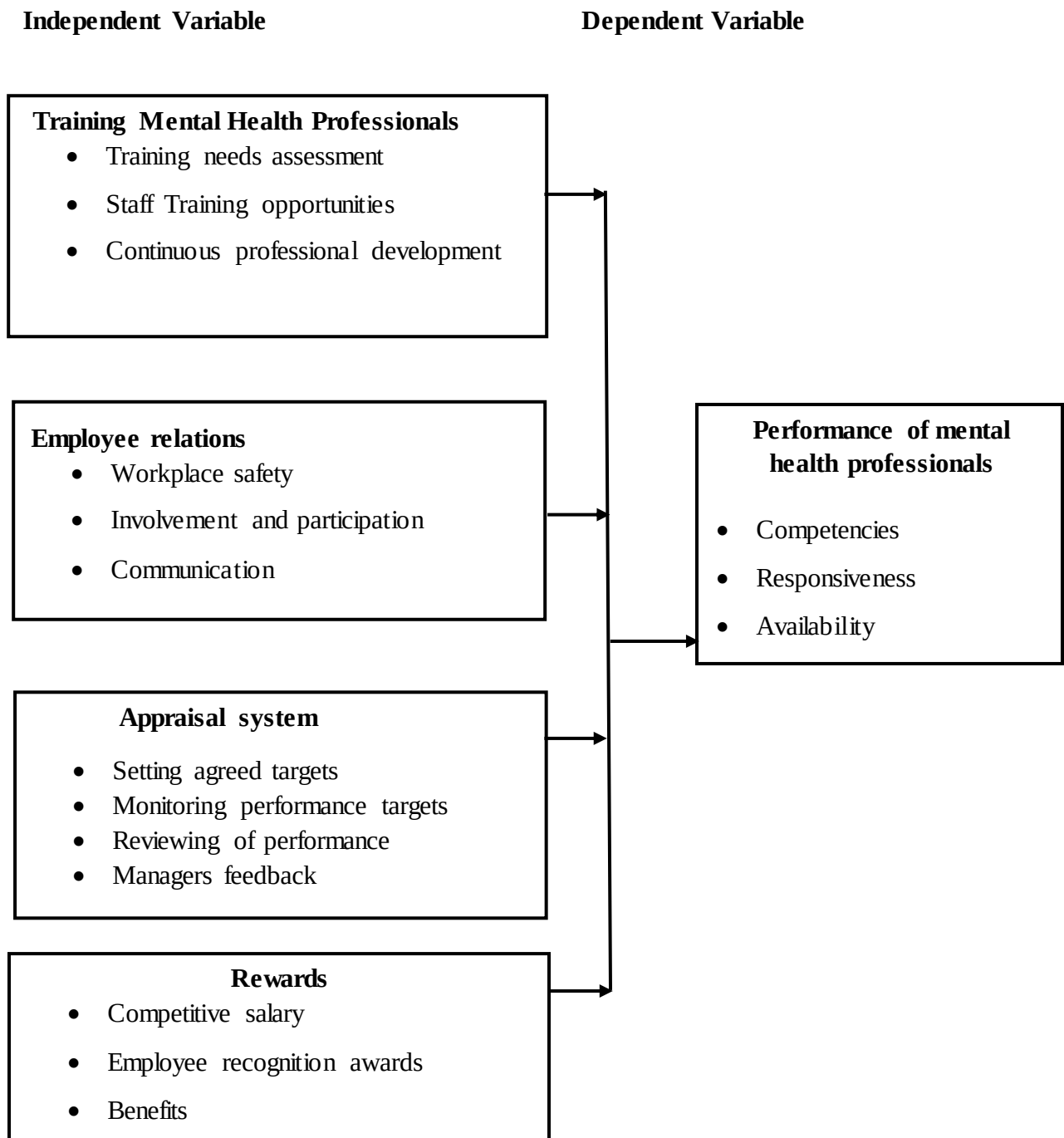
The David Guest theory posits that Performance: Involves leveraging and aligning individual, team and organization objectives so as to harness their mutual synergy while maximizing efforts to attain agreed results. Reward system: involves devising comprehensive monetary and non-monetary benefits, used to incentivize employee's efforts to include salaries, medical insurance, education funds, bonuses, retirement schemes and employee awards to appreciate excellence. Learning and development is a planned process of identification of skill deficiency, knowledge disparities and then scheduling a systematic program to refresh, improve and build new capacity aligned to the organizations strategic focus. Employment relations: Involves leveraging on effective employee communication, managing health worker's unions, employee welfare, handling grievance and discipline (Armstrong, 2014).

2.8 Conceptual Framework

A conceptual framework is a written tool with visual illustrations detailing a phenomenon with clarity and demonstrates an association between independent and dependent study variables (Creswell, 2017). The independent variables included human resource management practices: training mental health professionals, employee relations, appraisal systems and rewards while the dependent variable is performance of the mental health professionals. This study assessed HRM practices founded on David Guest HRM empirical theory and how they influence performance of professionals working in mental health systems. The conceptual construct is illustrated in figure 2.3 below.

Figure 2.3

Conceptual framework to assess the influence of HRM Practices on Performance of Mental Health Professional.



2.9 Summary of the Literature Review and Research Gap

An extensive empirical review of literature revealed contextual, methodological and conceptual gaps. The correlation between HRM and hospital performance has been studied extensively in high income countries and the empirical evidence may have limited validity in Sub-Saharan Africa, contextual factors includes those within which HRM interventions are implemented example social cultural, political and economic. An assessment of HRM practices bundles influence on health worker's performance using mixed design studies is required, additionally conceptualization of similar indicators for assessment and reporting. Based on the foregoing literature review there are limited numbers of research conducted on the influence of human resource management practices on the performance of professional's in mental health with a focus on mental health facilities in Kenya. The human resource management practices include hiring, training, employee relations, appraisals and compensation. The study focuses on a critical gap in literature on assessment of a bundle of Human resource management practices that will include training, employee relations, appraisal of performance and rewards and how they influence performance of health professionals in mental health in terms of availability, responsiveness and competency.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research design, study settings, targeted and accessible population, sampling technique, estimated sample size, tools used in data collection, reliability and validity of the data collection tools and procedure, analysis and ethical considerations adopted by the researcher.

3.2 Research Design

A study design according to Kumar (2018) is a masterplan that guides the research process. It is a structural framework that supports data collection and analysis. The study used a cross-sectional descriptive research with mixed methods approach in generating rich information to help fully explore the study objectives. This enabled comparison of qualitative and quantitative data and triangulation of the study results (Creswell et al., 2017). According to Creswell et al., (2017), mixed methods research designs are categorized as either concurrent or sequential triangulation approach. The concurrent approach is designed in a way that both quantitative and qualitative data is collected within the same time period whereas in sequential design data is collected in two levels, one level involves collecting either qualitative or quantitative data first then the researcher proceeds to level two where the next category of data is collected.

The first set of data collected is analyzed and then builds on the other category of data in the second level. For this study the researcher adopted the concurrent triangulation design by gathering both qualitative and quantitative data to assess the influence of human resource management practices on performance of the mental health professionals in selected psychiatric units in Kenya.

3.3 Study Area

The study was conducted in two psychiatric units; the Mathari National Teaching and referral hospital and Gilgil Mental Hospital. The hospitals selected have the highest census of mental health workers, inpatient and outpatient's admissions, and were allocated the highest budget by the ministry of health (Auditor General, 2017). Mathari National Teaching and referral hospital (MNTRH) is Kenya's largest tertiary referral psychiatric hospital. It was unveiled in 1904 initially as an isolation unit for small pox and afterwards converted into a psychiatric referral hospital (MOH, 2020). MNTRH is mandated referral, research and training center and is divided into civil and forensic maximum-security sections. The forensic maximum security psychiatry wing was inaugurated in 1978 for incarcerated convicts suffering from mental disorders. The hospital bed capacity is 740, in the civil section with 332 and 378 in the forensic wing. The inpatient civil wing has 9 wards and 3 out-patient clinics with an average occupancy of 126% and 730 daily outpatient visits respectively, while the inpatient occupancy of the maximum-security unit is on average at 115%. Staff establishment is at 386 and specifically admits adult patients aged above 18 years only (auditor general, 2017). The Hospital is located in Nairobi County along Nairobi -Thika super highway. The Gilgil mental health unit is located in Nakuru County, Gilgil sub county, in Gilgil town along Gilgil-Nyahururu road it is the second stand-alone psychiatric and mental health care hospital in Kenya after Mathari National teaching and referral hospital. It was launched in 1966 to accommodate over flow from Mathari hospital it has 140 beds and admits approximately 120 male and female patients.

The auditor's General report of 2020 indicated that these hospitals were able to attend to approximately 18,000 mental health patients. Mental health care services in Kenya

are not fully integrated at all levels of care and are institutionalized at level 4,5 and 6 mental health facilities and are guided by the Mental health act of (1989) and have similar core processes of patient care and staffing models. The only difference between level 4,5 and 6 facilities were the number of patients admitted, mental health professionals and size of the facilities. The researcher purposively selected the two psychiatric units since mental health is often overlooked and underfinanced in most of the developing countries including in Kenya and in most countries around the world. There are significant system weaknesses in advancement of mental health service delivery and prevention of mental, neurological and substance use disorders for those in need at all levels of the health system in Kenya. Current evidence portrays that insufficient investments in mental health leads to unfavorable mental health outcomes, which negatively impacts on the economy and society as a whole. This report details that investing adequate financial resources in mental health will result in good economic returns (MOH, 2020).

3.4 Target Population

Refers to clearly defined objects to be studied and is known as the universe, the researcher therefore samples from the accessible population and this enables generalization of results (Creswell et al., 2017). The study targeted five cadres of multidisciplinary professional's working in mental health units who include, consultant psychiatrist, psychiatric nurses, psychologists, occupational therapists and medical social workers working in MNTRH and Gilgil Mental Hospital. They constituted a total population of 230 mental health professional inclusive of ten key informants at supervisory level of the various cadres in each of the two selected hospitals. The distribution of the target and accessible population from each hospital where the study was conducted are depicted on Table 3.1

Table 3.1*Distribution of the Target Population*

Designation	MNTRH	GILGIL	Total	
	HOSPITAL			
	N	N	N	Percentage(%)
Consultant Psychiatrists	13	1	14	6
Psychiatric Nurses	146	22	168	73
Counselling Psychologists	25	2	27	12
Occupational Therapists	11	3	14	6
Medical social worker	5	2	7	3
Total	200	30	230	100

*Source: (Institutions Staff Establishment Records, 2022)***3.5 Sampling Procedure and Sample Size Determination**

Researchers while conducting a study ought to consider the need of sampling to ensure that constraints of time and money are factored in the process of data collection. Two broad techniques of sampling can be utilized that is probability or non-probability. Probability sampling ensures equal indiscriminate possibility or likelihood of each single element being chosen from the population, while for non-probability samples, the prospect of each single element being picked from the total population is unknown (Kothari, 2014). The researcher utilized purposive, stratified random proportionate, and simple random sampling techniques to establish the sample size.

Purposive sampling was utilized to select two psychiatric hospitals based on health care worker's head counts, patient census and budget allocations. Similarly, purposive sampling was adopted in selecting key informants who were departmental heads of the 5 cadres of health care providers in each hospital.

Stratified random proportionate sampling enabled the researcher to attain respondents from an accessible population among Psychiatrists, psychiatric nurses, occupational therapists, medical social workers and counselling psychologists. The mental health professionals were divided into five strata based on their professional disciplines; Consultant psychiatrists, Psychiatric Nurses, Counseling psychologists, and occupational therapists. To ensure representativeness of the sample, Proportionate stratified random sampling method was employed in this study because it is precise, allows a representative selection of the overall population of specialist health professionals drawn from diverse disciplines and thirdly helps the researcher to comprehensively explore the phenomenon in-depth on the influence of human resources practices on performance of mental health professionals (Creswell et al., 2017). Simple random sampling enabled the researcher to randomly pick each respondents from a list of consultant psychiatrists, psychiatric nurses, counseling psychologists, medical social workers and occupational therapists.

A number was assigned to each respondent on the list across the five strata and from each hospital, the numbers were then placed in a container and a number picked randomly until the required numbers of study participants was achieved and this prevented bias. The Tara Yamane (1973) formulae was used to determine a proportionate sample size.

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

In which

n = Signifies an estimated sample size

N = Stands for the population under study

e= Represents the sampling error

This formula assumes 95% confidence level and a P value of (0.05)

Estimated Sample size = $230/1+230*(0.05)^2$

= $230 / 1+0.575$ n=146.031

(Sample Size n =146)

An addition of 10% of the mental health professionals was done in order to address non-response and optimize on precision therefore arriving at a sample size of 161 mental health professionals

Table 3.2

Distribution of sample size according to Health Workers' Cadres

Strata	Total Sample Size n(%)	MNTRH (n)	Gilgil Hospital (n)
Consultant psychiatrists	10(6)	9	1
Psychiatric nurses	116(73)	96	20
Counselling Psychologists	20(12)	18	2
Occupational therapists	10(6)	8	2
Medical social worker	5(3)	4	1
Total (n)	161 (100)	135	26

Key informants were purposively sampled and include 10 supervisors from each of the two selected mental hospitals and included: two chief psychiatrists, psychiatric nurses, counselling psychologists, occupational therapists and medical social workers.

Table 3.3

Sample frame for Key Informants

Strata	Sample (n)
Senior Consultant psychiatrists	2
Psychiatric nurse in charge of the unit	2
Counselling Psychologists in charge	2
Occupational therapists in charge	2
Medical social worker in charge	2
Total	10

3.5.1 Inclusion Criteria

The hospitals included are MNTRH, and Gilgil Mental Hospital which were purposively selected and included in this study due to the high patient census and budget allocation. The health care professionals of the five cadres who consented to include: -psychiatrists, psychiatric nurses, counselling psychologists, occupational therapists and medical social workers in the 2 selected mental hospitals. The key informants included 5 supervisors from each mental hospital who are department in-charges of psychiatrists, psychiatric nurses, counselling psychologists, occupational therapists and medical social workers.

3.5.2 Exclusion Criteria

Respondents who were out of duty during data collection. The staff working at the facilities who are not directly involved in patient care, those who requested to be compensated and the ones who declined to consent or take part in this study.

3.6 Data Collection Instruments

Data mining or collection is the process of gathering information to address the research questions derived from the research objectives (Creswell et al., 2017). Two data collection instruments were used in this study, a structured questionnaire and a key informant interview guide.

3.6.1 Questionnaires

A structured questionnaire was used to collect quantitative data. The questionnaire was designed based on the study specific objectives, comprehensive analysis of literature, and theoretical model. Additionally, the researcher examined other tools such as the Human Resources Management Policies and Practices Scale (HRMPPS) that have been used by other scholars in similar studies and adopted some of the constructs and questions that are appropriate for this study. Applicable questions were adopted from studies done by Opatha, (2022) and Tubey, (2015). Some constructs on Human resource management practices were also adopted and replicated from validated and empirically tested tools from studies done by Iowa Department of Public health.

The independent variables included human resource management practices: Training mental health professionals, Employee relations, Appraisal systems and Rewards while the dependent variable is performance of the mental health professionals. To ensure a logical flow of the items and their correspondence to the constructs they measure, the university supervisors reviewed and evaluated each item that was extracted. The questionnaires consisted of six sections namely: Section A, demographics data, whereas

sections B to E were used to collect data on the four HRM Practices (training of health professionals, employee relations, appraisal systems and rewards. Section F was utilized to collect data on employee performance indicators; competencies, responsiveness and availability. The semi structured questionnaire adopted a five point Likert scale with response options ranging from Strongly disagree, score 1, disagree, score 2, undecided, scores 3 agree scores 4 and strongly disagree scores 5. A structured questionnaire is easy to administer, analyze data, time saving and was therefore advantageous in this study

3.6.2 Key Informant Interview guide

According to Creswell et al. (2017) interview guides have a propensity to comprehensively gather information from subjects who are knowledgeable about a phenomenon being studied. Qualitative data was collected using a key informant interview guide which targeted five members of the management team from each hospital to give in depth understanding and enrich data obtained from respondents filling questionnaires. The researcher conducted face to face in-depth interviews lasting 30- 40 minutes and all interviews were audio recorded using a digital voice recorder after obtaining consent from the key informants and field notes obtained.

The goal of the interview was to obtain study participants ideas, attitudes and views that may not have been recorded in the structured questionnaires thus enrich the data and boost validity of findings during data triangulation. Confidentiality was maintained, recordings secured by the researcher and all the data collected were de-identified before analysis.

3.6.3 Data Collection Procedure

During this study quantitative and qualitative data were gathered concurrently in line with a mixed study design. The researcher administered the questionnaire to the targeted respondents in the selected hospitals a “drop and pick” approach was utilized as many of the respondents were at their work station and busy to fill and complete the questionnaire there and then, a follow-up was done and filled questionnaires were collected after completion. Qualitative and quantitative data was gathered concurrently using the key informant interview guide and semi structured questionnaires respectively.

3.7 Pre-test

It is imperative to test the data collection tools before they are used to collect data in the field (Kothari, 2009). Pre-testing of data collection instruments was done to evaluate the accuracy of the questions, decipher any ambiguity, grammatical errors or other deficits which were then rectified and instruments adjusted to enhance reliability. The data collection instruments were pretested at the Nakuru level 5 hospital which is a stand-alone mental health unit with similar cadres of staff and guided by the mental health act in its processes hence similar to the study area. A purposively selected sample of 20 respondents was used in pretesting. The sample consisted of 3 psychiatrists, 2 occupation therapist, 2 counselling psychologists, 1 medical social worker, 7 psychiatric nurses and five members of the management team heading (psychiatry, nursing, occupational therapy, medical social worker, and counselling psychology departments.

3.7.1 Reliability Tests

According to Kothari, (2014) a reliable data collection tool yields consistent and similar findings when applied several times. A data collection tool that progressively assesses a measurable characteristic precisely, persistently and consistently when repeated in a similar environment and time frame is considered as reliable (Creswel et al., 2017). A coefficient of 0.7 was adopted to denote the extent to which the test items provide similar results and therefore illustrate internal consistency of the test (Kothari,2014).

3.7.2 Validity

Validity is the degree to which an instrument measures what it is expected to measure (Kumar, 2018). The data collection instruments were tested for content and face validity by sharing them with research supervisors and two mental health professionals working in psychiatric units who have expertise in human resource for health management practices. Further to determine any conceptual and investigative bias the research supervisor and expert in human resource management scrutinized the tools to enhance construct and content validity with an aim of ensuring accuracy and consistency with which the instruments measured the variables under study. Following the pretest of the instruments any questions that were not well understood and lowered the reliability of the results were revised to ensure clarity.

3.8 Operationalization of Variables

The data type and tools for data collection for the study variables are presented in Table 3.5

Table 3.5

Operational Variables.

	Variable	Indicators	Type	Data collection tools
Independent variable	Training Mental Health Professionals	✓ Training needs assessment	Likert scale	Structured questionnaire
		✓ Staff Training opportunities		Key informants interviews
		✓ Continuous professional development		
	Employee relations	✓ Workplace safety ✓ Involvement and participation ✓ Communication	Likert scale	Structured questionnaire Key informants interviews
	Appraisal system	✓ Setting agreed targets	Likert scale	Structured questionnaire
		✓ Monitoring performance targets		Key informants interviews
		✓ Review of performance		
		✓ Managers feedback		
	Rewards	✓ Competitive salary	Likert scale	Structured questionnaire
		✓ Employee recognition awards		Key informants interviews
		✓ Benefits		Structured questionnaire
				Key informants interviews
Dependent variable	Performance of mental health professionals	✓ Competencies ✓ Responsiveness ✓ Availability	Likert scale	Key informants interviews

3.9 Data Analysis and Presentation

Kumar (2018) defines data analysis as an assessment of what has been gathered in a survey and making conclusions and assumptions from this values by breaking it into

manageable units, synthesizing, organizing and searching for patterns in order to make useful and credible conclusions. A mixed concurrent study design was used and therefore both quantitative and qualitative data was collected. The collected data was analyzed quantitatively and qualitatively and integrated into one report based on thematic areas pre-identified according to the specific objectives of the study.

3.9.1 Quantitative data Analysis

Quantitative data collected from the questionnaires was scrutinized for completeness, cleaned, coded and entered into Excel spreadsheets then exported into SPSS version 26 for statistical analysis. Data from the questionnaires was coded and cleaned before analysis. Descriptive statistics including percentages, frequencies, mean were used to summarize individual variable and identify patterns. Multiple linear regression model was used to determine the association between the predictor which was human management practices; (training needs assessment, staff training opportunities and continuous professional development) and the outcome was performance of mental health professionals. The aspects of work performance included; competency, responsiveness and availability.

3.9.2 Modelling data using Multiple linear regression

Prior to multiple linear regression analysis, the data from the variables were tested for normality using Q-Q plot and Shapiro –Wilks test.

The q-q plot results demonstrated that all the data fell along the normal line and Shapiro –Wilks test results were non-significant ($p > 0.05$) demonstrating that the data was normally distributed. Multi collinearity was tested during multiple linear regression analysis and the variance of inflation factors were less than 3 indicating absence of multicollinearity. The Pearson correlation was used to test for independence of the

variables. The quantitative data was analyzed using multiple linear regression according to (Kothari, 2014). The goodness of fit of the model was reported using coefficient determination (R^2). The R^2 demonstrated the percentage of the work performance explained by the predictors in the regression model.

The beta coefficients represent the proportion change brought about by each of the independent predictors; training, employee relations, appraisal system, and rewards. The dependent variable was performance which has three constructs; competency, responsiveness and availability measured in five point Likert scale with strongly disagree scoring (1) and strongly agree scoring (5). The sum of the scores from the four constructs contributed numerically to the performance of the health professional. The independent variables are classified into four aspects. Each aspect has three to four constructs which are treated as independent variables. Each construct has three to six elements measured in five point Likert scale with strongly disagree scoring (1) and strongly agree scoring (5). The summation of scores in the elements contributes numerically to each construct. All the elements were utilizing measures of central tendency and dispersion at middle mean of 3.40 according to (Creswell et al., 2017)

- i. Training of health professionals had three constructs; training needs assessment, staff training opportunities and continuous professional development
- ii. Employee relations had three constructs; workplace safety, communication and employee involvement and participation
- iii. Appraisal system had four constructs; setting agreed targets, monitoring performance targets, review of performance and manager's feedback
- iv. Rewards section had three constructs; competitive salary, employee recognition and benefits

Multiple linear regression models according to (Keller, 2014) was used to analyze the performance of the mental health professionals. The multiple linear regression R model was chosen because the data is in numeric form in both dependent and independent variables. The test will be deemed to indicate significant relationship if the level of significance is below 5 percent ($P < 0.05$).

The model is of the form;

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

Where

Y is the Performance of mental health workers (Dependent Variable)

β_0 = Constant term

$\beta_1, \beta_2, \beta_3, \beta_4, \dots, \beta_n$ are coefficients of the model

$X_1, X_2, X_3, X_4, \dots, X_n$ are constructs (independent variables) under training mental health professionals, employee relations, appraisal system and rewards

e = Error term

Training Mental health professionals

Model 1:

$$Y_1 = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \dots \dots \dots \text{Equation 1}$$

X_1 = Training needs assessment

X_2 = Staff Training opportunities

X_3 = Continuous professional development

Employee Relations Variable

Model 2:

$$Y_2 = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \dots \dots \dots \text{Equation 2}$$

X_1 = Workplace safety

X₂= Communication

X₃=Employee Involvement and Participation

Appraisal System Variable

Model 3:

$$Y_3 = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 \dots\dots\dots \text{Equation 3}$$

X₁ = Setting agreed targets

X₂= Monitoring performance targets

X₃= Reviewing of performance

X₄= Managers feedback

Rewards variable

Model 4:

$$Y_4 = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \dots\dots\dots \text{Equation 4}$$

X₁ = Competitive salary

X₂= Recognition

X₃= Benefits.

3.9.3 Qualitative Data Analysis

Qualitative data was obtained from the key informant interviews and was transcribed into Microsoft word and double checked against the audio recordings then dated, coded manually, and de-identified before analysis was done. The researcher was guided by the Gibbs, (2018) model that involves six steps, firstly researcher familiarized with the data, generated codes, searched for themes, reviewed themes, named them and generated a thematic analysis report. Thematic analysis was done manually and interpretation was done guided by the study objectives and triangulation of the results

with quantitative data obtained from questionnaires was done. Data was presented in narrative format using illustrative quotes in each thematic area.

3.10 Ethical Considerations

Ethical clearance to conduct the study was obtained from several institutions including: The Kenya Methodist University Scientific ethics review committee, MNTRH, Nakuru level 5 county referral hospital institutional scientific Bioethics review committees and the county Government of Nakuru. The researcher obtained a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) and also the County Director of Public Health Nakuru County under whose jurisdiction the Gilgil mental hospital and Nakuru level 5 hospital are supervised. Ethical approval was also obtained from Nakuru county referral hospital institutional review and ethics committee. Approval from the facility in charges of the two study and one pretest sites was granted before data collection. Informed consent was obtained from all the respondents, while ensuring confidentiality, anonymity, voluntary participation and data protection.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The study sought to determine the influence of human resource management practices; training, employee relations, appraisal systems, rewards on performance of health professional working in selected mental health facilities in Kenya. This chapter discusses results on response rate, reliability, and validity of the tools used in the data collection instruments, additionally the socio demographic data characteristics of the respondents.

4.2 Response rate

A total of 161 questionnaires were administered and 137 respondents filled and returned the questionnaires and translated to a response rate of 85.09 %. Key informant interviews were also conducted and 8 instead of 10 were completed. The response rate of above 70% is deemed adequate for data analysis according to (Mugenda & Mugenda , 2013). The response rate met the criterion for data analysis as recommended by Ng'ang'a, (2018) is depicted in Table 4.1

Table 4.1*Response Rate*

Questionnaires	Frequency	Percentage (%)
Health Workers		
Response	137	85.09
Non- response	24	14.91
Total	161	100
Key informant interviews		
Response	8	80
Non-response	2	20
Total	10	100

4.3 Reliability Tests

The data collection instruments were assessed for reliability and content validity using data collected from 137 respondents. Reliability was tested using Cronbach alpha and Pearson product movement correlation was used to assess for content validity for all the constructs. The overall Cronbach 's alpha was 0.821 and was above 0.7 indicating data collection tool was highly reliable. The Cronbach's Alpha are indicated in the Table 4.2.

Table 4.2*Reliability Statistics*

Variables	Cronbach's alpha	Number of items
Performance	0.791	12
Training	0.842	13
Employee relations	0.829	14
Appraisals system	0.844	16
Rewards	0.764	12
Overall reliability	0.821	67

4.4 Demographics Results

This section discusses the sociodemographic characteristics of the respondents to include gender, age, highest completed qualification, work station, profession and duration worked in the hospital. See Table 4.3

Table 4.3*Social-demographics Characteristics of respondents*

Gender	Frequency(n)	Percentage(%)
Female	96	70.1
Male	41	29.9
Age		
20 to 29	32	23.4
30 to 39	40	29.2
40 to 49	25	18.2
50 and above	40	29.2
Qualifications		
Certificate	2	1.5
Diploma	49	35.8
Higher Diploma	33	24.1
Undergraduate	32	23.4
Masters	20	14.6
Doctorate	1	0.7
Work Station		
Mathari National Teaching and Referral Hospital	112	81.8
Gilgil Hospital Mental Health Unit	25	18.2
Professions		
Consultant Psychiatrist	7	5.1
Psychiatrist Nurses	103	75.2
Social Workers	5	3.6
Occupation therapist	9	6.6
Counselling psychologist	13	9.5
Tenure of Service		
1-5years	62	45.6
6-10 years	29	21.3
11-15 years	11	8.1
16-20 years	13	9.6
Over 20 years	21	15.4
Total	137	100

Out of 137 study respondents who participated in the study, 96(70.1%) were female and 41(29.9%) were male. The age of the respondents, 20-39 years, were 32 (23.4%)

30 to 39 years, 40 (29.2%) 40 to 49 years, 25 (18.2 %) and those health professionals who were 50 years and above were 40 (29.2%).

It is worth noting that while 40 (29.2%) of health professionals working in the selected mental health are over the age of 50 years thus the need to focus on younger professionals to ensure service delivery continuity and succession planning. The findings are corroborated by a human resource audit conducted in both county and national government in 2016 titled (CARPS). Capacity assessment and rationalization of the public service program report (MOH, 2016) which reported that the Kenyan public service is faced with an aging workforce where 31% of staff were aged between 50 and 59 years while 30% are in the age bracket of 40 to 49 years. Regarding education status, 2(1.5%) were certificate holders, 49 (35.8%) were diploma holders and 33(24.1%) had Higher National Diploma. On further analysis, 32(23.4%) were undergraduate degree holders, 20 (14.6%) had a master's degree and 1(0.7%) had a doctorate.

Approximately 82 (60%) of the respondents had their highest qualifications at ordinary and higher national diploma level. These results tally with the health workforce survey (MOH, 2021) that reports that a majority of frontline health workers in Kenya are trained at diploma level. Data analyzed on various professions of sampled cadres of mental health professionals with reference to the respondent's profession, Psychiatrists represented 7% of the respondent's majority 103(75.2%) were nurses and 12(8.8%) were clinical psychologists furthermore 9(6.6%) were occupational therapists and 5(3.6%) were social workers.

These findings are consistent with the Kenya health workforce survey report (2021), WHO, Health Market Labour Analysis Report, (2020) and State of World Nursing Report, (2020) which states that nurses are the backbone of healthcare systems globally

and they account for more than half of all frontline health care workers. The Kenyan Health market labour analysis done by the Ministry of Health (MOH, 2021) reported that Nurses account for 58% of health workforce while doctors account for 7(5.1%) of the total work force. (MOH, 2021). On further analysis, 62(45.6 %) of the respondents had worked in their respective hospitals for less than five years. were, those who had worked for 6 to 10 years were 29 (21.8%), 6 to 10 years were 29 (21.2%), 11 to 15 years were 11(8.1%). Furthermore, 13(9.6%) have worked for 16 to 20 years and 21(15.4%) have for more than 20 years. Majority, 91(66.4%) have worked for less than 10 years in their respective facilities and therefore are well informed, experienced about the processes and working in mental health unit.

4.5 Performance of Health Professionals in Mental Hospitals.

In this study the outcome variable was performance of health professionals in mental hospitals (See Table 4.4).The results on competency revealed that the respondents agreed attitude towards the care of patients was good (Mean, 4.60) and that they felt confident about their ability to do their job (Mean, 4.51).In terms of responsiveness, the respondents agreed that the health workers were always willing to address the clinical and emotional demands of the patients (Mean, 3.92) and that clients were satisfied with the quality of services that they received (Mean, 3.88).On health workers availability at the facility, results show that there was an agreement that they spend most of their time at work attending to the patients (Mean, 4.24) and that they were always present during the official working hours (Mean, 4.37).

Table 4.4*Performance of mental health professionals*

Statement	SD n(%)	D n(%)	U n(%)	A n(%)	SA n(%)	Me an	Std. dev
Competency							
I am confident about my ability to do my job.	5(3.6)	-	3(2.2)	44(29.9)	87(63.5)	4.51	0.861
I always improve my knowledge and skills through continuous professional education.	7(5.1)	2(1.5)	8(5.8)	52(38.0)	67(48.9)	4.25	1.009
I use my knowledge and skills to improve safety of patients.	6(4.4)	-	3(2.2)	46(33.6)	82(59.9)	4.45	0.907
My attitude towards the care of patients is good.	4(2.9)	-	3(2.2)	33(24.1)	97(70.8)	4.60	0.799
Responsiveness							
Clients are satisfied with the quality of services we provide.	5(3.6)	8(5.8)	18(13.1)	73(53.3)	32(23.4)	3.88	0.963
Clients are satisfied with the timeliness of services.	6(4.4)	13(9.5)	27(19.7)	69(50.4)	20(14.5)	3.62	1.118
Complaints from stakeholders towards individual health workers are rare.	7(5.1)	20(14.6)	21(15.3)	61(44.3)	27(19.7)	3.60	0.999
The health workers are always willing to address the clinical and emotional demands of the patients.	8(5.8)	10(7.3)	15(10.9)	53(38.7)	48(35.0)	3.92	1.144
Availability							
My department has an attendance register which is filled by every staff member.	24(17.5)	23(16.8)	12(8.8)	44(32.1)	33(24.1)	3.29	1.450
I spend most of my time at work attending to the patients.	8(5.8)	4(2.9)	3(3.3)	53(33.7)	68(49.6)	4.24	1.058
I am always present during the official working hours.	7(5.1)	3(2.2)	2(1.5)	44(32.1)	79(57.0)	4.37	1.013
Patient waiting time in our hospital is acceptable.	11(8.0)	19(13.9)	20(14.6)	53(33.7)	33(24.1)	3.57	1.227

The findings are corroborated by the Key informants:

“... we do our best for each patient despite a staff shortage in this facility, we are currently operating with almost half of our agreed establishment, we hope to get additional staff in the coming financial year...”.

(KII 004, Female)

“... I can confidently say, our psychiatrists and specialized nurses are able to handle all the cases we receive in this facility ...”

(KII 008, Male)

The findings are in tandem with Goggin et al. (2018) on self-reported competency among health workers who stated that repetitive and regular application of a skill refines competency. Findings indicate agreement on spending most of their time at work attending to the patients (Mean, 4.24) and being present during the official working hours (Mean, 4.37). The following are excerpts from some key informants:

“.... our patient waiting time is occasionally prolonged when we have clinic days and our counsellors are few ...”

(KII 001, Female)

“.... The team we have in this facility is very cohesive and absenteeism is not a concern for us, the staff take their work seriously, monthly work plans assist us in monitoring attendance...”

(KII 005, Female).

Findings in our study are inconsistent with Belita, (2013) who stated that absenteeism in low- and middle-income countries is characterized by health workers arriving late and leaving early and this is attributed to institutional culture, infrequent supervision and dual practice.

Waithaka et al. (2018) stated that health care provider absence from work station results in increased patient wait times and may deter patients from seeking healthcare in the future. Findings are incongruent with WHO, (2018) study that attribute health worker's absenteeism with lower rates of diagnostic testing and increased out of pocket payment.

4.6 Assessment of Training Practices in Mental Hospitals

The first objective sought to assess the influence of training practices on performance of mental health professions in mental hospitals in Kenya, with a focus on training needs assessment, staff training opportunities and continuous professional development. The results are shown in Table 4.5. The study findings indicate that respondents agreed that training helps them to improve the way they do their work in the hospital (Mean, 4.04), that a training needs assessment is always done (Mean, 3.36) and that a staff training calendar is prepared each year based on the findings of the training needs assessment (Mean, 2.84). On staff training opportunities, the respondents disagree that hospital offers opportunities for training in the last 12 months (mean 2.8) and that the hospitals investment for training was satisfactory (Mean, 2.59). The respondents agreed that continuous professional development sessions were offered regularly (Mean, 3.38) and that training opportunities are aligned to their job descriptions (Mean, 3.37). They disagreed that the hospital offers training opportunities for professional regularly (Mean, 2.65).

Table 4.5*Assessment of Training Practices in Mental Hospitals*

Statement	SD n(%)	D n(%)	U n(%)	A n(%)	SA n(%)	Mean	Std. dev
Training needs assessment							
We always carry out a training needs assessment in our hospital annually.	15(10.9)	28(20.4)	11(8.0)	59(43.1)	24(17.5)	3.36	1.288
The process used to identify my training and professional development needs is effective.	19(13.9)	28(20.4)	25(18.2)	48(35.0)	17(12.4)	3.12	1.266
In the last 12 months my identified training and development needs were met.	23(16.8)	43(31.4)	24(17.5)	34(24.8)	13(9.5)	2.79	1.257
A staff training calendar is prepared each year based on the findings of the training needs assessment	28(20.4)	24(17.5)	23(16.8)	52(38.0)	10(7.3)	2.84	1.23
Training helps me in improving the way I do my work in the hospital	12(8.9)	8(5.8)	6(4.4)	46(33.6)	63(56.0)	4.04	1.248
Staff Training Opportunities							
Training opportunities are aligned to my job description	14(10.2)	23(16.8)	10(7.3)	55(40.1)	29(21.2)	3.37	1.303
Selection of staff for in-service training opportunities is based on a training policy.	19(13.9)	33(24.1)	21(15.3)	45(32.8)	19(13.9)	3.09	1.297
I have attended a training sponsored by the hospital in the last one year	42(30.7)	31(22.6)	3(2.2)	35(25.5)	26(19.0)	2.80	1.563
I am satisfied with the investments the hospital makes in staff training	39(28.5)	33(24.1)	22(16.1)	27(19.7)	14(10.2)	2.59	1.363
Continuous Professional Development (CPD)							

The hospital involves staff in decisions regarding CPD	26(19.0)	33(24.1)	22(16.1)	35(25.5)	17(13.1)	2.90	1.350
The hospital offers continuous professional development sessions regularly	12(8.8)	32(23.4)	14(10.2)	48(35.0)	30(21.9)	3.38	1.300
The hospital has a mentorship and on job training program	24(17.5)	35(25.5)	20(14.6)	43(31.4)	15(10.9)	2.83	1.310
Am satisfied with training opportunities for professional growth	29(21.2)	45(32.8)	15(10.9)	32(23.4)	12(8.8)	2.65	1.304

The key informants had the following to say with regards to training practices in mental health facilities:

“...We have a huge staff shortage and the hospital has a deficit especially among psychiatric nurses which makes staff to prioritizes patient care over in person attendance of CPD Sessions in the hospitals ...”

(KII 001, Female).

“... Our annual training budget allocation in this hospital is minimal compared to the staff requests and this limits the support available for staff training opportunities every year ...”

(KII ,007, Male).

.The study results are similar to the findings of the taskforce report MOH, (2020) on mental health which states that Kenya is among the 28% of WHO member states that do not have a separate budget for mental health, and government expenditure on mental health is 0.01% of the total expenditure and also the (Nairobi County Health Reforms Taskforce Report, 2023) which concluded that training offered to health care providers

was not pegged on a systematic capacity and training needs assessment, was not aligned with the individual health workers and county department of health strategic objectives.

The study results corroborate with the findings of the taskforce report MOH, (2020) on mental health which states that Kenya is among the 28% of (WHO) member states that do not have a separate budget for mental health, and government expenditure on mental health is 0.01% of the total expenditure and the Nairobi county health reforms taskforce report (2023) which concluded that training offered to health care providers was not pegged on a systematic capacity and training needs assessment, was not aligned with the individual health workers and county department of health strategic objectives.

The results compare with previous studies by Nursing and Midwifery Board of Australia, (2016) who found out that the role of continuous professional development aims to maintain competencies, develop new skills and safeguard safe practice. The findings of this study reflect the recommendations of the (MOH, 2016). The policy is a blue print for the hospitals to guide all initiatives, investments and decisions made in regard to training of mental health professionals for both in- service and continuing professional development (MOH, 2016).

4.7 Employee Relations in Mental Health Hospitals

The second objective assessed the influence of employee relations on performance of in mental health professionals. The results are shown in Table 4.6

Table 4.6

Employee Relations in Mental Health Hospitals

Statement	SD n(%)	DA n(%)	U n(%)	A n(%)	SA n(%)	Mean	Std.dev
Workplace safety							
I feel safe at work.	18(13.1)	25(18.1)	26(19.0)	60(43.8)	8(5.8)	3.11	1.17
I understand the safety rules for my job.	9(6.6)	8(5.8)	7(5.1)	67(48.9)	43(31.4)	3.95	1.10
The hospital conducts regular training on workplace safety.	27(19.7)	41(29.9)	20(14.6)	33(24.1)	12(8.8)	2.71	1.28
The employees are provided with personal protective equipment.	18(13.1)	2(17.5)	14(10.2)	64(46.7)	13(9.5)	3.23	1.24
All workplace safety incidents are investigated in a timely manner	2(19.7)	3(24.1)	19(13.9)	51(37.2)	7(5.1)	2.84	1.26
A safe working environment enhances my productivity in the hospital	10(7.3)	5(3.6)	14(10.2)	52(38.0)	56(40.9)	4.01	1.15
Communication							
I always receive timely communication on hospital matters	20(14.6)	33(24.1)	12(8.8)	52(38.0)	20(14.6)	3.14	1.34
My supervisor tolerates arguments and gives a fair hearing to all points of view.	20(14.6)	23(16.8)	23(16.8)	56(40.9)	15(10.9)	3.17	1.26
Two-way communication is practiced between Employees and hospital management.	13(9.5)	30(21.9)	26(19.0)	54(39.4)	14(10.2)	3.19	1.17
Effective communication	6(4.4)	3(2.2)	5(3.6)	57(41.6)	65(47.4)	4.26	0.97

influences employee performance.								
Lack of communication results in misunderstandings between health workers.	12(8.8)	1(0.7)	3(2.2)	37(27.0)	83(61.0)	4.31	1.17	
Employee involvement and participation								
Employees' suggestions and ideas are implemented by the hospital management.	22(16.1)	30(21.9)	40(29.2)	37(27.0)	6(4.4)	2.81	1.14	
Grievances raised in the hospital by employees are resolved promptly.	22(16.1)	48(35.0)	32(23.4)	26(19.0)	6(4.4)	2.60	1.11	
The hospital recognizes union officials in decision making on hospital matters that affect employees.	19(13.9)	28(20.4)	36(26.3)	44(32.1)	7(5.1)	2.94	1.15	

On work safety, the respondents agreed that they understood the safety rules for their job (Mean, 3.95) a safe working environment enhanced their productivity in the hospital (Mean, 4.01). However, they disagreed that all workplace safety incidents are investigated in a timely manner (Mean, 2.84) and a safety training is conducted on a regular basis (Mean, 2.71). This is consistent with key informants' responses where they said:

"...we have old facilities and space is a big problem here, there is only one strong room which we also use as a counselling and injection room, if you get a patient who is verbally or physically aggressive it becomes a security challenge for both staff and patients ..."

(KII 004, Female).

“...We have had incidents of verbal aggressive patients, they occur more often between patients and also are directed to staff. We are able to handle most of them but in case of more assistance to restrain a patient who is aggressive we use the security guards for reinforcement ...”

(KII 006, Female).

The Findings on workplace safety are similar to those of a study done in Botswana which stated that aggression and violent behaviours among mentally ill patients towards mental health professionals working in mental units are potential workplace safety concerns, however many incidents of aggression against health workers are unreported and hence minimal evidence is there to support preventive interventions.(Olashore, 2018).The results are also consistent with findings from a study done on incidents related to safety in mental health facilities in Kenya which indicated poorly designed facilities, and work spaces, few seclusion rooms, and insufficient bed capacity are contributing factors to safety incidents in psychiatry units (Kwobah et, al 2023).

Respondents agreed that effective communication influences employee performance (Mean, 4.26), they always receive timely communication on hospital matters (Mean,3.14) and that supervisors tolerate arguments and give a fair hearing to all points of view (Mean, 3.17). A, Key informant had the following to say;

“.... The hospital management shares messages concerning staff matters promptly and also there is very clear particularly during the performance appraisal period ...”

(KII 002, Male)

These findings on communication as an indicator of employee relations corroborates with results from a systematic review by Vermeir et al. (2015) which states that health

care providers spend a considerable portion of time in communication during work and this impacts on judicious resource utilization, effective execution of core operations, quality of service delivery and employee job satisfaction. Findings are also in agreement with the provisions of the devolved HRH guidelines developed by the council of governors in 2016, that bottom up, top-down communication is essential for successful performance of health workers. With regard to employee involvement and participation, the respondents agreed that union officials are involved in staff welfare and hospital decision making (Mean 2.94), however they disagree that employees' suggestions and ideas are implemented by the hospital management (Mean, 2.81) and grievances raised in the hospital are resolved promptly (Mean, 2.60). Some KI stated that,

“... what comes to my mind has been the thorny issue of delayed promotions, my colleague retired this year having not been promoted despite raising this as a concern several times nothing was done, it is so unfortunate for him ...” (KII 008, Male)

“... we had a health worker's strike in December 2020 because some staff hired on contract were not paid their salary on time and had to agitate for improvement of their terms of service because they felt exploited and treated unfairly”

(KII 005, Female).

The findings are consistent with those of MOH, (2022) which alludes that health care systems are highly unionized and policy makers should be proactive in handling staff welfare raised through health professional representatives and avert health workers strikes due to their impact in increasing health inequality and treatment gap. Findings

contrast with Wang et al. (2022) who indicates that participative leadership style, collective decision-making spurs rapid grievance resolution mechanisms and empowers employees to volunteer their innovative ideas for implementation by the organization.

4.8 Responses on the Appraisal System in Mental Hospitals

The third objective sought to establish influence of appraisal system on performance of mental health professionals. The results are shown in Table 4.8.

Table 4.8

Influence of appraisal system on performance

Statement	SD n(%)	DA n(%)	U n(%)	A n(%)	SA n(%)	Mea n	Std. Dev
Setting agreed targets							
I have a clearly documented job description.	12(8.8)	7(5.1)	8(5.8)	64(46.7)	48(32.1)	3.96	1.18
In this hospital performance reviews timelines are set at the beginning of the financial year.	14(10.2)	16(11.7)	21(15.3)	54(39.4)	21(22.6)	3.53	1.5
My performance targets are linked to the hospital's objectives	12(8.8)	7(5.1)	8(5.8)	69(50.4)	41(29.9)	3.88	1.16
In this hospital, performance appraisals are done using best practices.	18(13.1)	14(10.2)	19(13.9)	58(42.3)	27(19.7)	3.46	1.28
Monitoring performance targets							
I am supported to achieve the set targets.	11(8.0)	13(9.5)	18(13.1)	61(44.5)	34(24.8)	3.69	1.18
I am familiar with performance appraisal guidelines.	10(7.3)	10(7.3)	7(5.1)	67(48.9)	42(30.7)	3.89	1.14
Performance monitoring is often done by my supervisor quarterly, mid-year and end of year intervals.	13(9.5)	21(15.3)	18(13.1)	55(40.1)	29(21.2)	3.49	1.25

My supervisor plans for performance review meetings.	18(13.1)	26(19.0)	14(10.2)	55(40.1)	21(15.3)	3.26	1.30
Review of performance							
The results of my performance review represent my actual performance.	12(8.8)	10(7.3)	17(12.4)	66(48.2)	31(22.6)	3.69	1,16
In this hospital performance review is used as a tool to improve my performance.	12(8.8)	20(14.6)	18(43.8)	80(43.8)	26(19.0)	3.50	1,21
Rewards system in our hospital is based on the results of the performance appraisal.	28(20.4)	38(27.7)	28(20.4)	34(24.8)	7(5.1)	2.66	1.21
My promotions and salary increment are linked to my performance appraisal results.	43(31.4)	34(24.8)	17(12.4)	29(21.6)	11(8.2)	2.49	1.35
Managers feedback							
I am satisfied with the way my supervisor conducts my performance appraisal	12(8.8)	23(16.8)	23(16.8)	55(40.1)	21(15.3)	3.37	1.19
I receive regular feedback about my performance from my supervisor	13(9.5)	37(27.0)	20(14.6)	47(34.3)	17(12.4)	3.13	1.23
My supervisor utilizes performance appraisal to identify my strengths and weaknesses	14(10.2)	29(21.2)	21(15.3)	52(38.0)	19(13.9)	3.24	1.23
During performance appraisal employees suggestions are recorded	18(13.1)	26(19.0)	21(15.3)	50(36.5)	19(13.9)	3.19	1.28

The study findings indicate that the respondents agreed that they are familiar with performance appraisal guidelines (mean,3.89), performance targets are linked to the hospitals' objectives (mean,3.88), and health professionals are supported to achieve the

set targets (3.69). These findings are in agreement with the feedback from key informants who stated that:

“...Appraising means you are discussing the strong and weak areas of an employee. So, the staff realize that you recognize their strong areas it can improve their performance but also when you tell them about their weak areas it can also motivate them towards self-improvement...”

(KII,006 Female).

Moreover, a study done in Kiambu county by Owino, (2019) states that performance appraisal influences employee productivity and is statistically significant. Another Key informant had the following to say:

“... in this hospital we have now institutionalized performance management and all staff are very keen with setting targets in GHRIS and having their appraisals completed ...”

(KII 005 Female).

The results are in tandem with the salary and remuneration commission findings from the public wage bill study (SRC, 2019) that focused on both the state cooperation and county government that stated performance appraisal is a management function which converts strategic plans to key focus targets and objectives cascaded downwards to departments and then individuals which are then translated to work plans and are reviewed quarterly and semiannually by immediate supervisors to monitor progress of both individuals and organizations. Additionally, a response from a key informant stated that:

“.... when I reflect about our performance management system, i feel we don't have room for adequate manager's feedback.....”

(KII,006 Female)

These study findings are similar with a study done in Tanzania by Mollel, (2017) who stated that manager's feedback creates impetus for employees to correct poor performance, offer high quality service to the public and develop organization citizenship.

The respondents disagreed that the rewards system is linked to their performance (mean 2.66) and similarly to salary increment and promotions (Mean 2.49). This finding resonates with a key informant who stated that:

“... I feel it is disheartening for many staff who work hard and go the extra mile to further their studies using their own money and also achieve their performance targets because they have not been promoted to the next job group or at least had a salary increment”

(KII 007 male.)

This finding resonates with the (Government of Kenya public service performance rewards and sanctions framework, (MOH, 2016) used in the public service and county government which stated that weak integration of performance appraisal and contracting results to lack of objectivity in measuring performance and failure in linking the rewards and sanction strategy to performance in the public service and county government of Kenya hence the need for implementing the framework to ensure a highly performing , effective, efficient public service.

4.9 Responses on Rewards System

The fourth objective sought to establish whether rewards play a role in the performance of mental health professionals

Table 4.7

Role of rewards in the performance of mental health professionals

Statement	SD n(%)	DA n(%)	U n(%)	A n(%)	SA n(%)	Mean	Std.dev
Competitive salary							
I receive a salary as determined by the public /county service scheme of service	16(11.7)	6(4.4)	4(2.9)	56(49)	52(38.0)	3.91	1.29
My salary is paid in full and on time	11(8.0)	6(4.4)	11(8.0)	56(49)	50(36.5)	3.96	1.17
I receive my approved allowances in addition to my basic salary	14(10.2)	9(6.6)	12(8.8)	55(40.1)	46(3.8)	3.81	1.26
Staff salary increments are done regularly and motivate my performance	46(33.6)	44(24.8)	15(11.0)	32(23.5)	9(6.6)	2.44	1.34
Employee recognition							
My supervisor recognizes my good performance	16(11.4)	20(14.6)	19(13.9)	51(37.2)	28(20.4)	2.37	1.19
My supervisor writes a personal thank you note for work well done	61(44.5)	35(25.5)	13(9.5)	18(13.1)	9(6.6)	3.13	1.23

The hospital gives long service awards to employee in recognition of their years of service	43(31.4)	27(19.7)	15(10.9)	36(26.3)	15(10.9)	3.24	1.23
I am satisfied with the hospitals employee recognition program	45(32.8)	32(23.4)	26(19.0)	22(16.1)	11(8.1)	3.19	1.28
Benefits							
I get promotions in accordance with my scheme of service	53(38.7)	24(17.5)	17(12.4)	27(19.7)	16(11.7)	2.48	1.46
I have a comprehensive medical cover that caters for my immediate family	17(12.4)	18(13.1)	10(7.3)	55(40.1)	34(24.8)	3.53	1.34
I have access to house, education and car loan at lower negotiated market rates	43(31.4)	40(29.2)	23(16.8)	22(16.1)	9(6.6)	2.37	1.26
I am entitled to retirement benefits including pensions/gratuities	15(10.9)	10(7.3)	12(8.8)	50(36.5)	49(35.8)	3.79	1.30

Findings on role of rewards in the performance of health workforce reveal that the respondents agreed their salaries are paid in full and on time (mean, 3.96), are determined by the public /county service scheme of service, (Mean ,3.91) received allowances as stipulated over and above basic salaries, (Mean ,3.81) and were entitled

to a comprehensive medical cover for both the health professional and their family (Mean,3.53). Further findings from key informants:

“... Talking about salaries and statutory deductions, the government has tried to pay on time by the 5th of every month and since 2021 we haven’t had a major challenge with salary delays....”

(KII 002 male).

“.....My concern is mainly on stagnation in one job group for many years because it affects my benefits in the long run especially at retirement because the civil service structure in the county government is rigid. The majority of my colleagues who work for the ministry of health or in the referral hospitals are actually ahead by one or two job groups compared to those in the county”

(KII 008 Male).

The findings mirror those of a study done in Calabar teaching hospital on effect of reward system on performance of health care workers which stated that monetary rewards played a role in performance and enhanced motivation and retention (Oyira et al.,2015), further the results are in consonance with a study on role of salaries and wages in the performance of civil servants in Nigeria which reported that there is a link between performance of civil servants and salary package. However, this findings contrast with those of Chowdhury (2021), who studied on effect of financial performance based incentives on performance of community health workers in Uganda and established that large incentives significantly influenced performance more than smaller incentives and ultimately the larger performance based incentives overshadowed community health workers and made them downplay and neglect unrewarded activities.

The respondents disagreed that they were satisfied with hospital employee recognition program (mean 3.19) and the promotions were not effected as stipulated on the scheme of service (mean 2.48) furthermore they disagreed that access to benefits like car house, education and car loan at lower negotiated market rates are availed to them (mean,2.37). The results are in tandem with sentiments of a key informant interview:

“...I am of the opinion that the government should do more incentives for the staff to access home loans at low interest rates and probably process refunds for those upgrading their training and paying from their savings because study leave is granted...”

(KII 007 Male).

“.... In my view, recognition of health workers for the work they do and sometimes going beyond the call of duty to care for patients with mental health challenges calls for the hospital management to support them.....”

(KII 001, Female)

“.... I believe as supervisors sometimes we do not make time to appreciate the members of our teams on a daily basis to listen to them and understand their needs, if we did it more intentionally it does go a long way in motivating them to perform their work”

(KII 004, Female).

Findings resonate with Armstrong and Taylor (2014) who stated that, employee recognition is linked to performance and intrinsic rewards like delegation, empowerment and appreciation along with extrinsic rewards like salary, promotions and bonuses based on a framework of fairness and equity which then eliminates

prejudices and alienation because employees when receiving rewards compare themselves with peers of similar skills and competence. This study result resonates with Matheuer (2016), who stated that increased salaries are not the ultimate solutions to low health workforce motivation but a mix of by no means sufficient to solve the problem of low motivation. More money will not automatically enhance performance but rather both financial and non-financial incentives are needed to comprehensively incentivize and boost health worker's motivation. The findings also differ with those of Biro (2015), who indicated that employee recognition is a compelling form of reward which brings celebration a culture of both employee and department accomplishment recognition is a morale booster and resonates well to the employee in a personalized language unlike when generic financial rewards are used.

4.6 Inferential Statistics

Inferential statistics used in this study were correlation analysis and multiple linear regression. According to Kothari (2014) regression analysis involves a statistical analysis of a single or multiple variables to establish their cause and effect relationship. The variable attributed with the cause is an independent variable and the one corresponding to the effect is the dependent variable

4.6.1 Normality Test

Multiple linear regression is based on assumptions that data collected from the sampled respondents is distributed normally. Normality tests for training, employee relations, appraisal system, rewards and performance constructs were checked using Q-Q plots and Shapiro-Wilk's test. All the scores in each element approximately fell in the normal line. Shapiro Wilk's test gave non-significant results indicating that the four variables had P-values greater than 0.05. Statistically non-significant results demonstrated that scores were normally distributed and hence validating the use of multiple linear

regression as demonstrated in table 4.9. The study further examined the four variables by checking their normal Q-Q Plots. Based on the findings, regarding multicollinearity, the tolerance values were more than 0.1 and those of variance inflation factor were less than 10. This indicates lack of multicollinearity between the variables and thus, the independent variables of the study were not correlated.

Table 4.9

Test for Normality

Variable	Kolmogorov -Sminorv ^a test			Shapiro –Wilk test		
	Statistic	Df	Sig	Statistic	df	Sig
Y (Performance)	0.082	137	0.0623	0.913	137	0.058
X ₁ (Training)	0.085	137	0.078	0.921	137	0.073
X ₂ (Employee relations)	0.087	137	0.067	0.986	137	0.153
X ₃ (Appraisal system)	0.028	137	0.11	0.996	137	0.102
X ₄ (Rewards)	0.062	137	0.200*	0.989	137	0.318

Lilliefors significance correction

4.6.2 Correlation Analysis

The study used the Pearson correlation coefficient to determine the linear relationship between the independent and dependent variables. The Pearson correlation takes the value within the range of +1 to -1 with the value 0 showing that there is no relationship between the two variables. When the values obtained are greater than 0 it shows a positive relationship meaning an increase of one variables leads to an increase in the other variable. A strong correlation is indicated by a value of 0.5 while a value of 0.3 shows a weak correlation.

Table 4.10*Correlation coefficients*

Correlation Coefficients		Employee				
Variables		Training	Relations	Appraisal	Rewards	Performance
Training	Pearson	1	.584**	.529**	.415**	.280**
	Correlation					
	Sig. (2-tailed)		.000	.000	.000	.001
Employee Relations	N	137	137	137	137	137
	Pearson	.584**	1	.687**	.513**	.476**
	Correlation					
Appraisal	Sig. (2-tailed)	.000		.000	.000	.000
	N	137	137	137	137	137
	Pearson	.529**	.687**	1	.505**	.508**
Rewards	Correlation					
	Sig. (2-tailed)	.000	.000		.000	.000
	N	137	137	137	137	137
Performance	Pearson	.415**	.513**	.505**	1	.336**
	Correlation					
	Sig. (2-tailed)	.000	.000	.000		.000
Performance	N	137	137	137	137	137
	Pearson	.280**	.476**	.508**	.336**	1
	Correlation					
Performance	Sig. (2-tailed)	.001	.000	.000	.000	
	N	137	137	137	137	137

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

In determining whether there exists a relationship between the study variables involved in the study, a correlational analysis was carried out. The findings in table 4.10 demonstrates that the relationship between the independent variables (Mental health professionals training, employee relations, appraisal system and rewards) and the dependent variable (mental health professional's performance) were moderately correlated and statistically significant. The correlation between training and employee

relations was ($r=0.584$, $p<0.001$), between training and appraisal ($r=0.529$, $p<0.001$), between training and remuneration ($r=0.415$, $p<0.001$) between training and performance ($r=0.280$, $p < 0.001$). In addition, the correlation between employee relations and appraisal ($r=0.687$, $p<0.001$), between employee relations and remuneration ($r=0.513$, $p<0.001$), between relationship and performance ($r=0.476$, $p<0.001$). Furthermore, between appraisal and remuneration ($r=0.505$, $p<0.001$), between appraisal and performance ($r=0.508$, $p<0.001$) and between remuneration and performance ($r=0.336$, $p<0.001$).

The findings inferred that all the study variables were positively correlated to performance of mental health professionals. Training contributes to 28% increase in performance whereas employee relations contributed to 47.6%, appraisal system 50.8% and rewards 33.6% increase in performance and the remaining variation is explained by other factors not in the scope of this study.

4.6.3 Regression Analysis

Table 4.11

Model Fit

Goodness of Fit	R	R²	Se	Sig
Performance	0.542	0.294	7.787	0.001

The findings on the model fit, shown on table 4.11 indicate the model is a significant fit ($R^2=0.294$, $p=0.001$) inferred that Human resource management practices contributed to 29.4% of the performance variations among the mental health professionals while 70.6% of the changes are attributed to other variables.

4.6.4 Analysis of Variance

The Analysis of Variance was used to further validate how the model fits the data and gave statistically significant results [F (4, 132) = 13.747, p= 0.001]. Demonstrating that the model was ideal for testing the data is indicated in table 4.12.

Table 4.12

ANOVA Model

Model	SS	DF	MS	F	Sig
Regression	3334.288	4	833.572	13.747	0.001
Residual	8003.844	132	60.635		
Total	11338.13	136			

a Dependent Variable: Mental health professional's performance

b Predictors: (Constant), training, employee relations, appraisal system, rewards

4.7 Multiple Linear Regression Results

Table 4.13

Regression Model

Variable	B	se	T	Sig	95% CI		Tolerance	VIF
Training	-0.059	0.073	-8.1	0.420	-0.203	0.085	0.619	1.615
Employee relations	0.219	0.096	2.285	0.024	0.029	0.408	0.44	2.274
Appraisal	0.221	0.068	3.23	0.002	0.086	0.357	0.479	2.087
Reward	0.068	0.093	0.738	0.462	-0.115	0.251	0.683	1.464
Constant	25.824							

Response Variable: Performance

The model is depicted as: $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$. The model becomes $Y = 25.824 - 0.059 X_1 + 0.219 X_2 + 0.221 X_3 + 0.068 X_4$ based on the regression analysis

findings. The predictors in the model illustrated in table 4.12 were the human resource management practices namely; training, employee relations, appraisal and reward system. The response variable was mental health professional's performance.

The first objective of the study was to assess the influence of training on performance of mental health professionals in Kenya. When employee relations, appraisal system and rewards were held constant, failure to provide one-unit of opportunities in training led to a decline in performance by 0.059 which was statistically not significant ($\beta = -0.059$ [$p=0.42$]). Therefore, if our predictor(training) is reduced by one unit then our model predicts a decline in mental health professional's performance by 5.9%. This finding means that if there is no coordinated approach to train the health workforce on a continuous basis through both short-term and long-term programs, on job training and mentorship there will be a decline in the performance of mental health professionals. The findings mirror those of Zhao et al, (2020) who investigated the effect of training on job competence and satisfaction among primary healthcare providers in China township hospitals and found that the competency of nurses was not statistically associated with training. Further in the study job satisfaction was also not statistically significantly associated with training among primary health care workers and on triangulation with qualitative data highlighted a mismatch between the training needs, content and limited training opportunities.

The second objective was to determine the influence of employee relations on the performance of mental health professionals in Kenya. The results show that employee relations had a positive and statistically significance influence on performance of mental health professionals ($\beta=0.219$; p value $=0.024$). This study determined that communication, employee involvement and participation, and workplace safety are fundamental to boost performance of the mental health professionals. This is supported

by the extensive communication ingrained as a routine practice among the various disciplines involved in health care on a day to day basis, and the role of trade unions in pushing for grievance and dispute resolution (Muthoka, 2016).

The study results further mirror Muthoka (2016), who established that employee relation practices significantly and positively influenced organization performance in the public health sector in Kenya and advocated for rapid alternative dispute resolutions mechanisms with all stakeholders in health care sector

The third objective of the study was to establish the influence of appraisal system on performance of mental health professionals in Kenya. Appraisal system was a significant predictor of mental health professional's performance and had a positive and statistically significant influence on performance of mental health professionals ($\beta=0.221$; $p \text{ value} =0.002$). The findings agreed with a study by Moraa et al. (2019) which targeted responses from National hospital insurance fund employees and determined that performance appraisal positively influences work performance among employees at all ranks in the organization. The findings also mirror a study done by Cherono (2017) on influence of human resource management practices including performance management have a significant influence on employee retention in the real estate industry. Further the findings are consistent with results of a study that revealed performance appraisal practices account for 36.9 percent ($r^2 =0.369$) for employee retention in the health sector in the county government of Kakamega while the rest is explained by other factors. (Mullievi et al., 2019)

The fourth objective was to establish whether rewards play a role in the performance of mental health professionals in Kenya. The regression analysis showed that rewards had a statistically insignificant influence on mental health professionals the employee

rewards did not lead to statistically significant increase in work performance ($\beta = 0.068$; $p \text{ value} = 0.462$). This finding can be attributed to mental health professionals being dissatisfied with the financial and non-financial rewards systems.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the findings, guided by the specific objectives outlined in chapter one, gives rationale as well as make conclusions and recommendations for action and further research.

5.2 Summary of Findings

This study employed a mixed method research design that sought to assess the influence of human resource management practices on performance of mental health professionals working in selected mental hospitals in Kenya. The specific objectives were to assess the influence of training on the performance of mental health professionals, to determine the influence of employee relations on the performance of mental health professionals in Kenya, establish the influence of appraisal system on the performance of mental health professionals and to establish whether rewards play a role in the performance of mental health professionals in Kenya.

Data was collected using a structured questionnaire, key informant interview guide with both qualitative and quantitative analysis done. The study was conducted at the Mathari national teaching and referral hospital and Gilgil sub county mental health unit while pretesting of the study tools was undertaken at the Nakuru county referral and teaching hospital mental health unit. The study sample consisted of 161 mental health professionals divided into five strata based on their professional disciplines; Consultant psychiatrists, Psychiatric Nurses, Counseling psychologists, and occupational therapists.

Descriptive statistics on assessing influence of training on performance of mental health professionals indicate that training needs assessment is undertaken to identify training needs and develop an annual training plan which is aligned with both organization and individual employee goals and also a training policy is in place to guide to guide all initiatives, investments and decisions made in regard to training of mental health professionals either as in service or continuing professional development, however the health professionals were very dissatisfied with the limitations arising from minimal involvement of staff in identification of key priority areas that aligns the organization and personal goals with the CPD sessions organized at the hospital level, and also shrinking opportunities to be nominated and sponsored for further training or conferences. Moreover, despite having a good training policy in both county and national government, majority of health professionals were not satisfied with the training opportunities provided by the hospitals in terms of mentorship and on job training, sponsorships and this is also replicated in the majority being dissatisfied with the investments the hospital made in staff training.

The second objective delved into the influence of employee relations on performance of mental health professionals and descriptive findings revealed that workplace safety, communication and employee involvement and participation are important aspects of employee relations and especially in mental health systems. Safe working environments enhances productivity and study findings indicate that majority of respondents agree that the hospitals management teams recognize the role of trade union officials who are the voice of employees interests and welfare, champion better working conditions for their members.

Employee participation and involvement influences employee performance and enhances competitive advantage of the hospitals. However, respondents disagreed that; all workplace safety incidents are investigated in a timely manner, employees' suggestions and ideas are implemented by the hospital management, the hospital conducts regular training on workplace safety grievances raised in the hospital by employees are resolved promptly. The findings on workplace safety are similar to those of empirical studies on mental health units which regards them as potential risk averse workplaces with safety concerns, however many incidents of aggression against health workers are unreported and hence minimal evidence is there to support preventive interventions.

Further regarding appraisal system which includes goal setting, performance planning, review and managers feedback the study findings indicated that the performance appraisal management system targets are well cascaded and translated to work plans which are reviewed quarterly and semiannually by immediate supervisors to monitor progress of both individuals and selected mental health unit's performance. The findings on appraisal systems positively influences work performance among mental health professionals, however rewards systems, promotions and salary increments are not aligned to the outcomes of performance management system. The fourth specific objective was to determine the role of rewards on performance of mental health professionals. Study results indicate that basic salaries and approved allowances paid to the mental health professionals are determined by the public service commission and the county scheme of service, are paid on time and in full, however promotions, employee recognition by supervisors, promotions and salary increments are not done regularly and this demotivates the health professionals.

Findings on employee recognition indicate that though the supervisors recognize their good performance the health professionals are dissatisfied with the employee recognition program and particularly long service awards, individual employee recognition which then could explain the reason why the rewards system doesn't influence the performance of mental health professionals. The study results indicate that basic salaries and approved allowances paid to the mental health professionals are determined by the public service commission and the county scheme of service, are paid on time and in full, however the salary increments are not done regularly and this demotivates the health professionals. Findings on employee recognition indicate that the health professionals are dissatisfied with the employee recognition program and particularly there are no long service awarded to loyal health professionals for their many years of dedicated service to the hospitals. Regarding benefits, the health professionals disagree on having a comprehensive medical insurance cover catering for their immediate families and are entitled to retirement or gratuity benefits, however they are concerned about delays in promotions in accordance with schemes of service, and access to other fringe benefits like house, car and education loans which are not offered by the employer.

Inferential statistics were done prior to using multiple linear regression, a Pearson correlation test was applied to determine correlation of the study variables namely training, employee relations, appraisal system and rewards. The five variables had moderate correlation. The correlation between training and employee's relations was ($r=0.584$, $p<0.001$), between training and appraisal system ($r=0.529$, $p<0.001$), between training and rewards ($r=0.415$, $p<0.001$), between training and performance ($r=0.280$, $p=0.001$). In addition, the correlation between employee relations and appraisal system ($r=0.687$, $p<0.001$), between employee relations and rewards ($r=0.513$, $p<0.001$),

between employee relations and performance ($r=0.476$, $p<0.001$). Furthermore, between appraisal and rewards ($r=0.505$, $p<0.001$), between appraisal and performance ($r=0.508$, $p<0.001$) and between rewards and performance ($r=0.336$, $p<0.001$). Multiple linear regression test level of significance of each independent variable and the dependent variable. The predictors in the model were training, relationship, appraisal and remuneration system. The outcome was work performance of mental health professionals. When employee relationships, appraisal system and rewards were held constant, health professional training led to non-statistically significant decline in performance of the health professional ($\beta = -0.059$ [95% CI: -0.203 to 0.085, $p=0.42$).

This finding indicate that a training needs assessment in psychiatric units is imperative in skill gap identification, resource allocation and assigning of training opportunities to be able to reverse the decline in performance among mental health professionals in selected psychiatric hospitals. However, holding the health professional training, appraisal system and rewards constant, the employee relationship statistically significantly increases work performance ($\beta=0.219$ [95% CI: 0.029 – 0.408, $p=0.024$). Similarly, when staff training, employee relationships and reward system were held constant, staff appraisal system led to statically significant increase in health professional work performance ($\beta= 0.221$ [95% CI: 0.086 to 0.357, $p=0.002$). Furthermore, when staff training, employee relationships, appraisal system were adjusted, the employee rewards did not lead the statistically significant increase in work performance ($\beta= 0.068$ [95% CI: -0.115 to 0.251, $p=0.464$).

5.3 Conclusions

This study sought to assess the influence of human resource management practices on performance of mental health professionals working in selected mental hospitals in Kenya. The specific objectives were to assess the influence of training, employee relations, appraisal system and rewards on the performance of mental health professionals in Kenya. Based on the findings of this study, minimal training opportunities led to non-statistically significant decline in performance of mental health professionals hence the need for strengthening training as a component of enhancing performance of mental health professionals. Appraisal system was statistically significant and positively influenced performance of mental health professionals. Therefore, it is imperative enhance appraisal systems by employing an automated performance appraisal tracking and evaluation system linked to the Human resource management information system.

Employee relations led to a positive statistically significant increase in mental health professionals work performance, strengthening employee relations practices through the hospital management teams holding regular debriefs with the mental health professionals allows room for sharing of innovative ideas and opportunities for venting any grievances that will lead to improved employee performance in mental health units. The rewards system lead to non-statistically significant increase in performance of mental health professionals in selected psychiatric units in Kenya. The model adopted in this study accounted for 29.4% of the total variation on the influence of human resource management practices on performance of mental health professionals, the results were further validated by ANOVA model which gave which gave statistically significant results [$F(4,132) = 13.747, p=0.001$]. demonstrating that the model was ideal for testing the data, study results reveal that human resource management

practices influence performance of mental health professionals working in selected psychiatric units in Kenya.

This study concludes that staff training is a fundamental investment and effective tool in successful accomplishment of both the mental health professional and psychiatric hospitals goals. A Flexible, competitive, fair, equitable and sustainable rewards system consisting of both financial and non-financial and rewards promotes performance of mental health professionals. The findings of this study imply that the current rewards system is not resonating with expectations of the majority of mental health professionals hence does not influence performance significantly and is an opportunity for improvement by the hospital management teams, county service boards and directorate of human resources in the ministry of health to reengineer the rewards system considering both financial and non-financial incentives since they could be inequitable or not comparable to other health sectors.

5.4 Study Recommendations

The recommendations in this study are anchored on the specific objectives set out and are made to the Nakuru county government public service board, MNTRH management and ministry of health directorate of Human resource management.

5.4.1 Training of Mental Health Professionals

The Nakuru county government public service board and Ministry of Health Directorate of Human resource management conducts a gap analysis and assess training options to guide the implementation of a structured annual training plan for mental health professionals and also develop a standardized on job training and mentorship program for all mental health professionals.

5.4.2 Employee Relations

The study recommends that Nakuru County Government public service board, and the MNTRH management to enhance a harmonious employee relations and continuous engagement with the health unions members and officials in decisions affecting the mental health professionals.

5.4.3 Appraisal System

The study recommends that Nakuru County Government Public service board, the Ministry of Health Directorate of Human resource management and MNTRH management to strengthen the performance appraisal management system and perform regular performance reviews with their employees with discussions so as to review past performance, and set targets for future performance.

5.4.4 Rewards system

Hospitals management in MNTRH and Nakuru county to conduct an audit to identify health professionals who have stagnated in one job group, or are due for promotion and recommend to the county/public service commission a structured mental health professionals recognition program and promotion process.

5.5 Policy Recommendations

The MNTRH and Nakuru county should develop a training and capacity building policy with a dedicated budget, clear guidelines to train mental health professionals. Develop policy guidelines for partnerships, collaboration with medical training colleges and medical schools to leverage on linkages to optimize training of mental health professionals. Implement reward for performance policy

5.6 Suggestions for Further Research

This study recommends that further research should be undertaken to establish the influence of other human resource management practices on performance of health professionals working in mental health that have not been investigated in this study including recruitment, selection and job design. Future studies could replicate this study in the private and public mental health facilities using a larger sample size to establish whether the study findings and variables are consistent with our study results.

REFERENCES

- Ahmat A, Okoroafor S.C, Kazanga I, Asamani J.A, Millogo J.J.S, Illou M. A., Kasonde Mwinga K., Nyoni J.(2022) The health workforce status in the WHO African Region: findings of a cross-sectional study. *BMJ Global Health* 7:e008317. <https://doi.org/10.1136/bmjgh-2021-008317>
- Alebachew A. & Waddington C. (2015) *Improving health system efficiency: Ethiopia: human resources for health reforms*. Geneva: World Health Organization. <https://iris.who.int/handle/10665/187240>
- Alhassan, R.K. & Nketiah-Amponsah, E. (2016). Frontline staff motivation levels and health care quality in rural and urban primary health facilities: a baseline study in the Greater Accra and Western regions of Ghana. *Health Econ Rev* 6, 39 . <https://doi.org/10.1186/s13561-016-0112-8>
- Armstrong, M. & Taylor, S. (2014) *Armstrong's Handbook of Human Resource Management Practice*, Kogan Page Limit
- Armstrong, M. (2012). *A Handbook of Human Resource Management Practice*. Kogan Page Publishers.
- Auditor General (2017) *Performance Audit Report on provision of mental health services Kenya*. <https://www.oagkenya.go.ke/wp-content/uploads/2023/01/Provision-of-mental-healthcare-services-in-Kenya-2017.pdf>
- Ayano G, Assefa D, Haile K & Bekana L (2017). Experiences, strengths and challenges integration of mental health into primary care in Ethiopia. *Family Medicine Science Research* 5:204. <http://dx.doi.org/10.4172/2327-4972.1000204>
- Barasa E.W, Cleary S, English M. & Molyneux S. (2016) The influence of power and actor relations on priority setting and resource allocation practices at the hospital level in Kenya: a case study. *BMC Health Services Research* 16.(1),536 <https://doi.org/10.1186/s12913-015-1214-4> PMID: 26772389.
- Beal, J. A., & Riley, J. M. (2019). Best organizational practices that foster scholarly nursing practice in Magnet hospitals. *Journal of Professional Nursing*, 35(3), 187- 194. doi: 10.1016/j.profnurs.2019.01.001

- Belita A, Mbindyo P, English M. (2013) Absenteeism amongst health workers-- developing a typology to support empiric work in low-income countries and characterizing reported associations. *Human Resource Health*.11, 34 doi: 10.1186/1478-4491-11-34.
- Bratton, J. & Gold J. (2017)" *Human Resource Management theory and practice*," The Free Press
- Bryman, A. (2004). *Social research methods* (4th ed.). Oxford university press.
- Burmen B, Owuor N, Mitei P. (2017) An assessment of staffing needs at a HIV clinic in a Western Kenya using the WHO workload indicators of staffing need WISN, *Human Resource Health*.;15(1):9. doi: 10.1186/s12960-017-0186-3.
- Capelli, G. C. (2011). Theoretical perspectives for strategic human resource management. *Journal of management*, 18(2), 295-320. <https://doi.org/10.1177/0149206392018002>
- Chan, S. T. (2012). The influence of strategic HRM and sector on perceived performance in health services organizations. *The International Journal of Human Resource Management*, 19(10), 1825-1841. <https://splus.strathmore.edu/server/api/core/bitstreams/fb166db1-cb0d-46ea-8eb4-a5c20e18e925/content>
- Chaponda, M. (2014), *The Effect of Performance Appraisal on Employee Motivation in Slum Based Nongovernmental Organization in Nairobi*, [Unpublished Masters Thesis], United State International University.
- Cherono, J. (2017). *Employee development and organizational performance of Unilever Tea Kenya LTD in Kericho County*. [Doctoral dissertation Kenyatta University], Kenya. <https://ir-library.ku.ac.k>
- Chianji A., (2011). *Retention Retaining Health Workers in Rural Kenya: What We Can Learn from Other Countries*. <https://www.intrahealth.org>

- Choge, E. J. (2020). *Factors affecting employee's performance in the health sector: A case of Kenyatta National Hospital* [Doctoral dissertation United State International University] Kenya.
<https://erepo.usiu.ac.ke/bitstream/handle/11732/6043/EVALYNE%20JERONO%20CHOGE%20MBA%202020.pdf?>
- Chowdhury R, McKee K. & Krause H. (2021) How workers respond to social rewards: evidence from community health workers in Uganda. *Health Policy Plan.* 36(3):239–48. Doi:10.93/heapol/czaa162
- Creswell, J.W., Hanson, W. E., Plano, V. L. C. & Morales, A. (2017). Qualitative research design: selection and implementation. *Sage journals*, 35(2), 236-264.
<https://doi.org/10.1177%2F0011000006287390>
- Dessler, G., (2007), *Management: Leading people and organizations in the 21st century*, Prentice Hall,
- Eliphas, M., Mulongo, L. S., & Razia, M. (2017). Perception of public service employees on performance appraisal management in Muheza District. *Tanzania, Business Management and Economics*, 5(4), 60-69. DOI:
<https://doi.org/10.15739/IBME.17.006>
- Gathara D, Zosi M, Serem G, Nzinga J, Murphy GAV, Jackson D, Brownie S, & English M. (2020) Developing metrics for nursing quality of care for low- and middle-income countries: a scoping review linked to stakeholder engagement. *Human Resource Health.* 18(1):34. doi: 10.1186/s12960-020-00470-2.
- Goggin,K., Hurley, E.A., Wagner, G.J., Staggs, V., Finocchario-Kessler, S., Beyeza-Kashesya, J., Mindry, D., Birungi J. & Wanyenze R.K (2018). Changes in Providers' Self-Efficacy and Intentions to Provide Safer Conception Counseling Over 24 Months. *AIDS Behavior.* 22, 2895–2905. doi:10.1007/s10461-018-2049
- Iowa Department of Public Health (2012). *Performance Management Readiness Survey*.
<https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/PM-Readiness-Survey-Template.pdf>

- Jack H, Canavan M, Ofori-Atta A, Taylor L, & Bradley E (2013) Recruitment and Retention of Mental Health Workers in Ghana. *PLoS ONE* 8(2). doi: 10.1371/journal.pone.0057940
- Kamiti, R. K. (2014), *The Effects of Performance Appraisal on Civil Servants Motivation: A Case of the Directorate of Tourism*. [Unpublished MBA Project], University of Nairobi
- Kariuki, C. W., Kiiru, D. (2021) Employee recognition and employee performance at public hospitals in Nyeri County, Kenya. *International Academic Journal of Human Resource and Business Administration*, 3(10), 243-264. https://iajournals.org/articles/iajhrba_v3_i10_243_264.pdf
- Karman, E., Wilson, K.S, Mugo, C. Slyker, J.A., Guthrie, B.L., Bukusi, D., Inwani, I., John-Stewart, G.C., Wamalwa, D., & Kohler, P.K., (2020) Training Exposure and Self-Rated Competence among HIV Care Providers Working with Adolescents in Kenya. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*. doi.org/10.1177/2325958220935264
- Keller K. (2014) *Introduction to Regression Analysis* (6 th ed.) Wiley
- Kinyili, (2015) *Role of human resource management practices on retention of staff in public health institutions in Machakos County, Kenya* [Unpublished Doctoral Thesis], Jomo Kenyatta University of Agricultural and Technology]
- Koly KN, Baskin C, Khanam I, Rao M, Rasheed S, Law GR, Sarker F, & Gnani S.(2021) Educational and Training Interventions Aimed at Healthcare Workers in the Detection and Management of People with Mental Health Conditions in South and South-East Asia: A Systematic Review.*Front Psychiatry* 11(12),741328. . doi: 10.3389/fpsyt.2021.741328.
- Kothari, C. R. & Gaurav, G. (2014). *Research methodology* (3rd ed.). New Delhi: Age international publishers.
- Kumar R (2018) *Research Methodology: A Step-by-Step Guide for Beginners*. (4th ed.), Sage publications

- Kwobah, E., Turissini, M., Barasa, J., Kimaiyo, M., Okeyo, L., Araka, J., Njiriri, F., Matundura R., & Jaguga F., (2023) Mental healthcare services in Kenyan counties: a descriptive survey of four counties in Western Kenya. *BMC Health Services Resources* 23, 543. <https://doi.org/10.1186/s12913-023-09481-w>
- Kwobah, K.E., Kiptoo, S.R., Jaguga, Wangechi, F., Chelagat, S., Ogaro F., & Aruasa W.K. (2022). Incidents related to safety in mental health facilities in Kenya. *BMC Health Services Resources* 23, 95 <https://doi.org/10.1186/s12913-023-09074-7>
- Mabaso, C. (2016). *The influence of rewards on talent attraction and retention at a further education and training college in Gauteng*. [Unpublished master's dissertation]. Vaal University of Technology, South Africa
- Marangu E, Sands N, Rolley J, Ndeti D, & Mansouri F. (2014) Mental healthcare in Kenya: exploring optimal conditions for capacity building. *African Journal of Primary Health Care & Family Medicine*. 6(1) 1-5. doi:10.4102/phcfm. v6i1.682.
- Meyer, A.-C., & Ndeti, D. (2015, January). *Appendix E: Providing Sustainable Mental Health Care in Kenya: A Demonstration Project | Providing Sustainable Mental and Neurological Health Care in Ghana and Kenya: Workshop Summary* | The National Academies Press. <https://www.nap.edu/read/21793/chapter/11-14>
- Ministry of Health (2014a) *Health sector Human resources strategy 2014-2018*. MOH. http://guidelines.health.go.ke:8000/media/HRH_Strategy__2014_-2018.pdf
- Ministry of Health (2014b). *Human resources for health norms and standards guidelines for the health sector: required investments for equitable, and adequate capacity to deliver the Kenya essential package for health*. MOH. <http://guidelines.health.go.ke>:
- Ministry of Health (2015a) Devolution guidelines for HRH 2015. *Nairobi. Ministry of Health*. Ministry of Health www.devolutionhub.or.ke/resource/devolved-hrh-guidelines-for-the-health-sector.
- Ministry of Health (2015b). *Kenya Mental Health Policy 2015 – 2030*. <https://mental.health.go.ke/download/kenya-mental-health-policy-2015-2030>

- Ministry of Health (2016). *Health sector working group report: medium term expenditure framework for the period 2017/18 - 2019/20*. Ministry of Health <http://www.treasury.go.ke/>.
- Ministry of Health (2020a). *Mental Health and Wellbeing: Towards Happiness and National Prosperity*. Ministry of Health. <http://mental.health.go.ke/download/>
- Ministry of Health (2020b). *Kenya Mental Health Investment Case*. Afya House, Cathedral Road, Nairobi: Ministry of health. Ministry of Health <https://mental.health.go.ke/>
- Ministry of Health Kenya. (2019) *Health Service Delivery Indicator Survey 2018 Report*. Ministry of Health. [https://sdi_health_kenya_2018_report%20 \(1\).pdf](https://sdi_health_kenya_2018_report%20(1).pdf)
- Mlambo, M., Silén, C. & McGrath, C. (2021). Lifelong learning and nurses' continuing professional development, a met synthesis of the literature. *BMC Nursing*. 20, 62 <https://doi.org/10.1186/s12912-021-00579-2>
- Mollel E. R., Mulongo L. S. & Razia M (2017) The influence of performance appraisal practices on employee productivity: A case of Muheza District, Tanzania. *Issues in Business Management and Economics* 5 (4), 45-59. <https://doi.org/10.15739/IBME.17.006>
- Moraa, A. A., & Datche, E. (2019). Effect of performance appraisal on employee performance: a case study of national health insurance fund. *The Strategic Journal of Business & Change Management*, 6 (2), 424 – 442. <http://dx.doi.org/10.61426/sjbcm.v6i2.1121>
- Mugenda, O. M. & Mugenda, A. G. (2013). *Research methods: Quantitative and qualitative Approaches*. African Centre for Technology Studies.
- Mulievi, R. N., & Wanyama K. W. (2019). Influence of performance appraisal practices on employee retention in the health sector in the County Government of Kakamega. *The Strategic Journal of Business & Change Management*, 6 (2), 970 –980. www.strategicjournals.com

- Mumbua J., Kinyili J., & Arasa R. (2017) Assessing the Influence of Human Resource Management Practices on Employee Performance in the Health Sector in Machakos County, *International Journal of Economics, Commerce and Management* V, (10), 282-322 <http://ijecm.co.uk/>
- Munakampe, M.N. (2020). Strengthening mental health systems in Zambia. *International Journal Mental Health Systems* 16, 14 - 28. <https://doi.org/10.1186/s13033-020-00360-z>
- Munywoki J, Kagwanja N, Chump J, Zynga J, Barasa E, & Tsofa B (2020). Tracking health sector priority setting processes and outcomes for human resources for health, five-years after political devolution: a county-level case study in Kenya. *International Journal Equity Health*;19(1):165. DOI: 10.1186/s12939-020-01284-3
- Muthoka K.M (2016) Influence of Employee Relations Practices On Organisational Performance of Public Healthcare Sector in Kenya. [Unpublished doctoral thesis] Jomo Kenyatta University of Agriculture and Technology. <http://ir.jkuat.ac.ke/bitstream/handle>
- Namaganda G, Okarche V, Maniple E, et al., (2015). Making the transition to workload-based staffing: using the Workload Indicators of Staffing Need method in Uganda. *Human Resources Health*.31, 13:89. DOI: 10.1186/s12960-015-0066-7
- Narasimhan L, Gopikumar V, Jayakumar V, Bunders J, & Regeer B. (2019) Responsive mental health systems to address the poverty, homelessness and mental illness nexus: The Banyan experience from India. *International Journal Mental Health Systems*, 13, 54. doi: 10.1186/s13033-019-0313-8.
- Narasimhan V.M, Patterson N, Moorjani P... Reich D. (2019) The formation of human populations in South and Central Asia. *Science* 365(6457). doi: 10.1126/science. aat7487.
- Ndirangu, AM. (2021). *Effect of Compensation on Employees Job Satisfaction in Private Hospitals in Nairobi City County, Kenya* [Doctoral dissertation], KCA University
- Ndungu, D.N. (2017). The effects of rewards and recognition on employee performance in public educational institutions: A case of Kenyatta University, Kenya. *Global*

- Ng'ang'a A, Nyangasi M, Nkonge N.G, Gathitu E, Kibachio J, Gichangi P, Wamai RG, Kyobutungi C. (2018) Predictors of cervical cancer screening among Kenyan women: results of a nested case-control study in a nationally representative survey. *BMC Public Health*. 7;18 3. doi: 10.1186/s12889-018-6054-9.
- Nicol, E., Turawa, E. & Bonsu, G. (2019). Pre- and in-service training of health care workers on immunization data management in LMICs: a scoping review. *Hum Resource Health* 17, 92 <https://doi.org/10.1186/s12960-019-0437-6>
- Nutley, T., & Reynolds, H. W. (2013). Improving the use of health data for health system strengthening. *Global Health Action*, 6(10) 1-1. doi: 10.3402/gha. v6i0.20001
- Nyaboga, J.M., & Muathe, S. K., (2022): “Employees Motivation and Health Workers Performance in Public Hospitals in Kenya.” *Journal of Business and Management Sciences*, 10(4) 180-191. doi: 10.12691/jbms-10-4-2
- Nyagudi, W. O & Juma, D (2018). Influence of Human Resource Management On Retention of Health Care Workers in Siaya County Referral Hospital, Kenya. *International Journal of Human Resources and Procurement*.7 (3) 37-81 <http://www.ijssse.org/>
- Olashore, A.A., Akanni, O.O. & Ogundipe, R.M. (2018). Physical violence against health staff by mentally ill patients at a psychiatric hospital in Botswana. *BMC Health Serv Res* 18, 362. DOI: 10.1186/s12913-018-3187-6
- Opatha, H. H. D. P. J., & Uresha, K. I. (2020). HRM and its impact on employee happiness: An empirical study on Sri Lankan employees. *Asian Journal of Social Sciences and Management Studies*, 7(2), 114-123. DOI: 10.20448/journal.500.2020.72.114.123
- Orodho, A. J. (2003). *Essentials of Educational and Social Science Research Methods*. Nairobi: Mazola Publishers
- Owino, C. A., Oluoch, M., & Kimemia, F. (2019). Influence of Performance Management Systems on Employee Productivity in County Referral Hospitals of Kiambu County. *International Journal of Academic Research Business and*

Social Sciences, 9(3), 1320–1336. <http://dx.doi.org/10.6007/IJARBSS/v9-i3/5799>

- Oyira, E.J, Ella, R. Nkamare S.E, Lukpata, F. Uwa, S. L & Mbum P. (2015). Effect of reward system among health care worker's performance: a case study of university of Calabar teaching hospital Calabar, Nigeria. *Journal of Hospital Administration*, 4, 45. DOI:10.5430/JHA.V4N3P45
- Thuku, M & Muriuki, J & Adano, U. & Oyuchio, L. & Nelson, D. (2020). Coordinating health workforce management in a devolved context: lessons from Kenya. *Human Resources for Health* 18(1). DOI: 10.1186/s12960-020-00465-z
- Tsofa B, Goodman C, Gilson L, Molyneux S. (2017) Devolution and its effects on health workforce and commodities management Early implementation experiences in Kilifi County, Kenya. *Int. Equity Health*; 16(1):169. DOI: 10.1186/s12939-017-0663-2
- Tubey, R., Rotich, K. J., & Kurgat, A. (2015). History, evolution and development of human resource management: A contemporary perspective. *European Journal of Business and Management*, 7(9),139-149. www.eajournals.org
- Vainieri M, Ferre F, Giacomelli G, & Nuti S. (2019). Explaining performance in health care: How and when top management competencies make the difference. *Health Care Management Rev*; 44(4), 306–17. doi: 10.1097/HMR.0000000000000164.
- Vermeir P, Vandijck D, Degroote S, Peleman R, Verhaeghe R, Mortier E, Hallaert G, Van Daele S, Buylaert W, Vogelaers D.(2015) Communication in healthcare: a narrative review of the literature and practical recommendations. *International Journal of Clinical Practice* 69(11):1257-67. doi:10.1111/ijcp.12686...
- Waithaka D, Kagwanja N, Nzinga J, Tsofa B, Leli H, Mataza C, Nyaguara A. Bejon P. Gilson L. Barasa E. & Molyneux S., (2020) Prolonged health worker strikes in Kenya- perspectives and experiences of frontline health managers and local communities in Kilifi County. *International. Journal. Equity Health*; 19:1–15. <https://doi.org/10.1186/s12939-020-1131-y> PMID: 32041624.
- Waithaka D, Tsofa B, Kabia E, & Barasa E. (2018) Describing and evaluating healthcare priority setting practices at the county level in Kenya. *International.*

Journal Health Planning Management. 33(3): e733–50. doi: 10.1002/hpm.2527

Wang Q, Hou H, & Li Z. (2022) Participative Leadership: A Literature Review and Prospects for Future Research. *Frontiers in Psychology* 3(13)924357 doi: 10.3389/fpsyg.2022.924357.

Wanjiru, J.N., & Ombui, K. (2021). Effect of career development on employee's performance at the Aga Khan University Hospital. *Journal of Human Resource and Leadership*, 1(1), 17-24. <https://edinburgjournals.org/journals/index.php/journal-of-human-resource/article/view/13>

Waters KP, Zuber A, Willy RM, Kiriinya RN, Waudu AN, Oluoch T, Kimani FM, & Riley PL. (2013) Kenya's health workforce information system: a model of impact on strategic human resources policy, planning and management. *International Journal Medical Informatics*. 82(9):895-902. doi: 10.1016/j.ijmedinf.2013.06.004.

Weltens I, Bak M, Verhagen S, Vandenberk E, Domen P, van Amelsvoort T, Drukker M. (2021). Aggression on the psychiatric ward: Prevalence and risk factors. A systematic review of the literature. *PLoS ONE*. 16(10):e0258346, DOI: 10.1371/journal.pone.0258346

World Health Organization (2006). *The World Health Report 2006: Working Together for Health*. <http://apps.who.int/iris/handle/10665/43432>

World Health Organization (2010). *Mental Health Gap Action Programme Implementation Guide (mhGAP-IG) for mental, neurological and substance use disorders in non-specialized health settings*. WHO. <https://www.who.int/publications/i/item/9789240084278>

World Health Organization (Ed.). (2010). *Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies*. World Health Organization. <https://iris.who.int/bitstream/handle/10665/258734/9789241564052-eng.pdf>

- World Health Organization (2013b) *Understanding the Labour Market of Human Resources for Health in Kenya*, World Health Organization <https://www.who.int/publications/m/item/2013-GHWA-Kenya-labour>
- World Health Organization, (2013b) *Universal truth: no health without a workforce*: <http://www.who.int/workforcealliance/knowledge/resource/s/hrhreport2013/en/>
- World Health Organization. (2013a). *Mental Health action plan (2013-2020)*. World Health Organization. <https://www.who.int/publications/i/item/9789241506021>
- World Health Organization (2015) *Training Needs Assessment of Kenya's health workforce*. Geneva. World Health Organization.
- World Health Organization (2016 a) *Global strategy on human resources for health: workforce 2030*. Geneva: World Health Organization. <http://apps.who.int/iris/bitstream/10665/250368/1/9789241511131-eng.pdf>
- World Health Organization. (2016 b). *Working for health and growth: Investing in the health workforce*, World Health Organization. <https://www.who.int/publications/i/item/9789241511308>
- World Health Organization. (2017). *Mental Health ATLAS 2017 Member State Profile*, World Health Organization. <https://www.who.int/publications/i/item/9789241514019>
- World Health Organization (2018). *Guideline on health policy and system support to optimize Community health worker programmes*, WHO <https://www.who.int/publications/i/item/9789241550369>
- World Health Organization. (2020). *Mental Health ATLAS 2020 Member State Profile*, World Health Organization <https://www.who.int/publications/i/item/9789240036703>
- World Health Organization (2020). *State of the world's nursing 2020: investing in education, jobs and leadership*. Geneva: World Health Organization. <https://www.who.int/publications/i/item/9789240003279>

Yusefzadeh, H., & Nabilou, B. (2020). Work environment factors and provider performance in health houses: a case study of a developing country. *BMC Research Notes*, 13(1), 1-6. DOI: 10.1186/s13104-020-05346-1

Zhao X, Wang H, Li J, Yuan B. (2020). Training primary healthcare worker's in China's township hospitals: a mixed methods study. *BMC Family Practice* 21(1):249. <https://doi.org/10.1186/s12875-020-01333-4>

APPENDICES

Appendix I: Consent Form

Introduction

My name is Fredrick Wambu, a student from Kenya Methodist University undertaking a Master's degree in Health Systems Management. I am conducting a research that “seeks. **To determine influence of human resource management practices on performance of mental health professionals working in selected psychiatric units in, Kenya**”. I wish to request for permission from you to participate in this study. I am humbly requesting you to provide the information requested to allow me complete the study.

Study Purpose. This study seeks to assess the influence of human resource management practices on the performance of mental health professionals with a focus on three selected mental health units in Kenya. The study will add to the body of knowledge on human resource practices, enhance decision making on evidence-based health workforce norms and standards to improve quality of mental health services and positive patient outcomes.

Study procedure: Participation in this research involves answering questions which were asked in a research questionnaire concerning human resource management practices in this facility. You are required to fill your responses in the spaces provided and return the questionnaires. At any given time, you are free to seek clarification on any unclear aspects related to the study.

Voluntary participation: You have the right to decline participation in this study as it is purely voluntary and thus optional. You may as well omit to respond to some questions and withdraw from the interview at any time without any dire consequences.

Discomforts and risks This questionnaire and interview schedule is detailed and you might get tired underway. You may realize that a number of questions provoke your cultural and professional beliefs hence you may choose not to answer. This exercise may interfere with your daily work routine; however, I will be glad if you take your time to participate in the study.

Benefits and rewards

Your participation in the study will provide me with the necessary information to support decision making on evidence based health workforce norms and standards to improve quality of mental health services and positive patient outcomes. There is no reward for anyone who chooses to participate in the study

Confidentiality:

The interview will be held in private settings within the facility. The information you provide will be treated with utmost confidentiality. Your identity will not be revealed and the information will be used for the purpose of this study only.

Contact information:

In case of any questions regarding this study, you may contact my supervisors.

Prof Wanja Tenambergen

Kenya Methodist university, Nairobi campus

Cell phone No.0726678020

Email: wanja.tenambergen @kemu.ac.ke.

Mr. Musa Oluoch

Kenya Methodist university, Nairobi campus

Cell phone No.0722483909

Email: musadot123@gmail.com

Participant's statement

The information concerning my involvement in this study has been clarified to me. I have been given an opportunity to ask questions and my concerns have been addressed adequately. Participation in this research is purely optional and voluntary. I understand that the information I will give in this study shall be kept confidential. I can also choose to withdraw from participating from the study at any one given time.

Sign..... Date.....

Principal Investigator's statement

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

Name: Fredrick Njoroge Wambu: **Sign**..... **Date**.....

Contact: 0722938898

Email: fwambu [2002@gmail.com](mailto:fwambu2002@gmail.com)

Appendix II: Questionnaire

This questionnaire seeks to **determine the influence of human resource management practices on performance of mental health professionals working in selected psychiatric units in, Kenya.** You are being selected to participate in this study because your contribution to this institution is key to the kind of information required in this study. The information you provide will be treated with outmost confidentiality and shall be utilized for academic research purposes. All your responses will be kept confidential

Instructions

Please tick in the appropriate box and fill the blank spaces provided, kindly complete this questionnaire objectively and honestly.

Section A: Background Information

1. Gender Male [] Female []
2. Age in years
3. Highest completed qualification
Certificate [] Diploma [] Higher National Diploma. []
Degree [] Masters [] PHD []
4. Name of the hospital where you work.....
5. What is your designation at the hospital?.....
6. Duration Worked in the hospital in years [] Months []

SECTION B: Training of Health Professionals in Mental Health Facilities

What is your level of agreement on the following statement relating to influence of training on the performance of mental health professionals? Please use the rating criteria below

Strongly Disagree- SD, Disagree-DA, Undecided, U- Agree, Strongly Agree -A

Statement	SD	DA	U	A	SA
Training needs assessment					
1. We always carry out a training needs assessment in our hospital annually					
2. The process used to identify my training and professional development needs is effective					
3. In the last 12 months my identified training and development needs were met					
4. A staff training calendar is prepared each year based on the findings of the training needs assessment					
5. Training helps me in improving the way i do my work in the hospital					
Staff Training Opportunities					
6. Training opportunities are aligned to my job description					
7. Selection of staff for in-service training opportunities is based on a training policy					
8. I have attended a training sponsored by the hospital in the last one year					
9. I am satisfied with the investments the hospital makes in staff training					
Continuous Professional Development					
10. The hospital involves staff in decisions regarding CPD					

11. The hospital offers continuous professional development sessions regularly					
12. The hospital has a mentorship and on job training program					
13. Am satisfied with training opportunities for professional growth					

SECTION C: Employee Relations in Mental Health Facilities

What is your level of agreement on the following statement relating to influence of Employees relations on the performance of mental health professionals? Please use the rating criteria below

1=SD Strongly Disagree, 2 =DA-Disagree, 3=U-Undecided, 4= Agree, 5=SA- Strongly Agree

Statement	SD	DA	U	A	SA
Workplace safety					
14. I feel safe at work					
15. I understand the safety rules for my job					
16. The hospital conducts regular training on workplace safety					
17. The employees are provided with personal protective equipment					
18. All workplace safety incidents are investigated in a timely manner					
19. A safe working environment enhances my productivity in the hospital					
Communication					
20. I always receive timely communication on hospital matters					
21. My supervisor tolerates arguments and gives a fair hearing to all points of view					

22. Two way communication is practiced between Employees and hospital management					
23. Effective communication influences employee performance					
24. Lack of communication results in misunderstandings between health workers					
Employee involvement and participation					
25. Employees suggestions and ideas are implemented by the hospital management					
26. Grievances raised in the hospital by employees are resolved promptly					
27. The hospital recognizes union officials in decision making on hospital matters that affect employees					

Section D: Appraisal system in the Psychiatric units

What is your level of agreement on the following statement relating to influence of appraisal on the performance of mental health professionals? Please use the rating criteria below

1=SD Strongly Disagree, 2 =DA-Disagree, 3=U-Undecided, 4= Agree, 5=SA- Strongly Agree

Statement	SD	DA	U	A	SA
Setting agreed targets.					
28. I have a clearly documented job description.					
29. In this hospital performance reviews timelines are set at the beginning of the financial year.					
30. My performance targets are linked to the hospitals objectives					
31. In this hospital, performance appraisals are done using best practices .					

Monitoring performance targets.					
32. I am supported to achieve the set targets.					
33. I am familiar with performance appraisal guidelines.					
34. Performance monitoring is often done by my supervisor quarterly ,mid-year and end of year intervals.					
35. My supervisor plans for performance review meetings.					
Review of performance.					
36. The results of my performance review represent my actual performance.					
37. In this hospital performance review is used as a tool to improve my performance .					
38. Rewards system in our hospital is based on the results of the performance appraisal.					
39. My promotions and salary increment are linked to my performance appraisal results .					
Managers feedback					
40. I am satisfied with the way my supervisor conducts my performance appraisal					
41. I receive regular feedback about my performance from my supervisor					
42. My supervisor utilizes performance appraisal to identify my strengths and weaknesses					
43. During performance appraisal employees suggestions are recorded					

SECTION E: Rewards

What is your level of agreement on the following statement relating to influence of rewards on the performance of mental health professionals? Please use the rating criteria below

1=SD Strongly Disagree, 2 =DA-Disagree, 3=U-Undecided, 4= Agree, 5=SA- Strongly Agree

Statement	SD	DA	U	A	SA
Competitive salary					
44. I receive a salary as determined by the public /county service scheme of service					
45. My salary is paid in full and on time					
46. I receive approved allowances in addition to my basic salary					
47. Staff salary increments are done regularly and motivate my performance					
Employee recognition					
48. My supervisor recognizes my good performance					
49. My supervisor writes a personal thank you note for work well done					
50. The hospital gives long service awards to employees in recognition of their years of service					
51. I am satisfied with the hospitals employee recognition program					
Benefits					
52. I get promotions in accordance with my scheme of service					
53. I have a comprehensive medical cover caters for my immediate family					

54. I have access to house, education and car loan at lower negotiated market rates					
55. I am entitled to retirement benefits including pensions/gratuities					

SECTION F: Performance of Mental health professionals in mental hospitals

Please tick the appropriate box

What is your level of agreement on the following statement relating to your performance as a mental health professional? Please use the rating criteria below

1=SD Strongly Disagree, 2=D-Disagree, 3=U-Undecided, 4= Agree, 5=SA- Strongly Agree

Statement	SD	DA	U	A	SA
Competency					
56. I am confident of my ability to do the job					
57. Continuous Professional Development helps me to improve my knowledge and skills					
58. I use my knowledge to improve patient safety					
59. The Hospital provides me with opportunities for Continuous professional development					
Responsiveness					
60. I treat patients with respect at every encounter					
61. Patients consent is obtained before conducting tests and starting treatment					
62. Confidentiality of patients medical records is safeguarded					

63. The mental health care amenities and linen is very clean, food served to patients is nutritious and edible					
Availability					
64. I always fill the attendance register					
65. I spend most of my time at work attending to the patients					
66. I am present during official working hours					
67. Patient waiting time in our hospital is acceptable					

Thank you

Appendix III: Interview Schedule for Key Informants

Dear Respondent, you have been chosen as a respondent in this study entitled **“Influence of human resource management practices on performance of mental health professionals working in selected psychiatric units in, Kenya”**, which is being undertaken as part of an educational research in the partial fulfillment of the Masters of Health Systems Management in Kenya Methodist University. This is qualitative data and your respondents are important in understanding what influences the performance of health workers in psychiatric units in Kenya. The responses will be for academic purposes only and will be treated with utmost confidentiality. The interview will take about 50-60 minutes. Your cooperation will ensure success of the study.

If you agree, I would like to record this session in addition to taking hand written notes.

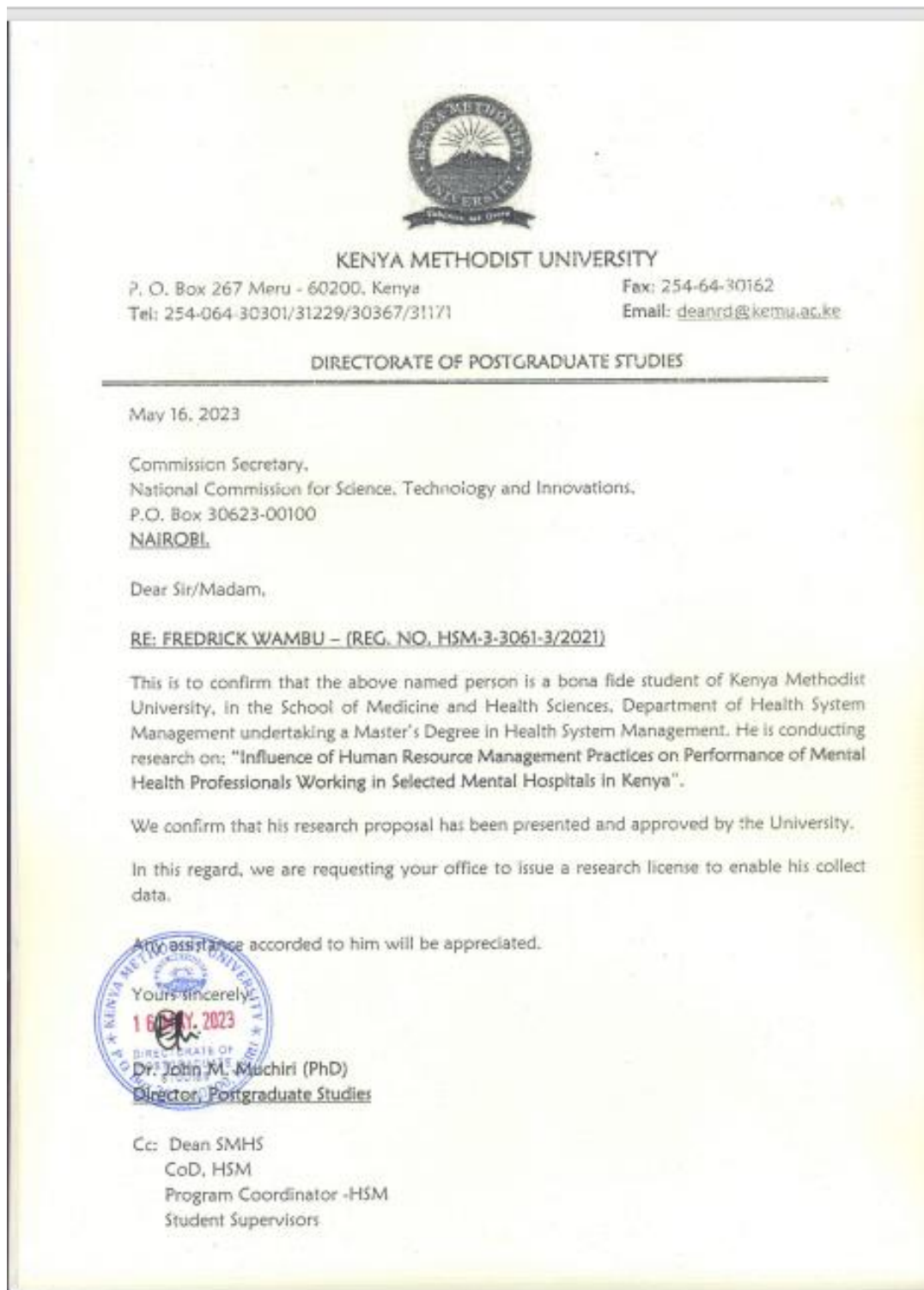
1. Name of the Hospital
2. Gender of the interviewee
3. For how long have you served as an in charge in this facility? How many staff do you supervise?
4. How many patients are seen on average per month in your hospital?
5. Do you have a performance appraisal system? Are your staff appraised?
6. What type of performance appraisal system do you use in this hospital? Why did you select this particular system?
7. How is Feedback given to the staff after appraisal exercise?
8. Which challenges does the appraisal process face any in your hospital?
9. What recommendations would you make on the current appraisal system?
10. Does your hospital utilize an integrated human resources information system? If yes which data on health workforce is collected?

11. How would you rate the effectiveness of a training needs assessment and availability of funds to support staff?
12. In your opinion how do you rate the effectiveness of the staff continuous professional development?
13. What are your views on staff availability in your hospital?
14. What are the levels of staff competencies in this hospital? Why do you say that?
15. How productive are the staff in this hospital? What affects their productivity?

Appendix IV: NACOSTI Approval

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 975035	Date of Issue: 12/June/2023
RESEARCH LICENSE	
	
This is to Certify that Mr., FREDRICK NJOROGE WAMBU of Kenya Methodist University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi, Nakuru, Uasin-Gishu on the topic: INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON PERFORMANCE OF MENTAL HEALTH PROFESSIONALS WORKING IN SELECTED MENTAL HOSPITALS IN, KENYA for the period ending : 12/June/2024.	
License No: NACOSTI/P/23/26242	
	

Appendix V: KeMU SERC Approval





KENYA METHODIST UNIVERSITY
P. O. BOX 267 MERU - 60200, KENYA FAX: 254-64-30182
TEL: 254-064-30301/31229/30367/31171 EMAIL: INFO@KEMU.AC.KE

May 16, 2022

KEMU/IRCA/HM/05/2022

FREDRICK WAMBU
HM-3-3061-2/2021

Dear Fredrick,

SUBJECT: INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON PERFORMANCE OF MENTAL HEALTH PROFESSIONALS WORKING IN SELECTED MENTAL HOSPITALS IN KENYA

This is to inform you that Kenya Methodist University Institutional Scientific Ethics and Review Committee has reviewed and approved your research proposal. Your application approval number is KEMU/IRCA/HM/05/2022. The approval period is 16th May, 2022 – 16th May, 2024.

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

- I. Only approved documents including informed consent, study instruments, MTAC will be used.
- II. All changes including (amendments, deviations, and violations) are submitted for review and approval by Kenya Methodist University Institutional Scientific Ethics and Review Committee.
- III. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KEMU IRSC 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 IRSC 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 IRSC.

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



Appendix VI: Approval from Nakuru County Referral Teaching Hospital

 REPUBLIC OF KENYA NAKURU COUNTY GOVERNMENT DEPARTMENT OF HEALTH SERVICES Email: rvpghashura@nchhs.com Mobile: +254712758460	 NAKURU COUNTY COUNTY OF INFINITE OPPORTUNITIES NAKURU COUNTY REFERRAL & TEACHING HOSPITAL P.O. BOX 71-20100 NAKURU
When replying please quote: Ref No: NCRTH/R&EC/VOL I/2023 21st June, 2023	
FREDRICK NJOROGE WAMBU THE NAIROBI HOSPITAL P.O. BOX 30026-00100 NAIROBI <i>Paid thru the bank</i>	
RE: <u>AUTHORITY TO CARRY OUT RESEARCH</u> Further to your application on the above subject, the Research and Ethics Committee discussed and approved your research, Influence of Human Resource Management Practices on Performance of Mental Health Professionals Working in Selected Mental Hospitals in Kenya. You are therefore required to pay Ksh 5,000 (Five thousand shillings) research fee payable to the hospital. Ensure the research is carried out in accordance to the laid down ethics and research regulations. Kindly submit your findings to the committee prior to publication / exit.	
 DR. MICHAEL SITIMA CHAIRPERSON RESEARCH AND ETHICS COMMITTEE NAKURU COUNTY REFERRAL & TEACHING HOSPITAL 	

Appendix VII: Approval from Nakuru County Department of Health

Subscribed
Ag. H.C. to assist
09/06/2023

 **DEPARTMENT OF HEALTH SERVICES
NAKURU COUNTY** 

Email: cohealth.nakuru@gmail.com DEPARTMENT OF HEALTH SERVICES
P.O. BOX 2060 – 20100
NAKURU

REF: NCG/CDPH/RES/VOL.1/2023/680 10th May, 2023

To
The Medical Superintendents

- Nakuru County Referral & Teaching Hospital
- Gilgil Sub County Hospital

RE: RESEARCH AUTHORISATION

This is to inform you that **Fredrick Njoroge Wambu** who is a student at Methodist University has been granted authority to conduct research at your facility.

This research is for academic purpose and the title is ***"Influence of Human resource Management practices on performance of mental health professionals working in selected mental health hospitals in Kenya."***

This approval is subject to adherence to the study protocol and the prevailing research regulations.

Please accord him the necessary support.




ELIZABETH KIPTOO
Ag. COUNTY DIRECTOR, PUBLIC HEALTH
NAKURU

C.C:

- Fredrick Njoroge Wambu

Appendix VIII: Approval from Mathari National Teaching and Referral Hospital

MATHARI NATIONAL TEACHING AND REFERRAL HOSPITAL

CLEARANCE TO CONDUCT RESEARCH IN MATHARI HOSPITAL

TO: ALL MATHARI STAFF

Dates: 26/5/2023

This is to inform you that (name)

FREDRICK NJOROGE WAMBU.

From (Institution)

KENYA METHODIST UNIVERSITY NAIROBI CAMPUS.

Has been cleared by the office of the Chief Executive Officer to
conduct research at Mathari National Teaching and Referral Hospital
from 2/6/2023 to 2/7/2023

Please accord them the necessary support.

