

**HUMAN RESOURCE MANAGEMENT PRACTICES AND SERVICE
DELIVERY IN THE HEALTH SECTOR, NYERI COUNTY, KENYA**

BY

GLADYS WANJIKU WACHIRA

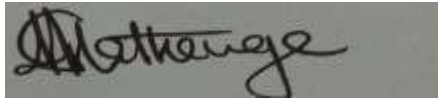
**A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
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BUSINESS AND ECONOMICS**

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ELDORET**

2024

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Date: _____

Gladys Wanjiku Wachira
SHR/PHD.HR/O1/13

DECLARATION BY THE SUPERVISORS:

This thesis has been submitted for examination with our approval as the University Supervisors

Date: _____

Dr. Alice Kurgat
Senior Lecturer,
Department of History, Political Sciences and Public Administration
Moi University,
Eldoret, Kenya

Date: _____

Prof. Bernard K. Nassiuma
Department of Management Science and Entrepreneurship
Moi University,
Eldoret, Kenya

DEDICATION

I dedicate this thesis to the memory of my late parents, my father Erastus Wahome and my mother, Faith Mirigo, who cherished education.

ACKNOWLEDGEMENT

First, I want to thank the Almighty God for enabling me to go this far. My supervisors Dr. Alice Kurgat and Prof. Bernard K. Nassiuma who tirelessly assisted and guided me through this study. Lecturers Moi University (Nairobi Campus), for opening my eyes on Human Resource issues, their guidance, for making this study possible. Special thanks to Dr. Tarus, Prof. Musebe, Prof. Mulongo and others for patiently guiding me through this study. My family, especially my husband, Patrick Wachira, my two daughters Angeline Wanjiru Johnson, Faith Wanjiku Wachira and my son, Timothy Mathenge Wachira, for their encouragement. Lastly I acknowledge my late sister Edith and her husband John who encouraged me to study.

ABSTRACT

Health Sector Service delivery is core to the effective functioning of human resources. It impacts on the health of citizens who provide labour force in the economy in several ways. The implementation of devolution in Kenya, has had several readjustment challenges witnessed. The human resource practices adopted, among other things can influence effective delivery of service in the Health sector. This study focused on Nyeri County, it was undertaken in the context of devolved health system in Kenya. The following objectives guided this study to examine employee reward and remuneration; working conditions; resource infrastructure management; recruitment, selection and retention on health sector service delivery. This research was conducted in Nyeri County, in three sub-county hospitals and one level five referral hospital. Human Capital Theory, Herzberg two factor theory and Vroom's Expectancy Theory, anchored the theoretical framework of this study. Pragmatic philosophy was adopted to examine the implication of human resource practices, on health sector service delivery in Nyeri County. The study used a sample size of 266 randomly selected objects of the study out of target population of 916. Interviewees were purposively selected, that included three top management staff in all hospitals. The primary data collection was carried out by use of structured questionnaires and interview schedule. Secondary data was obtained from existing published literature available, related to the study. Quantitative data analysis was achieved by use of SPSS version 21. The researcher used co-current mixed research methods. Descriptive design was used to collect both quantitative and qualitative data simultaneously. The specific analysis tests were descriptive and inferential. Regression model was applied to test hypothesis and data obtained was presented in bar charts and graphs, percentages and frequency tables. The qualitative data obtained from interviewees was analyzed thematically. Qualitative and quantitative data was integrated at results level. The findings revealed that there was a strong positive relationship with a high level of positive relationship with a significance that determined the strength and direction of the findings of the study. Employee reward and remuneration significantly positively predicted the healthcare service delivery ($\beta = 0.417 < \alpha = 0.05$). $\alpha = 0.05$, Working conditions, significantly predicted the level of health sector service delivery ($\beta = 0.479 < \alpha = 0.05$). Physical resource infrastructure management, significantly positively predicted the level of health sector service delivery ($\beta = 0.707 < \alpha = 0.05$).; Employee recruitment, selection and retention, significantly positively predicted the level of health sector service delivery; Selection and retention significantly positively predicted the level of health sector service delivery ($\beta = 0.677 < \alpha = 0.05$) Physical resource infrastructure management is the key component in determining the level of health sector service delivery. Qualitative findings complement the quantitative results. The findings of the study concluded that the four variables influenced health sector service delivery. The study further concluded that health sector address employee reward and remuneration; working conditions, staff recruitment and selection strategies, physical resource infrastructure management and maintenance of facilities and equipment, lack of pharmaceuticals, drugs to enhance health sector service delivery. Based on the conclusion, the study recommends that health sector in Kenya should develop human resource management practices geared towards improving service delivery. The government should enforce labour laws and regulations to enhance health sector service delivery.

TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
ABSTRACT.....	v
TABLE OF CONTENTS.....	vi
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xiii
ABBREVIATIONS.....	xiv
DEDINITION OF TERMS AND CONCEPTS.....	xv
CHAPTER ONE.....	1
INTRODUCTION.....	1
1.0 Overview.....	1
1.1 Background to the Study.....	1
1.2 International Perspective.....	11
1.2.1 Regional Perspective.....	13
1.2.2 The Kenyan Perspective.....	15
1.2.3 Types of Healthcare.....	21
1.2.4 Human Resource Management for Health.....	22
1.2.5 Work Conditions.....	23
1.3 Problem Statement.....	25
1.4 Objectives of the Study.....	28
1.4.1 Main Objective of the Study.....	28
1.4.2 Specific Objectives.....	28
1.4.3 Research Hypothesis.....	28
1.5 Justification of Study.....	29
1.6 Significance of the Study.....	30
1.7 Scope and Delimitation of the Study.....	31
CHAPTER TWO.....	33
LITERATURE REVIEW.....	33
2.1 Overview.....	33
2.1 Theoretical Review.....	33

2.1.1 Human Capital Theory	33
2.1.2 Two-Factor Herzberg Theory	35
2.1.3 Expectancy Theory	36
2.1.4 SERVQUAL Model.....	38
2.2 Study Concepts	39
2.2.1 Service Delivery	39
2.3 Human Resource Management Practices	43
2.3.1 Concept of Reward and Remuneration.....	45
2.3.2 Working Conditions Practices	47
2.3.3 Physical Resource Management	50
2.3.4 Recruitment, Selection and Retention	51
2.4. Human Resource Management Practices on Service Delivery	53
2.4.1 Remuneration, Reward and Service Delivery	54
2.4.2 Working Conditions and Service Delivery.....	56
2.4.3 Physical Resource Management and Service Delivery	58
2.4.4 Recruitment, Selection & Retention and Service Delivery	60
2.5 Concept of Service Delivery.....	62
2.6 Conceptual Framework.....	63
2.6.1 Empirical Review	65
2.7 Literature Gap.....	67
2.7.1 Chapter Summary	69
CHAPTER THREE.....	70
RESEARCH METHODOLOGY	70
3.0 Introduction	70
3.1 Study Area	70
3.2 Research Philosophy.....	70
3.3 Research Design	72
3.4 Target Population	73
3.5 Sample Design Procedures	74
3.5.1 Target Population.....	74
3.5.2 Sample Size and Sampling Procedure	75
3.5.3 Sampling Frame.....	76
3.5.4 Sampling Techniques.....	76

3.6 Data Collection Methods and Procedures	77
3.6.1 Data Collections Instruments.....	77
3.6.2.1 Questionnaire	79
3.6.2.2 Interview Guide	79
3.6.2 Data Collection Procedure	79
3.7 Measurement of the Study Variables.....	82
3.7.1 Dependent Variable	82
3.7.2 Independent Variables	82
3.8 Validity and Reliability of Instruments	84
3.8.1 Research Instruments.....	84
3.8.2 Validity of Instruments	84
3.9 Data Analysis and Presentation	85
3.9.1 Quantitative Data Analysis	86
3.9.2 Qualitative Data Analysis	87
3.9.3 Piloting of Research Instruments.....	88
3.9.4 Statistical Model	89
3.9.5 Assumptions of Multiple Linear Regression	91
3.9.6 Triangulation of Data.....	92
3.9.7 Ethical Consideration.....	92
CHAPTER FOUR.....	94
DATA ANALYSIS, PRESENTATION AND INTERPRETATIONS OF FINDINGS	94
4.0 Introduction	94
4. 1 Data Preparation and Screening	94
4.1.1 Reliability of Instruments	94
4.1.2 Response Rate.....	95
4.1.3 Missing Data Analysis	97
4.1.4 Analysis Outliers	97
4.2 Demographic Profile of Respondents	97
4.2.1 Age Distribution	98
4.2.2 Respondents Level of Education	99
4.2.3 Work Experience	100
4.3 Descriptive Analysis of the Variables	103
4.3.1 Employee Service Delivery	103

4.3.2 Prompt Address to Employee Grievances	103
4.4 Reward and Remuneration	107
4.4.1 Research Hypotheses	111
4.5 Remuneration and Reward on Health Sector Service Delivery	111
4.6 Conditions of Work	117
4.7 Employee Working Condition.....	119
4.8 Physical Resource Infrastructure	123
4.8.1 Descriptive Statistics of Study Variables Physical Infrastructure	125
4.9 Recruitment, Selection and Retention	130
4.10 Interview Findings	137
4.11 Inferential Tests	140
4.11.1 Correlation Analysis	140
4.12 Test of Assumptions	141
4.12.1 Results of Outliers	141
4.12.2 Normality Test Results	142
4.12.3 Linearity Results	142
4.12.4 Multicollinearity	144
4.12.5 Homoscedasticity of the Residuals of Dependent Variable	149
4.13: Testing of Hypothesis.....	150
CHAPTER FIVE	162
SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS	162
5.0 Overview	162
5.1 Summary of Findings	162
5.1.1 Effect of Remuneration and Reward on Service Delivery	162
5.1.2 Working Conditions.....	164
5.1.3 Physical Resources Infrastructure Management.....	165
5.1.4 Recruitment, Retention and Selection	167
5.1.5 Service Delivery	168
5.2 Contribution to Practice.....	169
5.3 Contribution to Theory	169
5.4 Conclusion.....	170
5.4.1 Reward and Remuneration	170
5.4.2 Working Conditions.....	171

5.4.3 Infrastructure Resource Management.....	172
5.4.4 Recruitment, Selection and Retention	172
5.4.5 Service Delivery	173
5.5 Recommendations	173
5.5.1 Area for Further Research	174
REFERENCES	175
Appendix I: Letter of Introduction	190
Appendix II: Interview Guide Questions.....	190
Appendix III: Questionnaire for Health Sector Employees.....	191
Appendix IV: Research Permit.....	200
Appendix V: Map of Nyeri County	202

LIST OF TABLES

Table 1.1: Health Officers by Position and Ranks	22
Table 2.2: Summary of Research Gaps	68
Table 3.1: Target Population	74
Table 3.2: Sample Size	75
Table 4.1: Reliability Test	95
Table 4.2: Number Respondents	96
Table 4.3: Respondents Age Distribution.....	98
Table 4.4: Work Experience	100
Table 4.5: Summary Demographic Information.....	102
Table 4.6: Long Working Hours.....	103
Table 4.7: Prompt Address to Grievances	103
Table 4.8: Health Sector Service Delivery	106
Table 4.9: Remuneration Reward	108
Table 4.10: Reward for Travel Subsistence.....	109
Table: 4.11: Summary Findings of Reward and Remuneration	115
Table 4.12: Working Conditions	117
Table 4.13: Shortage of Staff.....	118
Table 4.14: Summary of Working Conditions	121
Table 4.15: Availability of Modern Equipment	123
Table 4.16: Sufficient Drugs in the Hospital	123
Table 4.17: Accessibility of Patients to the Hospital.....	124
Table 4.18: Availability of Laboratory Reagents	124
Table 4.19: Physical Infrastructure Management on Health Service Delivery	127
Table 4.20: Recruitment, Selection and Retention	133
Table 4.21: Study Interviewees	137
Table 4.22: Correlation Matrix	140
Table 4.23: Normality Test Results for Dependent Variable	142
Table 4.24: KMO Barlett's Test	143
Table 4.25: Summary of Multi-collinearity Test	144
Table 4.26: Remuneration and Reward Multicollinearity Test	145
Table 4.27: Working Conditions Multicollinearity Test	146
Table 4.28: Physical Resource Infrastructure Management.....	146

Table 4.29: Measure of Sampling Adequacy and Sphericity of Data	147
Table 4.30: Homogeneity of Variance	149
Table 4.31: Breusch-Pagan and Koenker Test for Heteroscedasticity	149
Table 4.32: Model Summary of Coefficients of Relationship.....	150
Table 4.33: Remuneration and Reward on Service Delivery	152
Table 4.34: Reward and Remuneration on Service Delivery	152
Table 4.35: Reward and Remuneration on Service Delivery	153
Table 4.36: Conditions of Work	153
Table 4.37: Model Work Conditions on Service Delivery	154
Table 4.38: Coefficients Physical Resource Management and Health Sector	155
Table 4.39: Physical Resource Management on Health Sector Service Delivery	155
Table 4.40: Physical Resource Infrastructure Management on Service Delivery	156
Table 4.41: Recruitment Selection and Retention on Service Delivery	156
Table 4.42: Employee Recruitment, Selection and Retention.....	157
Table 4.43: Recruitment, Selection Retention and Service Delivery	157
Table 4.44: Model summary coefficients of the relationship between predictor variables and Health Sector service delivery	158
Table 4.45: Test of Predictor variable and Health Sector Service Delivery.....	159
Table 4.46: Model Coefficients	159
Table 4.47: Summary of Hypothesis	160

LIST OF FIGURES

Figure 4.1: Level of Education	99
Figure 4.2: Gender of the Respondents	101
Figure 4.3: Remuneration	110
Figure 4.4: Plots after Outliers were Dropped.....	141
Figure 4.5: Remuneration & Reward	145
Figure 4.6: Working Conditions	146
Figure 4.7: Physical Resource Infrastructure Management.....	147
Figure 4.8: Recruitment, Selection & Retention	148
Figure 4.9: Health Sector Service Delivery	148

ABBREVIATIONS

DHMB	-	District Health Management Board
DHMT	-	District Health Management Teams
ESP	-	Economic Stimulus Programme
FRD	-	Focus for Rural Development
HMOs	-	Health Maintenance Organizations
HR	-	Human Resource
ICT	-	Information Communication Technology
KEPH	-	Kenya Essential Package for Health
KHSSP	-	Kenya Health Strategic Plan
LAs	-	Local Authorities
ROK	-	Republic of Kenya
SD	-	Service Delivery
SHRM	-	Strategic Human Resource Management
WHO	-	World Health Organization

DEFINITION OF TERMS AND CONCEPTS

- Devolution:** Decentralization or transfer of power to a lower level by a central government to a local administration.
- Effectiveness:** Refers to doing the right thing and often involves making the correct decision or choice.
- Efficiency:** Refers to a high standard of performance doing the thing at right time.
- Human resource practices:** Organizational activities which are directed at managing the pool of human resources and ensuring that the resources are employed towards the fulfillment of organizational goals. (Amstrong & Taylor, 2014).
- Infrastructure:** In the context of this study, infrastructure is the basic physical organizational structure and facilities required for operation of health care services.
- Management style:** Leadership a manager offers, includes characteristics, making process and employed relations
- Organizational Effectiveness:** It is a concept that measure the efficiency of an organization in meeting its objectives with the help of given resources.
- Quality Service Delivery:** Productivity, effectiveness and efficiency, on targeted standards specified by service provide
- Recruitment and selection:** Recruitment is the process of funding candidates for the vacant position and encouraging them to apply for it. Selection is choosing the best candidate from the pool of applicants and offering them the job.
- Remuneration and reward:** Remuneration is a broad term that can refer to a variety of different payments or benefits that an employee may receive from their employer.
- Retention:** Remuneration is broad term that can refer a variety of different payments or benefits that an employee may receive from their employer.
- Reward system:** It is all the monetary, non-monetary reward and psychological payments provided by an organization to employees in exchange of the services they perform.
- Service delivery:** Anticipates requirements sets up, and operates appropriate services. Service delivery in this study context means the process of offering needed assistance and treatment to the patient both in and out from admission until discharge as provided in service charter.

Working conditions: Refers to the work aspects such as work training, skills and employability, health, safety and wellbeing working time and rest period

CHAPTER ONE

INTRODUCTION

1.0 Overview

The chapter relates the background of the study, problem statement, the purpose and specific objectives, research hypothesis, justification, significance and scope of the study.

1.1 Background to the Study

Human resource management practices adopted in the health sector can among other things influence service delivery. Implementation of devolution in health sector has faced several service delivery challenges. Devolution of health sector in 2013, made work force for health right to unionize more explicitly. The complaint from the health sector workforce revolved around the long hours of work, due to shortage of staff, poor remuneration and unsatisfactory work conditions. Shortage of health workers is a fundamental constraint to achieving Millennium Development Goals (MDGs). Access to health explicitly depend on human resources for health (HRH). The health sector is labour intensive twenty-four hours a day seven days a week. T. study aimed at finding out the implications of devolved human resource management practices on health sector service delivery in Nyeri County.

Human resources for health is key most important element that health services cannot be accessible without. It is a major input in providing adequate health service delivery. The WHO, (2006), quality health is essential rights of every individual, without any social or economic conditions, is right to highest achievable standard of health. Globally, the health systems have increased attention on human resource management practices in improving quality of service delivery health. However, according to Raufu (2002) shortage of component health workforce constitute the greatest challenge facing health care systems in developing countries including Kenya.

Devolution is the transfer of authority giving power from national level to sub-national level for public planning, management and decision making (KPMG, 2013). Kenya, health sector, human resource for health was decentralized to county level following devolution in 2013. The County Governments was put under the leadership of politically elected governors. Kenya Health Policy 2014-2030 goal was to attain the highest standard of the health in a responsive manner to meet the needs of Kenyan population. The policy is aligned to Kenya's vision 2030, the Constitution of Kenya and global health commitments such as the Millennium Development Goals (2015).

Most nations such as India, Nigeria, and Kenya among others, devolved health services giving power to counties (Ndegwa, 2002). Transition to devolved government Act (2012) provided a framework for transition mechanism in accordance the Constitution 2010. World Bank (2012), posit that devolution entails transfer of responsibilities for services to lower tiers that elect their own political leaders, raise their own revenues, have independent authority to make investment decisions. The change from centralized to decentralized system health care delivery required development of guiding policies, which counties were not ready for. The policy identified seven policy orientations, which included healthcare financing, leadership, products and technologies, information, workforce, service delivery systems and health infrastructure (Ministry of Health, 2014).

Devolution brought about extensive changes to governance structures and mechanism in Kenya. The fiscal decentralization and shift of power and resource was witnessed from central and original authorities resource to lower-level grassroots institutions all over the world (Akin, 2001). Developing countries, including Kenya given their administrative capacity and the initial levels of democracy face challenges in decentralizing health services compared with developed countries. The health sector was devolved with the main aim of

improving effectiveness and efficiency through decision making reallocation and hence accessible service delivery.

Devolved health sector presents unprecedented opportunities and challenges to the health sector in Kenya that determine the overall effectiveness of service delivery. The second medium term plan for devolved health sector, Kenya Health Sector Strategic Plan (KHSSP) 2013-2017 indicated that the quality of care aimed at responding to the legitimate needs of patients receiving health services. The health sector emphasizes seven key investment areas, namely service delivery, human resources for health, resource infrastructure, information technology, health financing, health leadership and governance.

Human resource strategies (policies and practices) must be present to recruit the required workforce with essential skills knowledge and competencies (Dessler 2013). Human resource management practices include training and development, human resource value addition in training, career development, employee relations, talent management, performance appraisal, welfare practices, and health care service delivery. Human resource management practices are involved with development of talents of individual workers, as well as the implementation of work methods that enhance skills and ability of workforce to bond and create teamwork spirit in order to nurture quality of health service delivery. The attempts at implementing these reforms have been hampered by insufficient attention paid to the necessary policies to address the challenges of health sector service delivery. It is also affected by the “soft inputs” needed for health service delivery such as, health care attitudes, motivation, equipment management, leadership skills, amongst others. The capacity of the available inputs influenced the quality-of-service delivery. Lui (2007) asserted that members of staff in China and Philippines who performed similar tasks had disparities in their pay structures administered by central government with those paid by the local government.

Working conditions in devolved health sector, barriers to service delivery included long hours of work settings. In health service delivery system, availability and adequacy of HRH, functional physical infrastructure resources equipment supplies in health sector that subsequently influenced the quality-of-service delivery. Kenya's key strategy is strengthening health sector to attain devolution objectives and development goals, to ensure healthy lives and wellbeing of citizens. Employees' work conditions are major contributors to quality of service and job satisfaction, reward and remuneration that enhance service delivery, (Sirgy et al., 2001; Konmee et al., 2010; Muindi, 2015). Satisfactory working conditions tend to make employees remain within their organizations and enhance the quality-of-service delivery.

This study aimed at filling the gap by examining the implication of HRM practices on health workforce reward and remuneration; conditions of work; physical infrastructure resource management; recruitment selection and retention on health sector service delivery in Nyeri County, Kenya. This study purposely selected a single county which allow for more detailed exploration in-depth of health sector service delivery under rural settings. The study was carried out in Nyeri County health sector, with the view of human resource management practices carried out in health sector in the context of Kenya's devolved health system with priority setting for HRH as at county level.

The concern was about Nyeri County's readiness for health care service delivery, ranked among the bottom third counties. This involved the management and overall leadership style used by managers, their characteristics, ways of decision making and employee relations. Dessler, (2013), opined that Human Resource Management (HRM) practices is the process of acquiring, training, appraising and rewarding employees and attending to their labour relations, health, safety and fairness concerns. Challenges faced by health sector workforce

are resulted from insufficient resource infrastructure, poor reward remuneration, lack of career progression, poor working conditions and neglected health systems just to mention a few, this may have resulted in poor service delivery. The inadequate physical resource infrastructure and poor remuneration packages result to a large number of medical professional migration to developed countries in search of fulfilling and lucrative positions (Awofeso, 2008).

The major ones among these challenges posed was uneven inter-county distribution of resources, especially health facilities infrastructure, both human resource and poor communication technology. Health care service delivery systems in Kenya is faced with three major challenges that include accessibility; affordability; and quality of the offered services (Wanyoike, 2016).

The country's health agenda is headed by the national government, while counties are the main healthcare pillars of service delivery (Njuguna, Thugge, & Otieno, 2011). An adequate number of qualified personnel, which facilitate members of the public access to quality health services are a necessity in the health sector. Human resource for health in Kenya, still undergo significant deficiency, despite the government investment in health sector over the years since devolution. Health worker-force shortage affects how health sector institutions function (Wakaba, Mbindyo, Ochieng et al., 2014).

Infrastructure management is closely linked with governance policies, a sufficient infrastructure provision that include both soft and hard infrastructure necessary for health institutions. The human capital and physical outlook of health facilities, capital assets and supplies that facilitate service delivery operations. However, the importance of HRM practices infrastructure management is improvement of service delivery. There is weak infrastructure and poor performance in many developing countries (World Bank 1994;

Kessides 2004). The best out of public hospitals basic infrastructure required is to incorporate and implement information systems necessary for record keeping of both workforce, inpatients and outpatients. Online systems utilized to capture diagnosis and patient treatment history and improve access to quick and improved service delivery. Investment in physical facilities, medical equipment, communication technology, ICT and ambulances are essential to facilitate referral cases and quick access to medical services.

Health sector tried to fulfil the expectations of Kenyans through various strategic measures. The Kenya health policy 2012-2030 goal was to attain the highest standards of health. The policy aimed at achieving this goal by supporting equitable, affordable and quality service delivery to all Kenyans. Service delivery is not accessible without functional facilities, such as diagnostic equipment; laboratories reagents; drugs and hence the need to conform to certain level of standards geared towards achievement of equitable geographical access of health care. The health programs need to invest in maintenance of sourced equipment to ensure they are functional, also use of information systems by digitization of health records and use of information systems. A proper health delivery system means that there must be adequate health physical facilities, well managed equipped resource infrastructure, essential medicines, pharmaceutical and non-pharmaceuticals.

In Kenya like most developing countries, the public sector is the largest provider of health services. Public sectors require effective high levels of human capital recruited through meritocratic procedures, selected and placed in public service. An effective bureaucracy contributes to economic growth and improve the health services of their citizens (Rauch and Evans 2000; Rajkumar and Swaroop 2008). The government utilizes its resources by increasing government revenues and public spending on health and social welfare, (Kiser and Sacks 2009). The health sector, face brain drain that cause the complex matters to be

worse (Oyelere, 2007). Public hospitals despite having the best trained personnel face challenges of inadequate workforce, well maintained working equipment necessary for health care services and the dynamic change in technology on treatment diagnostic methods. The Health sector workforce are of crucial importance in effecting health care systems Ndetei, Khasakhala & Omolo (2008).

Following Kenya's constitution enactment in 2010, most government functions were devolved into 47 counties. Counties were made responsible for critical functions that relied heavily on political will including the health sector. In particular, health sector devolution in Kenya showed commitment of actors to undertake actions in achievement of set sustainable objectives. Assessing the commitment can help to bring out decision makers' long-term strategies to effectively implement devolution in health sector, (Williamson and Mulaki, 2014). In 2013, both primary and public health were moved from the national government, to be managed by the County Governments. MOH is guided by Kenya Health Sector (KHSSP) 2013-2017) strategic plan. County governments has responsibility for any functions assigned under the Constitution or by an Act of Parliament. Quality of services offered has two dimensions, namely technical and functional that specifically influences consumer satisfaction, loyalty and financial business implications (Dean & Lang, 2008).

Ministry of Health (MOH) Report of 2013, Kenya Service Availability and Readiness Assessment Mapping (SARAM) Nairobi, World Health Organization, indicated that Nyeri County was among the following nine counties, (Nairobi, Kiambu, Meru, Wajir, Trans Nzoia, Kajiado West Pokot, and Kirinyaga) at the bottom. Nyeri County consistently rated at the third bottom counties, which were less prepared to deliver high quality health services hence the need for this study. Formally Nyeri County was the Central Province headquarters for all government services and Nyeri referral hospital formally was the Provincial General

Hospital. Human resources provide job requirement, formulation of human resource strategies (policies and practices) that provide required skills, competencies and behaviour Dessler, (2013). Health sector service delivery in Kenya are provided within a network of over 4,700 facilities, the public sector framework represents 51% of these facilities while 49% are privately owned.

The public sector Kenya's health system is organized hierarchical pyramid of six levels, starting from dispensary (level 2), the health centre (level 3), the sub-county and county hospitals (level 4), the regional hospitals (level 5), and the national referral and teaching hospitals (level 6). The 47 county governments shoulder a large part of health service delivery while at the national level, Ministry of Health is expected to focus on policy, guidelines, and training. The three national referral hospitals in the country are Kenyatta National hospital, Spinal Injury hospital and Moi and teaching hospital, Eldoret.

Kenya Health Policy 2012-2030 provide guidance to the health sector in identifying and outlining the necessary requisite activities for achieving government's health goals. This policy is aligned to the Constitution of Kenya and global health commitments (MMS &MPHS, 2012) and Kenya's Vision 2030. The health sector resulted in the re-distribution transfer of tasks or activities previously carried out by the national government, Central Government to the County Service Board and human resource department at the County level (Paulos, 2007). County governments legislative powers has positive powers to elect their own leaders, raise their own revenue and make their own investment decisions (Olatona and Olomola, 2015).

Majority of Kenya's population live in the rural areas and receive healthcare services from the public sector. The range of services include preventive, curative and rehabilitative services, all treatment activities are available and accessible at hospitals health care facilities.

The four-tiered organizations of health service delivery were community service, primary care service, county referral service, and national referral service According to the (World Bank, 2012, MoMS. & MoPHS, 2011). The services devolved to county governments include health, livestock, housing, sports, culture, agriculture, fisheries, transport, rural electricity, environmental conservation, and lands (KPMG International, 2013). The focus of this study is on the implication of human resource management practices on service delivery in the health sector. Kenya's progress and improvement of the overall population health status has had challenges that resulted to poor health service delivery. It is on this background that this research was conducted in the health sector in Nyeri County. Health care is not conceptualized as a function of Human Resource Management Practices, yet it is human resource intensive. Health care service delivery is complex and requires human resource management to be contingent to its administration and environment. The process of recruitment, selection and retention must be competitive to attract and retain human resources for health.

Human resource impact on health care service delivery, recruitment of competent employees who fit into the organizations culture, with a focus of development and retention contribute to training to improve employee quality of patients' care and safety (Becker 2012). The policies that guide Kenya's Health sector devolved system governance, in the context with the Constitution of Kenya 2010. (HRM) practices facilitate and support recruitment, selection, placement, development and management of employees, with the goal of raising levels of employee performance and satisfaction (Wood and Wall 2002). Health sector employee specific skills require many years of intensive training; this create a global scarcity of human resources for health. Education level, employee performance findings, indicated that those with higher education are successful because knowledge and modern management

skills, making them more conscious of the reality of the business or delivery of services (Herzberg 2012).

The way the health sector is run determine the effectiveness of service delivery and the character of the overall health systems. The current systems of administration absorbed the prior systems. Good health is a prerequisite for enhanced economic growth, poverty reduction and a precursor to realization of the Vision's 2030 social goal. Further, the Constitution (2010) under the Bill of Rights states that access to health is a right to every Kenyan. It is against this background that the Health Sector intends to fulfil expectations of Kenyans through improved decentralized systems of health infrastructure and service delivery, (MOH, 2013).

The aim of this study was to find out how equitably human resource for health were distributed to enhance health care service delivery. This study mainly focused on human resource management practices under devolved system. HRM practices focus on achievement of organizational effectiveness, recruitment and selection of human capital, management knowledge, training and development, reward management practices, good employee relations, and bridging the gap between rhetoric and reality. Health is therefore, one the key components in delivery of the social pillar "investing in the People of Kenya" for vision 2030 (GoK, 2008). The priority given is health care at community at household level. A healthy nation is critical for economic development, in a clean secure environment. The counties are entrusted with the responsibility of recruitment and selection of staff for devolved sector functions. It is unclear how prepared the counties were for these functions. The key area of concern is how the Ministry of Health would ensure adequate and equitable distributions of all cadres of health care workers attraction and retention in the counties majority being in the rural setting. Under the devolved system, health sector service delivery

responsibilities were assigned to the counties while national referral hospitals, capacity building were the responsibilities of national government (Constitution of Kenya [COK], 2010). The health sector defined priority reforms as well as flagship projects and programs, including the restructuring of the sector's leadership and governance mechanisms to improve the procurement and availability of essential health products and technologies.

1.2 International Perspective

All over the world, more than seventy-five countries decentralized responsibilities to lower levels of governance, Ahmad, Junaid, Devarajan, Khemani, and Shah (2005). Responsiveness to the needs of citizens was the main rationale behind devolved governments reforms to be closer to their constituencies. The achievement of efficient health care services delivery, among multinational-levels of government assigned appropriate financing instruments (fiscal revenues) to match financial responsibilities (Shen and Zou, 2015). National Health Service in United Kingdom focused on the importance of human resource in diverse care-delivery settings.

In the early 1980's some changes in management practices had already been made in each National Health Services unit in United Kingdom, with overall accountability and responsibility for service management. The driving forces behind decentralization were cost containment, in charge of expenditure and other elements including levels of employees, staff mix and their salaries as a major concern to the management. Decentralization movements in United Kingdom brought about the foundation of Scotland and Wales' parliaments. In 1992 -1997, the system included a breakdown in management between levels of government declining utilization particularly in hospitals, poor staff morale, a decline in maintenance of infrastructure and under financing of operational costs of services. A variety of differences exist between these systems, as a result of each region having different policies

and priorities. Northern Ireland was granted its own parliament as part of Belfast Agreement. Although each country's health system maintained similar values and goals. Policies have diverged with universal coverage, however, the performance gap between England and the other three nations has narrowed despite differences in policy (Bevan et al 2014)

Decentralization resulted in increased fiscal powers for region and local authorities in Italy, Spain, and other countries. Legislative powers in the health care area were combined with an augmented fiscal autonomy in Spain and Italy. In developing countries, on the other hand, the increasing decentralization of health care services has been mostly a response to the impetus in the promotion of primary health care by international donor organizations, such as the World Health Organization (WHO) or UNICEF (Akin et al, 2001).

In China, devolution to the level township recruitment of health personnel enabled health facilities better match demand with supply costs and reduced employment by 70 per cent (Liu, 2006). In Pakistan, district-level decentralization of certain human resource management functions resulted in long-term vacancies of posts, in part caused by multiple and overlapping lines of authority over posting of officials (Nayyar et al, 2006). Despite decentralization of human resource management functions China, has the capacity to fulfil such establishments.

In Indonesia for example, devolution of human resource functions to provincial, regional, and city governments, has not mitigated existing inequities in distribution in the health sector. Lack of a formal process to transfer staff members between regions to meet equity concerns may help perpetuate these imbalances (Thabrany, 2006). A study on the influence of devolution on the healthcare system in Pakistan, has a positive impact on monitoring and supervision of healthcare service delivery (Shiraz et al. 2013). In Pakistan decentralization of health resulted in consequence of democratic political decisions nevertheless it caused

constraints associated with health systems. The World health report indicated that there were economic, legal and organizational focus equities in health, access to care and reasons behind the reforms.

1.2.1 Regional Perspective

In the last two decades, decentralization has advanced considerably. Accessing quality health care services can be incredibly arduous in developing countries, including Kenya, Botswana, Bukina Faso, Ethiopia Ghana, Mali, Mozambique, Nigeria, South Africa, Tanzania and Uganda (Dickovick and Riedel, 2010). A few studies have reviewed decentralization experiences across the region in a comprehensive and comparative way. Much of the available evidence is anecdotal or focused on a specific set of issues, such as participation, empowerment, or fiscal autonomy (Smith, and Fleming, 2014).

Malawi showed that continuous learning and career development were not adequate for retention of health workers (McAuliffe, et al., 2009). HRM practices included performance appraisal, job descriptions, adequate supervision, and feedback on performance (Anson (2003). Developing countries struggle to find means to improve health conditions for their citizens; countries such as Ghana, Kenya, South Africa and Zimbabwe sought human resource solutions to address lack or shortage of medically trained professionals.

The Zambia District Health Boards wanted decentralized authority, where they could hire and fire, but other sectors to remain centrally managed like employment conditions and salaries. Early mid-1998, the system of Zambia had experienced slowdown series of wok, protests and strikes believed to have been organized by the Zambian National Health Workers (ZNHW) claiming that the health facilities were detreating, lack of supplies and delay in salaries and benefits. The health sector workers' salaries historically were extremely low in Sub-Saharan Africa (Bossert, T.J. et al., 2002). WFH, sought better paid jobs in the

developed world. The health workforce could earn up to five times more in Lesotho, Botswana or South Africa

(Mwale, 2009). Shortages in these countries were prevalent due to the migration, to United States to earn twenty times more (Makasa, 2008). Zambia, attempted to increase control of local staff by de-linking health staff from the national system District Health Management Boards (DHMB) hiring them directly was met with stiff resistance from health workers in 1998, the District Health Management Teams (DHMT) questioned the technical capacity of DHMBs (Bossert, T. et. al., 2003).

In recent years' migration to foreign countries by health sector employees created primary challenge, for Nigeria and inadequate production and inequitable distribution of health workers. The health workforce was concentrated in urban tertiary health areas in the southern part of the country, particularly in Lagos (HRH Country Profile:

Nigeria, WHO report GHWA, 2008). Migrant health of workers can be defined as professionals who desire and are able to leave the country in which they were educated and trained to another country to offer their services for better remuneration. The workers are enticed by generous incentive offers from the recruiting countries to leave their birth country (Zurn et al., 2004).

Since Ghana became an independent country decentralization has played a pivotal role in government policy. The Ministry of Health delegated the responsibility of managing its facilities to an autonomous entity created in 1996, the Ghana Health Service (GHS). The GHS subsequently evolved into a more de-concentrated structure with regional and district health offices. Although both structures are based on the principle of delegation and de-

concentration at a district level, there is not one single authority for coordination of health service delivery at a district level.

Ghana's health sector facilities survey 2002, found that 72% of both clinics and hospitals due to shortage of workforce, 43% were unable to avail the range of expected services and complete child immunizations and 77% were unable to offer 24-hour emergency services and maternity services to women at childbirth. A report by IOM between 1993 and 2007 revealed that Ghana, due to migration and brain drain to developed nations lost 630 medical doctors, 410 pharmacists, 87 laboratory technicians and 11,325 nurses, Oyelere, (2007). This situation created dual reporting lines for GHS district assembly system, (Kwame et al., 2006).

Eastern Africa for example Uganda, even though the concept of devolution was there by 1997, there has been an invisible development in the health service delivery. Most health indicators stagnated due to financial constraints and shortage of human resources for health. (Bashaasha, et al, 2011), in his studies show that there has been no improvement in health services with many health status indicators either stagnating or worsening.

1.2.2 The Kenyan Perspective

Service delivery in Health sector, were formally transferred to counties in 2013. The Ministry of Health various programs included curative, promotive and preventive health care, family planning and population control, environmental protection and supervision of disease control projects. The technical rationale of devolution was efficient delivery of services and increased citizen involvement in decision making (Sihanya, 2011).

The guidelines for transition of staff to counties were issued by the Transition Authority (TA) Gazette Notice No.825 (2014) that gave guidelines on management of the workforce

in the transition period. Transition Authority in conjunction with the inter-agency committee deemed it necessary to establish all the records previously held by the abolished/restructured institutions. This authority conducted HR audit, gave advice on staff rationalization and deployment mechanisms, coordinated capacity building, facilitated transfers, deployment and secondment during transition period in consultation with Public Service Commission (PSC). HRM process and conditions under which HRM practices are effective depend on the degree of implementation of HRM practices and the strength of HR system in the organization (Bowen and Ostroff 2004). They explained further that the HRM process is where the features send signal to the employees that enable them to understand the appropriate and desired response. This is true of devolution of health in Kenya, where the systems were not developed prior to implementation.

The Act (2012) on transition of devolution was set up to provide a three-year transition period to devolved system including health services. This involved capacity assessment and system audits; however, political pressures hampered the development. There are barriers in devolved health sector service delivery, such as roles ambiguity and guidelines, un conducive work conditions, poor coordination and skills gaps and poor conditions of work environment. This study aimed to fill the gap by finding out the implication of devolved human resource management practices on health care service delivery in, Nyeri County Kenya. The developing nations have shown great concern in the fiscal decentralization issues, (Akin et al, 2001).

The County administrative system, chief officers were mandated to officiate and ensure smooth operations of the health sector in every county. The health policy 20142030 in Kenya, acted as a road map for effective overall delivery of health in relation to the Constitution, 2010, Kenya's objective in vision 2030 and over- all collaborative efforts. The

former authority mandated centralized or departmental in the sector of health was devolved over time (KPMG, 2015). This policy accounts for both levels (county and national) monitoring and evaluation and respective, administration. Further an indication of entirely creative method to enhance concerted efforts for delivery of health services at all levels. The policy supported the central government in all functional areas of human resource management implementation of necessary plans (Chitere & Ileri, 2004; Kibua & Mwabu, 2008). In Kenya, all health service delivery systems were centralized, decisions made at the Ministry of Health headquarters, conveyed top-down via provincial medical officers to the district level.

The devolved system mandated the counties to be in charge of their own health services. Measured against the WHO's recommended shortage of doctors is a huge setback, with a shortage of 83,000 doctors. WHO (2010) estimated that 44.5 doctors, nurses, and midwives per 10,000 populations needed to meet the Strategic Development Goals (SDGs) by 2030. In Kenya, the ratio is only 13.8 per 10,000 populations, indicating a significant gap. According to the (Kenya Health Labour Market Assessment Report, 2015), there is noticeable critical shortage for clinical officers, technicians, nurses, pharmaceutical technologists, medical officers and patient attendants. WHO (2010) estimated that 44.5 doctors, nurses, and midwives per 10,000 populations needed to meet the Strategic Development Goals (SDGs) by 2030. In Kenya, the ratio is only 13.8 per 10,000 populations, indicating a significant gap. This research study focused on human resource management practices on health sector service delivery in Nyeri County, Kenya.

Kenya's Constitution 2010 outlined the staff hiring methods for devolved health sector. Each public service was tasked with recruitment of its employees in accordance with the set standards in the Kenya's Constitution 2010 Article 235. Devolution of legal powers and

administrative responsibilities to sub-national units of government may leave some counties ill prepared and unequipped to meet the demands placed upon them in the complex inter-governmental system (Mc Guire et al, 2004). However, there are specific roles HR and line managers should undertake under devolution. (Harris, Doughty & Kirk, 2002; Teo & Rodwell, 2007). HRM practices looks at the management of the most valued assets, the human capital, for the mutual benefit of both employees and the organization. HRM focus on ensuring that tasks are carried out to the benefit of all concerned parties (Brewster and Holt-Larsen 2000). The main issue of HR setting is the concern for inclusive stake holders to be reached by services they needed (Ulrich and Brock-bank, 2005).

The overall effectiveness of health service delivery systems is determined by the opportunities and challenges devolution presents and its impact on the core human resource practices across the sector. There is noticeable dramatic shrinking of health sector workforce, in the public sector that affect delivery of services (GoK, 2014). With regard to the WHO Report in 2012, health sector in Kenya performance was below 50%. Unsatisfactory health service delivery might be a result of an unsatisfied workforce, which caused poor quality of health service. Human resource vision and mission guides the strategy that determines the HRM practices, strategized to achieve remarkable success, in the organization (Fey et al., 2000; Boselie et al., 2001; Guest, 2001; Park et al., 2003; Paul and Anantharaman, 2003).

Many trained doctors (5000) emigrated due to poor reward and remuneration, while another 3000 left health sector to other sectors, leaving 3,400 medics for approximately 47 million citizens of Kenya who rely on public health services at both national and county levels (Kenya Health Sector Labour Market Assessment 2015). The poor performance of services caused major challenges in improving service delivery in developing countries (Vujic, et. al., 2011). Human resource administration spans across all critical human resource

management areas. The factors that influence the demand for health services include changes in population demographics, epidemiological profiles of communities, morbidity and mortality dynamics. Addressing the needs of a healthy workforce through compensation plans, staff recruitment and development; placement and retention is of great importance to ensure that all citizens access quality health services.

Kenya, like most African countries, suffer shortage of healthcare workers, indeed, Kenya is among identified countries by the World Health Organization as facing a “critical shortage” of workforce for health. WHO has levels of 23 doctors, nurses and midwives per population of 10 000 as necessary for health service delivery. The most recent ratio in Kenya stands at 13 doctors, nurses and midwives per population of 10 000. Human resource for health shortage in Kenya health sector, is in is well documented and in line with the Constitution, responsibility for health service delivery devolved to 47 county administrations, (Mbindyo, Blauuw, and English, 2013).

Decentralization, ownership and/or political will from the Ministry of Health (MoH) to counties advocated as a means through which efficiency in health care delivery is achieved. The devolved healthcare system is set up in a pyramid manner that begins with lowest unit primary healthcare dispensaries at community level, the complicated cases referred to higher levels of health. Nyeri County has five levels of health care. In some areas health centres or even hospitals are effectively first point of contact, MOH Kenya Health Policy 2014-2030. The Constitution 2010 emphasized greater fiscal devolution and decision-making hoping for more flexible response to the demands of citizens for quality health services. The fourth schedule (article 185 (2), 186 (1) and 187 (2)) established the functional areas for both national and county governments. The national government was mandated to handle referral health facilities and policy, while county government handled county health services,

facilities, pharmacies and ambulance services. In a special issue 1795 of the Kenya Gazette Supplement No. 116 Legislative Supplement No. 51) legal notice no. 137 transferred health services to the counties. The health sector was influenced by a high degree of political and administrative power which had implications for devolution.

This study examined human resources for health service delivery in Nyeri County. The “decentralization” was used to connote various reforms characterized by the transfer of fiscal and administration of service delivery from the central Ministry of Health to county level of government. The role of Health Sector in Kenya is critical in realization of Vision 2030, public reforms and Millennium Development goals (Human Resource Strategy, 2014-2018). The roles of the health sector are to provide, deliver, and manage health services at all levels. The Constitution refers to the existing Local Authorities (LAs), which include 47 County governments. The government mandated Transition Authority (TA) to coordinate and facilitate transition devolved system of the Sixth schedule under Section 15 of the Constitution of Kenya, 2010. The government is responsible for strategic policies aimed at obviating service delivery challenges as they adopted the new devolved governance structures.

Devolution is an issue at the national health context Kenya, expected to adopt innovative mechanisms and human resource management practices to ensure smooth transition of devolution on health service delivery. Finding out what drives political will can help define on decision makers’ action or inaction and allow the Kenyan government to better formulate sustainable, long-term strategies to effectively implement devolution in the health sector (Williamson and Mulaki, 2014). However, the importance of the management of human resources to the success or failure of health sector reform may have been overlooked. Albert (2010) indicated that counties may face major challenges in implementing devolution due to

narrow regional disparities in income, resource endowments and economic development. Each county has a public service which is tasked with appointing its public servants within a “framework of uniform national standards prescribed by an Act of Parliament” (Constitution of Kenya, Article 235). The Constitution of Kenya 2010 provides the overarching legal framework to ensure a comprehensive rights-based approach to health services delivery. This study examined the implication of health sector service delivery through human resource management practices, in Kenya. The focus was on recruitment, selection and retention; reward and remuneration; working conditions and physical resource infrastructure management on health sector service delivery in Kenya.

1.2.3 Types of Healthcare

The first Medium-Term Plan 2008-2012 in Kenya, aimed at transforming health service delivery system to shift the emphasis from curative to promotive and preventive health care, with an effort to control environmental threats to health and interventions to improve nutritional status. Human resources for health are specific to various categories (WHO, 2000).

Table 1.1: Health Officers by Position and Ranks

Medical Officers	Paramedics	Admin. Officers	Auxiliary Services
Med. Director	Chi Radiographer	H. Records Officers	Tele. Operator
Dentists	Reg. Nurses	Administrator	Cleaners
Gynecologist	Pharmacists	Asst. Director Med.	Cooks
Medical Officers	Lab Technologists	ICT Administrators	Maintenance. Officers
Pediatricians	Clinical Officers	Nutritionists	Drivers
Pharmacists	Reg. Nurses	Procurement Officers	Laundry Attend.
Ophthalmologists	Lab Technicians	Clerical Officers	Artisan
Med. Officers	Physiotherapists	Nutritionist	Drivers
	Orthopedic Tech	Accountants	Support Staff

Researcher: 2020

1.2.4 Human Resource Management for Health

Currently counties are in charge of various human resource management practices including staff recruitment. HR management is critical to delivery of quality and safe healthcare. According to the budget proposals (2014) statistics report, Nyeri County, Integrated Development Plan (IDP) (2013-2017), indicated that the doctor/population ratio is approximately 1:7.610 while the nurse/population ratio is 1:834, against the recommended ratio of 1:1,000 depicting shortage of medical personnel to serve the citizenry of Nyeri County.

HRM practices in both government-funded and private-based systems, must be developed through training to ensure appropriate workforce with adequate knowledge, skills, and abilities is availed for efficient service delivery. Following March 2013, general elections, each county conceived a “blueprint for change” for its medical management, (Barker, 2014). Given high population in Kenya, the quality of health after devolution and efficiency in service delivery may be wanting. It is Just 63% per cent of Kenyans citizens have access to

government health services within an hour of their homes, the further the distance to a facility is a significant determinant factor for loss of demand for health care in the county (Noor et al., 2006; Mwabu et al., 1993).

1.2.5 Work Conditions

Work conditions determine work contract, labour administrative factors such as career development through training; work environment; work location and working hours, among others. Work conditions is conceptualized differently by different authors (WHO 2006). The work conditions create job satisfaction or dissatisfaction for health workers. Conditions of work play a vital importance in resolving personal influence on job tenure (Adebayo and Lucky, 2012). The Kenya National Resource for Health Strategic Plan 2009 - 2012 identified five critical outcomes, one of which is improved retention of health workers at all levels. The distribution of health workforce for Nyeri County, has been skewed against many rural areas, where they are fewer facilities with poor resource infrastructure, while many doctors are in urban areas.

The aim of this study was to find out the human resource work environment for health in Nyeri County, how workforce for health were facilitated with functional working equipment to facilitate them create efficiency in health care service delivery. The management practices carried out in Nyeri County determine the efficiency of health care service delivery offered by employees. Nyeri County was rated among the bottom third in preparedness WHO (2012). This study sought to find out prove the case and related literature gap.

The ultimate goal for devolving the health function was to enhance equity in resource allocation, resulting in improved health service delivery. The inefficiencies in the healthcare systems and work conditions can be generalized into a combination of managerial, organizational and financial problems creating a vicious cycle of pay disputes between

county government and human resource for health. In addition to biting strikes, staffing levels in public hospitals remain very low. The doctor patient ration in Kenya is estimated at 1 to 17000 which lags behind the WHO recommendation ratio of 1 to 1,000 population, (WHO report 2012). Kenya's total population currently is standing at 50 million people (Republic of Kenya, (Census, 2019), this indicates the need of the country to put a lot of effort to improve working conditions, by increasing the number of medics for effective health care service delivery. Health sector health poor performance reports in Nyeri county hospitals could be resulting from overwork and poor working conditions.

The public health system consists of levels one to five facilities, the highest being national referral hospital the apex of health care, providing sophisticated diagnostic therapeutic and rehabilitative services. Kenyatta National hospital and Moi Referral and Teaching hospital, Eldoret, are the two national referral hospitals in Kenya. One of the root causes of the continent's health challenges has frequently been identified as the fact that Africa has fewer doctors than the rest of the world.

Nyeri County has a population density of seven million (7,000,000) people, according to the population census of 2009, with an area of 2,361.0 area (km²). Kenya Government introduced the Health Sector Services (HSSF) in 2010 to strength primary health care. The aim of HSSF being improvement of service delivery quality essential health services in equitable and efficient manner in all counties. This was as envisaged in Kenya Vision 2030 covering (2008 to 2030) Kenya development program. This was in response to a direct policy by government of Kenya to findings of expenditure tracking survey 2005, that funds were not actually reaching the community adversely affecting primary care service delivery. The purpose of devolution of health was to facilitate the state to create means of health interventions in their unique ways as required to encourage participation of citizens,

removing inequalities by bringing services of health closer to people. WHO states that quality care are the essential rights of every individual, without any social or economic conditions, is right to highest achievable standard of health (WHO, 2006).

Nyeri level five hospital, provides specialized care is the referral hospital to sub-county hospitals. It is also an intermediary between national and level four sub county hospitals. These hospitals charged with ensuring that health policy at the sub-county level. County hospitals in Nyeri focus on health delivery services and budgetary responsibilities and expenditure plans directed by County Board. Health is organized to provide many referrals. The sector mostly offers health services including preventive and curative services, in accordance with the requirements of citizens.

1.3 Problem Statement

Globally Human resources for health is recognized by the government as the main contributory component for provision of quality health services. Health sector in Kenyan context is a task assigned to County governments, to design and develop distinctive models and structures (Makhamara, Waiganjo & Kwasira 2016). Decentralization of health sector in Kenya, created unprecedented or presents unprecedented contingencies and threats on health interventions effectiveness overall. Thus, a knowledge gap in our understanding of how practices adopted by county hospitals influence service delivery. This study aimed at filling this knowledge gap by examining the implication of HRM practices on services delivery in the health sector in Nyeri County.

The core human resource challenges span across the most critical issues of human resource areas, within policy and organizational arrangements, human resource management practices. The range of chronic stressors include poor remuneration, reward and working conditions, lack of doctors and nurses transition to permanent terms, poor appraisal methods

and understaffing. In addition, inadequate funding, corruption, shortages of drugs, nepotism and mistrust among stakeholders. The perception is that employees in counties are recruited in compliance with narrow political interests rather than competence. The importance of HRM practices on service delivery in the health sector is not well understood.

Kenya is among the 57 countries in the world with a critical shortage of nurses and midwives to the tune 13.2 per 10,000 people (WHO, 2012). WHO recommends 23 doctors, nurses and midwives to 10,000 people in Kenya. However, there is notable continued shrinking human resource for health (HRH) in public sector resulting to poor delivery of health services (GoK, 2014). Human resources crisis is one of the major challenges, the available health workforce serving rural and marginalized population is less than 50%. In the health sector, County government was mandated to design and develop distinctive models and structures Makhamara, Wiganjo & Kwasira, (2016).

The WHO report of 2012 showed that Nyeri County was among the third bottom counties, the health sector performance was below 50%. The national and county governments as well as various development stakeholders have paid little attention to such a situation despite the fact that it could jeopardize health care service delivery (Mwatsuma, Mwamuye and Nyamu, 2014). There has been cases of stock outs on essential drugs and non-pharmaceuticals creating health risks in public hospitals. This has a negative social effect especially on the poor who depend on subsidized government supplies, they are forced to buy medicine from private chemists. Lack of quick response to emergencies due to poor infrastructure resources management including un-serviced equipment, for diagnosis; transport facilities necessary for effective service delivery in health sector in Kenya. The problem of poor control of scarce resources embezzlement and pilferage have significant influence on the above problems in Kenya (KPMG, 2013).

Health workforce, discontent and unrest were coincidental to devolution of health sector 2013 that seemed rushed resulting in human resource management challenges. The hospitals stretched thin high patient load and increased complex cases KMPPDU report (2014). The challenges include inadequate number of health workers, loss of skills of HRH to other countries and none government sector due to better remuneration, lack of upward career mobility and training opportunities.

Heavy workload has resulted in workforce burnout, industrial unrest and demotivation (Olweny, 2016). The health sector experienced six country wide strikes between 2010 and 2016 in Kenya, with health workforce resuming duties with their grievances largely unresolved. This resulted in more agitation and strikes (Waweru E. et al., 2016; Irimu G. et al., 2018). There has been several staff unrest by health workers, especially doctors and nurses that almost paralyzed health care service delivery in Kenya, posing health risk, even death to thousands of citizens. The period between 2010 and 2016 there were (6) six national wide strikes. In 2017 two prolonged health workers strikes by doctors lasted 150 days followed by nurses strike that took 100 days, the following was the longest ever held health workforce past strike in Kenya's history. The counties are faced with a number of difficult unresolved issues under devolved governance in Kenya that barred their success (Khaunya, Wawire and Chepng'eno, 2015). The majority of citizens in Nyeri County, who depend on public health services have experienced problems witnessed by unsatisfied health sector workforce, poor quality of health care and lack of access to essential health services.

This study fills the above knowledge gaps by examining the implications on reward and remuneration, working conditions, physical infrastructure resource management and recruitment, selection and retention on service delivery in health sector. The key question

answered in the current study was what the implication of HRM practices on service delivery in health sector in Nyeri County is, Kenya.

1.4 Objectives of the Study

1.4.1 Main Objective of the Study

The main objective of this study was to examine the implications of human resource management practices on health sector service delivery in Nyeri County, Kenya.

1.4.2 Specific Objectives

The specific objectives of the study to:

- i. Examine the influence of reward and remuneration practices on service delivery in health sector in Kenya
- ii. Determine the effect of employee working conditions on service delivery in health sector in Kenya
- iii. Assess the influence of physical resource infrastructure management on service delivery in health sector in Kenya
- iv. Establish the influence of employee recruitment, selection and retention practices on service delivery in health sector in Kenya

1.4.3 Research Hypothesis

The following research hypothesis guided the study:

Ho₁: Remuneration reward has no statistically significant relationship on service delivery in health sector in Kenya

Ho₂: Working conditions has no statistically significant relationship on service delivery in health sector in Kenya

Ho₃: Physical resource infrastructure management has no statically significant relationship on service delivery in health sector in Kenya

Ho₄: Recruitment, selection and retention practices has no statistically significant influence on service delivery health sector in Kenya

1.5 Justification of Study

This study was conducted on human resource management practices in Nyeri County having ranked at the bottom third among other counties on sixteen indicators of preparedness for devolved health delivery. The researcher focused on Nyeri County based on the performance ranking by Infor-track Research and Consulting (2015), where Nyeri County was ranked as number 39 out of 47 counties. Nyeri County is densely populated and hence the need for health care of its citizenry contributed to the choice, formerly having been the general hospital for Central Province.

In addition, this study aimed to bring out the challenges behind poor service delivery, and to bring out mitigation measures that could be taken. The study findings will benefit the workforce for health management by considering both financial and nonfinancial incentives. The findings of the study will inform health management planners in implementation of human resources policies that guide in motivation of workforce towards improved service delivery. Findings of study will provide insight that address current challenges facing health sector workforce for improved delivery of services and reduce this gap in knowledge by obtaining insights in the implementation process of HRM practices, focusing on the pivotal role of health care service delivery in Kenya. The sector will adopt human resource management practices in its operations for betterment of health service delivery. This study will contribute by giving insight into employee management and improvement of service delivery.

The government could benefit from this study in formulating future strategies and policies for improvement of the health sector both at national and county levels of management. The

study is also useful for policy making and development as a guide to human resource management practices. The study also aimed at providing information on devolved health sector in Kenya. Few developing countries have longterm experience with health sector devolution, its impact on human management practices has rarely been evaluated on health sector service delivery. Hence the need for this research. Researchers interested in this area of study could use the study as a body of literature. Theories discussed in this study could benefit researchers, add to literature and academia. Researchers could also use this study as a basis for further research by filling gaps if any. The study add value to both researchers and academia in expanding knowledge on health sector service delivery in Kenya.

1.6 Significance of the Study

The study reduced the gap in knowledge by obtaining insights in the implementation process of HRM practices, focusing on the pivotal role of health service delivery in Kenya. The study also provide an opportunity to the citizenry of Nyeri County (patients) to air their grievances on areas that they feel greater attention and improvement in the health sector service delivery. Findings of study provide insight that address current challenges facing health sector workforce for improved services. The sector will adopt human resource management practices in its operations for betterment of heath service delivery. This study will contribute by giving insight into employee management and improvement of service delivery. The study also aimed at providing information on devolved health sector in Kenya. Few developing countries have long-term experience with health sector devolution, its impact on human management practices has rarely been evaluated on health sector service delivery, hence the need for this research. Researchers interested in this area of study could use the study as a body of literature. Theories discussed could benefit researchers in these areas of study add to literature and academia. Researchers could also use this study as a basis for further research by filling gaps if any. The study add value to both researchers and academia

in expanding knowledge on health sector service delivery in Kenya. Government could benefit from this study in formulating future strategies and Policies for improvement of health sector both at national and county levels of management. The study is also useful for policy making and development as a guide to human resource management practices.

1.7 Scope and Delimitation of the Study

The study focused on HRM practices on service delivery in the health sector. Geographically, investigated service delivery in health sector, through human resource management practices covered levels 4 and 5 of hospitals available in Nyeri County, Kenya. The study assumed that the hospitals selected in Nyeri County were representative of the hospitals in Kenya.

The unit analysis of a sample of 266 respondents was drawn from the 916 employees, across all cadres of staff, in the health sector. The frequent strikes by health workers in Nyeri County and presence of many private hospitals and clinics in the region contributed to the choice of Nyeri County. The researcher interviewed key people in the County health sector which constituted of hospital directors and heads of departments, because of the role they undertake in management of both technical functions and human resource for health. This research aimed at finding out how the government structures, human resources, capacity, skills and competencies were managed and spur efficiency in delivery of health services (World Bank, 2012).

1.8 Limitations of the Study

There are various assumptions the researcher made first, that the information given by respondents would be honest and that a high response rate would be realized. In addition, the external environment was stable and hence did not have a major effect on the study results. Some respondents in the sample frame might not have given accurate information

because they may have highlighted some aspects and downplayed others depending on personal attitude. The findings of the study could be influenced by the researcher's subjectivity. The researcher compared personal views with literacy resources, so as to minimize subjectivity. The research area of health sector service delivery has scarce empirical literature which created limitations of informing the current study adequately. The researcher referred to past studies incorporating both developed and developing countries to give wider insight to the study. Access to hospital records to obtain the information required was a challenge. To achieve fast responses to questionnaires the researcher made a request to be given a specific time to visit the hospitals. This research had some inevitable limitations first, since it was on service delivery in devolved public health sector in Kenya and secondly it had a limited period of time, specifically in Nyeri County.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter entails theoretical perspective as well as empirical review, concept of service delivery, link between HRM practices and conceptual framework of the study. Related literature reviewed on implication of HRM practices on service delivery in the health sector and methodological gap. This chapter discusses the theoretical gap and models that relate to implication of HRM practices on service delivery in health sector.

2.1 Theoretical Review

The study examines three relevant theories on HRM practices and Health Sector Service Delivery. Theory is defined as a reasoned statement that explain a phenomenon which is supported by evidence (Kombo and Tromp, 2009). This study was anchored on Human capital theory; Herzberg two-factor theory and Vroom's expectancy theory of motivation. The chapter discussed the theoretical approaches and models that relate to implications of HRM practices on service delivery in the health sector.

2.1.1 Human Capital Theory

Human capital theory propounded by Becker 1964, is a useful framework for understanding the link between HRM practices and service delivery in the health sector. Human capital in economics literature refers to the productive capabilities of people (Becker, 1993). Human capital are the innate abilities, behaviour and personal energy individuals bring to work. Human Capital Theory (HCT) is an input into production resulting in additional productivity. Health sector service delivery is achievable only when knowledge and ability of individuals create value and adequate remuneration and reward to motivate the HRH in their engagement to the hospitals.

The human capital theory revolves around its immeasurable nature which has many forms. The economic capital value can be measured, its ability to produce wages, while intrinsic value exists its value is not always measurable. This study notes that (HRH) is key to access health services. The focus of HRM practices from Human Capital perspective is to attract, retain and develop human capital (Armstrong 2001). Application of human capital theory to health sector is a variable factor that determines improvement of employee productivity on delivery of health services. This aspect facilitates the employability of the health sector workforce, leading to effective efficiency, management and retention of workforce.

In the health sector organizational context, human capital is regarded as a subset of organizational intellectual capital (Peers, 2015). Availability of intellectual human capital is achieved through training and development of HRH which improves skills, knowledge and abilities required for service delivery. Human capital theory relates to the significance and importance in achievement and enhancement of its capabilities. Investments in the right infrastructure, procurement and maintenance of general equipment, at the health facility level in the county is important as a measure to facilitate quality service delivery.

Recruitment, selection and retention of workforce in health is of paramount importance. According to Armstrong (2006), HRM focuses on attracting, retaining, and developing human capital who generate, use knowledge and skills that create intellectual capital. Human resources for health is the backbone in production of services, which culminate into health of citizens who are productive for economic growth of a nation. HCT is the ability of humans to learn and create significant ideas inclusive in production process Korpi & Clark (2017).

Human resources must be supported, motivated and maintained to give their best into the course of enhancing the organizational capability that they are engaged into (Dessler, 2017). In monetary aspect capital alludes to elements of productivity used to make merchandise or

service, (Moraa B, & Muli, J. 2018). Human capital theory holds that the level of human capital influence firm performance (Becker, 1964: Hitt et al., 2001). Skills, experience and knowledge have economic value to organizations. Armstrong (2010) suggests human capital theory consider people as assets and stresses that the investment in people by the organizations lead to positive results.

2.1.2 Two-Factor Herzberg Theory

Herzberg motivation theory originally was published in 1950's continues to affect contemporary research globally (Dalton, 2010). The two-factor theory, showing some job factors result in satisfaction while others prevent satisfaction, proposed by (Frederick Herzberg 1987). This theory identifies intrinsic factors that contribute to job satisfaction he called "hygiene factors." These include environmental issues that need constant attention and prevent dissatisfaction. They include working conditions, supervisory styles, security, organization policy and administration and so on. Intrinsic factors contribute to satisfaction such as individual achievement, recognition, (nature of work) work itself, autonomy, progression and advancement. These factors are essential for the health sector workforce; their achievement contribute to job satisfaction, which lead to improved service delivery. These factors attract employees and their neglect create dissatisfaction. This theory, applies to the study, depicts variables that impact job satisfaction and create job dissatisfaction, in the health sector.

This theory is applicable in the health sector, work conditions in motivating HRH by creating conducive work environment. In the devolved health sector, HR managers focus on motivating factors needed within the actual job benefits, which employees derive from the work (Robbins & Judge, 2007). Motivating factors are internal, they are intrinsic to the job itself, and do not result from "carrot and stick incentives." In their book 'Understanding and

Managing Organizational Behaviour' (George and Jones 2005) drew attention to Herzberg's motivation needs and work itself, as determinant of job satisfaction. In addition, incentives such as housing, security and hardship allowance are essential in ensuring workers' retention in hardship areas, as observed by (Njuguna, et al., 2014).

Frederick Herzberg research in answer to the question "what do people want from their jobs?" (Robbins & Judge, 2007). According to Herzberg, the work environment in which the individuals perform their duties if psychologically unhealthy creates negative feelings. These may include the organizational policy and administration, supervision, work conditions, salary, relationship with co-workers, personal life, status and job security. The presence of these factors does not result in satisfaction but simply reduce dissatisfaction and result in improved service delivery.

2.1.3 Expectancy Theory

The expectancy theory (ET) was propounded by Victor Vroom 1964 and had direct application to work settings (Lunenburg, 2011). David Nadler and Edward Lawler developed expectancy theory based on performance, out-come, valence, effort performance and expectancy. The expectancy concept originally was contained in the valence, instrumentality and expectancy (VIE) theory. This theory of motivation suggest that people believe there is a relationship between effort and reward. People are motivated if the strong effort they put to work and good performance result in desired rewards Lunenburg (2011).

Vroom's theory provides clear implications to health sector managers determine the performance level they desire in delivery of health care services, attitudes and workstyles they want so that they can instruct employees on what must be done. This may cause effectiveness in health service delivery, individual's goal, linkage between effort in health service delivery, performance and motivations (Robbins and Judge, 2007). The performance

outcome relates to a person's expectation that remuneration is closely related to the level of performance (Sloof & Praag, 2005). The work must be stimulating and motivating for employees to work and perform harder and better. The job utilizes employee's intellectual skills and competencies to the maximum, focusing on the motivational factors that improve work and quality of service delivery.

There is a substantial shortage of HRH to meet the needs of health service delivery. The health workers' "complex remuneration," that is the whole of the financial incentives provided do not meet the expectations of health professionals. Expectancy theory argues that the strength of a certain behaviour depends on the belief that the act will produce desired effect and satisfaction to the individual (Robbins & Judge, 2007). The assumed expectations may be based on past experience (reinforcement), with new developments, change in job working conditions imposed by management.

Motivation implies that the workforce has the likelihood to work hard and prompt high execution possibility of high outcome that lead to higher income. The major challenge faced by counties in implementing devolution is the way to narrow regional disparities income, rescue endowments and economic development (Albert, 2010). Increased pay leads to better productivity and sometimes it is not so strong (Minbaeva et al., 2014). Promotion may create higher valence instantly, for individuals who value money highly. Successful service delivery results in intrinsic outcomes experienced directly by an individual, feelings of accomplishment, increased self-esteem, new skills, and sense of achievement. Effort-performance expectancy that create individual perception that effort is positively correlated with performance (Sloof & Praag, 2005).

2.1.4 SERVQUAL Model

This study deemed this model suitable for interpreting the implication of HRM Practices outcomes on service delivery in health sector in Nyeri County, Kenya. The model by Parasuraman, Zeithmal and Berry (1985) is based on perceived service quality related to five dimensions of reliability, responsiveness, assurance, empathy and tangibility. Reliability is providing the promised service accurately and dependably to the consumers. Assurance is the knowledge, courtesy, assurance and trust inspired by employees. Tangibility is the physical surroundings conditions as showing evidence of care and attention to details exhibited by the service givers. It comprises of physical facilities, equipment, personnel and communication materials and their appearance. Johantigh (2019) evaluated healthcare service quality in Iran and concluded that hospitals were able to meet patients' expectation in terms of tangibility, however there were challenges in responsiveness, empathy and security within the hospitals.

Empathy is the individualized care and attention provided by the firm to its customers including access to the organization's services, communication and understanding the customer needs. Responsiveness is defined as willingness to help customers, provide prompt service (Parasuraman, et al., 1985). SERVQUAL model, developed by (Parasuraman, et al., 1985), is used widely to capture consumers' expectations and perceptions of service quality (Palmer 2011). The model consists of 22 expectations and performance-based statements, used to depict the five dimensions of service quality (Zeithamal, Parasuruman & Berry, 1990). This study adapted the statements from the SERVQUAL instrument to capture service delivery perceptions of respondents. The current study is measurement of implication of HRM practices on service delivery at county level in Nyeri County, Kenya.

2.2 Study Concepts

2.2.1 Service Delivery

Service delivery first requires a common definition of service, as a product of activity that meets the needs that are applied by a user (Pyana, 2004). The employees' credibility with regard to trustworthiness and honesty characterizes contact, having the best interest of patients at heart. The dimension of service quality delivery, reliability is distinct to which extent the correct, accurate and up-to date knowledge and information are fulfilling and also perform the services promised to customers (Babatunde, Kudra & Njau, 2014; Tolupe & Salami, 2015). Reliability comprises precise request satisfaction; precise quote; exact record; charging; precise count of commissions; and keeping services 'guarantee.' Reliability is the most vital element in any institution (Yang and Chiang, 2012).

Ten determinants of service quality associated with the health sector services include competence, credibility, access, reliability, responsiveness, courtesy, security, communication and empathy (Patrick, 2009). The three dimensions of quality health service delivery actual outcome include clinical management, patient experience and workforce for health best clinical practices. The degree to which administrative system points out, such as human resource management supportive data and delivery of high-quality clinical care management.

Health delivery services are inclusive of management and delivery of quality safe services, to the citizenry a continuum of health promotion; prevention, diagnosis, treatment; disease-management, rehabilitation and palliative care services; through the different levels of care. The health service delivery may be defined along development of four stages as user engagement service design assessment and positive chances of provisions of services (Dach et al., 2004). Other scholars have propounded other definitions. According to Carrilat et al.,

(2007), service delivery is the physical accessibility or reachability to services that 'set the standard'. The quality of service that give patients satisfaction is essential in the health sector, the health service delivery that meet the perceived quality to satisfy expected quality and experienced outcome. Accessibility is a broad term that incorporate, availability, affordability and acceptability. Access is an expansive term with various measurements. Extensive access requires a precise evaluation of physical, financial and socio-economic, psychological access to services, (Blois and Ramirez, 2006).

The dimension of service delivery in public hospitals in Nyeri County was assessed on widely accepted available indicators. Determinants of service quality are the reliability of service, based on promptness of delivery and dependability of both employee and patients records and performance of service at the right time. Employee service delivery in health sector require high degree of quality and competence, (Salat, 1999) indicated dimensions of service quality could be measured on a framework that constituted a GAP model by (Parasuraman, et al., 1985). Access to medical facility, approachability ease of contact, reduced waiting time for service; convenient hours of operations; within the reach of the facility and neatness of employees' appearance to public contact. The vast majority of measures of healthcare service delivery effectiveness and safety need to examine timeliness and patient centeredness, assess the efficiency or equity of care. The hospitals need to place great emphasis on recruitment and retention of top-level physicians and nurses, put effort to encourage these professionals including managers, pharmacists, social workers among others to promote quality (Brown and Duguid, 2003). Hospitals must implement effective human resources through selective hiring and retention of doctors, physicians and nurses.

In the context of assessing the performance of health service-delivery organizations, a relative measure is used that compares inputs (for example, human, technological, financial

to outputs attained (number and level of services). It addresses questions about whether an organization is deploying the right mix of personnel, equipment, supplies such as drugs to facilitate quality services. Service delivery in the health sector must be achieved by ensuring capacity for service. Quality service delivery, in most of Kenyan public hospitals has been deteriorating and patient satisfaction neglected due to lack of accountability, access, reliability, responsiveness and empathy. Insufficient knowledge regarding what supports effective collaborative working relationships in their execution of human resource, (Khilji & Wang, 2006; McGovern, et al., 1997; Purcell & Hutchinson, 2007). Lack of specific knowledge on the practice of devolution in professional service contexts, particularly in the healthcare context of medics and paramedics management.

The complete physical presence or delivery of services that meet expectations of patients, coverage of interventions is the proportion of people who receive specific intervention among the population that require the services, (Peters. et al. (2002). On the other hand, utilization is often the required health care services offered. The health services promptness in delivery system, of health care service resources that meet patients' basic amenities needs and social support, choice of provider promptly (Murray and Frank, 2000). Health care delivery prompt accessible and timely patient centered play a great role in ensuring health services are timely and available when needed. Responsiveness is concerned with the timeliness of services (Parasuraman et al. 1985). Responsiveness install confidence and reduce doubt about the service help meet patient attitude, needs and assurance.

On the other hand, responsiveness includes understanding the needs and wants of the clients, advantageous working hours and individual consideration given by the staff and customer's security in their transaction or care for timely delivery of service to the customer (Kurmar et al 2009). Reliability is defined as the ability to perform the promised service dependably and

accurately. It is a combination of five components: dependability, availability, error-free directive, genuineness and technical competence. (Parasurman et al. 2005).

The higher the reliability the higher the customer satisfaction. However, it has been noted that in the health sector, service delivery has no perceived standard scales to quantify the apparent nature of a health service. Therefore, competitive advantage through top notch services is an undeniably essential weapon to survive. Measuring service quality delivery, pose challenges even to specialty organizations on account of the exceptional attributes of services, intangibility, heterogeneity, inseparability and perishability. Service reliability has turned into an imperative research subject due to its obvious relationship to costs (Bolton & Drew, 1991) (Buzzel & Gale, 1987) (Crosby, 2000; Hoffman and Bateson, 2005), profitability and customer satisfaction. The population need to be assured of access to reliable, responsive, empathetic health services.

Empathy is “the ability to understand and share the feelings of another”, the ability to understand a patients’ feeling and come up with a more accurate diagnoses and better caring treatment, linked to patient satisfaction. Empathy creates better concordance with medical advice the recognition and validation of a patient’s fear, anxiety, pain, and worry, facilitate a more accurate diagnoses and more caring treatment. The concept of being empathetic is the bottom line for many allied health professionals and other specialists (Ouzoun, 2012). The person-centered empathy and concern for the health care user have for years’ implication of health care (Rothery, 2010). Lack of empathy in health sector service delivery is a challenge that arise due to the large numbers of patients that the health workforce has to deal with in public hospitals. Preparedness, responsiveness or readiness of employee to work, action timeliness and promptness of service may be challenging.

2.3 Human Resource Management Practices

Human resource management (HRM) practices as a strategic and coherent approach to the management of an organization's most valued assets; the people working there who individually or collectively contribute to the achievement of its objectives (Armstrong, 2006). Human resource practice is basic in management activities within an organization. It is through the workforce that health sector service delivery is achieved. HRH play a vital role in ensuring the health of citizens and hence the need for recognition of their importance. HRM is a combination of person-centered care that recognizes employees as assets geared towards creating and maintaining skillful and committed workforce for achievement of organizational goals (Seyucel, 2009). In determining effects of decentralization of organizational function performance of regions of Europe, suggested that decentralization is associated with improving service responsiveness and delivery efficiency (Guay, 2013). Consciousness of customer needs in a timely manner, creates responsiveness and enhances the quality-of-service delivery. HRM has two distinct forms of concepts described as a soft and hard. The soft HRM approach is more development oriented with a humanistic focus based on explicit statements about the value of employees to the organization (Kidombo, 2012). The guiding policies and actual coverage of services delivered, clients served, both in and out-patients. Soft HRM gives a strong recognition to employees needs such as recruitment and selection; training and development; reward and remuneration and employee relations. The soft HRM as a method might release untapped reserves of human resource effectiveness increasing employee commitment, participation involvement in health care service delivery. Given the recruitment and retention reality of health workers, the role played by HR managers in hospital should not be underestimated, especially those who double the role of HR with other responsibilities.

HRH retention in Kenya, found that medical officers migrated from rural areas to urban and private hospitals due to poor work conditions; lack of training; supervision; poor living conditions and communication (Ndetei, et al., 2008). HRM identified seven major functions, these include human resource planning, recruitment and selection; human resource training and development; compensation management, safety and health; performance appraisal and employee labour relations, (Byars and Rue, 2004). This study will focus on four practices namely: remuneration reward, working conditions, infrastructure resource management, recruitment, selection and retention measured against service delivery in health sector.

HRM practices include recruitment and selection of employees, long term incentives, welfare practices, merit pay, reward systems based on incentives, voice mechanisms and enhanced involvement of HRM in crafting, implementing and executing strategy (Huselid, 2007). Provision of services in health sector in this study measured through health sector workforce, functional equipment, availability of drugs, intensity of training and infrastructure management, alongside conducive working conditions. Health service delivery is an immediate outcome of a well-structured health system with adequate health workforce, infrastructure equipment needed, other supplies, and financing. A study titled “Determining staff requirements in hospitals.” Majority of health workers are public health workers Rakuom (2010). Adequate input leads to improved service delivery in the health sector and enhance access to services.

Utilization is difficult because of the influence of diverse and variable client demand patterns, setting the right level of universally applicable standards. A devolved healthcare system organized in hierarchical manner starts with health care primary units, consisting of health centres and dispensaries. Lower unit being community and graduates with complicated cases being referred to higher level of healthcare. Medics and other health

professionals face many challenges in their effort to deliver health services to citizens. The challenges include inadequate human resources, lack of congruence between different stakeholders' values, absenteeism rates, high rates of turnover and low morale of health workforce, (Zurn, et al., 2004).

2.3.1 Concept of Reward and Remuneration

Reward management guided by policies and strategies, ensure recognition of outstanding performance fairly and consistently across the board within an organization. Rewarding employees is a powerful motivational tool that boosts productivity. Reward integrate workers and their work environment, management and supervision are still critical factors in reaching organizational goals (Hornby and Sidney, 1988; Goldstein, 2007). Increased reward facilitates conditions for a more effective workforce. Reward is one of the aggregate areas of human resources (Dessler, 2010; Armstrong, 2009). An effective remuneration system is significant as several problems that relate to personnel centered are around remuneration. Consequently, reward is intricately aggregated to be understood in a different way or it is anecdotal in one's behaviour (William et al., 2008).

According to Vroom expectancy theory, the workforce is motivated if they believe that diligence will lead to improved performance, which create desired results (Lunenburg, 2011). In linking this study with Vroom expectancy theory, rewards can be either extrinsic or intrinsic such as bonuses, salary raise, gifts, promotion and recognition. At the same token, if quality service delivery is not followed by reward effort is less likely to happen.

Compensation or employee benefits are elements of remuneration, additional to all forms of cash payment for services Armstrong (2009). Remuneration management is one of the most important factors in (HRM). According to Cascio (2012), "Remuneration include both direct cash payment, in form of salary, indirect payment in form of employees' benefits and

incentives to motivate employees endeavour for higher levels of productivity, which is a critical component of the employee relationship with the organization. Employee remuneration in the health sector plays a vital role, creates job commitment, and facilitates improved service delivery. Many employees absent themselves from work because they feel that they are not adequately compensated for services they render. Hence the need for an attractive remuneration policy to be in place, Answaathappa (2010). HRH reward play a great role in enhancing quality service delivery. At county level disbursement of funds is where allocations delays lead to further delay downstream creating frequent strikes, over salaries by the health sector workforce. The obstruction in allocation has been too frequent counties see it as politically instigated disruption to service provision for people to fight for services to go back to the national government (Kariuki, 2014).

Rewards include factors that are intrinsic to the job, content, work itself and opportunities available for advancement, alongside recognition on achievement (Santrock, 2009). For reward to be effective, they have to be fair, this means that there has to be openness with respect to information about how the reward system operates and how employees are motivated. Employee recognition process is key essential as employees seek to be valued and respected. This process increases individual productivity, loyalty, retention and high employee satisfaction (Danish & Usman, 2010). Non-monetary incentives attract, motivate and retain competent human resources in the organization (Fogleman & McCorkle, 2013; Ahmed & Ahmed, 2014). Employee remuneration administration is important in pursuit of a reward strategy

(Barney and Hesterly 2008). Reward strategy enhance commitment and recognition of value to the workforce by providing more opportunities for development and improvement of services. An organization that pursue remuneration policy that is reliable and supports its

strategies is more likely to implement those strategies, approve remuneration policies that are inconsistent, (Armstrong, 2006).

A study on reward and remuneration of workers in the Museums in Kenya, suggest that motivation remuneration systems mixed effects on performance of the workforce (Mbaya, 2011). The researcher sought to find out the effect of reward on service delivery in the devolved health sector in Kenya. Direct and positive relationship existed between remuneration and organization performance (Mbogho, 2012). They indicated that total remuneration includes payments or remuneration, benefits and informal recognition necessary for optimizing the reward and satisfaction levels of staff.

2.3.2 Working Conditions Practices

Conditions of work include the interaction of employees both psychologically and physically and their working climate. Working conditions refers to working environment, aspects of employee's terms of service, work activities, training, skills and employability, health and safety, working time, and work-life balance. Physical characteristics/surroundings of the job that make specific demands of an employee's capacity. The study focused on examining the work environment and job satisfaction on medical care workforce in Kenya (Goetz et al., 2015). Work conditions significantly affect job satisfaction. These include several different factors such as promotion opportunities, satisfaction with pay, fringe benefits and job security.

Linking this study with two factor Herzberg theory, work environment with high hygiene factors keep employees' dissatisfaction at bay. When employees feel they are safe in their positions, they get less dissatisfied. Working conditions also entail protection against infectious diseases such as AIDS, COVID 19, poor protective mechanism and facilities lead to escalating fears. The working conditions circumscribe to an expedited subsistence state

of existence involving physical and mental stability. A study on human resource crisis in health sector, delay of salary, challenging working environment, inadequate career opportunities and lack of job security were of major concern (Sirili et al., 2014). This includes proper work contract management, state of pay systems, working conditions and employee welfare. All areas of workers involvement have been noted to improve organization performance through strategies instituted through involvement significantly improve satisfaction levels of employees (Desta, et al., 2020). Employees provided with housing, medical cover and family leave are loyal and committed to their work. According to Herzberg theory 1959, motivation theory factors that make people satisfied at work are dissimilar from those motivating them in service delivery. Human resource managers must work hard to maintain a conducive, family-oriented atmosphere at the workplace, especially in the health sector. A positive impact on job performance is the outcome of recognition either alone or a long side financial motivations (Desler, 2008).

Employee service provision in the health sector is a core concept within work that is dynamic and multidimensional in nature. This is a term that is synonymous with human resources related to service delivery within an organization and employees' working level. This has to do with all cadres of work activities employee outcome and achievements (Kavoo & Kiruri, 2013). Goal motivations importance is ensuring enjoyable work environment and enhances work force service delivery. Recognition of employee success is of critical importance in inspiring employees to work toward goal achievements. Employees are inspired when their contribution or achievements are valued, and that management is confident in their capabilities (Khan, 2006).

Healthcare services are different kinds of medics and para-medics public health workers WHO (2000). Health organizations should provide the workforce with all necessary

resources and training to gain additional skills to improve quality of service. The necessary equipment and material help the health workforce accomplish their goals successfully and create job satisfaction (Kawada & Otsuka, 2011). Further indicated that human resource practices, has four dimensions of work environment, the working conditions natural environment, workplace equipment, hours of work including overtime, safety and protection play that major roles in health sector service delivery.

Poor work conditions has always been an important issue that affect job satisfaction for the health sector workforce. Health sectors require a working environment that attract, motivate and retain hardworking individuals. The county governments are allowed to do their own recruitment and selection; this could create challenges especially due to terms that may not be uniform in all counties. Working conditions of service across the county governments, in particular have variations in living and working conditions across the country that lead to skewed distribution of human resources, and highly qualified medics choose to live in more urban developed areas.

There was noted fear among health workers concerning security of their jobs (Mwamuye and Nyamu, 2014: 266). Some experienced delayed salaries since devolution creating job insecurity. Staff remuneration (salaries, benefits, allowances, and any other retention incentives) and the cost of training in the health sector may affect the budgetary realities of the devolved health sector. Effectiveness of overall service delivery in devolved health sector, presents unprecedented opportunities and challenges. The challenges include but are not limited to health workers' shortage or loss of skills. Another challenge is lack of clarity for deployment of HRH from one county to the other, promotion, HRH records maintenance and administration of HRH pension among others (Transparency International,

2011). It is unlikely for optimal medical care to be delivered by unhappy and maladapted health care providers.

2.3.3 Physical Resource Management

Physical resource includes management of facilities; equipment; drugs; supplies of non-consumables, support services, policies and work regulations, a long lines of authority. Health infrastructure management includes all the tangible infrastructure requirements, inpatient bed capacity, medical transport/ambulances, technology (including ICT) required for effective communication, diagnosis, records, and quality service delivery. Nogueira et al. (2018), similarly noted that having support resource systems to improve organization is key to avoiding workers burnout within an institution. These resources are important determinants for job satisfaction and hence quality health service delivery. Human resource managers must ensure they are present for the workforce to provide quality services to patients and enhance service delivery.

Investments in the right infrastructure, its management in the county is important as a measure to facilitate quality service delivery. The quality of health sector infrastructure is a concept framework, which supports quality services, appropriate working tools and equipment that suit the needed functions (Abdullah, 2006). Skilled human resources and required physical resources both pharmaceutical and non-pharmaceutical consumables and functional equipment, are critical to achieving improved health for citizens in Nyeri County (HRM) help organizations to survive and prosper by delivering strategic, managerial operational values, through supervision (Boxall & Purcell, 2011; Valverde, Ryan, & Soler, 2006).

Construction of new health facilities and rehabilitation of existing equipment must be carried out to facilitate quality health services delivery for the citizens in Nyeri County. Just 63 per

cent of Kenyans access to government health services located within an hour of their homes, greater distance to a facility is a significant factor in decreased demand for healthcare in the country (Noor et. al., 2006; Mwabu et. al., 1993). The management of the workforce of a firm is crucial in guaranteeing properly motivated sufficient staff levels with the right skills (Armstrong, 2007). The new constitutional framework in Kenya, gives every citizen the right to the “highest attainable standard of health” and significant authority to counties, offering an opportunity to establish new financial transfers, decision making, and service delivery mechanisms to improve the Kenyan health system.

Health sector managers are responsible for ensuring that employees are equipped with the essential resources to do their jobs. The centralized government system led to the weak, unresponsive, inefficient, and inequitable distribution of health services in the country (Ndavi et al., 2009). The complexity of Kenya’s devolution framework created concern about disruption of services on poorly transition management.

2.3.4 Recruitment, Selection and Retention

Recruitment entails actively seeking out the most suitable candidate to hire for a specific job, within or outside the organization in a timely and profitable manner (Selase, 2018). The principal purpose is to attract adequate and sustainable potential employees to apply for available vacancies in the organization. It is critical to ensure selective hiring of qualified staff through appointments to empower the health sector workforce. In well-functioning system of health, well connected service delivery access to comprehensive, range of health services provided to the target population

In linking human capital to health sector service delivery, this study notes that HRH must be available to faceplate responsiveness of health services. Human capital theory confirmed that individuals’ knowledge create value. This value is accumulated in different forms of

education, training, migration and health (Becker, 1964). This study is on the implication of HRM practices on health sector service delivery. Recruitment and selection for the health sector workforce as a function of human resources is crucial in ensuring the right candidates are recruited for the right job at the right time. The quality-of-service delivery and success of any organization is determined by the quality of the recruited workforce. Boldizzon (2008) suggests that concept of human capital semantically is the mixture of human and capital. Recruitment and selection play a major role in shaping an organization's effectiveness by acquiring a worker force with the relevant knowledge skills and right qualifications and aptitude. On the other hand, selection activities include identification of suitable candidates and encourage them to accept the position in the organization (Cole, 2002).

Investing in human capital in the health sector, view humans as an asset that provide positive results by creating tangible access to health. The initiative included making health sector jobs attractive by reviewing compensation for health workers reduce attrition (Ojaka et al., 2014). (HRH) constitute one of the major key components for any national health system, many developing countries face serious HRH constraints. Staff reward and morale is widely reported to be low.

HRH attrition crisis is attributed to retirement, death, resignation, dismissal or migration (Chankova et al., 2009). Retention of competent employees benefits fitting in with the job description requirements and enhances health service delivery. Human capital theory increasingly recognizes that attention afforded to both the strategic design of HR systems, processes and practices and their implementation, to elicit undesired employee reactions and behaviours (Guest, 2011, McDermott, Conway,

Rousseau & Flood 2013; Mossholder, Richardson & Settoon, 2011; Purcell & Hutchinson, 2007). HR functions can be coordinated in various ways as explained in human Resource

Management. (Taylor and Woodham, 2012), services organized on a best-practice basis or a best-fit basis at the centre of much of the debate. The world health report 2006 (WHO 2006), recognized (HRH) as the cornerstone of health sector service delivery process.

The human resource challenges indicated in the Strategic Plan cut across the sector, include the critical human resource areas such as policy and institutional arrangement, recruitment, placement and human resource review, reward as well as employee welfare and capacity building. HRM practices facilitate organizations developing main competencies to achieve organizational effectiveness (Armstrong, 2006).

Wang, et al. (2002) pointed that de-concentration is inconceivable to transfer contracting to the local level, delegation and devolution entrust these responsibilities. This research will answer the question of how the employees in the health sector are recruited and retained. To coordinate the inter-relationship between the national government and County government system, Kenya Bill 2014, was proposed that established a unified health system to regulate and connect health care service providers and health technologies. However, the devolved governance structures in the County health governments have not succeeded in both provision and delivery of health services (GOK, 2014). Study by Transparency International (2011), suggest that under-staffing levels of between 50 and 80 per cent documented at the former provincial and rural health facilities.

2.4. Human Resource Management Practices on Service Delivery

A study on devolution of health functions reported political interference, policy gaps on attraction and retention of health workers from counties as challenges in the health sector (World Bank, 2014). Improved product quality and healthcare service delivery bore a great significance that sent a signal to the workforce that they were valued, enhanced their productivity, improved service delivery (Khan, 2010). Achievement of an optimal balance

in employee numbers, skill-mix, staff distribution, deployment and career progression enhance staff motivation, retention, performance and employee service delivery.

Importance of HRM practices is connected with delivery system in organizational and operations. In particular, legal and ethical issues, safety and welfare of health sector employees, reward and support initiatives are vital for enhancing collaboration and ensuring organizational culture. A study on relationship between employee recognition and individual performance at Kenyatta National Hospital, targeting population of forty (40) different cadres of staff, career growth opportunities, remuneration to enhanced service delivery (Atambo, 2012).

HRM practices such as job analysis and design are important responsibilities that uphold and sustain reward that enhance employees' support. Rendel, Lokuge, Rosewell and Field (2020) showed that commitment in management practices and involvement improves health service delivery. Job design implies panning duties, tasks and responsibilities for employees to accomplish. Employees misunderstanding in terms of requirements, lead to fall of entire organization framework (Niles, 2012). Within the context of recruitment and reward efficient analytical managerial skills are essential to provide solutions and provide proactive facets of management (Muller et al., 2006).

2.4.1 Remuneration, Reward and Service Delivery

Remuneration and compensation are used interchangeably, including the payment offered as compensation as a wage or a salary. Basic pay is the payment that is received as fixed payment to an employee for performing their specific job responsibilities (Kreitner, Kiniki, 2004. Hussain, Khaliq, Nisar, Kamboh and Ali (2019) noted that effective rewards and cognition are vital in enhancing quality of service delivery and reduced workplace stress. The related work variables for remuneration encompasses extrinsic motivators including

salary, fringe benefits, pension and paid vacation schemes, per diems and any other allowances. Employee reward and organizational effectiveness are directly related. This is proven by the study conducted by Muhammad (2011). The health sector should work out and make policies and organizational structures that support employee recognition and empowerment for outstanding quality of service delivery. Rewarding in most cases, arise from a need which must be fulfilled, that results in a specific behaviour. Staff reward was affected by abrupt changes, perception of health workers, their remuneration levels, work environment, which was negatively affected by devolution of the health sector.

This study revealed that reward and remuneration positively and significantly influence health sector service delivery. Barney and Hearerly (2008), opined that organization's employee remuneration policy and practice are important in implementation of strategies. This is true in relation to the study findings. It also concurs with Armstrong (2006) that adoption of a remuneration policy is consistent when an organization strategies are reinforced leading to improved service delivery.

According to Victor Vroom theory, the key elements are expectancy, instrumentality and valence. The expectancy that health sector workers will lead to acceptable performance (expectancy) resulting to access to quality service delivery. That the quality services rewarded (instrumentality), value of rewards are highly positive (valence). The rewards are either extrinsic or intrinsic such as bonuses, salary raise, gifts, promotion or recognition. Staff reward in devolved health is dynamic and what motivates the workforce is diverse, and each individual intrinsically is different. According to Armstrong (2009), what stimulates one worker may not necessarily inspire another. This study sought to find whether reward and remuneration has a positive and significant influence on health sector service delivery.

Barney and Hearerly (2008), opined that an organization's employee's remuneration policy and practice is important in implementation of a strategy.

Direct and positive relationship exist between remuneration and organization performance (Mbogho, 2012). The challenges faced in the devolved health sector result from poor management or lack of proper management of resources, health workforce and lack of proper HR practices, associated with social, political and other related factors. According to Human Resource Strategic Plan (2012), leadership among other factors cause imbalance between demand and supply of health services.

2.4.2 Working Conditions and Service Delivery

Working conditions include physical and psychological interaction of employees and their working climate. Physical working conditions are characteristics/surroundings of the job that make specific demands of capacity of an employee. Goetz et al., (2015) study focused on examining the work environment and job satisfaction on medical care workforce in Kenya. Work conditions significantly affect job satisfaction. Physical or mental abilities required are included to perform the essential functions of the job. Human resource policy was reviewed (MOH) with an objective of rationalizing and harmonizing human resources for health. There is emphasize that health sector managers attend to issues such as working sessions, working conditions and career progress, which have a significant long-term effect on staff morale and service delivery. The poor performance of the health sector poses a major challenge in improvement of service delivery in developing countries (Vujic, 2011).

Herzberg's theory is applicable to this study, improved work conditions will keep employees at job but will not make them work harder, poor working conditions which are job dissatisfiers may result in employee turnover. According to Herzberg's theory to increase employee job satisfaction managers need to focus on the motivating factors or satisfiers that

improve the working environment. Motivated employees lead employee-centred organization strategies (Fischer, Malycha & Schafmann, 2019) Job satisfaction leads to assurance of quality health service delivery from health sector employees. Reliability and assurance of services result from job satisfaction of employees. A need fulfilment results through a reward can either be intrinsic or extrinsic, derived from within an individual, for example, taking pride and feeling good about an achievement of a task well-done, whereas the latter pertain to rewards as an outcome. Psychologists have produced a variety of need-based theories. This study is anchored on two factor theory by Herzberg.

A study conducted by the World Vision (2014) on assessment of the effect of conditions of work since devolution of health sector, found the challenges unharmonized salaries, allowances, delayed salaries, lack of additional training programmes to enhance career development, lack of promotions and re-deployment, alongside staff shortages and poor financial support. The health sector workforce require continuous training to facilitate them meeting the demand of new technology in the medical field. Armstrong (2006) defined training as the planned and systematic modification of behaviour through learning events, programmes and instruction which enable individuals to achieve the levels of knowledge, skills and competence needed to carry their work effectively. Thus, effective training of health workforce, encourages a good working atmosphere, while lack of further training can have a diverse effect on the organization service delivery. Besides, training and development are essential motivators that boost loyalty to the health workforce in health care organizations and enhance service delivery (Hsu, Chang & Hsieh, 2015).

Soila (2015) study on devolution found out that no measures were taken to motivate the workforce, to meet their needs. The study result accentuated the importance of need workforce assessment, timeliness of salary payment and giving incentives to enhance

productivity and improve service delivery. These conditions are effective for staff participation in key decisions that affect their performance and enhances health service delivery. Any terms of monetary benefit or other support offered by an organization is good for an employee or family (Stratton, 2009). Traditionally, a record of best methods of management adopted a habit that has lately been replaced by current strategies or structural approach resource by ensuring that health service delivery objectives are met (Mwangi, 2017). Hence the need that organizational development is summit in achieving the collection of practices, which could lead to human resource engagement (KurnatK-Thomas *et al.*, 2017). The staffing needs are based on the workload involved in delivery of health services by a highly skilled self-driven workforce (MOH Kenya, 2006). The HRMP Act., 2012 law meant to streamline the function of human resource management professionals in the country. In the County hospitals, there are different cadres of employees that require different range of motivations needed to be put in place for example, pay, time off, recognition, hardship and risk allowance, promotion and bonuses.

2.4.3 Physical Resource Management and Service Delivery

Physical resource infrastructure management must be carried out for health services to be all inclusive, availability of health care systems that are functional with competent motivated staff. The supplies of essential medicine must be present, trained personnel for operations and maintenance of physical facilities which are timely to ensure continuous functionality. These factors are primary to effectiveness of health service delivery. Linking this study to Vroom expectancy theory, Human Resource for Health may get demotivated due to lack of adequate physical resources to carry out their duties. Vroom theory has three key elements, expectancy, instrumentality and valence (1964) are vital elements that are intrinsic to human resource for health (HRH), that availability of functional physical facilities will be followed

with quality service delivery. The health sector service delivery has continued to experience challenges.

These challenges are far reaching specially on issues of human resource, infrastructure management, administration, consumables resource drugs, (Ministry of Health, 2014:27; Mwange, 2013:2 Kibui et al., 2015:133). Availability of well managed infrastructure equipped with resources necessary for delivery of services may lead to job satisfaction of workers who must be available for access to health services. Gitonga (2015), in his study indicated that psychological environment has the most significant factor that affected employee performance.

The barriers faced by health sector workforce in public hospitals in Kenya, include physical access capturing, lack of continuous functioning equipment, inadequate facilities, consumables, pharmaceuticals and medicine, slow unreliable network connections resulting to very low unreliable information, which does not meet staff needs in terms of scope. In Kenya, affirmation that public health sector employees have adequate access and adequate knowledge in ICT is little (Gatero, 2011). According to (World Bank, 2014) both levels of government are interdependent and conduct business on the basis of consultation and cooperation to facilitate health sector service delivery.

Management of physical resources is crucial to the provision of hospital services. They represent public assurance that their health security is availed through the health services delivery. County governments are responsible for County regulations; formulation of a public service; infrastructure and equipment for health facilities such as new wards, ambulances, appointment and management of HRH (GOK, 2010; Oketch & Lelgwe, 2016). In developing countries such as Burkina Faso, Cambodia, Kenya, Mali and Mozambique report capital expenditures between 40% and 50% of the total health expenditure, budget

(WHO profile data base). A large amount of the recurrent budget is spent on payment of the health workers. This indicates that only a small fraction of the total budget is spent on maintenance of physical resource infrastructure and human capital.

2.4.4 Recruitment, Selection & Retention and Service Delivery

Recruitment process entails seeking out most suitable person to hire for a specific job position, in an organization in a prompt beneficial manner (Selese, 2018). It is difficult to emphasize the importance of efficient recruiting especially in health sector. Human capital is achieved in different education forms, training, migration, and health (Becker, 1964). There are eight essential key steps in a recruitment and selection process that must be considered for a suitable candidate to be found for any given post (Faite, 2013). These include vacancies available, job analysis, applications screening, interviewing, electing, and appointing, of employees. All these elements must be there to make sure that the most appropriate candidate is found. Linking recruitment selection and retention to Human Capital Theory, this theory states that intellectual skills individual bring add value and facilitate efficient service delivery in health sector. According to Batt, Nohara & Kwan, (2010), recruitment practices results in a large pool of highly skilled individuals, with relevant work-related knowledge, skills, and abilities. Armstrong (2010) suggests that Human Capital theory consider people as assets, an organization that improves performance of employees 'and create positive results in the organization. The principle purpose of recruitment and selection process should be to obtain at minimum cost the best employees to facilitate access to health care services.

Recruitment process require examining job specifications, encouraging candidates to apply for selection of the qualified candidates, interviewing, employing and orienting the new employees to the organization (Ashraf, 2017). This include obtaining the most suitable

candidates and preparing a contract of employment. According to Armstrong (2005), recruiting and selection involve vacancy identification, defining requirements; job descriptions, advertising the job and attracting candidates. Every county in Kenya Public Service tasked with public servant's appointments "framework of uniform national standards prescribed by an Act of Parliament" (The Kenya Constitution, Article 235).

Linking to HCT, to this study the key role human capital plays is crucial in-service delivery in the health sector, without which health services are inaccessible to the majority of citizens who depend on public health services. The focus is attracting, retaining and developing human capital for health. HCT show that intellectual knowledge bring value. The focus of this study was to attract, select and retain human capital for health. The Kenya Constitution, 2010, legislation policy ensured an integrated monitoring and evaluation of delivery of health services. The Ministry of health is empowered with the development of national policy that directs recruitment, selection, retention and remuneration of all health HRH in Kenya. It plays the role of evaluating health services provision standards as well as the costs for services offered by the health workforce. It also provides the legal framework to ensure broad people directed service delivery, Ministry of Health (GOK, 2010; Okech, 2016).

Unwin (2005) suggested that recruitment is a component for attracting and retaining knowledge workers, significance to the process involved during the time of recruiting and hiring right candidates. The purpose of recruitment and selection practice is to develop and maintain the service quality by selecting and placing the best person at workplace for right job, Santos *et al.* (2020). When the organization adopts performance-oriented culture, staff performance increases (Musah, *et al.*, 2017). Merit Based system in the organization particularly, has fair recruitment and selection practices without discrimination (Pahos & Galanaki, 2019).

Retention is the process in which the employer encourages the employees to remain with the organization Deo (2014). Additionally, employees who predicts the likelihood of remaining within the organization are well trained with specific skills and attitudes. The challenges faced in the devolved health sector resulted from poor management or lack of proper management of health work force and proper HR practices, associated with social, political and other related factors. Effective recruitment and selection ensured that the knowledge and attitudes were desirable characteristics, adopted in the culture of the organization and that they fitted in the right place (Cole, 2009).

According to Human Resource Strategic Plan (2012), political and other factors have caused imbalance between demand and supply of health services and limited human resource for health. The human resource for health is informed by policies and principles of public service management with only minor variations. Idris (2014) suggested employment retention is a long-term initiative by employers to ensure that the best individuals join their organization and remain with them. Ineffective recruitment on the other hand, create a number of financial challenges for the organization and a lack of motivation for workers and labour turnover, which negatively affect employee service delivery.

2.5 Concept of Service Delivery

Service delivery is a continuous, cyclic process for delivering user focused services. Carrilat *et al.* (2007), service delivery is the physical reachability or access of service that meet expected standard. The physical access and other essential equipment, pharmaceuticals and other necessary consumables as well as rules for treatment to enable the health sector workforce to deliver quality services. (Parasuraman et al, 2005), opined that reliability to perform the assured service, dependability on accuracy relate to five components: credibility, practical experience accessibility perfect directive genuineness.

Key functions in a health system is to ensure accessibility of services that meet minimum quality standards. Accomplishing the standards appropriately is a considerable challenge in rural areas, devolution having entrusted administration of responsibilities to inexperienced managers in human resource management. The ideal characteristics describe the nature of the health services system expected to exist in a strong based primary health care, World Health Report (2008). Noor *et. al.*, (2006) and Mwabu *et. al.* (1993) observes that Just 63 per cent of Kenyans have access to government health services located within an hour of their homes, and greater distance to a facility is a significant factor in decreased demand for healthcare in the country. (Armstrong, 2007), opined that workforce management of a firm is crucial in guaranteeing properly motivated sufficient staff levels with the right skills.

There are two devolved system of health care governance in Kenya two levels, the national and county, (MOH) operates at national level, provides support. County levels of health are responsible for ensuring and operations that services are accessible to citizens. County's human resources expected to comply with the requirements of the HRMP Act, 2012. This Act was implemented since the system was enacted, and the law expected all professionals to comply with it. An organization that genuinely committed to their workforce create a conducive work environment employee recognized are valued and boost their service delivery. Public hospitals were the focus of health care services. Both levels were expected to cooperate to achieve the needed health care management in Kenya, Health Policy, 2012-2030.

2.6 Conceptual Framework

Figure 2.1, the study illustrates the independent variable is health sector service delivery. Conceptual framework represents the synthesis of the literature review, depicting a linkage between human resource management practices and health sector service delivery. Human

management practices was the dependent variable, the items under this were remuneration reward; working conditions; infrastructure resource management; recruitment, selection and retention. Conceptual framework is a set of broad ideas and principles from relevant fields of inquiry used for structuring a subsequent presentation (Kombo and Tromp, 2009). This study dependent variables influencing factors included access, reliability, assurance, availability, affordability, empathetic politeness and responsiveness. The concepts also explain the relationship among interlinked concepts and explains the possible connection between variables (Kombo & Tromp, 2000).

The conceptual framework was used to link the concepts of the study with empirical research and theories that anchor the study. Conceptual framework assists the researcher to organize his/her thinking and complete an investigation successfully. Conceptual framework is concise description of the phenomenon under study by a graphical or visual depiction of the study (Mugenda & Mugenda, 2008). Conceptual framework is a diagrammatical representation that depicts the relationship between independent variables and dependent variables (Bell, 2010). The conceptual model (Figure 2.1) is derived from the discussion presented in the literature review. It presents the researcher's schematization of the relationships of the variables of current study.

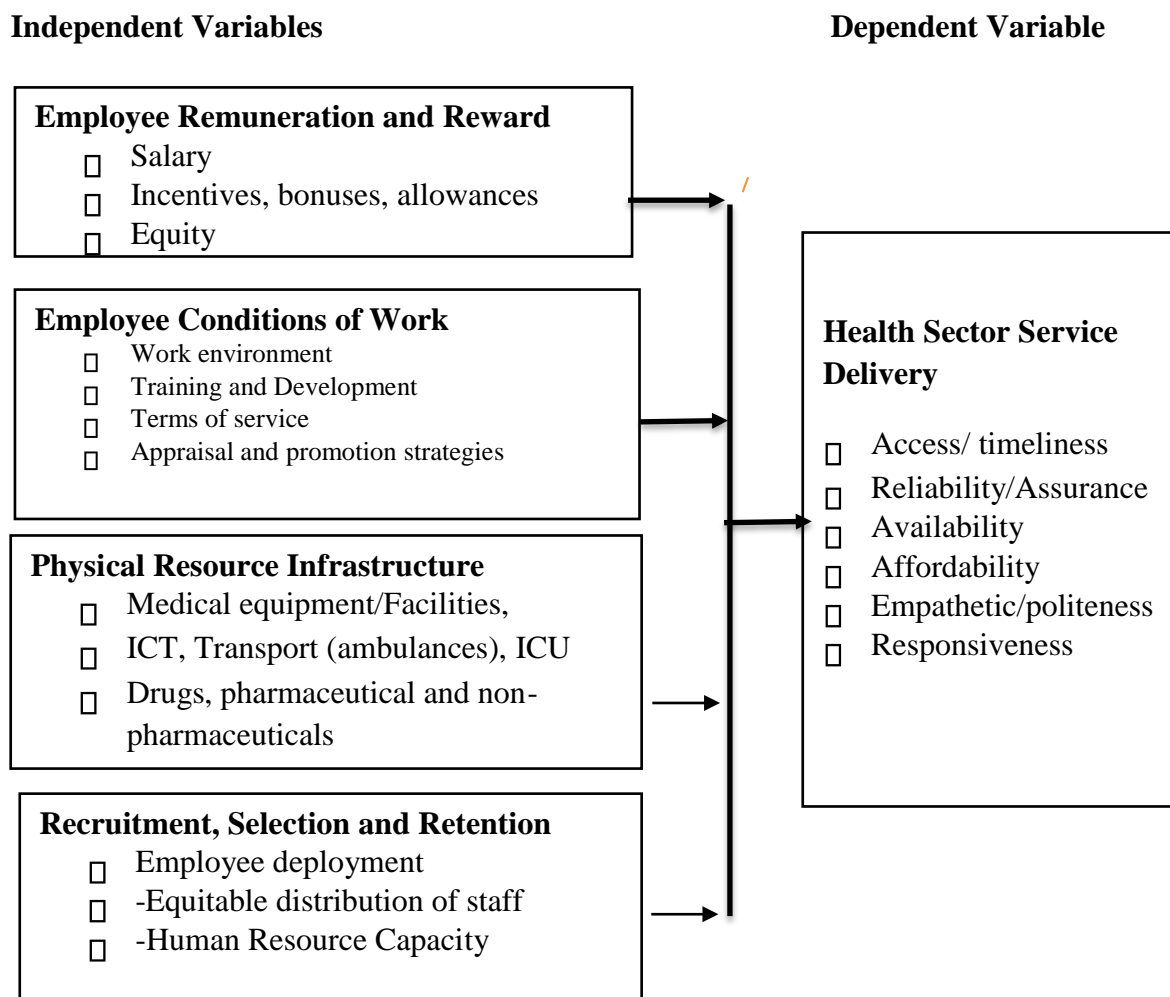


Figure 2.1: Conceptual Framework

Source: Researcher (2020)

2.6.1 Empirical Review

This section presents related literature to HRM practices and service delivery in health sector. HRM practices is regarded as an effective component of HRM system that include reward and remuneration; working conditions; infrastructure resource management; recruitment, selection, and retention. A research study by Kiambati (2020), opined that the degree of transparency and service delivery in the county governments were found to have low service delivery. Delivery of quality health services has been the focus of HRM scholars (Mukhaimar and Taamehah, 2004; Elarabi and Johari, 2014; Mohamed and Hameed, 2015).

The current study examined the implication of human resource management practices on health sector service delivery, Nyeri County, Kenya.

Kadhim (2017) carried out a study on relationship between compensation strategy and reward management on organizational on Iraqi Oil companies. He found that compensation plays a major role in the success of an organization. The concept of remuneration and reward in an organization cannot be underrated; it motivates workers and results in improved delivery of services. Kenneth, Yitambe, Nyamari and Koome (2019) in their study in Kiambu County, opined that lack of adequate resources and poor management contributed to below par service provision in health institutions. Similarly, Kama, Osuga and Njuguna (2017) found out that lack of adequate health workers capacity and infrastructure and financial resources negatively affected the implication of quality health referral service delivery in Kiambu hospitals. HRM practices are regarded as an effective component of HRM system that include reward and remuneration; working conditions; ICT training; physical infrastructure resource management (Combs *et al.*, 2006). The empirical review evidence on the impact of devolution of health sector depicts mixed results. This situation led to procurement challenges which affected quality of the products and service delivery (Mwamunye and Nyamu 2014). In a study in Uganda, (Baine, Kasangaki and Baine 2018) examined health service delivery, revealed that there was lack of adequate medical equipment, less skilled personnel and lack national policy guiding policy in line with World Health

Organization procedures resulting to negative impact to the delivery of health services. There are factors that enhance employee's commitment such as hygiene factors including compensation, which has direct effect on career success and intrinsic rewards that contribute to talent management (Collings et al., 2017) This is true of the health sector in devolved

system of government in Kenya, employees dissatisfaction with their working conditions result in poor health service delivery.

The literature on motivation suggest two categories, extrinsic and intrinsic. Intrinsic incentive compensation at workplace results in employee effectiveness and subsequent increase in service delivery (Tetteh, Fentim & Dorothy, 2015). Tetteh, et al. (2015), opined that intrinsic factors are considered the rewards that derives directly from or inherently connected to job/task, such as accomplishment, degree of autonomy additional responsibility, recognition, growth, demanding and challenging job.

2.7 Literature Gap

The categories such as bonuses, base pay, contingent pay, and other incentives, shares and profit sharing are referred to as compensation. Health workers felt motivated and appreciated when remunerated and compensated for the service they offered. HRM practices in the hospitals reviewed literature, brought out the fact that a lot of challenges, cited managerial short-termism, inconsistencies in service delivery in health sector. Poor working conditions, the challenges include shortage of staff, increased workload, lack of implementation of HRM practices on remuneration and reward, showed a negative impact on health service delivery (Cheruiyot et al., 2013). The existing literature has stimulated a great deal of discussions to this study aiming to address health sector service delivery challenges at county level. Recruitment, selection and retention of health sector workforce; long working hours, lack of job security, inadequate training and lack of employee career development. Fatigue demotivated employees reduce the quality of given services.

As alluded in the background, access to health service delivery or achievement of it includes the availability of physical infrastructure that meet the required standards. In several ways, it impacts the health of citizens, the source of labour force in the economy. WHO (2010)

estimated that 44.5 doctors, nurses, and midwives per 10,000 populations needed to meet the Strategic Development Goals (SDGs) by 2030. In Kenya, the ratio is only 13.8 per 10,000 populations, indicating a significant gap. Armstrong and Brown (2009) identified four equal potential significance categories of reward according to employee perspective.

HRH in counties in Kenya are recruited from the national government and local county councils. Job satisfaction and organizational commitment do not necessarily lead to loyalty or long defined as the intention to remain with the employer, (Sutherland, 2004). A study by Njuguna *et. al.* (2014), focus on implementation of HRM in health sector retention of health workers in remote districts. A study by Mwamunye and Nyamu (2014) focused on implementation of devolved management of health care within Mombasa County, improvement of service delivery in counties.

These studies are not predictive of implication of human resource practices on health sector service delivery the context of sub-county hospitals, Kenya. This study fills the gap by examining the implications of HRM practices in the health sector service delivery in Nyeri County. Additionally, this study also fills a conceptual gap in understanding of HRM practices implication on health sector service delivery. Past studies have had a restrictive conceptualization on implication on HRM practices on health sector service delivery.

Table 2.2: Summary of Research Gaps

Author & Year	Title of Study	Contribution	Gap
Njuguna, Mwangi & Kamau (2014)	Incentives Among Health Workers in a Remote Kenyan District: Implications for Proposed County Health System	The study found that devolved system may disadvantage some counties in recruitment and retention of health workforce	The study did not address human resource practices including recruitment, selection, reward and remuneration suggested in this study

Rakuom 2010	Determining staff requirements in hospitals	The study found 62% of the health workers are public workers and the sector is still understaffed	His study did not address health sector service delivery
Adwan (2008)	“The reality of workforce planning in nongovernmental health sector in the province of Gaza”	Found that planning process does not include the workforce sufficiently	The study was on reality of workforce planning and did not address service delivery
Wavomba & Sikolia (2015)	Assessment of Quality-of-service delivery in Public Hospitals in Western Kenya	Found out that demotivation of health workers inadequate drugs, poor working conditions, untidiness and overcrowding of patients affect service quality in public hospitals	Study was on service delivery to Maralia patients in Western region did not address implication of HRM practices on health sector service delivery.
Kadhim (2017)	Relationship between SHRM & Organizational Performance Among Iraq Oil Companies	Found that SHRM practices recruitment and selection, training & development, compensation & Rewards are directly linked with performance	This study focused on the effect of SHRM Practices on organizational performance and not employee service delivery

2.7.1 Chapter Summary

The chapter presented the theoretical concepts of human resource managements practices on health sector service delivery, remuneration and reward, working conditions, physical resource infrastructure management and employee recruitment and retention. HRM practices in devolved health sector if applied ensured strategies in recruitment and selection of the right human resource for health.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the methodology used in the study. The chapter commences with the research design, target population, sample size and sampling frame, sampling technique, instruments used, data collection procedure, pilot test, validity of research instruments reliability, data analysis techniques, and ethical considerations.

3.1 Study Area

This research study was carried out in three sub-County hospitals and one referral hospital in Nyeri County, located in the Central Region of Kenya. Nyeri County is situated 150 km North of Kenya's capital Nairobi, on a surface area of approximately 3337.10 km². Nyeri County is densely populated (Kenya Bureau of Statistics Census, 2019). There are six sub-counties in Nyeri County with a population density of 754,164, comprising of 346,311 males and 360,692 females per km², who require health services as projected in 2013. Nyeri health sector was selected based on the County performance ranking by Info track result and consulting whereby it was rated at position 39 out of 47 counties in Kenya.

3.2 Research Philosophy

Research philosophy is the approach to understand and write the knowledge gained by conducting research (Mackenzie et al., 2006). Pragmatism philosophy guided this study. This philosophy facilitated the researcher to appropriate operating procedures, to differentiate claims that science may provide all the answers (Kothari, 2009 cited by Midida, 2014). A philosophical paradigm indicates researcher's plans, goals and assumptions and how they relate to the research carried out (Mark, 2010). The current study assumptions was on the nature of knowledge, the ontological stance of pragmatic paradigm in order to make

an exploration on the problem relating to HRM practices on service delivery in the health sector. The view of the constructs of social reality and knowledge affects how to go about uncovering knowledge of relationships among phenomena and social behaviour. The research philosophy considers the role of the assumptions made about the world works, the different philosophies considered as being acceptable knowledge; and the role of the values and research paradigms (Saunders *et al* (2009). Epistemology is a branch of philosophy that investigates the origins, methods and limitations of human knowledge (Creswell, 2009). The study adopted mixed methods, pragmatism on HRM practices on service delivery in the health sector. Pragmatism paradigm offers an experience based, action-oriented framework whereby the purpose address issues relating to experience and knowledge of the world in practical sense (Hothersail, 2019).

Research philosophy deals with nature and sources of knowledge (Baspai, 2011). The philosophical underpinning of the research is pragmatism which possess solutions to the problems and focuses on what works. With pragmatism the researcher goes back and forth between the process of inductive and deductive reason. Research philosophy is the approach to understand and write the knowledge gained by conducting the research (Mackenzie et al., 2006). This philosophy facilitated the researcher to appropriate operating procedures, to differentiate claims that science may provide all the answers (Kothari, 2009). Pragmatism paradigm offers an experience based, action-oriented framework whereby the purpose address issues of relating to experience and knowledge the world in practical sense (Hothersail 2019). A pragmatic approach, which is disentangled from the entrapments of paradigm debate, results in benefits of blending quantitative and qualitative methods (Bryman et al., agree with Morgan 2007). The mixture of both quantitative and qualitative methods yielded powerful results. Pragmatics “recognize many different ways of analyzing

and evaluating, no single perspective to report entire picture on multiple realities, (Saunders., Lewis & Thornhill, 2012).

3.3 Research Design

The study used descriptive cross section survey design with mixed methods approach. The choice of the design is based on the nature of the problem under study on professional workforce for health perceived levels of magnitude of human resource management practices in Nyeri County public hospitals. The purpose of mixed methods of study is better understanding of a research problem by converging both qualitative and quantitative data (Creswell, 2012; Martens, 2011). The qualitative data obtained assists the researcher to make better sense of numerical findings (Ornimood, 2015). The basic idea is to compare the two results with intention of obtaining a more complete understanding of the research problem and validate findings. A mixed methods research procedure adequately used for collecting and analyzing data in a single study (Wallen & Fraenkel, 2001; Creswell 2012). This allowed complementary along with integration and triangulation that involved use of both questionnaires to collect quantitative data, and interviews to gather qualitative data. Additionally, the mixed methods approach offered an opportunity overcoming challenges that would be in relation with one paradigm being either quantitative or qualitative which enable this study to base conclusions on a strong data provided by both methods.

Descriptive design is used in mixed method to integrate data to provide a better understanding of the research problem Creswell (2008). According to (Nassiuma, 2000), research design entails goals, field layouts, feasibility and type of research plan. This study used mixed methods research, the choice of pragmatism as a paradigm points to an inquiry process that is built around combining both strength of qualitative and quantitative methods. The mixed methods research was, therefore, suitable for gathering and analyzing data, to

provide more complex understanding of a phenomenon, that otherwise would not have been accessible by using one approach

(Mose & Niehaus, 2009; Creswell & Plano 'clard, 2011). This study referred to parallel strategies of mixing. The survey data and qualitative data analysis was kept independent, there was mixing of results during the overall description and understanding of the level of HRM practices on health service delivery in health sector. The methods used for descriptive purposes only being able to show the magnitude of variables were backed up by other inferential analysis techniques that are able to predict the effect of independent variable the outcome variable. Data collection is carried out concurrently but analyzed independently. The researcher analyzed scores on instruments statistically dealing with quantitative components then proceeded with qualitative data interviews from respondents actual words on the study topic provided a complex picture of the situation being dealt with.

3.4 Target Population

Target population refers to the group of members of a real hypothetical set of objects or events, which a researcher aims to examine in a research study. Kombo and Tromp (2006), define a population as a group of individuals, objects or items from which samples are taken for measurements. The study targeted a total of 916 permanent employees from three sub-county hospitals, and one referral hospital in Nyeri County. The target population is the entire group that is of interest to the researcher (Cooper and Schindler, 2003). This study targets four group population included permanent top-level management, senior middle level, middle level, and auxiliary staff. The study target population included doctors, dentists, clinical officers, nurses, pharmacists, radiologists among other cadres of staff. Hospitals are health care institutions in which medics, paramedics and other general workers

offer medical services 24 hours per day, 7 days a week WHO (2006). HRH offer a varying range of acute, convalescent and terminal care using diagnostic and curative services.

Table 3.1: Target Population

Categories of Staff	Nyeri Referral Hospital	Karatina Hospital	Othaya Hospital	Mukurweini Hospital	Total
Senior Top Management	3	3	3	3	12
Senior Middle Level	206	57	36	37	336
Middle Level	117	120	46	44	327
Auxiliary Staff	121	58	32	30	241
Total	447	238	117	114	916

Researcher: 2020

3.5 Sample Design Procedures

3.5.1 Target Population

In this study, all departments in the selected three hospitals and one level five hospital in Nyeri County were treated as strata to ensure that the data captured represented views of respondents across all the departments. The target population was divided into four categories, senior top-level management, senior middle level, middle level, and auxiliary level in order of their functionality, to ensure fair representation. These included doctors, nurses, clinical officers, administrative staff, among others. This study adopted stratified random sampling procedure, to select elements from three sub-county hospitals and one level five referral hospital across all cadres of permanent health employees. Selection of a subset of individuals is obtained from within a statistical population to estimate sampling characteristics of the whole population (Groves, 2010). A target population of 30% can give good reliability in a descriptive research survey (Cooper and Schudler, 2006). Statistical

indices calculated on the sample evaluated to determine the degree which accurately represented population parameter.

3.5.2 Sample Size and Sampling Procedure

According to Mugenda & Mugenda (2009), sampling technique refers to the part of the research plan that indicates how cases are selected for observation. The study used census to select the public county level four (4) hospitals in Nyeri County, because of their limited number. Purposive selection was then used for sampling the top-level employees, because of their number and nature of their job responsibilities, being in charge of human resource policy implementation in hospitals in Nyeri County. A sample is a carefully selected subgroup that represents the whole population in terms of characteristics (Gall & Borg, 2008). For the rest of the members the researcher used both simple and stratified techniques that gave equal chance to each member in the stratum being selected in the target population. The population sample that constitute a homogeneous group the simple random sampling was adopted (Kothari, 2009). The total sample collected included Nyeri Referral hospital **130**; Karatina Sub-County **69**; Othaya Sub-County hospital **34** and Mukurwe-ini Sub-County hospital **33**, respectively. The study used sample size of 266 respondents.

Table 3.2: Sample Size

Categories of Staff	Nyeri Referral Hospital	Karatina Hospital	Othaya Hospital	Mukurweini Hospital	Total
Senior Management Staff	3	3	3	3	12
Senior Level Staff and Doctors and Consultants	84	21	13	10	128
Middle Level Staff Nurses, Clinical Officers	35	35	11	13	94
Auxiliary Members of Staff (Low Level Staff)	8	10	7	7	32
Total	130	69	34	33	266

Researcher: 2020

3.5.3 Sampling Frame

Sampling frame is the list of elements from which the sample is drawn (Cooper, Schidler, 2003). The population for a survey is the entire set of units for which the survey data is used to make inferences. According to Owler (2009), a sampling frame is a complete list of all the members of the population that the researcher wishes to study. The sampled respondents were from three sub-county hospitals and one level five referral public hospitals in Nyeri County.

3.5.4 Sampling Techniques

The study sample size was drawn from three (3) sub-county hospitals and one referral hospital. The researcher used simple random sampling in picking the three sub-county hospital and purposive sampling one (1) referral county hospital for the study. The Cochran's (1997) formula cited by Bartlett et al. (2001) was used for calculating the sample size where:

n_0 is the Cochran's sample size recommendation

N = The population size of this study

n = The new adjusted sample size

Z = critical value of the desired confidence level

p = estimated proportion of an attribute that is present in the population

$$q = 1 - p$$

e =desired level of precision

$$n = \frac{n_0}{1 + (n_0 + 1)}$$

Where n_0 = sample size

Hence $q = 1 - 0.5 = 0.5$ Taking 95% confidence level + 5% precision ($e = 0.05$) Standard normal tables show that the tabulated value of 95% confidence level gives $z = 1.96$.

Therefore,

$$n_0 = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 384$$

In this research, the target population N was

$$N = 916$$

Modifying Cochran's sample size to suit this study required this formula

$$n = \frac{n_0}{1 + (n_0 - 1)/N} = \frac{384}{1 + (384 - 1)/916} \cong 266$$

Using the above given formula, the target population (N) consisted of 916 respondents and drew a sample size of 266. The researcher used stratified random sampling to select respondents. The study included permanent cadres of top, senior, middle and lower-level management staff. This excluded contractual employees, the top-level senior management employees were purposely selected for interview. According to Nassiuma (2017), sampling error can range from 2 to 5%. A meaningful survey sample size was determined to avoid difficulties with responses from large survey groups. The permanent employees' in each sub-county hospital varied in population on which the sample size was based. Out of 266 questionnaires distributed, 203 were returned transiting to 76%. However, out of the 203 returned, the correctly filled were 183 which were further used in analysis. The sample size was guided by Mugenda and Mugenda (2009), that 30% of the population can be used to determine a representative of the whole population.

3.6 Data Collection Methods and Procedures

3.6.1 Data Collections Instruments

The study adopted questionnaires consisting of close ended questions. Instruments were chosen for their ability to collect a wide range of data from a large number of respondents within a short period of time. Structured questionnaires provided research with an opportunity to get uniform responses from data for ease of reliability and consistency from various responses in different location or times (Sekaran 2009). The researcher trained and engaged two research assistants who were tasked with the distribution and collection of the questionnaires. The clarity of self-administered questionnaires distributed enabled the respondents to complete the questions with minimal response error. The literate abilities of the respondents enabled them to fill the research instrument administered. They included part A: respondents' personal information and B: captured both variables dependent and

independent in relation to human resource practices on health sector service delivery. This research used a five– point Likert scale tied up by 1- Strongly Disagree; 2 –Disagree; 3- Neutral; 4- Agree; and 5- Strongly Agree. Likert scale is a useful type of question when one wants an overall measure of sentiment around a particular topic, opinion, or experience and also to collect specific data on factors that contribute to that sentiment (Likert, 1932). Primary data is original in character, collected afresh for the first time (Tracy 2012). Primary data was collected by use of both structured (close ended) and unstructured (open ended) questionnaires along the variables of the study. Unstructured questions were used to allow freedom of expression, by the respondents to express themselves and answer the research questions. Questionnaires were administered through drop and pick techniques that made it possible to collect data (Borg and Gall, 2003).

Qualitative data was gathered by use of interview schedule administered on sampled senior management staff in one referral level five hospital, and three level four hospitals in Nyeri County. The researcher conducted key informant interviews with twelve top management staff in charge of the key areas in the study hospitals. The qualitative primary data were collected co-currently with the quantitative data, to create in-depth understanding during the analysis of the study. The interview instrument for the study consisted of a topical agenda that guided the research to cover broad concerns of the study in-depth. It also enabled researchers to better comprehend the interviewee’s viewpoints, emphasized the spirit of discussion in an informal cordial atmosphere. The main purpose of data collection tool designed by the researcher, was to communicate to the participants what is intended and elicit desired responses in terms of empirical data from the respondents in order to achieve research objectives (Mugenda & Mugenda, 2008)

Secondary data carried out for other purposes, in the past and relevant to the current study, were obtained from library books, reports from key stakeholders, (NGO's, general HRMP Act 2012 etc.); dissertations, journals, seminar papers; public documents, bulletins, internet and official records. Secondary data classified in accordance with its source both internal and external, was used to gain initial insight into the research problem.

3.6.2.1 Questionnaire

The questionnaire was formulated in line with the objectives of the study. In addition, the questionnaires were advantageous in that not only elicited information from the respondents but also enabled them to express their views and opinions freely at their pace. Closed-ended questionnaires were used to collect quantitative data in order to explore HRM practices on health sector service delivery in the hospitals identified in Nyeri County, Kenya.

3.6.2.2 Interview Guide

Interviews were used to enrich data collected by use of questionnaires. Interview schedule made it possible to obtain information necessary to meet exact goals of the study (Orodho, 2002). The Interview technique provided an in-depth insight opportunity to address any concerns that arose in the course of the study, relevant to the study problem. In qualitative data, a valid tool has the capacity to provide honest, deep, rich and wide scope data (Cohen, 2007). Interviews enabled the researcher to stimulate information from interviewees that helped expand the findings of the study.

3.6.2 Data Collection Procedure

This research study, following cross-section survey design and convergent parallel strategy of mixed methods approach, both quantitative and qualitative data were collected. This study referred to convergent parallel strategy of mixing (Creswell & Pablo-Clerk, 2011), the researcher concurrently conducted both quantitative and qualitative elements in one phase

of research process measures the methods equally, analyzes the two components independently and the results interpreted together.

The researcher and two trained research assistants administered the questionnaires to facilitate quantitative data collection. They ensured the questionnaires were distributed to the targeted respondents in the hospitals understudy and ensured when to retrieve the questionnaires. The study distributed 266 questionnaires to capture the required data. The study applied drop and pick methods to distribute the questionnaires. A questionnaire is a research instrument or a series of questions and other prompts for gathering information from respondents (George & Jones, 2008).

The research field assistants distributed the questionnaire in each of the four county hospitals, after explaining the nature and purpose of the study. Using questionnaires is cost effective when the universe is large and widely spread geographically, free from bias and allows respondents adequate time to give their responses Kothari (2007). Internal questionnaires content validity was observed. This validity describes the research design ability to unambiguously test the research hypothesis while content validity adequately measures and covers the subject matter (Cooper & Schindler, 2014).

Qualitative data was gathered by use of interview schedule administered on sampled senior management staff from one referral hospital, and three level four hospitals in Nyeri County. The interviews were conducted from senior management members of staff, in charge of County hospitals, human resource for health (HRM) utilization, systems and mechanisms. Respondents included the hospital directors, hospital administrators, and medical officers in charge of hospital departments who hold sensitive confidential hospital information.

Interviews provide in-depth qualitative data that could not have been generated through questionnaires (Mukherji, 2010). They also facilitate clarification of questions and probe for answers, by researcher. The researcher made prior arrangements visited selected hospitals and met key interviewees at their convenience and interviewed them. Open-ended questions were more objective and encouraged, meaningful full answers, using subject's own knowledge and/or feelings, encouraged the respondents to divulge and explain more emotion and behaviours. Interview created a conversation, and questions were asked when it was appropriate to ask them.

The sample drawn was fairly distributed in strata of stratum that comprised three respondents from each hospital. The face-to-face interviews were conducted in a relaxed atmosphere that encouraged complete, honest spontaneous responses for ease of data collection. Interviews also eliminated common bias in other instruments. The qualitative primary data collected converged with the quantitative data to create in depth understanding during the analysis of the study. The rule is that the group must be small enough to enable the surveyor to read each unique response and reflect on the provided information. Interviews were conducted in the offices of interviewees upon their consent. A recording of the information was also done to ensure all the details were included in the stored data. The respondents voluntarily gave accurate answers without any due influence on the best of their knowledge. During the interview session, information gathered was written down in a notebook and machine recorded to avoid distortion. The recorded information was counter-checked with the notes by the researcher to ensure accuracy. The gathered data was coded into themes, by transforming collected information or observations to meaningful, cohesive categories, in order to provide a systematic account of the observed phenomenon.

3.7 Measurement of the Study Variables

3.7.1 Dependent Variable

The dependent variable service delivery was measured on access to health services, promptness of services, empathy and responsiveness. Physical resources, teamwork, managers and lower-level staff. It was also measured a long existing, procedures and actions, employees' motivation to pursue their jobs. These were measured through accessibility to medical services, reliability, responsiveness, assurance, empathy and convenience. It was measured through availability and use of communication technology ICT by the workforce for information management and patient diagnosis to improve service delivery.

3.7.2 Independent Variables

The independent variable (HRM practices) this study has four indicators: reward and remuneration, employee working conditions; physical infrastructure management and recruitment, selection and retention. The study tested hypothesis to examine HRM practices on health sector in Kenya, used P-value at 95% level of significance (0.05). The decision rule was to reject the null hypothesis if calculated p-value was greater than 0.05 and affirm the null hypothesis. To measure the variables that the researcher adopted the HRM practices, suggested by Pfeffer (2006), cited by Mbugua (2014). Studies carried out by several scholars on HRM practices are linked to service provision. For instance, in Otiende 2013, in his study, looked at career progression, environment, government policy and training.

Hypothesis one, reward and remuneration was measured on health sector service delivery. Remuneration reward practices, in this context, were looked at in terms of provision of equitable reward and remuneration, various types of allowances, leave allowances, overtime pay, bonuses, other benefits paid time off and any other payable allowances. The existing compensation programmes in the sector were explored. Hypothesis two, employee

conditions of service was measured on dependent variable health sector service delivery. The employee condition of service, temporary, permanent, work experience, appraisal promotion, conditions of service and working environment. The working conditions, referring to environment location services are carried out, guided by employee Act 2007. It was also measured a long background status, age, qualifications, level of education, experience, staff establishment. and networks. It further measured with reference to workforce safety and security, insurance, physical conditions such as dust, noise, ventilation, housing, water, electricity and so on. The geographical accessibility, office space, and furnishings.

The third hypothesis, physical infrastructure resources management on health sector service delivery was measured through observation of available functional equipment, bed capacity, laboratories and protective materials available to facilitate service delivery. These included the consumables such as availability of laboratory reagents, adequacy of materials and drugs for medical services. It was also measured on the availability of wheelchairs, ambulances services to facilitate transportation of referral cases.

The fourth hypothesis, recruitment, selection and retention practices on health sector service delivery was measured on employee sourcing strategies, established vacant positions based on job design, employed in health sector. The employment Act and the policies that guide recruitment in the health sector. The scientific strategies administered on recruitment process to bring out skills knowledge and attitudes that must be present in offering quality health sector services. Retention practices on service delivery was measured through employees' expression of intent to continue working in the same hospital even when given the opportunity to work elsewhere. It was also measured through job satisfaction, pay systems salaries, incentives. Loyalty and commitment to the organization. The other measures were

workforce training, paid study leave, scholarships and career advancement. The availability of clear career progression policies, full or partial tuition fee payment and existence of formal and informal network.

3.8 Validity and Reliability of Instruments

3.8.1 Research Instruments

The study primary data was collected by administering questionnaires in all three sub county hospitals and one referral hospital in Nyeri County. This study used the Likert scale for the case of constructive validity, views and opinions were gathered that enabled the researcher to collect data objectively. In social science the researcher must provide information in all the different components, to measure the complex topics properly (Bless et al 2006). This study used in-depth interviews as an instrument of data collection from top management staff from all the study hospitals in Nyeri County.

3.8.2 Validity of Instruments

Validity is the extent to which an instrument truthfully measures what it is intended to measure, or the extent research instruments are reliable (Golafshani, 2013). The concern of face validity is the appearance of instruments to the participant, if too difficult, insultingly simplicity, repetitive, such flaws have an effect on respondent's willingness to fill in the questionnaire (Bless et al., 2006).

Validity is the degree to which research results obtained from the analysis of the data represent the phenomenon under study Mugenda and Mugenda (2007). The researcher applied three types of validity to this study included content, construct and face validity. Construct validity was utilized to bring out analysis of literature that brought out the need of the study. Construct validity involves generalizing from measure to the concept measure. It is important to develop strong evidence that demonstrate that the analysis (of outcomes of

generalized concept that the test aimed to measure) fits its intended purpose (Cresswel, 2012). The more various components of the variable are measured by use of the instrument, the greater the confidence in its content validity. By referring to literature theory the content validity of an original instrument was achieved.

The study used procedures and sampling techniques to yield accurate data collection. Face validity is the extent to which a test is subjectively viewed as covering the concept it purports to measure that exists between the variables. Validity refers to the level a statistical instrument measures what is supposed to measure successfully brings out the accuracy of measurement instrument. Validity of the instruments was achieved through conducting pilot test which included 10 respondents at Karatina level four hospital, which allowed the researcher to audit and correct research questions to remove any ambiguity. Improvement of instruments strengthen face validity. Investigators, using properly constructed tools, attempt to maximize the reliability and validity of the data they collect, Mugenda (2007). The study found an overall Cronbach's Alpha of over 0.758 for all queries which indicate the overall reliability. Coefficient of at least 0.70 is acceptable validity, thus the researcher adopted the instrument as valid for this study (Oso and Onen, 2009). This study utilized face, construct and content validity ensured that the research instrument provides adequate representative coverage of the constructs being studied. The expert opinion of the supervisors was sought who helped in arranging the questions in logical manner for ease of respondents understanding.

3.9 Data Analysis and Presentation

Mixed methods entails that the researcher concurrently conducts the quantitative and qualitative elements in the same phase of the research process, weighs the methods equally,

analyses the two components independently, interprets the results together (Creswell & Pablo-Clark, 2011).

3.9.1 Quantitative Data Analysis

The data analysis procedure of this study included both descriptive and inferential analysis. Descriptive statistics such as mean, percentage and standard deviation were employed to present the obtained responses from the respondents. The returned questionnaires were examined to determine the ones correctly filled out to be considered for data analysis. The process of data coding by assigning numerical symbols followed and data entry was carried out. Initial data screening was carried out by comparing the original data on the questionnaire with entered data in the software. To minimize errors an examination of coded data was done while entering the data to the software. The data code on each of the questionnaire was counter checked using the code given in the software. Coding simply means marking the segments of data with symbols, descriptive words (Creswell, 2012). In order to check on accuracy, preliminary descriptive statistics were run, and observations made. The data were also subjected to correlations and regressions to test the assumptions and detect if there were any outliers.

The data was therefore checked, cleaned, completeness and accuracy ensured, then data was processed to check on outliers. Multiple regression correlation was used, significance of each independent variable was tested at 95% level of confidence. Kombo & Tromp (2006), both descriptive and inferential statistical techniques were used to analyze the data. Descriptive statistics were presented in a form of frequency distributions, apart from descriptive statistics for demographic characteristics of respondents (age, gender, level of education, tenure of service) the magnitude of human management practices on service delivery in the health sector. Correlation was used to examine the relationship between predictor factors of reward

and remuneration, physical infrastructure, working conditions, recruitment, selection and retention on health sector service delivery.

Multiple regression correlation was used, significance of each independent variable was tested at 95% level of confidence. Kombo & Tromp (2006), both descriptive and inferential statistical techniques were used to analyze the data. The relation direction is shown by correlation coefficient value and P-value < than 0.01 and the 99 per cent confidence level, indicating that the linear relationship between the variables of interest is statistically significant (King'oria 2016). Error terms are normally distributed with mean 0 and some constant variance.

Pearson Product Moment Correlation coefficient was computed by use of data analysis software SPSS version 21. The statistical measure was to determine associations between variables, with values ranging between +1 and -1 (Vandestoepe & Johnston, 2009). Correlation output was checked, coefficients > 0.01 at significance level of 0.05 as the acceptance level (Tabachnick & Fidell, 2007). SPSS software enabled establishment of correlations matrix. It is assumed that high correlations between covariates make it difficult to establish the effect on the outcome variable (Hair Jr. et al., 2010). In this case, the correlation coefficients allow examination of explanatory variables and the outcome variable.

3.9.2 Qualitative Data Analysis

The data were coded to different outstanding themes and sub themes on different issues explored during data collection phase of the study from the interviews. This process involved sorting and sifting through the data in order to identify statements and phrases and relationships between variables, patterns or themes. The researcher clarified by checking records ensured accuracy, made comments in the margin of the original text in the word

format, at the same time creating the notes in the software. This study involved a number of activities, data from the interviews were transcribed into word format to make them manageable, second uploaded into the Nvivo software to start actual analysis. Thematic analysis was done by identifying key themes in textual data. It involved sorting and sifting through data, to identify similar phrases and statements, relationships, patterns or themes between variables. The process involved using narrative forms, similar categories brought under the main over-arching themes to make a comprehensive text displaying data findings. This process also included data from open-ended questions as they included responses on the issues investigated. The main findings of qualitative were used to help understand the magnitude of human resource management practices on service delivery in the health sector.

This included categorization of ideas and concepts using narrative forms. An analytic technique is used for qualitative data analysis (Clark & Braun, 2013). Further, it ascertains qualitative research conducted when the researcher wants to understand the contexts or settings in which participants in a study address a problem or issue. The qualitative research is used to explore an issue and identify variables that can be measured (Creswel, 2007).

3.9.3 Piloting of Research Instruments

Prior to the main study a pilot study is an important step (Miller, 2007; Creswell, 2014). Pilot was carried out 10 randomly selected respondents at Karatina level four hospital who were not included in the main study, to test the appropriateness. Questionnaires were contextualized to ensure appropriateness of research instruments used for this study. In the case of construct validity, a five-point Likert scale was used. The Likert scale is where respondents enables the researcher to collect data by giving their views or opinions. Likert-scale data was analyzed using both descriptive and inferential statistics (Amin, 2005; Ockert, 2005; Boone, 2012) of study variables. The analyzed data from close-ended questionnaires

measuring implications of human resource management practices on service delivery in the health sector. Descriptive statistics of means and standard deviations used to measure the magnitude of variables, based on four-point Likert scale responses (Amin, 2005; Anumaka & Kyolaba, 2013. Bizimana & Orodho, 2014).

Pilot test is necessary for testing the reliability of the instruments, Saharan (2008), posited that 1-10% of the target population is subjected to pilot study, Mugenda and Mugenda (2003). Pilot study should preferably be carried out using subjects that will not be recruited for the main study, Kaifeng et.al. (2008). With a positive response of about 70%, the researcher distributed questionnaires to the selected sample. Pilot study results alterations were made to the data collections instruments.

3.9.4 Statistical Model

Qualitative data were subjected to inferential statistics of multiple regression analysis (Pallant, 2005; Sykes 1992) to institute the R-square (R^2). The R^2 indicated the coefficient of determination of the amount of variability explained in the dependent variable (service delivery) on the independent variable (human resource management practices). The multiple regression established the regression weights (Beta), amount of contribution of a variant of independent variable, (either of the four variables) while holding other variants constant. Initial data screening was carried out through screening and editing before further analysis. To identify any potential basic related assumptions of multivariate it is important to conduct data screening application techniques (Hair et al., 2010). The researcher used preventive strategy measures collecting time to counter effect data missing in the analysis. The researcher and research assistants quickly checked the questionnaire and ensured all questions were appropriately answered. The attention was drawn to respondents if any questions had been ignored, requesting them to complete the questionnaires appropriately.

Examination of initial data helped the researcher gain deeper understanding of the collected data.

This study used coefficient of determination to establish high compatibility of the estimated multiple linear relationship. The regression model helps one to understand how typical value of the dependent variable changes when any one of the independent variables is varied, while the other independent variables are held constant, (Zikmund, 2009). Multiple linear regression was used to test the significance of the variables to build a predictive model. The regression model was used to establish if each independent variable had a significant relationship with health sector service delivery in Nyeri County, Kenya. The beta weights also indicated the increase in the dependent variable for every unit change in percentage of the variant of the independent variable (that is, every increase by one standard deviation). The significance of each beta coefficient was established at $p < .05$, also used to test the hypotheses (Christensen & Stoup, 1991; Amin, 2005; Ofori & Dampson, 2011). The computation of the required statistics was facilitated by the Statistical Package for Social Sciences (SPSS). The multiple linear regression model

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_1X_1Z + \beta_2X_2Z + \beta_3X_3Z + \beta_4X_4Z + \varepsilon$$

where

Y is the dependent variable given as health sector service delivery

and four independent variables which included

X_1 ; employee reward and remuneration

X_2 ; working conditions,

X_3 ; physical resources and infrastructure management

X_4 ; employee recruitment, selection and retention.

ε = error term which is supposed to be normally distributed with a mean of zero and a constant variance σ^2 .

3.9.5 Assumptions of Multiple Linear Regression

This study conducted the following diagnostic tests, multicollinearity, normality, adequacy and homoscedasticity. The diagnosis tests ensured that assumptions for multiple linear regression are satisfied (Mullins 2012). The model used fulfilled such assumptions to avoid errors that could have caused the model not to fit data analysis (Park, 2013).

(1) Linearity test

The examination of the scatter plot and histograms observation is one of the most common technique of checking linearity of data and identification of non-linear patterns (Hair Jr. et al.,2010).

(1) Normality Test

The normality test is a statistical process used to determine if a sample data fits a standard normal distribution. This study used both Kolmogorov-Smirnov and Shapiro Wilk normality tests. Kolmogorov-Smirnov test normality yield of <0.05 means that the data is not normally distributed. Shapiro-Wilk suggest that if it is >0.05 the data is normally distributed, if below <0.05 , the data significantly deviate from normal distribution.

(2) Adequacy Test

Factor analysis, Hair et al., (2006), suggest that accepting values > 0.05 , and values between 0.5 and 0.7 are mediocre, between 0.7 and 0.8 are good. According to Magid (2008), KMO is an index used to examine and justify the appropriateness of application of factor analysis; values between 0.5-1.0 that show the factor adequacy Magid (2008).

(3) Multi-collinearity Test

Multi-collinearity is an occurrence in which an independent variable in multi-regression model linearity is determined with a substantial degree of accuracy of correlation >0.90 . Multi-collinearity results in the outcome of one variable impacting on the dependent variable

while other variables that tend to be less precise than if predictors were in correlated (Rumsey, 2009), suggests that if two variables are significantly correlated only one of them should be included in the regression model.

(4) Homoscedasticity Test

This is the assumption that dependent variables have the same or close levels of variance, or they are evenly distributed (Hair et al 2010, Kline 2011). This study ensured homoscedasticity of data. There is homoscedasticity of data when the scatter plot take a rectangular shape Tabachnick & Fidell (2007).

Homogeneity of Variance

This is assumption of homogeneity of variance, to test error variances by use of Levin statistical probability level of significance. Variables are homogeneous when the level of significance is $P=0.00 < 0.005$.

3.9.6 Triangulation of Data

Triangulation of data was done after analysis of qualitative data. The process of data triangulation and interpretation was carried out by siding the themes from textual data with numerical data under descriptive statistics in narrative forms. The study sought to support the findings on the magnitude of indicators by exploring more on the status of human resource management practices on service delivery in the health sector.

3.9.7 Ethical Consideration

The researcher observed ethical standards and behaviour. Morals or standards of behaviour guides ethical choices of behaviour and how they relate with others. (Saunders et al., 2015).

The researcher sought permission from Moi University, approval for the proposal to proceed for data collection. The researcher acquired permit in conformity with government policy

from the National Council for Science and Technology (NACOSTI, Kenya) vide permit number NACOSTI/P/16/83130/13795, also from the relevant authority in county hospitals. Researcher prepared an introductory letter before proceeding to the field for data collection.

The researcher visited the County Director of Health office in Nyeri and sought a permit to conduct research in Nyeri County hospitals. Further, consent from the health employees to be interviewed. Klenke (2008) suggests that informed consent must be obtained from individuals capable of such consent in all forms of research. All participants were explained of overall purpose and procedures of the research participants were not constrained to participate in the study. They were informed of their right to participate in the research, to fill in the questionnaires. The researcher did not include personal details or the identity of respondents. This voluntary process did not infringe on the rights of any respondents. The researcher upheld issues relating to the ethical conduct of research such as informed consent, confidentiality, privacy and anonymity. The data transcribed was thoroughly checked and segmented into meaningful analytical units. Analyzed qualitative data, triangulation and interpretation followed. The study was carried out side by siding the themes from textual with numeric data.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATIONS OF FINDINGS

4.0 Introduction

This chapter presents study findings from descriptive statistics and estimation of diagnostic tests and empirical studies discussions and presentations. Descriptive interviews, survey and observations and their outcomes.

4.1 Data Preparation and Screening

Reliability is the degree to which results of research instruments yields consistent results can be depended on after repeated trials. Internal consistency was ensured by use of Cronbach alpha coefficient test of reliability. To identify any potential basic assumptions related to the application of the multivariate techniques, it was important to conduct data screening (Hair et al., 2010). Reliability test importance is to ensure consistency in all the parts of a measuring instrument (Huck 2007). This study ascertained reliability, analysis by use of Cronbach's alpha by application of SPSS. Cooper & Schindler (2008) indicated 0.7 coefficient to be an acceptable reliability. Reliability is the statistical consistency of measure of a particular construct (Heale and Twycross, 2015). Initial data was carried out, through screening and editing before analysis. Reliability has two common measures of construct, Cronbach's alpha and composite (Peterson and Kim, 2013).

4.1.1 Reliability of Instruments

Cronbach's Alpha was used to measure internal consistency to determine the reliability of the research instruments. Table 4.1 show that employee service delivery (0.881) had the highest reliability; (0.814) Reward and remuneration; Conditions of service (0.805) and, physical resource infrastructure management was (0.705) and lastly recruitment, selection and retention reliability of (0.702). The five scales were reliable exceeded threshold of 0.7.

Therefore, this depicts that research instruments were reliable the constructs were sufficient for the study, therefore without any amendments.

Table 4.1: Reliability Test

Reliability test: Item by item

Item (variable)	Reliability	
	Cronbach's Alpha	No. of Items
1. Remuneration and Reward System	0.814	10
2. Conditions of Service	0.805	13
3. Physical Resource Management	0.705	09
4. Recruitment, Selection and Retention	0.702	10
5. Employee service delivery	0.881	15
General Alpha	Reliability Statistics Cronbach	
Cronbach's Alpha	Alpha Based on Standard Items	
Cronbach alpha .887	894	34

Source Field Data 2020

The researcher used protective strategy measures, by conducting a pilot study, to test the questionnaire at Karatina Sub-county hospital with 10 respondents who were not included in the main study. The researcher/ trained research assistants checked the questionnaire and ensured that all questions were appropriately answered. The qualitative data validity and reliability of the research instrument was ensured by application of related literature and theories in designing the data collection instruments, to cover all the aspects of content. The researcher ensured transferability to a high extent; results were generalized to other contexts.

4.1.2 Response Rate

The questionnaires for quantitative data collection were delivered to four categories of health workers. In this study, out of a total 266 questionnaires distributed to sampled respondents, 203 of them were filled and returned that transited it 76%. Out of the returned questionnaires 63 were incorrectly filled in and therefore not used in the final analysis. Therefore, 183 were correctly filled translating to a high response rate of 69% which were used for the analysis.

This was found satisfactory to make a conclusion of the study. The response rate of 27% is too high given that typical response rates are in the ranges of 10-12 % (O'Regan et al., 2012). The researcher employed various strategic techniques attributed to the high response rate. Contact follow-up calls prior to dispatch of questionnaires could account for the fairly high response rate. The researcher recruited two research assistants who were tasked with distribution and collection of questionnaires. The researcher also visited the selected hospitals for the study and met hospital directors, superintendents and senior managers, obtained telephone number for their contact.

Table 4.2: Number Respondents

Response	Frequency	Percent
Nyeri level 5 hospital	102	55.2
Karatina Hospital	49	27
Mukurwe-ini Hospital	18	9.7
Othaya Hospital	12	6.8
Total	183	100.0

Source: Field Research 2020

Table 4.2 the study results show that the majority of respondents (55.2%) were in Nyeri level 5 hospital, while (26.7%) were in Karatina hospital, (6.8 %) were in Othaya and (9.7%) were in Mukurwe-ini. Nyeri level five, referral hospital had the highest number of respondents, offers all nature of services and handles all referral cases in Nyeri County. Karatina was second having the second largest number of employees, followed by Mukurwe-ini hospital, respectively. Othaya Level four hospital had the lowest number of staff due to lack of infrastructure development.

4.1.3 Missing Data Analysis

A session was carried out with the respondents to explain how the questionnaire was to be filled, to ensure accuracy. Prior to undertaking data analysis careful check on whether there are missing values or occurrence of un-available valid values, is done (Heyes, 2012). Attention of the respondents was drawn to ascertain there were no question(s) ignored, analysis of missing data was carried out. All questionnaires returned were checked for any missing values, notes taken and recorded.

4.1.4 Analysis Outliers

An outlier is a data point that is significantly different from other observations, due to variability in the measurement. This study examined outliers by use of Mahalanobis distance (D^2 s) which indicates the distance, the probability of the D^2 case if below 0.001, it is considered an outlier. Univariate outlier is checked using standard scores inter of -30 to 3.0 (Osborn & Overby, 2004; Tabachnick & Fidell, 2007). The researcher used the two techniques and the outliers found were in the ranges 0.2% to 1.5%. The missing values were replaced by use of SPSS version 21. This was an important step to investigate outliers because skipping initial examination can distort statistical tests of outliers. Outliers are abnormal and happen to be problematic, Hair et al., 2010). In particular, statistics can be distorted and may lead to results that do not generalize to certain samples except one with extreme value (Tabachnick & Fidell, 2013). According to *Hair et al.*, (2010), where there is less than 5% missing value per item, missing values should be replaced using means.

4.2 Demographic Profile of Respondents

This section contains the analysis of information on respondents age, job tenure, level of education and gender. The main purpose of this was to find out any trend from respondents profile directly linked to the study variables.

4.2.1 Age Distribution

Information on the age was sought to establish, the staff mix, correlation between the age of respondents, in the study.

Table 4.3: Respondents Age Distribution

Period of Service	Frequency	percentage
25-30 years	40	21.5
31-40 years	93	50.8
41-50 years	23	12
50 years and above	26	13.8
Non-response	1	0.5
	183	100

Source: Field Research 2020

Respondents identified their relevant groups on four age groups, provided. Table 4.2 results indicate respondents age range from 25-30 years, were 40 (21.5) % and 31-40 years were 93 (50.8) %. The result revealed that the majority of the respondents were middle aged. This meant that the county health workers were young and active ready to provide services. The respondents in the range of 41-50 years of age were 23(12.5%) and respondents 50 years and above were 26(13.8) %. Trend in the ages, account for several factors, first the changes in the sector, the progressive advancing and continuous number of young people joining the health sector services equipped with new technology skills, are innovative in solving problems and quickly finding solutions. They are supportive of the society meeting their existence by offering medical services creating local people's long-term security by creating stable societies. Increasing diversity in age demographics, create a rich professional environment with experience. Secondly the county governments devolved services, recruited. priority workforce, being middle aged, were capable of delivering required services in the health sector. Third, the aged employees are low, that may result to natural

attrition; death or resignation and migration to other countries; or private practice engagements having acquired experience in the public health service.

4.2.2 Respondents Level of Education

Herzberg (2012) suggested that the findings on education level revealed that those with highest level of education equipped them with knowledge in modern management skills, which led them to be increasingly concerned of reality service delivery. The research deemed the importance of respondents' level of education on recruitment, selection and retention practices. Education level associated with ease of aptitude to acquire more skills, decision making and resourcefulness, consequently, acquisition of high levels of competence to enhance the quality-of-service delivery. An ongoing supply of trained workforce equipped with skills, with broad experience and well-motivated ready and able to step in key positions as needed on the continuation process (KPMG, 2014). The findings indicated that those with high skills joined private practices as consultants, high qualifications also increased their opportunities for jobs in Non-Governmental organizations and private health facilities that offered higher remuneration and better terms of service. Information on the level of education was sort in all the hospitals under study.

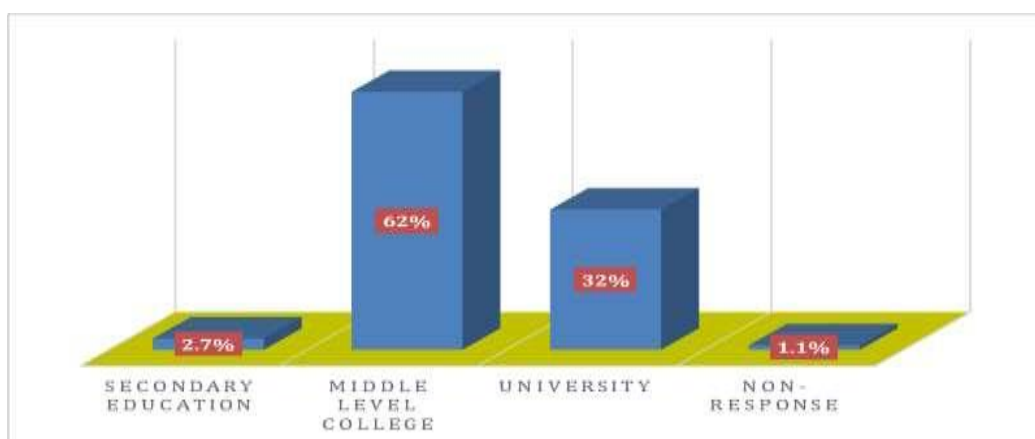


Figure 4.1: Level of Education

Figure 4.1 indicated three variables depicting levels of education of the respondents. These included university degree and above, middle level diploma graduates and secondary education certificate, without further training. Analyzed data presented in Figure 4.1 indicated majority 114(62.3%) were middle college diploma education holders while 62(33%) had attained university degree level and above. This meant that they were highly skilled employees and enhanced the quality of services in the health sector.

The results indicated that 5(2.7%) of respondents attained secondary school level of education only, however, 2(11%) never responded. The results established that education of respondents was a critical aspect of health sector service delivery. Education level reflects the background criteria used in recruitment policy, during the recruitment process and selection of employees. Education level portrays the acquired knowledge and skills employees bring to an organization. A report that training practices is characterized by crude and unprofessional methods which account for lack of employees adequate reward (Emeti, 2015).

4.2.3 Work Experience

This study also established the respondents work experience.

Table 4.4: Work Experience

Years of service	Frequency	Percent
1-3	60	32.8
4-7	35	19.1
8-12	33	18.0
13-16	25	13.7
17 and above	29	15.8
Non-response	1	0.5

Source: Field Research 2020

Table 4.3 revealed 32.8%, majority of the respondents work experience was between 13 years. This study considered the period of time the sampled respondents had been on service. The results show that the younger generation were at the start of their medical career, hence were able to apply new technology and innovation in their work. It is presumed that the young generation if equipped with knowledge and technology crucial for innovation has the ability to bring new defined career path, into the organization. The number of years' respondents worked in their various hospitals was important with regard to employee retention, in addition, the length of tenure with the hospital increased employees' specific skills. Employees' job experience was important to the study. This was an essential part of the innovative process and an integral part of creating an environment that facilitated co-evolutionary sustainability. A supply of well trained, broadly experienced, motivated employees ready and able to step into key positions needed and continued process (KPMG, 2014). The study established the gender of the respondents in the hospitals under study.

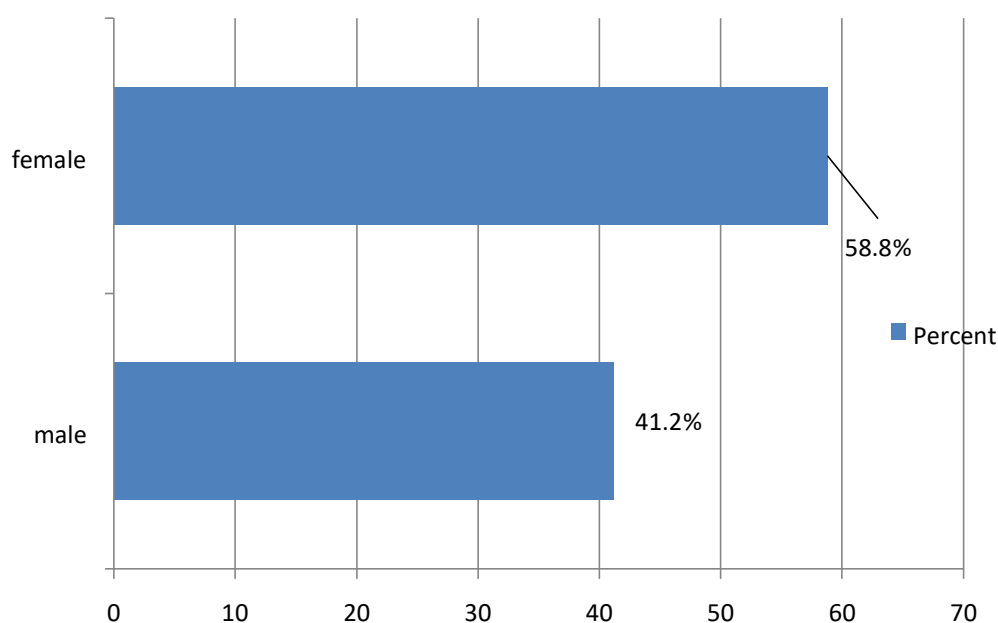


Figure 4.2: Gender of the Respondents

Figure 4.2 indicated that the majority of respondents, (58%) were female (58%) and male were (41%). Findings revealed that female nursing officers, were the highest number of employees in health sector in Nyeri County. Organizations value knowledge, skills above age and experience, seniority or gender, whereas in a mixed age workforce employees have the opportunity for teamwork ready to share and learn from each other. Table 4.4 presents the summarized demographic information.

Table 4.5: Summary Demographic Information

Hospital Respondents	Frequency	Percent
Nyeri	101	55.2
Karatina	44	24.0
Othaya	13	7.1
Mukurweini	22	12.0
Non-response	3	1.6
Total	183	100
Level of education	Frequency	Percent
Secondary education	5	2.7
Middle level college	114	62.3
University	62	33.9
Non-response	2	1.1
Total	183	100
Gender	Frequency	Percent
Male	75	41.0
Female	107	58.5
Non-response	1	0.5
Total	183	100
Period of service in Years	Frequency	Percent
1-3	60	32.8
4-7	35	19.1
8-12	33	18.0
13-16	25	13.7
17 years and above	29	15.8
Non-response	1	0.5
Total	183	100.0

Field Data (2020)

4.3 Descriptive Analysis of the Variables

4.3.1 Employee Service Delivery

The respondents were asked to state whether they work beyond the normal working hours.

Table 4.6: Long Working Hours

Response	Frequency	Percent
Yes	100	54.6
No	67	36.6
System	16	8.7
Total	183	100.0

Source Field Research 2020

Table 4.6 the findings of the majority of respondents 54.6 % revealed that they were engaged for long hours of work. However, 36% of the respondents were contrary to that, this could be because of the nature of their jobs. However, the majority of respondents who stated they worked for long hours stated it was due to a shortage of workers. This confirms qualitative findings that there was shortage of health workforce in Nyeri County, Kenya.

4.3.2 Prompt Address to Employee Grievances

Respondents were asked to state whether their grievances were promptly addressed.

Table 4.7: Prompt Address to Grievances

Response	Frequency	Percent
Yes	56	30.6
No	117	63.9
None-response	10	5.5
Total	183	100.0

Source: Field Research 2020

Study findings Table 4.7 revealed grievances by health sector employees were not addressed, 117(63.9)% respondents strongly disagreed that there was prompt address of their grievances. Only 56(30.6) % respondents agreed that the hospitals addressed their grievances, while 10(5, 5) % respondents showed no response. These findings confirm the cause of many strikes in the health sector by employees which polarized service delivery severally in hospitals in Nyeri County.

In order to assess the status physical facilities such as equipment for access of service delivery to patients the researcher used a 10-item questionnaire and a five-point Likert scale, the parameters between the scales of 5% strongly disagree and 1% strongly agree. The study examined availability of physical facilities, accessibility of services, promptness of service, ICT skills, and health workforce empathy. As for the availability of services a big number of respondents disagreed SD=48(26.2) %; D= 31 (16.9%) with S. Dev=2.197 physical facilities, equipment and other resources were available in the health sector for access of quality service delivery with (Mean=2.53). The results further revealed that majority of respondents 120(65.6) % disagreed that there is adequate access to all types of medical services by all patients in the hospital with (mean = 2.04; S.Dev. =2.120). The study further examined the status of promptness to service delivery. The respondents further disagreed that there was prompt service to reduce patients waiting time in the hospitals, and SD=33 (18.0; D=39 (21.3) % and agreed, A=49(26.8; SA=12 (6.6) %. This was confirmed by a (Mean = 2.81 SD= 1.258).

The hospitals are equipped with enough drugs all the time to serve the patients, there were varied responses 87(47.4) % disagreed, (19.1) % were undecided, while SA=41(22.4; A=9 (4.9) %. This is confirmed by a (Mean = 2.60; SD=1.231). This showed that a number of patients lacked drugs from public hospitals and due the high cost of drugs in private chemists,

they got no treatment, or ended up buying half doses or none at all. The status on quick response of transport for referral cases, SD=30(16.4; D=31(16.9) % the respondents disagreed, while A=63(34.4) % respondent strongly agreed with a high (Mean = 2.98; SD =1.245). The status on whether the number of staff were adequate to offer prompt services, revealed that majority of respondents strongly disagreed SD=56(30.6; D=29(15.8) % disagreed with (Mean =2.27.

SD=1.160). The study results, on employee accessibility of high technology skills that facilitate prompt service delivery in the hospitals, by use of web sites and hotlines to look for medical information, the respondents strongly disagreed, SD=18(9.8; disagreed D=28(15.3)% (Mean=3.05; SD=1.069). Periodic survey by administrators improved quality of service delivery in hospitals SD=22(12.0; D=28(15.3) % with (mean=3.05; SD=1.069), Overall, from the above measurements in Table 4.5. It can be concluded that indicators used to operationalized had an average mean above 2.5. The main functions of a health system were to ensure availability and access to health services, such services should meet a minimum quality standard (WHO, 2010). Herzberg (1966) suggested further motivation result from managers who pay attention to the factors that motivate workers. The summarized descriptive statistics for the variable are presented in Table 4.8.

Table 4.8: Health Sector Service Delivery

S.	ITEM	No.	S.D	D	N	A	SA	No.R	M	SD
68	In my hospital physical facilities are accessible, with equipment for service delivery to patients	183	48 (26.2%)	31 (16.9%)	54 (29.5%)	32 (17.5%)	7 (3.8%)	11 (6.0%)	2.53	1.197
69.	In my hospital there is access to all types of medical services for all Kinds of patients	183	70 (38.3%)	50 (27.3%)	25 (13.7%)	20 (10.9%)	4 (2.2%)	14 (7.7%)	2.04	1.120
70.	In my hospital services are prompt with reduced patient waiting time	183	33 (18.0%)	39 (21.3%)	39 (21.3%)	49 (26.8%)	12 (6.6%)	11 (6.0%)	2.81	1.238
71.	There are adequate facilities to serve patients e.g., drugs, personal protective device all the time in my hospital	183	41 (22.4%)	46 (25.1%)	35 (19.1%)	41 (22.4%)	9 (4.9%)	11 (6.0%)	2.60	1.231
72.	In my hospital there is facilitation for referral cases	183	30 (16.4%)	31 (16.9%)	34 (18.6%)	63 (34.4%)	12 (6.6%)	13 (7.1%)	2.98	1.245
73.	Staff in this hospital are not adequate in number, to facilitate quick response and assurance to patients	183	56 (30.6%)	47 (25.7%)	38 (20.8%)	23 (12.6%)	6 (3.3%)	13 (7.1%)	2.27	1.160
74.	The employee advanced technological skills in my hospital facilitates the fast flow of work.	183	18 (9.8%)	28 (15.3%)	58 (31.7%)	54 (29.5%)	9 (4.9%)	16 (8.7%)	3.05	1.069
75.	In my hospital there is no staff empathy to patients	183	16 (8.7%)	29 (15.8%)	49 (26.8%)	52 (28.4%)	24 (13.1%)	13 (7.1%)	3.23	1.172
76.	In this hospital periodic survey by administrators has improved quality of service	183	22 (12.0%)	28 (15.3%)	57 (31.1%)	49 (26.8%)	14 (7.7%)	13 (7.1%)	3.03	1.143
77.	In my hospital there is use of ICT with patient records, reduced waiting time for patients	183	35 (19.1%)	37 (20.2%)	45 (24.6%)	40 (21.9%)	12 (6.6%)	14 (7.7%)	2.75	1.230

Source: Research 2020

The study findings on availability of infrastructure to facilitate service delivery showed that there was poor infrastructure management. The qualitative phase of this variable in relation to respondents' view and experience, on health sector service delivery, compliment quantitative data results that the accessibility, availability, promptness, reliability, empathy

and assurance of quality services was lacking. The qualitative results revealed that patients were not helped to access services in different points within the hospitals. The interviewed respondents with regard to the situation, one of the respondents stated that.

“You find that due to poor staffing norms and inadequacy of facilities, there are long waiting queues for Services that is more than the waiting time indicated in the service charter.” (RSP 12)

A key respondent stated that some services are not accessible.

“The high-density unit (ICU) services are not accessible in this hospital; the unit is not functional due to shortage of high-density nursing officers. Actually, lack of trained nurses in this area.” (RSP 6)

The qualitative findings agree with quantitative findings that there is no access to some services. The key interviewed in Nyeri referral hospital stated that ...

“The County experienced scarcity of supportive facilities and trained health workers for that purpose, “However, we have mechanism for helping critically ill patients.” (RSP 4)

The qualitative findings revealed that patients lacked supportive facilities such as wheelchairs, making the movement of patients difficult. The quantitative findings of the study are in tandem with the above findings. A survey by Oduor (2013), carried out in Busia County, the majority respondents (61%), indicated that nature of services provided in public health facilities was poor. Respondents credited doctor absenteeism to taking care of individual issues, different employments, requiring some time off to oversee their private facilities, poor state of mind towards work and absence of supervision among different reasons. The lack of adequate workforce to operate and maintain the existing equipment was a challenge.

4.4 Reward and Remuneration

In order to assess the implication of remuneration and reward, Likert scale questionnaire was distributed to the respondents. Salaries are used as a means of compensating employees for

services delivered, as well as attracting and motivating them hence they are linked to performance and growth. The analysis highlights remuneration reward strategy in health sector Nyeri County, Kenya. Monetary incentives such as rewards can be genuine inspirations. However, they motivate only when adjusted against potential downside bundled with encouragement support and verbal recognition. For salaries to be an effective motivator, managers must consider salary structures in the job design, for all cadres of health sector staff, salaries payment, allowances, fringe benefits and so on, must be made according to performance, (Adejinka et al., 2007).

Table 4.9: Remuneration Reward

Response	Frequency	Percent
Yes	49	26
No	127	69.4
No response	4	2.2
Total	183	100.0

Source: Research 2020

Table 4.9 127(69.4%), respondents revealed that they were not well remunerated for services they offered in their various hospitals or paid for the extra hours of work. However, 49(26%) of the respondents indicated that they were well compensated for extra hours of work outside normal schedule. Salary and benefits, administration, is known as total compensation. However, benefits packages can be equivalent of as much as 25% of an employee salary, sometimes can be more if other incentives such as housing or car allowance are part of the package. Most studies on the effect of remuneration and reward specifically do not show the extent to which they affect HRH on service delivery (Willis-Shattuck et al., 2008; salary (Marjolein Dieleman, Cuong, Anh & Martineau, 2003; Aluku 2013; Ojaka et al. 2014;

Nyandoro et al., 2016); accommodation and house allowance (Lehammann et al., 2008) health sector to provide adequate salaries was associated with health service delivery.

Table 4.10: Reward for Travel Subsistence

Response	Frequency	Percent
Yes	156	85.2
No	18	9.8
System	9	4.9
Total	183	100.0

Source: Field Research 2020

Table 4.10 Showed that response on reward for work-related travel/subsistence majority of the respondents 156 (85.2) % revealed that they were not paid for work related travel. However, 18 (9.8%) indicated that they were paid for job related per diem. Staff compensation for work-related travel, per-diems or for other activities they participated in, are important factors in motivating workers (Henderson and Tulloch, 2008; McCoy, Bennett et al., 2008).

The majority of the interviewed respondents in Nyeri County revealed that employees got motivated and improved their job performance when paid allowances and hence improved health sector service delivery. Reward remuneration process enhances commitment, employee engagement, retention, and eventually translates into improved employee performance (Zakaria, 2011). Ngui (2014), indicated that performance related pay is an effective motivator. These results revealed that employees worked in other areas, outside their normal duty stations within the hospitals when called to do so, due to shortage of staff (Hakk et al., 2013), study indicated that incentives increased value people attached to their work goals.

HRM practices has two clear motivators intrinsic and extrinsic. The intrinsic motivations are internal motivators, such as role autonomy, recognition from managers and colleagues resulting in job satisfaction. The external motivators, namely extrinsic motivations, come in the form of physical benefits such as pay rise, bonus, allowances and other incentives. In the health sector, conditions of work need to be motivating, Fredrick Herzberg suggested that certain job factors consistently relate to job satisfaction. The motivating factors included achievement, recognition, responsibility, promotion aspects that employees look forward to and the work itself. The study established whether the HRH remuneration is offered on level of personal effort and achievement.

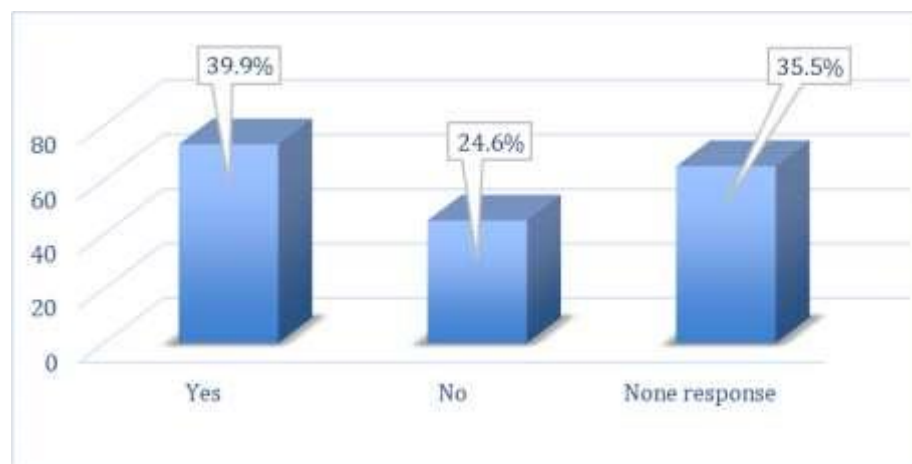


Figure 4.3: Remuneration

Figure 4.5 depicted that health sector employees' recognition on personal effort was remunerated accordingly, the majority 73 (39.9)% of respondents strongly agreed. However, 45 (24.6) % respondents indicated that their effort was not adequately remunerated, the rest 65 (35.5) % never responded. The results further revealed that the majority of the respondents 109 (59.6%) affirmed that the human resources methods and practices were used to ensure that promotion is based on merit, skills and performance. However, 63 (34.4%) respondents disagreed that promotion was carried out fairly. There was a non-response of 11(6%). The study findings also revealed 90 (49.2) of respondents were not satisfied with

the pay system in devolved health sector, 83 (45.4%) respondents were satisfied with the pay system changes in their hospitals under the County government. Pay ranges are associated with pay grades. The range sets upper and lower remuneration boundaries for jobs of each cadre of staff.

According to study findings, there was salaries delay at the end of every month majority of respondents, 97(53.0%) indicated that hospitals have no reward and compensation system in place, while 82 (44.8%) respondents implied that they were paid on time. The delay in salaries could be a result of other reasons than hospital management. Remuneration and reward affected service delivery in hospitals.

4.4.1 Research Hypotheses

To achieve designed objectives for this study, research hypotheses were formulated and tested on the reviewed literature based on health sector service delivery. The null hypothesis at 95% confidence level, statistical test results and correlation analysis follows:

4.5 Remuneration and Reward on Health Sector Service Delivery

The analysis results highlighted employee remuneration and reward on health sector service delivery. The responses from each statement were used to compute a mean score and a standard deviation and a global mean score for the respondents' opinion for the employees' reward remuneration. The results on remuneration given on individual effort that they put on their work, revealed that 65% of the respondents disagreed that they were remunerated on personal effort while 35% affirmed that they were compensated for effort they put on their work. Total remuneration includes other related payments besides salaries, there are benefits and informal recognition that is necessary in the health sector, for optimizing reward and satisfaction to all levels HRH and also enhance quality of health service delivery. Extrinsic motivations were also found as a strong factor for employee reward, increase the

level of employee performance and satisfaction Saeed, et al. (2013). Intrinsic motivators are sustainable sources of reward for employees.

Research findings further established that providing incentives such as bonuses to enhance employee reward helps improve workers' competences and health care service delivery. This study revealed that there has been high attrition of health workforce due to poor reward and remuneration. (Armstrong, 2009) suggested that a number of inter-related reward systems consisting of processes and activities which combined ensured, that reward management is arrived at effectively to the benefit of the organization and the workforce. Highly motivated staff perform better and provide higher quality health services. Medics and paramedics motivated in their current jobs with higher salary and better working conditions were less inclined to leave their jobs and their country behind in search of alternatives, (Claire & Ashraf, 2012).

The majority of the respondents, 145 indicated the devolved pay system was not satisfactory. The majority of respondents (79.5) % disagreed that their hospitals had a functional competitive reward and remuneration system mean = 1.74 SD=0.983. The study findings established that remuneration, reward and motivation had positive and significant influence on the health sector. In agreement with results, Armstrong (2006), a company that adopts remuneration policy that is consistent reinforces strategies and is more likely implement those practices leading to improved service delivery. This study provides interventions to be taken in the health sector to improve service delivery.

Fredrick Herzberg two factor theory identified intrinsic factors that contribute to job satisfaction, such as challenging employee work, which create growth potential. To answer the question on research carried by Herzberg, "what do people want from their jobs?" (Robins & Judge 2007), suggested that the work environment creates either positive or

negative feelings and contributes to quality service delivery. Human capital theory is the ability to learn and create significant ideas that enhance productivity process, (Korpi & Clark, 2017). There is a need to implement human resource management strategies that motivate health workers at all levels in the health sector. Herzberg two factor theory suggest satisfiers play a major role in workforce motivation.

The correlation results indicated a significant relationship between employees and improved quality of service delivery. (Baloch et al., 2010), study measured the impact of three HR Practices which were remuneration, reward motivation, development practices and perceived employee performance evaluation practices and service delivery. Barney and Hertery (2008), opined that employee remuneration policy and practice is important in implementation of an organization's strategy. The findings of this study concurs with Armstrong (2006), as he suggested that adoption of a remuneration policy that is consistent by an organization, reinforces its strategies and lead to improvement of service delivery.

This study agrees with Mason, (2001) that motivated employees with a structure for good performance, have higher self-esteem, confidence and readiness to take on new challenges and eagerness to be innovative. This study agrees with the results of (Baloch et al., 2010), on remuneration reward practice and effective services delivery. Assessing employee remuneration and reward, the main purpose of the study was to examine the implication of HRM practices on health sector service delivery. Remuneration refers to financial compensation such as salary, hourly pay, overtime pay, commissions, bonuses, vacation, among other motivations offered to employees and arising from their employment (Desler, 2007. According to Zikmund (2009), regression model helps one to understand how the value of the dependent variable changes when any one of the independent variable is held constant.

In regard to bonuses offered to health workforce for outstanding performance majority of respondents disagreed (SD= 67.2%; D= 1.86 %) while SA=10(5.5) % with (mean = 1.58; SD 1.013), further majority of the respondents disagreed that they were paid house to office allowance, (SD= 27.3%; D=9.3 %) with (mean= 1.564; SD=3.11). Consequently, it was revealed that respondents disagreed that they were rewarded for extra hours of work (SD= 60.1; 18.6 %) disagreed while SA= (29.5%; A= 22.4%) with (mean=1.95; SD=3.102).

The respondents were asked to indicate whether they found their salaries satisfactory, majority of respondents disagreed (SD=36.1%; D=23.0%) the findings confirmed, that there was no salary equity with (mean =2.28; SD=1.279) Remuneration is one reason why people work, it influences employee royalty and productivity and living status in the society (Aswathappa 2008). Study findings established that there was no recognition of talent in the respective hospitals, majority of respondents disagreed SD= (53.1%; D= (21.3) with a (mean=1.87; St.Dev.=1.158) Talent recognition has intrinsic reward to workers. This study agrees with the findings of (Yokoyam, 2010) that extrinsic motivations are positively stronger in relation to intrinsic motivations in employee retention. The findings on payment of competitive monetary incentive, the majority of respondents disagreed SD= (53.6); D= (25.7) with weak (mean=1.74. SD=0.983).

The respondents were asked whether they were offered skill-based pay, majority of respondents disagreed SD= (18.0; D= (25.7) % with (Mean=2.78; SD=1.229). In agreement with this study Goel, (2008), asserts that motivations be availed to workforce and be distributed fairly and equitably. This was also corroborated by the study done by Rashid et al., (2013) that job satisfaction and motivation are inseparable tangible principles when it comes to success of any firm and its workers.

Study findings on whether employees were offered office duty allowance, same trend majority of respondents disagreed revealed there was no duty allowance offered (SD=44(24.0); D=31(16.9) % indicated with a (Mean=2.89; SD=1.410). Consequently, respondents disagreed that salary was reviewed every year after devolution (SD=26.2%; D= 16.9 %) with Mean=2.56; St.Dev.=1.214) on hourly paid allowance for overtime work, majority of the respondent disagreed (SD= (64.5); D=17.5) % with a (Mean=1.65; St.Dev.=1.114). This study agrees with Harvey-Peter (2010) and Fauzi, et al., (2013) that based pay improves employee performance motivate and engage employees. The parameters were on the scales of 5% strongly agree and 1% strongly disagree. It was concluded that operationalization variables had an approximate mean of 2.50. Table 4.11 summary of findings on employee reward and remuneration.

Table: 4.11: Summary Findings of Reward and Remuneration

S	ITEM	N	SD	D	N	A	SA	No	M	SD
16	My hospital recognized job well done with bonuses e.g., out performance allowances	183	123 (67.2%)	34 (18.6%)	11 (6.0%)	10 (5.5%)	5 (2.7%)	0 (0.0%)	1.58	1.013
17	The hospital pays house to office commuting allowance	183	50 (27.3%)	17 (9.3%)	16 (8.7%)	54 (29.5%)	41 (22.4%)	5 (2.7%)	3.11	1.564
18	The hospital pays reward for extra work done with a monetary reward	183	110 (60.1%)	34 (18.6%)	22 (12.0%)	10 (4.54%)	7 (3.8%)	0 (0.0%)	1.95	3.102
19	My hospital has equity pay system since devolution	183	66 (36.1%)	42 (23.0%)	35 (19.1%)	21 (11.5%)	13 (7.1%)	6 (3.3%)	2.28	1.279
20	In my hospital talent is recognized with monetary motivation	183	97 (53.0%)	39 (21.3%)	30 (16.4%)	5 (2.7%)	11 (6.0%)	1 (0.5%)	1.87	1.158
21	My hospital I am offered a competitive incentive pay reward	183	98 (53.6%)	47 (25.7%)	28 (15.3%)	4 (2.2%)	5 (2.7%)	1 (0.5%)	1.74	0.983
22	In my hospital employees are paid skill-based salaries	183	33 (18.0%)	47 (25.7%)	39 (21.3%)	48 (26.2%)	13 (7.1%)	3 (1.6%)	2.78	1.229
23	In my hospital I am paid outside Office duty allowances	183	44 (24.0%)	31 (16.9%)	34 (18.6%)	45 (24.6%)	27 (4.8%)	2 (1.1%)	2.89	1.410

24	In my hospital salary review is carried out every year since the onset of devolution	183	48 (26.2%)	31 (16.9%)	58 (31.7%)	30 16.4%	10 (5.5%)	6 (3.3%)	2.56	1.214
25	I am paid hourly allowances for overtime worked in my hospital	183	118 (64.5%)	32 (17.5%)	12 (6.6%)	8 (4.4%)	9 (4.9%)	4 (2.2%)	1.65	1.114

Source Field Research 2020

The qualitative findings from the key respondents interviewed in all hospitals agreed with quantitative findings, indicating that the salary delay was a result of poor management of the county offices responsible for the payroll. The qualitative findings gave more details on professional health workers' views and experiences on implementation of reward and remuneration which complemented quantitative findings on this variable. The analysis of interview respondents were presented using narrative and verbatim patterns. On the question on salary delay the reasons given by majority of respondents (RSP 4, RSP 6, RSP 9, RSP 12) indicated that the salaries were not paid by individual hospitals and delay was caused by the County Board, as indicated by one of the respondent stated that:

“salaries are paid by the County Board, Hospital Management has no Control over the delay” Health sector has a lot of challenges, the salary equity is no longer there due to lack of promotion, some workers stay stagnant in one grade for many years. (RSP 1)

A key respondent stated the following: he said:

“Due to lack of autonomy in hiring the health sector employees have continued to be poorly compensated” (RSP 11).

Further stated that.

“There is a high rate of absenteeism in the health sector due to poor pay and working conditions. As a result, the workers tend to draw their attention to other small businesses to compensate for the salary that is not enough with current economic challenges’ (RSP 11).

A study revealed poor financial incentives, obstructed health service delivery (Sciedu, 2016).

Ideally, the patient should be accompanied by a midwife with a direct payment of some allowances. Considering the qualitative findings from the interviews this agrees with

quantitative findings that there were no incentives to motivate the health workers. The medical staff allowances or acknowledgement of outstanding performance with monetary reward, majority of interview respondents (RSP 4, RSP 6, RSP 7, RSP 5, RSP 8, RSP 10) stated that lack of allowances held back and turn down referrals. This has brought about several areas to implement such incentives such as locums, incidental allowance to sustain these incentives was challenging, (Sciedu, 2016).

4.6 Conditions of Work

The findings on respondents conditions of work terms of service.

Table 4.12: Working Conditions

Response	Frequency	Percent
Yes	144	78.7
No	39	21.3
Total	183	100.0

Source: Field Research 2020

Table 4.12 results indicated that the majority of the respondents 144(78.7%), were on permanent terms of service. This showed the majority of employees in Nyeri County were on permanent terms of service while 39(21.3% were not confirmed, including interns doctors and nurses. The implication is that the workforce who have not been confirmed are demotivated resulting in poor service delivery. The findings revealed that HRH are called to work in other areas due to shortage of workforce in the health sector. The perception creating reciprocity between health workers and working conditions in the hospitals resulting in trust, commitment, attachment which builds robust extended engagement with workers consideration to remain (Knights & Kennedy, 2005; Lester, Turnley, Bloodgood & Bolino 2002) resulting from what the organization has done to motivate them through human resource management practices.

Table 4.13: Shortage of Staff

Response	Frequency	Percent
Yes	104	56.8
No	75	41.0
None response	4	2.2
Total	183	100.0

Source: Research 2020

Table 4.13 depicts that the majority of respondents 104 (56.8) % agreed that due to shortage of staff worked in other areas in the hospital, however 75 (41.0%) indicated that they have never worked in other areas out of their normal duties in the hospital. The results showed that there were some jobs that required specialized skills.

However, there was non-response of 4 (2.2) %. The (WHO) recommendation was of 23 health workers (doctors, nurses and midwives) per 10,000 populations was not fulfilled. Kenya's County hospitals especially do not reach the recommended WHO threshold. The study revealed that employees were not engaged to feel part and parcel of the hospitals. According to Health Assessment Survey (2017), there were no clear progression/promotion structures set by County Boards creating misaligned pay structures, worsened by the devolved system. The qualitative findings further revealed that trained health workers were not equipped with modern technological skills significant for the operations, effectiveness and efficiency in the health sector. The interview respondents further revealed that in devolved system doctors 39 (21.3%) were not absorbed into the work system after internship. The study revealed that the recruitment and selection of staff was done by the County Board. The conditions of work lack incentives to motivate the health sector workforce. An appropriate work environment with conducive conditions of work such as employee growth and career development exhibited a significant and positive effect on service delivery. This

is in conformity with results of a study by Ichino and Riphahn (2005) revealed efficient increase of service delivery, is enhanced by conducive work conditions. The results are in tandem with Keritner and Kinicki (2004) that development impact on service delivery.

4.7 Employee Working Condition

In order to assess the outcome of the variable employee working conditions, a five-point Likert scale was used on health sector service delivery. On finding out the living conditions of health workers, the majority of the respondents disagreed there is adequate housing, SD = (53%; D = 19.7%). The same trend results in the health workforce provision of insurance cover for accidents that may occur while giving services to patients, majority of the respondents disagreed SD= (50.3%; D=18.0%). with non-response of (10.4) % and (Mean=2.68 SD=1.327). Training opportunities were offered to the workforce in the health sector, the respondents had varied views, disagreed SD= (24.0%; D=12.5%) and those in agreement A= (31.7%; SA=13.7%).

The study leave was offered to a number of employees while others never got training opportunities at all. The use and access of HRIS for keeping hospital records revealed varied opinion of the respondents, disagreed SD = (14.2%; D=14.8 %) agreed A= (26.2%; SA=13.7%) while others were undecided. The respondent findings revealed that they were not satisfied with work conditions, majority of the respondents, strongly disagreed SD= (53.0 %; D=19.7 %) with (Mean=1.88 SD=1.346). Environment should comprise of workplace issues, design and the general conduct of workers as they perform their duties such as working hours, employment policy, workers' health and welfare Park, (2015). The opinion of employees was valued in decision making process the majority of respondents, disagreed, SD= (20.2%; D=25.1 %) with a mean (Mean=2.98 St Dev. =1.472).

The staff promotion in the hospitals is carried out after a defined period of time of three years, the majority of the respondents disagreed SD (44.8%; D=18.0%). Health sector employees are offered paid study leave. On the same trend the majority of the respondents disagreed SD= (33.3%; D=12.6%). To establish whether the work environment of the hospital was conducive to all necessary facilities workforce needed to carry out their duties, majority of respondents disagreed SD=27.3; D=23.0%). This study concurs with findings of (Goetz et al., 2015) suggesting that work environment and job satisfaction are significant factors of health sector workforce retention. To facilitate good decision making, in job performance staff opinions were sought, in the same trend the majority of the respondents disagreed SD=20.2%; D=25.1%) with mean = (2.66; St. Dev =1.237).

The workers in health worked on normal hours of work, majority of respondents disagreed SD=53.0 %; D=27.0%). Recognition of work effort with promotion since devolution of health sector is carried out. The respondents were in disagreed, SD= (48.1%; D=26.2%) Likert scale mean ranges interpretation as the mean =1.81 (St. Dev.=1.011) for this indicator. The current study agrees with a study by Wan Fauzia Tan (2013), among 124 employees from electronic companies in Malaysia that employees have different intrinsic and extrinsic motivation factors, contribution of Fredrick Herzberg's two factor theory. Ministry of Health in Kenya, need to put more effort to reduce inefficiency by providing good working conditions, promoting human resource plans in the county Korir (2010). Table 4.14 present the summarized findings of working conditions.

Table 4.14: Summary of Working Conditions

S	ITEM	N	S.D	D	N	A	SA	N	R.M.	SD.
29	My hospital provide adequate housing and good living conditions	183	97 (53.0%)	36 (19.7%)	22 (12.0%)	15 (8.2%)	8 (4.4%)	5 (2.7%)	1.88	1.185
30	My hospital employees are insured for accidents during service delivery to patients	183	92 (50.3%)	33 (18.0%)	19 (10.4%)	22 (12.0%)	14 (7.7%)	3 (1.6%)	2.07	1.346
31	My hospital offers training opportunities and paid study leave to employees	183	49 (26.8%)	35 (19.1%)	35 (19.1%)	47 (25.7%)	14 (7.7%)	3 (1.6%)	2.68	1.327
32	My job allows me to give my opinion when necessary	183	49 (26.8%)	35 (19.1%)	35 (19.1%)	47 (25.7%)	14 (7.7%)	3 (1.6%)	2.68	1.327
33	HRIS is established with records of staff who work in my hospital	183	44 (24.0%)	23 (12.6%)	30 (16.4%)	58 (31.7%)	25 (13.7%)	3 (1.6%)	2.98	1.412
34	HRIS is established with records of staff who work in the hospital	183	26 (14.2%)	27 (14.8%)	44 (24.0%)	48 (26.2%)	25 (13.7%)	13 (7.1%)	3.11	1.280
35	In my hospital promotion is offered after a defined working period eg. 3 years	183	82 (44.8%)	33 (18.0%)	24 (13.1%)	27 (14.8%)	7 (3.8%)	10 (5.5%)	2.10	1.265
36	My hospital offers professional paid study leave to employees	183	61 (33.3%)	23 (12.6%)	25 (13.7%)	34 (18.6%)	25 (13.7%)	15 (8.2%)	2.64	1.506
39	The conditions of work in My hospital is fulfilling, with the required work facilities	183	50 (27.3%)	42 (23.0%)	47 (25.7%)	31 (16.9%)	6 (3.3%)	7 (3.8%)	2.44	1.174
40	My opinions are considered in decision made that relate to my job	183	37 (20.2%)	46 (25.1%)	38 (20.8%)	38 (20.8%)	12 (6.6%)	12 (6.6%)	2.66	1.237
41	The hospital carries out effective performance appraisal every year	183	128 (69.9%)	28 (15.3%)	13 (7.1%)	8 (4.4%)	2 (1.1%)	4 (2.2%)	3.4 8	2.89 5
42	In my hospital the workload is manageable, there is no extra hours of work	183	97 (53.0%)	50 (27.3%)	21 (11.5%)	7 (3.8%)	5 (2.7%)	3 (1.6%)	1.7 4	1.99 9
43	In my hospital workers are skilled in their specialization	183	78 (42.6%)	40 (21.9%)	31 (16.9%)	20 (10.9%)	7 (3.8%)	7 (3.8%)	2.0 8	1.19 7
44	effort is recognized with a promotion in my hospital since devolution	183	88 (48.1%)	48 (26.2%)	24 (13.1%)	11 (6.0%)	3 (1.6%)	9 (4.9%)	1.8 1	1.01 1

Source: Research 2020

Qualitative findings showed that there was a lack of training opportunities, sometimes delayed communication and physical barrier access to training. A key interviewee in Othaya level four hospital said: *“The training opportunities are few and not affordable”* (RSP 2). (Ayalew et al., 2015), conducted a study in Ethiopia found out that training of health workers predicts retention, Engeda, Birhanu 2014), opined that lack of such opportunities was

associated with intentions to leave (Getie, & Alene, 2014). (Getie, Betre & Hareri, 2015). (Schmiedeknecht et al., 2015), suggested that continuous education of health workers positively motivate them and enhanced service delivery. One of the key interviewee in Nyeri referral hospital revealed that working conditions for healthcare employees are so demanding, majority of the workers live far away from the hospital he said:

“Majority of health workers are not housed within the hospital, Commuted from their homes or rented houses. The few Housed staff are living in poor conditions the available few houses are in dilapidated condition.” (RSP 7)

On promotions qualitative findings agree with the quantitative findings a key interview respondent commented that:

“Promotion has been rare; it is carried out by the County Board without any consultation with the hospitals or use of appraisal which are filled just as a formality” (RSP 15)

Qualitative findings revealed that promotions are rarely carried out. This is contrary to suggesting frequent performance reviews can increase high levels of expectations, employee participation and cooperation (Cooper-Thomas, Paterson, Stadler, and Saks (2014). The scarcity of resources has led organizations to think more about reducing costs and increasing productivity and efficiency. A key interviewee stated that:

“The working conditions are bad, the policies made are not enacted to ensure that working conditions are conducive to enable mooth running of the hospitals” (RSP2) He added that: “performance appraisal is carried out as a formality without achievable purpose. The workers are demotivated for many years of work without promotion s”

Considering findings from interviews, qualitative findings can be supported by the critical challenges hampering employee performance in hospitals. The findings showed lack of promotions, skill mismatch unfairness, staff development and inadequate number of skilled health workforce. These findings are health worker’s persistent unrest, high human resource turnover, unsatisfied staff. Further findings indicate poor infrastructure, lack of drug/equipment, (HRH Strategic plan, 2014-2017).

4.8 Physical Resource Infrastructure

Table 4.15: Availability of Modern Equipment

Response	Frequency	Percent
Yes	69	37.7
No	98	53.5
None-response	16	8.7
Total	183	100.0

Source: Field Research 2020

Table 4.15 depicted that 69 (37.7) % respondents indicated that there was modern working equipment in their hospitals such as physiotherapy and chemotherapy machines. The majority of the respondents 98(53.5%), however declined that their hospitals had modern working equipment. However, there was a non-response of 11(8.7) % this could lack of awareness of availability or not of modern working equipment in their hospitals.

Table 4.16: Sufficient Drugs in the Hospital

Response	Frequency	Percent
Yes	58	31.7
No	103	56.3
None-response	22	12.0
Total	183	100.0

Source: Field Research 2020

Table 4.16 the study aimed at findings out how well stocked the hospitals were with necessary drugs and other consumables required for quality healthcare service delivery. The findings that majority of respondents 103(56.3) % revealed that hospitals did not have adequate drugs for patients in their hospitals and 58(31.7) % affirmed that drugs were available and a no response of 22(12) %. This revealed that majority of the patients ended up buying drugs from chemists. The implication is that patients who sought medical services

from the public hospitals, were majority citizens who sought for subsidized available medical services.

Table 4.17: Accessibility of Patients to the Hospital

Response	Frequency	Percent
Yes	90	49.1
No	78	42.6
No response	15	8.2
Total	183	100.0

Source: Field Research 2020

Table 4.17 results indicated that not all areas of the hospital were accessible to patients, 90(49.1) % of the respondents indicated that patients were accessible to all areas of the hospitals. However, 78 (42.6) % revealed that there was no adequate access to all areas for people with disabilities. 15 (8.2) % of respondents did not respond.

Table 4.18: Availability of Laboratory Reagents

Response	Frequency	Percent
Yes	49	26.8
No	113	61.7
None-response	21	11.5
Total	183	100.0

Source: Researcher 2020

Table 4.18 results on availability of drugs and other reagents such as laboratory materials, 103(61.7%) majority of the respondents indicated that the drugs and reagents are not always available. However, 49 (26.8%) respondents indicated that drugs and laboratory reagents were always available and 21 (11.5) % did not respond. Results on whether there was adequate equipment in Nyeri County level 4 hospitals and one level 5 hospital revealed that

80% of the respondents disagreed there were adequate equipment. However, 20% agreed there were adequate equipment.

4.8.1 Descriptive Statistics of Study Variables Physical Infrastructure

In order to assess the physical infrastructure resource management, an 8-item close ended questionnaires were distributed to health professionals to seek their perceptions on implications of infrastructure development and management in health sector hospitals understudy. There were adequate bed capacity for in-patients all the time, majority of the respondents disagreed SD= (46.4.; SD=18.0 %) (mean = 2.13; SD=1.379). Lack of adequate bed space results in patients sharing beds, hampering service delivery. There are adequately trained technicians to operate and maintain the available equipment, respondents disagreed SD= (17.5 %; D=2.08), with (Mean = 2.79; SD=1.219). Although procurement of medical equipment was ongoing in selected hospitals, investment and maintenance of physical infrastructure was limited. This has affected functionality after completion of investment (GOK, 2015). Non-pharmaceuticals facilities are always available as well as surgical rooms, equipment / theatre /mortuary and laboratories, the majority of respondents disagreed SD = (29.5 %; D=31.1%) with (Mean =2.29 St Dev.=1.203). Study results on state of abolition facilities for use by patients in the wards, were in good working conditions majority of the respondents disagreed, SD= (14.3 %; D=23.5 %) with (Mean=2.90 SD=1.293). This research agrees with findings of the WHO (2006), that service delivery is supported by six pillars of health care systems that included health workforce management; financing; information and medical products; vaccines technologies necessary supplies and consumables and most importantly, sound leadership and governance.

Study findings revealed that all hospitals under investigation had intensive care units (ICU).

The finding revealed that the respondents expressed varied opinions, majority of respondents

disagreed, SD = (29.5 %; D= 31.1 %) however some respondents were of the opinion that hospitals were well equipped with an intensive care unit (ICU), SA =13.7%; A=13.7%). with (Mean= 2.29; SD=1.203). Hospitals without ICU referred critical cases to Nyeri County referral hospital. The findings on availability of enough drugs necessary for treatment in the hospitals, Majority of the respondents disagreed that drugs were available all the time SD= (29.5%; D=31.1%) with mean =2.2.9; SDev.1.203). Respondents disagreed HRIS of health care employees, inpatients and attended out-patients' records were maintained in an information system with high (mean = 3.11; SD=1.280). The research study sought to find out whether human resource data was well recorded by use of ICT. The majority of the respondents (60.6) % disagreed there were records in place. (Mean =2.20; SD=1.180). The findings are summarized in Table 4.18. The results suggested that physical resource infrastructure contributes to improved service delivery. The study findings concur with Artikison et al (2011) as he suggested that physical resource management must integrate the hospital broader health care into the centre for acute in-patients. Physical resources facilitate access, patient experience, effectiveness, efficiency, timeliness, safety, equity and sustainability. Physical resource infrastructure management include access to the built infrastructure supporting elements; equipment; facilities, information technology (IT), systems processes, sustainability initiatives and workforce.

Table 4.19: Physical Infrastructure Management on Health Service Delivery

S.	ITEM	N	S.D	D	N	A	SA	No R.	M	SD
48.	Always inpatients bed capacity is adequate in this hospital	183	85 (46.4%)	33 (18.0%)	16 (8.7%)	23 (12.6%)	15 (8.2%)	11 (6.0%)	2.13	1.379
49.	There are trained staff to operate and maintain the new equipment in my hospital	183	32 (17.5%)	38 (20.8%)	44 (24.0%)	42 (23.0%)	12 (6.6%)	15 (8.2%)	2.79	1.219
50.	The non-pharmaceutical consumables are always available the hospital	183	51 (27.9%)	49 (26.8%)	39 (21.3%)	26 (14.2%)	3 (1.6%)	15 (8.2%)	2.29	1.113
51.	The hospital is well equipped with ICT, surgical/facilities/rooms /theatre/mortuary etc.	183	50 (27.3%)	41 (22.4%)	30 (16.4%)	39 (21.3%)	9 (4.9%)	14 (7.7%)	2.50	1.278
52.	My hospital is well equipped with an intensive care unit (ICU)	183	62 (33.9%)	24 (13.1%)	12 (6.6%)	44 (24.0%)	29 (15.8%)	12 (6.6%)	2.73	1.571
53.	There are enough drugs for use in this hospital	183	54 (29.5%)	57 (31.1%)	27 (14.8%)	25 (13.7%)	9 (4.9%)	11 (6.0%)	2.29	1.203
54.	In this hospital toilet facilities within the wards are in poor condition	183	27 (14.8%)	43 (23.5%)	43 (23.5%)	30 (16.4%)	25 (13.7%)	15 (8.2%)	2.90	1.293
55.	Services are faster in my hospital with well equipped modern laboratories	183	35 (19.1%)	33 (18.0%)	51 (27.9%)	40 (21.9%)	10 (5.5%)	14 (7.7%)	2.75	1.200

Source: Researcher 2020

Qualitative findings on the third objective of the study, physical resource infrastructure management. From respondents' experiences, it was noticed that physical infrastructure management was adequate or not available. There was a lack of trained personnel to operate and manage the existing equipment. The key interviewed informants revealed that tangibility of services such operations of modern equipment were key aspects that influenced quality perception of patients towards the facility. A key interviewee indicated that they had no

private rooms for consultancy services making services delivery difficult. The respondent put it that:

“The facilities available lack privacy such as adequate consulting rooms...” (RSP4)

Patients privacy was compromised; the consulting rooms were open. The elderly patients found it hard to express themselves in the presence of younger people at the point of accessing the services they needed.

Technology plays a critical role in health care services, but lack of adequately developed functional structures hamper ICT support to health care and management that are well institutionalized in all areas. Evidence that healthcare professionals in Kenya have access to adequate and reliable knowledge in ICT is little (Gatero, 2011). Table 4.18 concluded that overall, measurement indicators used operationalized the variables, had an approximate mean average of 2.5. Respondent strongly disagreed that the health sector infrastructure resources were well maximum utilized and managed in the respective hospitals in the county. The response of key respondent said that:

“However, we have mechanisms in place for helping the critically ill patients reach the services they need” “Scarcity of personnel means that the patients cannot have adequate encounter with the medical professional personnel such as consultants who are few in the hospitals” (RSP 1).

Regarding the issue of equipment in the hospitals the interviewees indicated that there were newly procured equipment that were not being utilized due to lack of personnel to operate it. There are trained staff to operate and maintain the new equipment in the hospital that were not available.

A Key respondent commented and said that:

“Some equipment and other facilities for quality service Delivery, are functional, but lacks adequate personnel trained for their operation and maintenance” (RSP 8)

The qualitative findings revealed that at most times hospitals lacked drugs and other facilities, resulting to patients buying them from the chemists. The lack of non-pharmaceutical facilities also is a challenge for smooth service delivery in public hospitals.

The key interviewee in Nyeri Referral hospital, He said:

“We face challenges in our services because of lack of drugs, they are purchased centrally by the County Board, and we are not consulted to make decisions on what is most urgently required. The pharmacy is sometimes stocked with drugs that are not the most important in accordance with the common diseases around” He added: “The problem is not only lack of drugs but also non pharmaceutical facilities necessary for service delivery including laboratory reagents, as well as personal protective equipment” (RSP 12)

Majority of the interviewees, (RSP1, RSP 4, RSP7, RSP 9 and RSP 10) said that:

“Patients share beds from time to time due to shortage of bed capacity including in the maternity wards. Nursing services are difficult in such circumstances” (RSP 9)

Interviewed Chief Nursing Officer said that:

“Due to lack of physical facilities sometimes we are forced to watch as patients suffer, and we cannot help this makes us look like we do not have any empathy to the eyes of public” (RSP 4)

Patients may get dissatisfied visiting a health facility and find diagnostic machines non-functional and medications not available, the look for alternative treatment in private hospitals or do without treatment because of cost. This study agrees with the view that "healing facilities have disintegrated (Mokoka et al. 2010). This is truly not beneficial to both patients and the medical attendants themselves". In many cases, the absence of provisions identifies with debase and assets misappropriation, allocated funds for the delivery of health care misuse by management to their own advantage causing agony of patients and other employees. This study concurs with Mwangi (2020), in his research on

implications of devolved governance on health service delivery at Thika Level Five Hospital, in Kiambu County, found that the devolved governments faced challenges including lack of competent workforce for hospitals.

4.9 Recruitment, Selection and Retention

Study findings that health workers left their hospitals to work elsewhere SD=93(49.8%; D=30(16.4%) however, 49(26.8) % no response and 30(16.4) %. These findings revealed the dissatisfaction of the workforce with recruitment practices. This study agrees with the findings of (Kiambati et al., 2013), among the enrolled nurses was the highest rates of exit. The high demand for nurses, high remuneration offered in addition to better working conditions across the globe, resulted in a brain drain from the developing to developed world. Workers retention was caused by the desire to move to a more conducive work environment. The qualitative study findings indicated that replacement of retired employees and internal promotions, recruitment and selection of new employees, was carried out by the Health County Service Boards.

To measure the fifth variable recruitment, selection and retention a 10-item close ended questionnaire was distributed to health sector workforce, to find out their perceptions on implication of recruitment, selection and retention of human resource on health service delivery. The respondents disagreed that recruitment methods improved quality of service delivery SD= (42.1 %, D=23.0 %) and (Mean=2.00; SD=1.108), selection, recruitment and retention practices had influence on access to service delivery in health sector. Wavomba and Sikole (2015) suggested HR practices considered high performance, commitment on service delivery in health sector. The findings revealed that the effective induction process orients new staff to their appointed roles, majority of the respondents disagreed SD= (29.0

); D= (19.1 %) however, (26.8) % were neutral with (Mean= 2.41 SD=1.187). This might create a challenge for new employees to adapt to the conditions of work in the organization.

The interns were absorbed into permanent positions after completion of intern period, revealed that majority of the respondents were not in agreement SD= (27.3 %; D=25.1%) while 30(15.4) % with (Mean=2.44; SD=1.245). This study findings, agree with Claire & Ashraf (2012), who suggest that motivated health care workers in their current job were less inclined to leave their job or even their country behind in search of alternatives, such as better remuneration or better working conditions.

There is increased career prospects with the new recruitment system and a policy to provide adequate training and support for employees. The majority of the respondents disagreed with SD=(38.3%; D=27.3%) and 20(10.9)% agreed with (Mean=2.04; SD=1.120). In light of this, Health Sector face challenges of lack of improved service delivery. The study indicated that health sector employees were called to work outside the areas of their specialization due to shortage of health sector workforce. Likewise, the respondents denied there was internal recruitment and promotion of qualified internal staff before hiring from outside. The majority of the respondents disagreed with SD= (19.7%; D=20.2%) however, (27.3) % were neutral with (Mean=2.69; SD1.294). Knowledge, skills, abilities are recognized as making a significant contribution to the success of the organization to help to maintain competitive edge in service delivery (Armstrong and Baron, 2002). This study sought responses on whether there is a fair and transparent process for filling open positions, that there was discrimination in selection of employees on job training opportunities. The respondents were not in agreement, SD= (21.9 %; D=21.9 %) however, (22.4) % were undecided, SA= (18.0 %; A=9.3) % respondents agreed there were training opportunities with mean (Mean=2.69; SD= 1.294). The research study concurs with suggestion (Gusdorf 2008), that recruitment is

the process of identifying, attracting, interviewing individuals, with appropriate qualifications to apply for jobs within an organization and that selection is the process of choosing from a group of applicants the individual's most qualified for the position in the organization.

Respondents were asked to ascertain whether promotion was offered on attainment of additional skills. The majority of the respondents disagreed with SD (=44.2%; D=18.0%) with (Mean=2.68; SDev. =1.327). WHO, (2006) suggested that inadequate skills, knowledge and inappropriate attitudes form obstacles to health care service delivery. WHO (2006) recommended at the start of a professional career in the health sector a lifelong learning process must be developed. Study findings that performance appraisal was used effectively, for prospects of promotion, the majority of respondents disagreed with SD= (69.9 % D=15.3%) with (Mean =3.48 SD=2.897). Findings on whether there is adequate staff to offer needed services, the majority of respondents disagreed SD=4(2.6 %; D=21.9%), while 20(10.9) % agreed that there was adequate staff with (Mean =1.74; SD=1.999). Health sector structures lacked the necessary resources and governance, aptitude and competence in delivery of health services (World Bank, 2012). Responses were sought on whether training opportunities were offered in the hospitals in Nyeri County annually, the respondents agreed SD= (38.3%;27.3%) with mean = (2.04; SDev. =1.20). This study occurs with the opinion that training needs analysis is very important to establish the training gaps between employee's current performance and desired performance level to enhance quality service delivery (Cole, 2011). A study entitled "Deterring staff requirements in hospitals." Majority of health workers in Kenya, are public health workers (Rakoum 2010). Internal promotion is carried out annually since the onset of devolution, majority of respondents disagreed SD= (19.1%; D=23.0%). Strategic application employed, compliant with employment law regulation and equal opportunities, which follow code of regulations and practice to ensure

justice and fairness of all applicants (Rakoum, 2010). There is no discrimination on job selection, the majority of respondents disagreed, SD= (21.9%; D=21.9%) however, those who were neutral were 22.4% with (Mean =2.69; SDev. =1.294). The research findings showed that health care employee turnover was high since the onset of devolution, the majority of respondents 36(19.7) % strongly disagreed, 57(31.1) % and 49(26.8) % were neutral, while 20(10.9) % strongly agreed and 10(5.5) % agreed with (Mean= 2.48; SD=1.121). The summary is presented in Table 4.19. The current study agrees with a study on factors that predict recruitment, selection and retention of health workers in Kenya, (Ojaka et al., 2014) the findings hypothesis confirmed that work force for health attraction to stay, enhanced service delivery in health sector in Kenya. Health Sector is plagued with enormous challenges in all counties, such as capacity gaps, shortages of human resource, lack of crucial legal and institutional infrastructure and contentious relationship with the central government (Kimathi, 2017).

Table 4.20: Recruitment, Selection and Retention

S.	ITEM	N	S.D	D	N	A	SA	NoR	Mn	SD
68.	In my hospital standard questions are used in staff recruitment	183	77 (42.1%)	42 (23.0%)	33 (18.0%)	16 (8.7%)	4 (2.2%)	11 (6.0%)	2.00	1.108
69.	In my hospital recruitment is fairly carried out	183	35 (19.1%)	49 (26.8%)	52 (28.4%)	20 (10.9%)	14 (7.7%)	13 (7.1%)	2.58	1.180
70.	In my hospital there is improved recruitment methods on employees induction	183	53 (29.0%)	35 (19.1%)	49 (26.8%)	28 (15.3%)	6 (3.3%)	12 (6.6%)	2.41	1.187
71.	In my hospital, since devolution interns are absorbed into the system	183	50 (27.3%)	46 (25.1%)	34 (18.6%)	30 (16.4%)	10 (5.5%)	13 (7.1%)	2.44	1.245
72.	In my hospital transfers system caused a number of employees to resign	183	37 (20.2%)	40 (21.9%)	54 (29.5%)	26 (14.2%)	15 (8.2%)	11 (6.0%)	2.66	1.220
73.	In my hospital there is always a room for training and career development	183	36 (19.7%)	37 (20.2%)	50 (27.3%)	42 (23.0%)	7 (3.8%)	11 (6.0%)	2.69	1.171
74.	In my hospital I am offered frequent training opportunities	183	70 (38.3%)	50 (27.3%)	25 (13.7%)	20 (10.9%)	4 (2.2%)	14 (7.7%)	2.04	1.120
75.	Internal promotion in my hospital is done annually	183	35 (19.1%)	42 (23.0%)	52 (28.4%)	19 (10.4%)	15 (8.2%)	20 (10.9%)	2.61	1.209

76.	In my hospital there is no discrimination in job selection the hospital	183	40 (21.9%)	40 (21.9%)	41 (22.4%)	33 (18.0%)	17 (9.3%)	12 (6.6%)	2.69	1.294
77.	Many employees left my hospital to other hospitals	183	36 (19.7%)	57 (31.1%)	49 (26.8%)	20 (10.9%)	10 (5.5%)	11 (6.0%)	2.48	1.121

Source Researcher 2020

In order to gather qualitative data to complement quantitative data on the perceived status of recruitment, selection and retention variable of the study. The interviews and discussions were organized in order to have a deep understanding of this variable.

Health sector workers' recruitment is carried out by the County Board. Study results revealed that recruitment has not been carried out since the onset of devolution in the health sector. The shortage of workforce affected health care service delivery in Nyeri County, Kenya. The staff returns indicate staff gaps such as radiologists, HDU nurses, ecologists and so on in County hospitals. In agreement with a study on recruitment and selection practices in the construction industry, which emphasized the importance of a quality process during recruitment and hiring (Henry & Temtime, 2009). This study concurs with a study that identified problem is utilization of informal resources of recruitment as the increasing pressure for employment (Ballantyne, 2009). The most difficult cadre of staff to retain and also complex to replace upon their exit were nurses.

The county Board did not absorb the intern medical officers after internship, this resulted in doctors leaving for employment in other areas creating high attrition. This resulted in a brain drain which adversely affected research and development capacity in the sector (Mutua, Kinyili & Arasa, 2017). The skills shortage was cited especially in pediatricians, theatre midwives that created a lot of referral cases. The interviewed respondents revealed that health care workers faced challenges of lack of opportunities to transfer to other counties of their choice.

Shortages of healthy workforce are worsened by inequitable distribution due to socioeconomic factors, among others. Effect of the system had a little significance to the number of health workers in Nyeri County. Recruitment and selection of the workforce is carried out by the Civil Service Committee and County Service Public Boards. The government policies set to guide human resources management practices were centralized. The hospitals are not able to make decisions on recruitment and selection of the work forth and the pay systems. Overall, measurements on Table 4.19. can be concluded that indicators used operationalized the variables had an approximate mean of 2.50. means that most respondents strongly disagreed.

As expounded by key interviewee who said that:

“... First the hospital does not have an adequate number of staff to be able to help patients who needed to access services in different areas within the hospitals. There is scarcity of supportive facilities such as wheelchairs and trained personnel for that purpose” (RSP 4)

Key interviewee at Karatina level four hospital said.

“The wards are managed by six nursing officers through the night” RSP 7)

The qualitative findings from the key interviewees in Karatina Sub-county hospital revealed that.

“There were no nurses in the High-Density Unit (ICU), rendering the unit to be paralyzed and not functional”

Further commented that: *“The hospital lacks adequate number of human resources for health. The doctors and nurses are not enough to handle the referral cases from Sub-county hospitals.” (RSP 6)* The interviewee said that...

“The training conducted within the hospital is rare due to limited funds” (RSP 11).

The above findings are in tandem with Rakuom (2010) his study entitled “Determining staff requirements in hospitals”, findings that 62.8% of the workers are public health workers, the

public sector is still understaffed. (Rakuom, 2010), opined that over 500 dispensaries do not even have a nurse, health facilities are understaffed.

According to the report on medium term expenditure framework (2016), Kenya has an average of 19 doctors and 173 nurses per 100,000 population compared to WHO minimum recommended levels of 36 and 356 doctors and nurses, respectively. The sector approved staff establishment of approximately 59,667 but only about 49,096 positions are filled, leaving 10,371 positions vacant.

Interviewee stated that.

“Employment sometimes is based on who you know and not qualifications and therefore, some employees are not qualified” (RSP 7).

The study findings 33(18.0%; 17(9.3%) agreed that there is discrimination in employee selection in hospitals under study. This disclosure of negative characteristic led to undue frustration and eventual turnover. Luballo & Simo (2017) asserted that when staffing decisions made related to nepotism, they resulted in a selection of unqualified employee who do not add value to the organization. Sarah *et.al.* (2018) stated recruitment and selection practices extensively affected organizational performance. In tandem with Tella & Ibinaiye (2019), employees’ skills and abilities not only lead to individual performance, but also affect overall organizational performance, efficiency, and service delivery. Makhamara *et al.* (2016) examined the impact of strategic recruitment and selection on performance of employees in the health sector Kenya. Among several indicators studied, the research findings indicated 88% that standardization tests were not effectively used in recruitment and selection of employees in the health sector. Transparency and fairness were not observed in recruitment and selection of human resource process in county hospitals.

In support, a study on favoritism and nepotism found within Nigerian work environment, suggested that the reason for failure of HR personnel to full adherence to HR policies (Izuogu, 2015). There is dearth and scanty empirical study on the influence of human resource management practices on employee engagement in Nigeria business sector, high employee turnover and unemployment rate (Ugwu, *et al.*, Sanchez, 2014).

4.10 Interview Findings

Table 4.21: Study Interviewees

Position	Hospital	Gender	No.	Total
Hospital superintendent Human resource officer Chief Nursing Officer	Nyeri Referral	Male Female Male	1 1 1	3
Hospital Director Human resource officer Chief nursing officer	Karatina Sub County	Female Male Female	1 1 1	3
Hospital Director Human resource officer Chief nursing officer	Othaya Sub County	Female Male Female	1 1 1	3
Hospital superintendent Human resource officer Chief Nursing Officer	Mukurwe-ini Sub County	Male Female Female	1 1 1	3
TOTAL				12

Source: Field Research 2020

The twelve interviewees were asked to state if there were an adequate number of staff in their hospitals. The divergent experiences on service delivery in the hospitals revealed there was shortage of some cadres of health professionals. All interviewees RSP1 –RSP 12 were of the same opinion and revealed shortage of staff and lack of some cadres of staff in their hospitals. The most cited being shortage of nurses, Karatina Sub County hospital ICU unit

was non-operational due to lack of ICU trained nurses, while in Mukurwei-in Sub County hospital lacked orthopedic doctors.

Key interviewee from Karatina Sub Count stated that:

“There were no nurses in the High-Density Unit (ICU), rendering the unit to be paralyzed and not functional” (RSP6)

The shortage or even lack of orthopedic doctors were cited creating lack of access to orthopedic services in Mukurwe-ini sub-county hospital.

A key interviewee commented that:

“Specialized staff in some critical areas are scarce, their shortage creates challenges in operations in that that area, rendering some services not to be accessible” (RSP 7).

Another interviewee stated that:

During service delivery in health sector, professional health workers are not involved in rotational work process? Some cadres of professionals are scarce, not easy to replace” (RSP 9)

Orthopedic cases from Mukurwe-ini are referred to Nyeri level 5 Referral hospital. To account for the trend in the retention of health workers, all interviewees (RSP1 – RSP12), indicated that retention was high, creating shortage, workers had no option but to stay on job. They further said that inter transfers within countries were not facilitated. Those who requested never got a chance to go. Asked the reasons why health workers would wish to leave, all interviewees (RSP1–RSP12) cited poor pay, lack of promotion, salary delay, poor working conditions and heavy load of work which were often arduous where six nurses were left to man the wards at night, absence of hardship allowance or night duty allowances.

The researcher sought interviewees’ opinion about the possibility of creating training opportunities for employees’ career development. The respondents revealed that training opportunities were very rare due to financial constraint. However, a few got the opportunities for training scholarships. RSP 4 commented that:

“Training needs are always there, and staff are identified for training, but funding is a challenge, there is scarcity of funds to facilitate training. In most cases training is offered on self-sponsorship on condition that the Training is Affordable to the selected staff, then the staff is given study time off” (RSP4).

A key interviewee commented, she said that:

“Study leave or time off for the staff to study creates challenges of workload to the staff who are already inadequate. The staff work for long hours with compensation of off days” (RSP5)

The question on how the employees in Nyeri County hospitals were housed, the respondents indicated that houses were few in some hospitals. However, the majority of the staff commute from nearby towns or their homes. The rest of the interviewees including (RSP1, RSP5, RSP4 and RSP 8) said that the available houses were in dilapidated condition, used for staff on duty for emergency services in hospitals in Nyeri County.

The interview respondents on staff welfare, majority (RSP1–RSP 11) revealed that the policy areas on the challenges facing health sector cut across all critical human areas; human resource planning; recruitment and placement; performance management; appraisal; reward and motivation. Lack of policy implementation of policies was the major challenge that faced health sector service delivery. Lastly, the respondents were asked their opinion and strategies to enhance service health care service delivery in Nyeri County. All the respondents indicated that the pay structure and other allowances including hardship allowance, night shift allowance and extra hours of work, should be addressed and implemented. The majority of interviewees suggested that the health sector should be centralized since most counties were not able to manage the health sector workforce and service delivery.

Interview respondents cited lack of functional equipment and other facilities as reasons why some services were not accessible. Most of the available equipment were not functional due to a lack of technical trained staff to operate and maintain it. Respondents indicated existing facilities were poorly managed, not serviced and some were not cost effective to repair.

4.11 Inferential Tests

4.11.1 Correlation Analysis

Inferential methods are statistically used to generalize, predict, make estimates test hypothesis and draw conclusions from a set of data (Freedman, 2008). Table 4.22 Presents study of correlation results of the dependent and independent variables to assess the association of the variables. Findings revealed that remuneration and reward was significantly positively associated with the health sector $r=0.604$, $p<0.01$. Further, working conditions positively and significantly associated with health sector service delivery $r=0.313$, $p<0.01$. Also, physical infrastructure resource management was significantly associated with health sector service delivery $r=0.219$. Additionally, recruitment selection and retention were significantly associated with health sector service delivery $r=0.314$. The correlation coefficient “r” value range is between 0 to ± 1 . The value of zero (0) indicates that there is no relationship between the two variables. The value of ± 1 shows that there is a perfect linear relationship between the two variables.

Table 4.22: Correlation Matrix

		ERR	CS	PRIM	RS&R ESD	
ERR	Pearson Analysis	1				
	Sig. (2-tailed)					
WC	Pearson Correlation	.604**	1			
	Sig. (2-tailed)	.000				
PRI	Pearson Correlation	.313**	.475**	1		
	Sig. (2-tailed)	.000	.000			
RSR	Pearson Correlation	.219**	.310**	.592**	1	
	Sig. (2-tailed)	.003	.000	.000		
ESD	Pearson Correlation	.314**	.365**	.563**	.576**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	183	183	183	183	183

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

Determinant =.183

Source Field Research 2020

ERR is Employee Remuneration and Reward; CS is Conditions of Service; PRIM is Physical Resource Infrastructure Management; RSC is Recruitment, Selection and Reward and ESD is Employee Service Delivery.

4.12 Test of Assumptions

The study variables assumptions tested, normality, linearity, homoscedasticity and multicollinearity.

4.12.1 Results of Outliers

An outlier is any observation that is long away from fitted line general pattern of distribution of variables (Creswel, 2003). The Mahalanobis d-square test was used to detect any presence of outliers. Detected outliers were dropped after which box plots were used to show that variables were normally distributed before the analysis. Figure 4.4. showed that all box plots were symmetrical with no outliers identified).

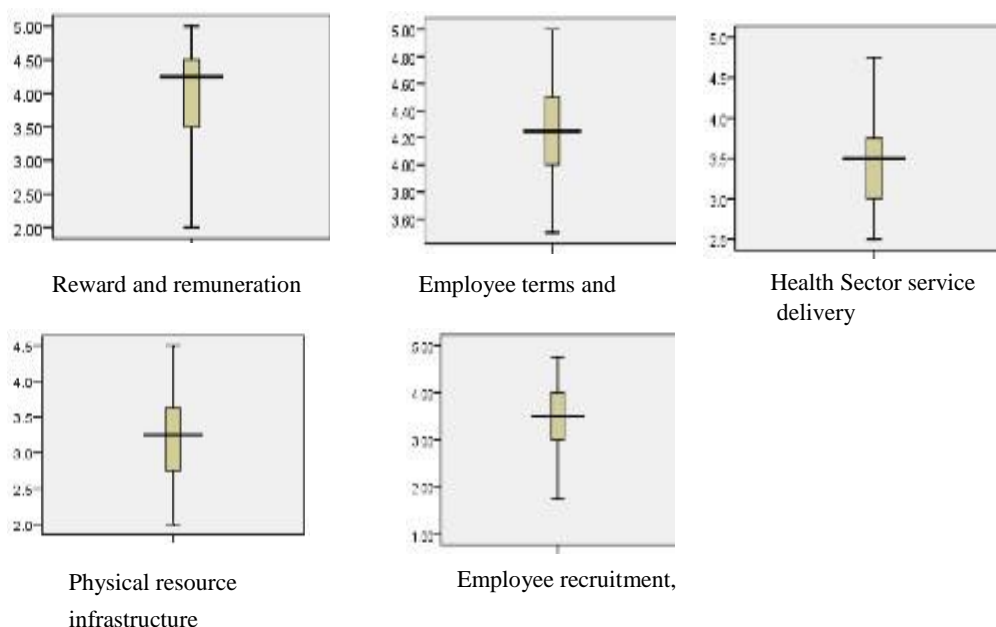


Figure 4.4: Plots after Outliers were Dropped

4.12.2 Normality Test Results

Kolmogorov-Smirnova and Shapiro-Wilk tests were conducted to test for the normality of the dependent variable, to ensure that assumptions of a normal distribution were not violated. Kolmogorov-Sminova and Shapiro-Wilktest normality test were used to detect all departures from normality. The tests reject the hypothesis of normality when the p-value is less than or equal to 0.05.

Table 4.23: Normality Test Results for Dependent Variable

Factors	Kolmogorov-Smirnov		Shapiro Wilk	
	Statistics	df	Statistics	df
P-value				
Significance				
Normality	.200	.990	3	485
.041 4				

Research Field 2020

Table 4.23 Indicated that the Kolmogorov-Smirnova and Shapiro-Wilk statistics .041 and 990, respectively. The p-value was .200 and .485 respectively for Kolmogorov Smirnova and Shapiro-Wilk statistics. The p-values were greater than (0.05) significance level, this showed that variables were normally distributed. The distribution of random variables difference between expected distribution of reward remuneration, working conditions, physical resource infrastructure management, employee recruitment, selection and retention. Distribution was normally distributed. The significant test statistics, for Kolmogorov-Smirnov and Shapiro Wilki tests-maintained normality of dependent variable.

4.12.3 Linearity Results

Linearity is the rate of change, on two scores of variables constant for the entire range of scores of variables, (Bai & Perron, 2008). According to Granger and Tera (2007), is a consistent slope of change that represents the relationship between independent variables

and dependent variables. To remove problems of linearity of variables outliers are fixed, (Hansen, 2009). Correlation between variables is represented on a straight line. Linearity assumption of all multivariable techniques based on correlations measure of association, include multiple regression and factor analysis (Hair et al. 2010). It is important to test the relationship of the variables to ensure there are no problems that impact correlation. Table 4.18 results showed linearity of all variables with each other. Results indicated that P values deviation from linearity were > 0.05 while linearity P value were less 0.05 this shows that the assumption of linearity were not violated.

Table 4.24: KMO Barlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer Olkin Measure of Sampling Adequacy		.738
	Approx. Chi-Squire	305.195
Bartlett's Test of Sphericity	Df	10
	Sign.	.000

Source Field Research 2020

The study results, Kaiser-Meyer-Olkin (KMO) sampling adequacy value was 0.738. Kaiser, (1974) values of 0.5 are acceptable (below which more data collection is required, or additional variables are necessary). Hutcheson & Sofroniou, (1999) argue that values between 0.5-0.7 were mediocre, 0.7-0.8 were good, 0.8-0.9 were great, above 0.9 were superb. KMO value in this study was 0.738, in the range of good the study was confident that there was sampling adequacy. Bartlett's Test of Sphericity measured the null hypothesis that the original correlation matrix is an identity matrix.

Table 4.24 Bartlett's Test value $p = 0.001 > \alpha = 0.05$) is highly significant which leads to a conclusion that the variables are related to each other. 1: There is no significant statistical

relationship between employee remuneration and reward system on devolved health sector service delivery.

4.12.4 Multicollinearity

The correlation matrix in Table 4.22 revealed that the data did suffer singularity since all the Pearson correlation coefficients were less than 0.9. Multicollinearity was not detected since the determinant value was greater than the necessary value ($Determinant = 0.183 > 0.00001$ (Field, 2005)). Therefore, all the variables significantly correlate fairly well with each other at 5% level of significance as shown in Table 4.25 where all Pearson correlation coefficients are flagged as significant.

Table 4.25: Summary of Multi-collinearity Test

Model	Coefficients	Collinearity Statistics	
		Tolerance	VIF
Reward remuneration		.634	1.576
Work conditions of service		.545	1.836
Physical resource infrastructure Mgt.		.555	1.802
Recruitment, selection and retention		.648	1.544
a. Dependent Variable: Health sector service delivery			

Source: Field Research 2020

Table 4.25 summary of multicollinearity test for all variables. Collinearity is the state where two variables are highly correlated within a given set of data. Variance Inflation Factor (VIF) in all the predictor variables lie between 1 and 10. It is observed in literature that VIF greater than 1 (Jamal 2017), when less than 10 (Hair, et al. 2014), indicate that no multicollinearity is present, (presence of imperfect multicollinearity which does not violate the interpretation of regression results).

Table 4.26: Remuneration and Reward Multicollinearity Test

Coefficients			
Model		Collinearity Statistics	
		Tolerance	VIF
	Remuneration & Reward	.634	1.576

a. Dependent Variable: Health sector service delivery

Field Research 2020

Table 4.26 indicates that the (VIF) predictor has tolerance of .634 the variable lies between 0 and 10. Reward remuneration practices. Fig. 4.7. Indicates that there is no presence of imperfect multicollinearity.

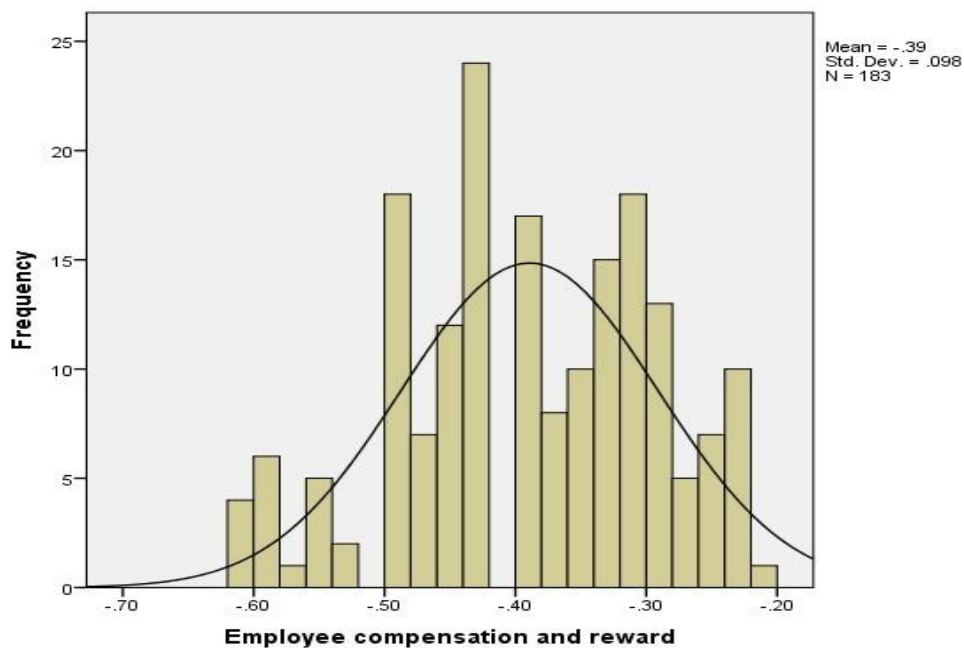


Figure 4.5: Remuneration & Reward

Figure 4.5 depicted that there was no presence of imperfect multicollinearity. The histograms indicated a polygon that is bell-shaped thus confirming that the variables were normally distributed (Hair, Black, Babin & Anderson, 2014).

Table 4.27: Working Conditions Multicollinearity Test

Coefficients		
Working conditions	Collinearity Statistics	
	Tolerance	VIF
	.545	1.836

a. Dependent Variable: Health sector service delivery

Source Research 2020

The Table 4.27 collinearity statistics on working conditions can be observed that the VIF predictor variable has tolerance of .545 and VIF 1.836 indicate that there is no presence of imperfect multicollinearity on terms and conditions of service practices. It does not violate interpretation of regression results.

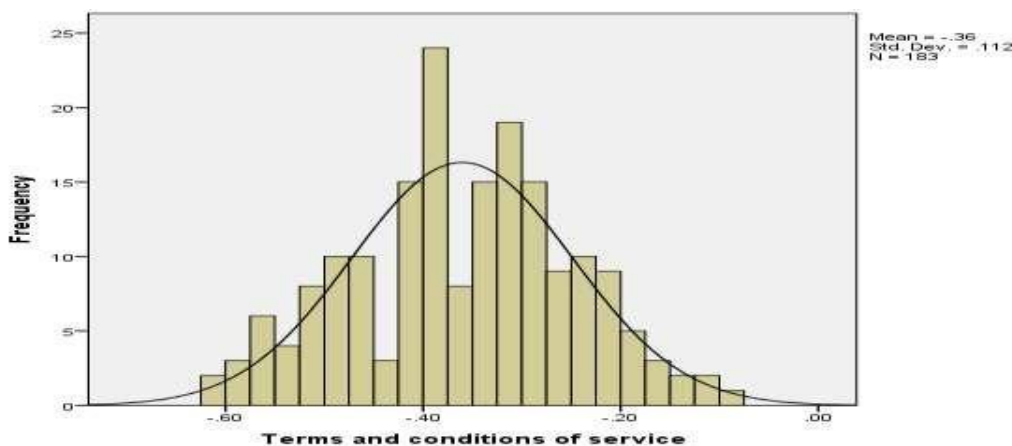


Figure 4.6: Working Conditions

Table 4.28: Physical Resource Infrastructure Management

Coefficient			
Model	Resource infrastructure Management	Collinearity Statistics	
		Tolerance	VIF
		.555	1.802

a. Dependent Variable: Health Sector Service Delivery

Source: Field Research 2020

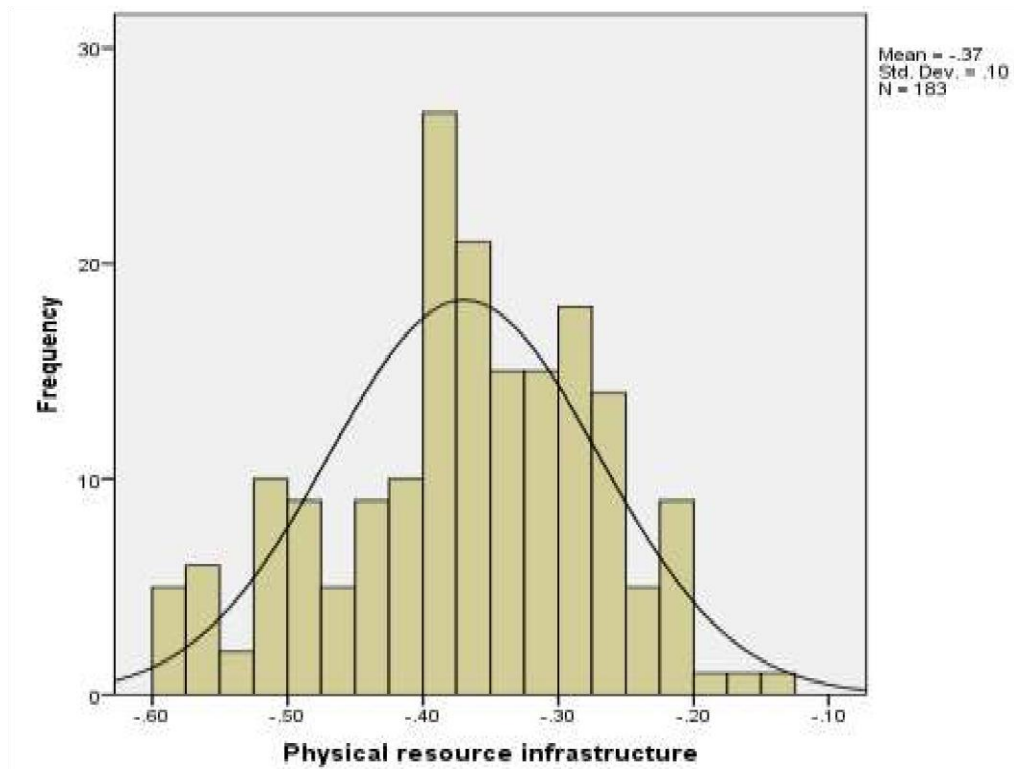


Figure 4.7: Physical Resource Infrastructure Management

Figure 4.7 indicate that there is no presence of multi-collinearity on physical resource infrastructure. From Table 4.28 it can be observed that the (VIF) predictor variable has tolerance of .555. Variance Inflation Factor (VIF) predictor variables lie between 1 and 10.

Table 4.29: Measure of Sampling Adequacy and Sphericity of Data

Coefficients		
Model	Collinearity Statistics	
	Tolerance	VIF
Recruitment, selection and retention	.648	1.544

Source: Field Research 2020

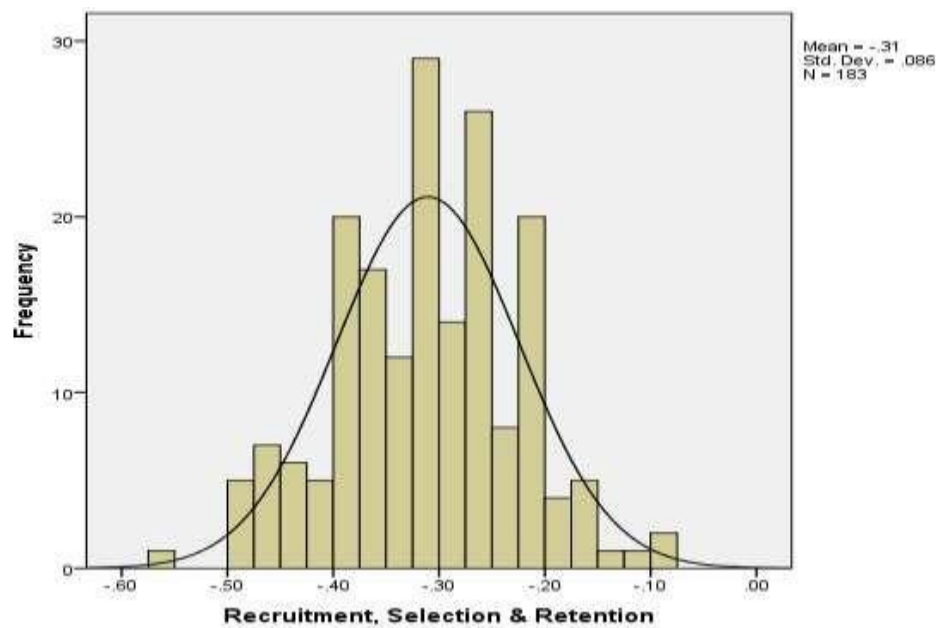


Figure 4.8: Recruitment, Selection & Retention

Figure 4.8 indicate that there is no presence of multicollinearity on recruitment, selection and retention. From Table 4.29 it can be observed that the (VIF) predictor variable has tolerance of .648 variance Inflation Factor that lie between 1 and 10

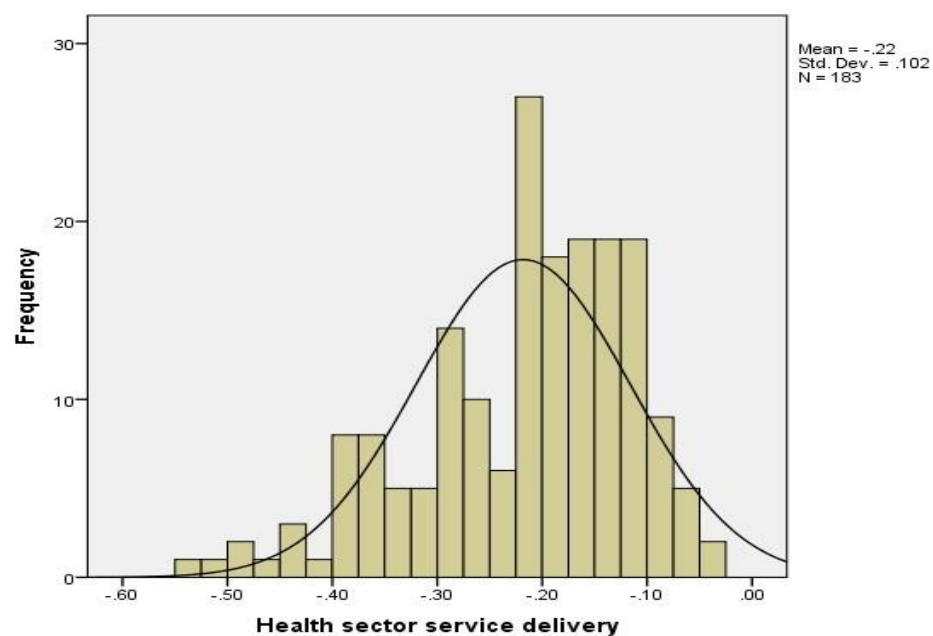


Figure 4.9: Health Sector Service Delivery

4.12.5 Homoscedasticity of the Residuals of Dependent Variable

This study computed homoscedasticity of the residuals health sector service delivery. In multiple linear regression, the variance of the error term should be constant (homoscedastic). Violation of this assumption leads to bias of test statistics and large confidence interval. The Levine statistic which tests the null hypothesis that the population variances are equal, against the alternative that the variances are unequal, was used to test for homoscedasticity assumption.

Table 4.30: Homogeneity of Variance

Levine Statistic	Df1	Df2	P-value
4.642	11	136	0.5

Source: Field Research 2020

The results of Levine test were as shown in Table 4.30. Levine Statistic was 4.642 with associated p-value of .000 The probability associated with Levine statistic level of significance was $P=0.5$ which was greater than 0.05, therefore the null hypothesis of homoscedasticity was not rejected.

Breusch-Pagan and Koenker Test for Heteroscedasticity

Breusch-Pagan test for heteroscedasticity was further applied to test for heteroscedasticity in the residuals. The null hypothesis of the test denotes presence of homoscedasticity.

Table 4.31: Breusch-Pagan and Koenker Test for Heteroscedasticity

	SS	df	MS	F	Sig
Model	12.758	4.000	3.189	1.088	.000

Residual 416.364 142.000 2.932 -999.000 -999.000

Source: Field Research 2020

The results of the test for heteroscedasticity were as shown in Table 4.31. Breusch-Pagan and Koenker test statistics of 12.758 with an associated p-value .000. Since the probability associated with the Breusch-Pagan and Koenker test was 0.000, which was less than 0.05 level of significance, the null hypothesis was rejected, and the conclusion was that the variance of the dependent variable was homogeneous.

4.13: Testing of Hypothesis

The objective was to examine human resource management practices on health sector service delivery in Nyeri County, Kenya. Study hypotheses were tested using regression results. Testing of hypothesis, ERR is Employee Reward and Remuneration; WC Working Conditions; RIM is Resource Infrastructure Management; RSC is Recruitment, Selection and Retention and HSSD is Health Sector Service Delivery. To achieve the objectives for this study, formulated research hypotheses on the revelations on the implication of HRM practices on health sector service delivery. The statistical test of null hypothesis at 95% confidence level are as shown in the hypotheses results (regression and correlation analyses).

H₀₁ There is no statistically significant relationship of employee reward & remuneration practices on health sector service delivery.

Table 4.32: Model Summary of Coefficients of Relationship

R	R Squared	Adjusted R Squared	Std. Error of the Estimate	Change Statistics						
				R Change	Squire F Change	Df1	Df2	Sig. Change	F	
.099	.094	.17975	.099	19.850	1	181	.000			.314 ^a

a. Predictors: (Constant), Remuneration Reward

b. Dependent Variable: Health Sector Service Delivery

Source: Field Research 2020

The study sought to find out the relationship between remuneration reward on health sector service delivery. The model summary in Table 4.32 show that employee remuneration and reward explain 9.9% variation in employee service delivery ($R^2 = 0.099$). This indicates that

there are other variables that explain 90.1% variation in the levels of employee service delivery. The other variables may be explained by poor employee remuneration considering the nature of the work and number of years the medical staff take to train. The findings are consistent with the study by Bergial et al., (2009). The research findings indicated that there was a significant positive relationship between reward and remuneration on health care service delivery. Attractive reward remuneration package fulfils the financial and material needs and contribute to health service delivery (Shoab et al., 2009). This study concurs with a study suggesting that factors such as salary dissatisfaction reduce employee job motivation and result in poor service delivery (Tathey 2006). Well-designed and implemented reward systems enhanced employee motivation, cost effectiveness, commitment and congruence (Snelgar et al., 2013).

Kothari (2004) opined that partial correlation of coefficient measures the relationship separately between two variables eliminating effects of related variables. The researcher measured the relationship between independent and dependent variables holding all other variables constant. Thus, 95% CI corresponds to hypothesis testing with $P < 0.05$. The hypothesis produces the decision on observed difference, whether 'statistically significant' or 'statistically insignificant,' whereas confidence interval gives the range of the observed effect. The inferential therefore assess the strength of the relationship between independent variable and dependent variable.

The study tested hypothesis to establish human resource practices on health sector service delivery using P-value at 95% significance (0.05). Hypothesis one postulated that remuneration and reward practices has no significant influence on service delivery.

Table 4.33: Remuneration and Reward on Service Delivery

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	.641	1	.641	19.850	.000 ^b
Residual	5.848	181	.032		
Total	6.489	182			

a. Dependent Variable: Service Delivery in Health Sector

Source: Field Research 2020

The output Table 4.33 indicates reward remuneration on health sector service delivery; is significantly better prediction of the level of service delivery ($F_{(1,181)} 19.850, p = 0.001 < \alpha = 0.05$).

Table 4.34: Reward and Remuneration on Service Delivery

	Unstandardized Coefficient		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(constant)	.417	.040		10.361	.000
Reward and remuneration	.384	.086	.314	4.455	.000

a. Dependent Variable: Service delivery

Source: Field Research 2019

The outcome in Table 4.34 revealed that employee remuneration and Reward significantly positively predicts the service delivery health sector ($t = 4.455, p = 0.001 < \alpha = 0.05$).

There is a positive relationship between reward and remuneration on service delivery in the health sector ($\beta = 0.314 < \alpha = 0.05$), therefore the study rejects the null hypothesis and concludes that remuneration and reward is key component in determining the level of service delivery as indicated in the predictor model. Equation...: *service delivery in Health sector* = $0.417 + 0.314 * Remune$ Eq. 1.

Table 4.35: Reward and Remuneration on Service Delivery

	Sum of	Df	Mean	F	Sig.
<u>Regression</u>	Squires		Squire		
<u>Residual</u>	.863	1	.863	27.755	.000 ^b
Total	5.627	181	.031		
	6.489	182			

Source: field Research 2020

Ho2: There is no statistically significant relationship of working conditions on health sector service delivery.

Table 4.36: Conditions of Work

R	R Squared	Adjusted R Squared	Std. Error of Estimate	Change in R Squared	Change in F	Change in Statistics	df1	df2	Sig.
.365 ^a	.133	.128	.17631	.133	27.755	1	181	.000	

a. Predictors: (Constant), Working conditions
b. Dependent Variable: health sector service delivery

Source: Field Research 2020

The model summary Table 4.36 revealed that working conditions when existing as the only variable, explained 13.3% variation in health service delivery ($R^2 = 0.133$). This implies that other factors explain the rest of the variation. ($F(000)$, $df_1 = 1$ and $P < 0.05$). Therefore, conditions of work has no significant effect on health services delivery. Therefore, the study rejects the null hypothesis, and concludes that there is significant relationship between working conditions and health sector service delivery. The working conditions in county hospitals reduces service delivery. This study concurs with the findings of Willis et al. (2008), suggesting that weak health systems impede the performance of health sector employees preventing delivery of quality health services. Low levels of training, insufficient supervision, support and recognition serve to erode the motivation of health sector staff. The

study agreed with the findings of Thorsen, V.C. et al. (2011), that overall lack of adequate staff and difficult conditions of work leave the health sector workers at high risk of burn out. This will create the intention to remain as major predictor of conditions of work (Bowen & Ostroff, 2010; Hussain, 2013; Laka-Mathebula, 2004; Nishii et al., 2008; Ozolina-Ozolina.2014; Patton, 2015; Rajendra, 2014). The output Table 4.36 indicates that working conditions and health sector service delivery; is significantly better prediction of the level of health sector service delivery ($(1,181) = 27.755, p = 0.001 < \alpha = 0.05$).

Table 4.37: Model Work Conditions on Service Delivery

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.376	.042		8.994	.000
Working conditions on service Delivery	.479	.091	.365	5.268	.000

a. Dependent Variable: Health sector service delivery

Source: field research 2020

Outcome Table 4.37 revealed work conditions significantly positively predicts the health sector. Service delivery ($t = 5.268, p = 0.000 < \alpha = 0.05$). There is a positive relationship between terms and conditions of service-on-service delivery in the health sector ($\beta = 0.365 < \alpha = 0.05$). The study rejects the null hypothesis and concludes that work conditions service is key component in determining the level of employee service delivery as indicated in the predictor model in Equation. *Health sector service delivery = 0.376 + 0.365 * Work conditions* Eq. 2. Therefore, every unit increase in work conditions was corresponding increase in employee service delivery. *Health sector service delivery = 0.290 + 0.563 * terms & conditions of service* Eq. 3. **H03: There is no**

statistically significant relationship of physical resource infrastructure management on health sector, service delivery.

Table 4.38: Coefficients Physical Resource Management and Health Sector

Service Delivery

R	R Square	Adjusted R Square	Std. Error of the Estimate	of Change Statistics	F	Sig.	F
				R Square Change	Change	Change	
.563 ^a	.313	.15650	.317	.317	83.942	1	181 .000

Predictors: (Constant), Physical resource management
Dependent Variable: Employee service delivery

Source: Research 2020

Model summary Table 4.38 revealed physical resource management when existing as the only variable, explain 31.3% variation on employee service delivery ($R^2=0.313$). This implies that other factors explain the rest of the variation.

Table 4.39: Physical Resource Management on Health Sector Service Delivery

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	1.056	1	2.056	83.942	.000 ^b
Residual	4.433	181	.024		
Total	6.489	182			

a. Dependent Variable: Health sector service delivery

b. Predictors: (Constant), Physical Resource Management

Source: Field Research 2020

Table 4.39 results indicate physical resource infrastructure management is significantly better prediction of the level of health sector service delivery ($(1,181)=83.942, p=0.001 < \alpha=0.05$).

Table 4.40: Physical Resource Infrastructure Management on Service Delivery

	Unstandardized Coefficients		Standardized Coefficient	T	Sig.
	B	Std. Error	Beta		
(Constant)	.290	.034		8.456	.000
Physical resource Management	.707	.077	.563	9.162	.000

Source: Field Research 2020

There is a positive relationship between physical resource infrastructure management on service delivery in the health sector ($\beta = 0.563 < \alpha = 0.05$). The third hypothesis of the study stated physical resource infrastructure management, has no significant effect on service delivery. Table 4.40 outcome revealed that physical resource infrastructure management significantly positively predicts the employee service delivery ($t = 9.162, p = 0.001 < \alpha = 0.05$). Therefore, the study rejects null hypothesis concludes that physical resource infrastructure management, is key component in determining the level of health sector service delivery as indicated in the predictor model in Equation: **Ho4: There is no statistically significant relationship of recruitment, selection and retention on health sector service delivery.**

Table 4.41: Recruitment Selection and Retention on Service Delivery

R	R Squared Change	Adjusted R Squared	Std. Error of the Estimate	Change Statistics				
				R Square Change	F Change	df1	df2	Sig. F
6.57 ^a	.332	.328	.15476	.332	89.952	1	181	.0006

a. Predictor : (Constant), Recruitment, selection and retention
b. Dependent Variable: Health sector service delivery

Source Field Research 2020

Table 4.41 revealed recruitment, selection and retention when existing as the only variable, explain 32.8% variation in employee service delivery ($R^2 = 0.328$). This indicates that there are other factors that explain 68.2% variations in the levels of recruitment, selection and retention.

Table 4.42: Employee Recruitment, Selection and Retention

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	2.154	1	2.154	89.952	.000 ^b
Residual	4.335	181	.024		
Total	6.489	182			

a. Dependent Variable: Health sector service delivery

b. Predictors (Constant) recruitment, selection and retention

Source Field Research 2020

Table 4.42 results output indicates that the regression model of employee recruitment selection and retention and employee service delivery; is significantly better prediction of the level of health sector service delivery ($F_{(1,181)} = 89.952, p = 0.001 < \alpha = 0.050$).

Table 4.43: Recruitment, Selection Retention and Service Delivery

	Unstandardized Coefficients		Standard Coefficient Beta	T	Sig.
	B	Std. Error	Beta		
(Constant)	.268	.035		7.566	.000
Recruitment, selection and retention	.677	.071	.576	9.484	.000

a. Dependent Variable: Health sector service delivery comps scale

Source: Field Research 2020

There is a positive relationship between recruitment, selection and retention on service delivery in the health sector ($\beta = 0.576 < \alpha = 0.05$). Table 4.43 results revealed employee recruitment, selection and retention significantly positively predicts the employee service

delivery ($t = 9.484, p = 0.001 < \alpha = 0.05$). Therefore, the study rejects the null hypothesis and concludes that employee recruitment, selection and retention is key component in determining level of health sector service delivery as indicated in the predictor model. Equation: $h \text{ sector service delivery} = 0.268 + 0.576 * \text{Recruitment select Retention}$
Eq. 3.

The fourth hypothesis of the study recruitment, selection and retention has no significant effect on health sector, service delivery. This study concurs with the findings of the World Health Organization (WHO), (2006), the workforce, is central at the heart of each and every health system, advocating health. Health staff are central for quality health services delivery and provision of quality services to patients. This study is in support Kakemam and Goodall (2019), suggestion that having technically competent managers and clinically trained leaders is vital to improvement of service delivery in health sector.

Ho5: There is no relationship between the predictor variables and health sector service delivery

Table 4.44: Model Summary Coefficients of the Relationship between Predictor Variables and Health Sector Service Delivery

R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
				R Square Change	F Change	df1	df2	Sig. Change
.653 ^a	.426	.413	.14465	.426	33.041	4	178	.000

a. Predictors: (Constant), Employee reward and remuneration, Physical resource management, Working conditions, Recruitment, selection and retention,
Dependent Variable: Employee service delivery

Source: Field Research 2020

Table 4.44 model summary revealed that the predictor variables (Recruitment selection, retention, reward and remuneration, physical resource infrastructure management, working conditions) act together, they explain 42.6% variation in employee service delivery ($R^2 = 0.426$). The value R squared is 0.426 that only 42% of the change in the level of service

delivery in hospitals in Nyeri County, explained by change in the four variables pooled together. This showed there are other factors apart from the four HRM practices playing a significant role in the health sector, service delivery.

Table 4.45: Test of Predictor variable and Health Sector Service Delivery

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	2.765	4	.691	33.041	.000 ^b
Residual	3.724	178	.021		
Total	6.489	182			

a. Dependent Variable: Employee service delivery

b. Predictors: (Constant), Reward & remuneration; Working conditions; Physical resource infrastructure Management, Recruitment, selection and retention.

Source: Field Research 2020

Table 4.45 outputs indicates Reward remuneration, Working conditions, Physical resource infrastructure management, Recruitment, selection and retention. Significantly, better predict the level of employee service delivery ($1.181 = 33.041$, $p = 0.001 < \alpha = 0.05$).

Table 4.46: Model Coefficients

Coefficient	Under-standardized Coefficients		Standardized T Beta	Sig.
	B	Std Error		
(Constant)	.144	.043		3.340 .001
Remuneration (RR)	.144	.087	.118	3.455 .001
.056 Working conditions (WC)		.101	.043	3.587 .000
Physical Resource infrastructure Mgt (PRIM)	.363	.096	.289	3.790 .000
Recruitment, Selection & Retention (RSR)	.430	.083	.366	5.186 .000

a. Dependent Variable: Health Sector Service Delivery (HSD)

Source Research 2020

Table 4.46 outcome revealed predictor variables (remuneration & reward, working conditions, physical resource infrastructure management, employee recruitment, selection and retention) significantly positively predicts the health sector service delivery ($t = 9.484$, $p = 0.001 < \alpha = 0.05$). The study therefore rejects the null hypothesis and concluded that employee remuneration reward, work conditions, physical resource infrastructure management and employee recruitment, selection and retention are key components in having an effective health sector service delivery as indicated in the predictor model in Equation 5 $HSD = 0.144 + 0.144RR + 0.056 WCS + 0.363 PRIM + 0.430RSR$ Eq. 5

Consequently the t statistics and p values can reliably be used to test the significance of the coefficient model: $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$ When Reward and Remuneration increase by one unit service delivery will increase by 0.144, a unit increase in Working Conditions health service delivery will increase by 0.056, a unit increase in Physical Resource Infrastructure Management, health service delivery increase by 0.363, and a unit increase in Recruitment, Selection and Retention, health service delivery increase by 0.430.

Table 4.47: Summary of Hypothesis

Obj. No.	Objective	Hypothesis	Rule	P-Value	Comment
One	Employee Reward & Remuneration	H ₀ 1 Reward and remuneration has no significant influence on Health Sector service delivery in Nyeri County	Reject H ₀ 1 if $p < 0.05$ otherwise accept	$p < 0.05$	The null hypothesis is rejected; therefore, there is significant influence of ERR on Health Sector Services Delivery

Two	employees working conditions	H ₀₂ employee working conditions has no significant influence on health sector service delivery in Nyeri County	Reject H ₀₂ if $p < 0.05$ otherwise accept	$p < 0.05$	The null hypothesis is rejected; therefore, there is significant influence of EWC on health sector service delivery
Three	Physical resource infrastructure management	H ₀₃ physical resource infrastructure management has no significant influence on health sector service delivery	Reject H ₀₃ if $p < 0.05$ otherwise accept	$p < 0.05$	The null hypothesis is rejected; therefore, there is significant influence of PRIM on health sector service delivery
Four	Employee recruitment selection & retention	H ₀₄ employee recruitment, selection and retention has no significant influence on health sector service delivery	Reject H ₀₄ if $p < 0.05$ otherwise accept	$p < 0.05$	The null hypothesis is rejected; therefore, there is significant influence of ERS on health sector service delivery

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Overview

This chapter examined the implication of human resource management practices on health sector service delivery in Kenya. This chapter also present the conclusions, recommendations and further areas of research.

5.1 Summary of Findings

This study summarized the research findings in order of study objectives. The purpose of summarizing the findings was to facilitate the researcher produce key findings of the study on made conclusions. This study was carried out in three sub-counties and one referral hospital in Nyeri County. The main aim of the study was to find out the implication of human resource management practices on service delivery in health sector, Nyeri County Kenya

5.1.1 Effect of Remuneration and Reward on Service Delivery

This study first object was to examine the effect of Remuneration and Reward on health service delivery in the health sector in Nyeri County, Kenya. As it was required by use of convergent parallel mixed methods strategy, both quantitative and qualitative data were analyzed to help understand the status of remuneration and reward as perceived and viewed by study respondents.

The study results from survey were closely related to with findings from qualitative data revealed that reward and remuneration practices in health sector, were poor, employees' scholarship, paid leave, hourly leave, paid vacation, external equity, skilled base pay, individual incentives and group incentives were not offered.

However, results on reward and remuneration were comparable to other units in the public health sector in other counties. The findings of the study revealed that rewards and recognition had no discernible impact on the quality of healthcare provided to residents. Motivations, allowances and or incentives had a positive effect on employee service delivery. The study found that employee remuneration reward significantly positively predicts the employee service delivery ($t = 4.455, p = 0.001 < \alpha = 0.05, (\beta = 0.314 < \alpha = 0.05)$). The study rejected the null hypothesis and concluded that employee remuneration reward system is a key component in determining the level of employee service delivery.

This study descriptive survey results revealed that the employees had low remuneration and poor development strategies that reduced the quality-of-service delivery and resulted in lack of motivation. This objective having been to examine the effect, descriptive findings were not able to perform such a function. Further analysis was carried out at advanced level to determine the effect of the predictor variable on the outcome variable. The hypothesis for the first variable was H_{01} : Remuneration and Reward has no statistically significant effect on service delivery on health sector in Nyeri County. The results after multiple linear regression did not support the hypothesis and it was therefore rejected. The study found Remuneration and Reward is a predictor of service delivery in health sector ($\beta = 0.314 < \alpha = 0.05$); ($t = 4.455, p = 0.001 < \alpha = 0.05$). This implies that an increase by one unit in standard deviation of Remuneration and Reward will result in an increase by one unit in standard of service delivery

Qualitative findings revealed that payment of salaries was not the responsibility of the hospital management, it was carried out by the County Board. Reward and remuneration results revealed that the salaries were not paid on time and promotions were given on rare occasions. Further revealed that extra hours of work were not compensated, also hourly pay,

paid vacation and external equivalent skills-based pay, individual and group incentives were non-existent. The reasons given was shortage of funds to facilitate a reward system, based on health sector employees outstanding performance, or for any extra work done. Payment methods used for extra work done was compensated for through off days, amidst the shortage of staff, creating poor responsiveness and long waiting times on patients resulting in poor service delivery.

5.1.2 Working Conditions

The results of the study revealed that the majority of employees were on permanent and pensionable terms of service, others were on renewable contract for many years without being translated to permanent terms. However, a number of nurses worked on non-harmonized contractual terms without being considered for permanent employment and thus lacked some payable allowances. The findings of the descriptive survey on work conditions perceived status, training opportunities, performance appraisal, key indicators of the variable revealed they are perceived low.

The survey and interview descriptive results were not adequate to explain the effect of the predictor on the outcome variable. It was deemed important to advance the study further analysis by performing a regression analysis to examine the effect of working conditions on service delivery in the health sector in Nyeri County. The second objective, Working Conditions was associated with the hypothesis H₀₂. The study findings indicated that working conditions significantly positively predicts the health sector service delivery ($\beta = 0.365 < \alpha = 0.05$); ($t=5.268, p=0.001 < \alpha = 0.05$), therefore rejected the null hypothesis and concluded that conditions of service were key component in determining the level of employee service delivery. The findings revealed that there were inadequate number of skilled human resources. This negatively impacted efforts to facilitate access to quality

health service delivery. The qualitative findings revealed that respondents were dissatisfied due to lack of fairness in sharing training opportunities. Training is a worthwhile investment beneficial to both workers and health sector for improvement of the workforce and enhancement of service delivery.

Results of the study revealed that employees poor unsafe working conditions resulted from lack of personal protective equipment. These conditions resulted in poor job commitment and concentration, lack of job harmonization that led to job insecurity, resulting to demotivation and hence poor service delivery. Qualitative results established that lack of internal promotion for health sector workforce in the county and lack of appointment of intern doctors to permanent positions resulted in the high turnover. Doctors, nurses, lab technologists, radiologists, and other cadres in the sector promotion prospects were rare and appraisal was carried out as a formality.

5.1.3 Physical Resources Infrastructure Management

Study results revealed the physical resource infrastructure management was poor in the county hospitals in Nyeri. Employees faced challenges of inadequate staff housing and where available houses were in a dilapidated state that resulted in poor living conditions. The quantitative results revealed that the workforce lacked basic amenities within medical facilities such as consumables pharmaceuticals, working equipment, infrastructure and reliable transport system, for handling emergency referral cases. The study revealed that physical resource infrastructure significantly positively predicts the employee service delivery ($t=9.162=0.001 < \alpha=0.05$ $\beta =0.563 < \alpha= 0.05$). therefore, rejected null hypothesis concluded that resource infrastructure management is key component in determining the level of employee service delivery.

The results of the study revealed that one of the sub-county hospitals lacked maternity facilities. The referral cases created a crisis of adequate capacity, patients shared facilities including bed space. The scarce available equipment was in a poor state in the hospitals, and some were unrepairable and cost effective. The results indicated that equipment available under the service contract lacked maintenance. The findings showed a scarcity of functional equipment in Nyeri level five referral Hospital that led to a crisis in service delivery. Some of the available newly purchased equipment were also not operational due to lack of trained technical personnel, for instance MRI machine available in level five referral hospital in Nyeri. These facts affected human resources for health in all hospitals in the county, leading to a poor working environment and poor service delivery. Lack of such vital medical inputs such as adequate drugs, laboratory reagents resulted in poor diagnosis and poor health service delivery.

The findings further revealed that procurement process of facilities/drugs was done centrally by the County Board. The balancing of what was purchased and the most essentially needed was a major challenge. This was in spite of the fact that there were CHB (County Health Boards) that ensured prudent use of public funds and cost sharing resources in financing the improvement of health facilities to enhance healthcare service delivery. The findings revealed that the infrastructure management was poor, the hospitals were not fully equipped, to facilitate access to quality health service delivery. In agreement with Nogueira et al. (2018) in their study which indicated that adequate infrastructure and well-maintained equipment contributed to improved quality of health within hospitals.

The findings of this study further revealed the use of communication technology systems being a vital part of change management, was limited in hospitals in Nyeri County. The results revealed that use of ICT systems about their duty instructions, record, learning and

development was not practiced. IT skills training focused on good patient management practices that could be conducted through housework workshops and seminars was not carried out. ICT is essential for transmitting information on strategies, policies and performance as well as record management for both health workers and patients to enhance service delivery in planning of work schedules were not available. Workforce for health sector inventory supply data is not retrievable from the hospitals under study. Partly this could be caused by data records that were not frequently updated by the County Boards, and lack of functional ICT.

5.1.4 Recruitment, Retention and Selection

The study findings established that recruitment and selection was statistically significant to health sector service delivery. Descriptive and inferential statistical methods revealed that employee recruitment, selection and retention significantly positively predicts the employee service delivery ($t = 9.484, p = 0.001 < \alpha = 0.05$) ($\beta = 0.576 < \alpha = 0.05$). Therefore, the study rejected the null hypothesis and concluded that recruitment, retention and selection were key component in determining the level of employee service delivery. Human Capital Theory has many forms in its intrinsic nature, when human knowledge and ability create values that is not always measurable. Human capital theory are the innate abilities individuals bring to work resulting in additional production that enhance service delivery. The several indicators used establish lack of fairness and transparency in recruitment and selection exercise in Nyeri County hospitals. Human resource management practices was not effectively used in recruitment and selection carried out. Job design and job description and advertising methods that attract the most suitable candidate for established positions was not administered.

The results of the study indicated that recruitment in the health sector failed to abide with regulations requirement in the employment Act to offer equity to all applicants. Nevertheless, the findings on training was that the opportunities were rare and there was no equity in selection of those offered the opportunities. The study results indicated that lack of internal recruitment resulted in high experienced employee turnover creating a shortage of health sector workforce. The study also found out that county recruitment and selection policy were not in force in ensuring that hospitals recruited the most essential cadres of staff. This study established that the health sector has the largest number of workers in public service yet, the sector has inadequate number of workforce to offer services to the citizens in Nyeri County. The findings further revealed the shortage of nurses was severe in all hospitals under review, Karatina hospital was particularly understaffed without intensive care unit nurses, which caused the unit to be non-functional. Staff shortage led some departments not to be operational, merged wards in effort for service management.

5.1.5 Service Delivery

The findings on health care service delivery revealed that patients waited for a long time to receive medical services. The researcher observed that there were long queues of patients waiting for long hours to see the doctors. The patients waited for three to four hours to be attended, or to pick medicine from the pharmacy. The pharmacy service waiting time for medication is a nightmare. The researcher observed congestion of patients waiting for more than three hours. The mothers with children waited with struggle controlling children.

The study results revealed lack of service empathy, patients were not helped to access services at different points within the hospitals due to lack or scarcity of supportive facilities within the hospitals. The hospital staff were not empathetic to patients, to access needed services patients were carried by their kin/relatives from one point to the other. The facilities

such as wheelchairs were also not available; this situation was critical in all county hospitals in Nyeri County.

5.2 Contribution to Practice

This study examined the implications of human resource management practices, on health service delivery in Kenya. This study focuses on county setting in devolved health sector investigation on implication of HRM practices on health service delivery. The use of a mixed methods approach has rarely been used in such studies. There is an existing body of knowledge on health service delivery, but most study setting rarely undertook a large scale of consideration examining human resource practices and their effects on health service delivery. This study provides empirical evidence that HRM practices applied in a systematic manner can create quality of health service delivery in devolved health sector.

In Kenyan context, studies have revealed that HRM Practices have a statistically significant relationship with health service delivery. Further, this study contributes to the empirical literature by revealing four significant variables on health service delivery that include reward and remuneration: working conditions, resource infrastructure management, recruitment, selection and retention. The study also contributes to knowledge by justifying the importance of HRM practices and their crucial role in attainment of quality health services.

5.3 Contribution to Theory

The Herzberg's (1966) two factor theory describes motivators or hygiene factors. Motivators include variables such as achievement, recognition, responsibility, work itself, advancement and potential to grow within a job. However, Herzberg (1966) also identified the hygiene factors to include variables such as company policies, salary, workers relations, supervisory styles, job security and status. The findings are aligned with Herzberg's two factor theory

that talks of intrinsic motivators which are factors like advancement, recognition, achievements and work itself. This study conform to the body of literature, that an integrated approach of human resource management practices in the organization affect employees who in turn will reciprocate with job commitment, engagement leading to enhanced service delivery.

On the other hand, Herzberg (1966), on hygiene factors also referred to as extrinsic factors such as salary, company policies, job security, interpersonal relationships and supervisory styles. The conclusion of Herzberg's two factor theory is evident that quality service delivery is a product of job satisfaction rather than the reverse. The hygiene factors are equally necessary to avoid dissatisfaction at work as well as to motivate workers in an organization. The management implication of expectancy theory is that to improve workers motivation and productivity management should ensure that the outcomes perceived by workers has a positive valence regarded as actual outcomes of their work performance. The current study findings are aligned to expectancy theory, where human resource for health expectations are not met resulting in unrest and strikes.

5.4 Conclusion

The following conclusions were drawn from the study findings on human resource management practices and health sector service delivery in Nyeri County, Kenya.

5.4.1 Reward and Remuneration

The study concluded that having strong reward, remuneration and motivation system help to retain talented workforce. Further it was concluded that bonus payments, incentives based on individual employee performance, were lacked in the health sector hence poor health sector service delivery. Remuneration and rewards include salaries and other fringe benefits, as well as performance allowances were found to be associated with health service delivery.

There was also no hourly pay for doctors and nurses for long hours of work. The study also concluded that there was no recognition of employee outstanding performance reward, due to lack of finances to support it. Further, concluded that bonus payment made was not proportionate to individual's work and hence lowered morale of workforce service delivery.

5.4.2 Working Conditions

Based on the findings of the study concluded that working conditions lacked incentives to motivate employees towards job commitment. The study found that the workforce for healthy working conditions were unfavourable and demotivated the workforce resulting in poor health service delivery. The study further concluded that health sector employee's promotion was not consistent, and interns' doctors and nurses were not absorbed into the system after internship period as required in employment policy. Further it was concluded that, as result of devolution, there has been acquisition of medical equipment and an increase in access to health commodities. That funding, be provided by the county to train technical staff for the maintenance and repair of equipment to ensure it is functional in order to improve service delivery. Findings revealed that most of the equipment available are not functional and are in a poor state.

The study concluded there was lack of inventory of existing staff to establish the areas that had higher shortage of staff. Further it was concluded that staff engagement strategies be practiced for retention of talent, loyalty and improved health services delivery. In addition, workplace relationships be encouraged to form the basis of teamwork and play a significant role in improvement of service delivery. The study concluded that efficient employee recruitment, selection and retention practices be adopted in the health sector to enhance the number of health workers and improve service delivery.

5.4.3 Infrastructure Resource Management

Based on study findings it was concluded that, health workforce lacked basic medical facilities such as consumables pharmaceuticals, working equipment, infrastructure and reliable transport system, for handling emergency referral cases. The study concluded that equipment was in poor state in the hospitals, and some were unrepairable and cost effective. Further concluded that lack of functional equipment led patients to seek alternative facilities to carry out the required tests. The study further concluded that infrastructure management in Nyeri County were not providing quality service delivery. It was also concluded that, there was lack of drugs most of the time causing citizens who depend on public hospitals for treatment, to buy drugs from private chemists at high cost or go without treatment.

5.4.4 Recruitment, Selection and Retention

Based on the findings of the study, the study concluded that transparency in recruitment and selection practices was not used in Nyeri County hospitals. Job design and job description and advertising methods that attract the most suitable candidate for established positions are not administered. Further concluded, that lack of internal recruitment resulted into high experienced employee turnover creating shortage of health sector workforce. It was concluded that county recruitment and selection policy was not in force, that health sector has the largest number of workers in public service yet, health sector has inadequate number of workforce for specialized areas, to offer services to the citizens in Nyeri County. Further concluded that shortage of nurses was severe in all hospitals under review, Karatina hospital was particularly understaffed and lacked trained intensive care unit nurses that caused the unit to be non-functional. Staff shortage led to some services not accessible and equipment not functional creating poor service delivery.

5.4.5 Service Delivery

The study concluded that health sector service delivery in Nyeri County was slow patients waited for long hours to receive medical services. Further concluded that some services were inaccessible due to shortage of staff, or lack of facilities and equipment. Lack of drugs, laboratory reagents, non-pharmaceuticals necessary for treatment created poor service delivery. It was concluded that there was lack of promptness on service delivery, empathy, poor responsiveness and that patients were not helped to access services at different points within the hospitals due to lack or scarcity of supportive facilities such as wheelchairs within the hospitals. The hospital staff were not empathetic to patients and at times patients were carried by their kin/relatives from one point to the other to access needed services.

5.5 Recommendations

In line with the conclusions of the study the following recommendations were arrived at. The study recommends that health workforce grievances be addressed. Effective action, both urgent and sustained, requires solid information, reliable research and a firm knowledge base to address the growing workforce crisis.

The study recommends work conditions in the health sector be reviewed use of human resource management practices be adopted to ensure improved terms of service to create employee motivation. This study recommends further hospital management staff rationalization use of information technology that is updated to reflect actual number of workers in public health facilities in Nyeri County. Further recommended that county planners pay attention to expansion and maintenance of physical resource infrastructure for ease of access of quality health services. The study recommended that the health sector physical resources infrastructure including human resource for health be reviewed and proper planning made to ensure adequate number of employees are recruited.

The study recommends that health sector should ensure that recruitment of workforce is in line with human resource management practices, with regard to the requirements for each hospital by ensuring inventories are carried out to establish the existing cadres of staff. Concerted efforts be made to meet the health service demands by increasing the density of skilled healthcare workforce through recruitment selection practices.

5.5.1 Area for Further Research

The study expands our knowledge on the areas of human resource management practices in health sector service delivery in Kenya. This study has fulfilled its aims and objectives, however, there are a number of areas for additional studies and empirical research given the limitations of the research. The researcher suggested further research be conducted on comparison of private and public hospitals service delivery in Kenya. Further research be conducted on governance and improvement of working conditions of the health sector workforce.

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APPENDICES

Appendix I: Letter of Introduction

To Whom it May Concern

Dear Sir/Madam,

I am a Ph. D student at Moi University School of Human Resource and Development. The title of my study is “Health Sector Service Delivery through Human Resource Management Practices in Nyeri County, Kenya.” This study will specifically examine effects of Staff Remuneration and Motivation, employee working conditions, recruitment, selection and retention, available physical resource infrastructure on health care service delivery. As part of the PhD program requirement, the research is supposed to collect data. I kindly request you to participate in this survey, by filling in the provided questionnaire. The information will strictly be used for academic purposes and will be treated with utmost level of confidentiality,

Thank you for taking your valuable time to complete this questionnaire.

Yours faithfully,

Gladys Wanjiku Wachira

Appendix II: Interview Guide Questions

1. How long have you been working in the County hospital (Years)
2. How do you carry out your recruitment and selection at the hospital?
3. How has recruitment and selection process affected you in your service delivery?
4. How often does the county hospitals carry out employee appraisals?
5. What are some of the ways you involve employees in decision making?
6. What type of unions are found in your hospital?
7. What welfare services does your hospital put in place for employees
8. How does your salary scales in your hospital compare with other county’s Hospitals?
9. What are some of the key issues that is affecting employee performance in your County?
10. What are some of the challenges faced in implementation of human resource policies in devolved system in your hospital?

Thank you very much for your time and patience.

Appendix III: Questionnaire for Health Sector Employees

Instructions.

This questionnaire is purely for academic work and the information you will give shall be treated with utmost confidentiality. The study title of the project is, “**Health Sector Service Delivery through Human Resource Management Practices in Nyeri County, Kenya.**” Kindly respond to the questionnaire to the best of your knowledge of the issues or questions asked.

SECTION 1: PERSONAL DATA

1. Name of the hospital
2. What is your level of education?
Secondary () Middle Level College () University ()
3. What department do you work in at the County hospital?
.....
5. What is your job title in the County Government hospital?
.....
6. Please indicate your gender
Male ()
Female ()
7. How long have you been working in this hospital?
1-3 Years ()
4-7 Years ()
8-12 ” ()
13-16 ” ()
More than 20 Years ()

SECTION 2: EMPLOYEE REWARD AND REMUNERATION

1. My area of specialization is.....
2. Are you on permanent terms of service?
Yes No
3. Sometimes I am called to work in other areas in the hospital
Yes No
4. If yes give reasons why

5. I am well compensated for the services I give to my hospital, on extra hours

Yes No

If no give reasons:
.....
.....

6. I find other workers supportive in work related issues in my hospital.

Yes No

If no, give reasons.....
.....
.....

7. Are you given an opportunity to express your opinion on work related matters?

Yes No

If no, state why?
.....
.....

8. Do you feel that the hospital should compensate you for the extra work you do, due to the shortage of staff?

Yes No

9. Recruitment in my hospital is carried out fairly for all workers

Yes No

10. If no, give reasons
.....
.....

11. Promotion in my hospital is done on merit of skills knowledge and abilities

Yes No

12. If no, Give reasons
.....
.....

1 = strongly disagree 2= Disagree 3= Neutral 4=Agree 5=strongly agree

		1	2	3	4	5
13.	I am paid bonuses for job well done e.g., out performance allowance					
14.	In this hospital I am paid house to office commuting allowance					
15.	The hospital motivates the staff such that there is pay/motivations for extra work done					
16.	I am well remunerated in my hospital since devolution					
17.	My talent in this hospital is recognized with a motivation					
18..	The effort I make in my work is recognized and motivated accordingly.					
19.	My hospital has a competitive Reward and remuneration system					
20.	In my hospital ICT is well connected to pass information to workers					
21.	I am given mileage allowance when called on emergencies					
22.	Attitude towards work is used as a criteria in employee selection in my hospital					
23.	I am paid allowances for overtime worked in my hospital					

SECTION 3: TERMS AND CONDITIONS OF SERVICE:

24. You enjoy the teamwork under devolved system in my hospital?

Yes No

25. If no give reasons:

.....

26. Since devolution grievances at work are addressed immediately when you raise them to the administration.

Yes No

27. If no explain why

.....

1 = strongly disagree 2= Disagree 3= Neutral 4=Agree 5=strongly agree

		1	2	3	4	5
28.	In this hospital I am provided with adequate house and good living conditions					
29.	In my hospital I am given insurance cover to protect me for accidents that may occur in services to the patients					
30.	I am given short training to perform the additional tasks within my duties					
31.	Devolution has improved health care due to proper supervision of staff in my hospital					
32.	HRIS is established with detailed records of staff who work in my hospital					
33.	In this hospital promotion is given after a defined period of working egg. 3Yrs.					
34.	In my hospital I am given professional paid study leave					
35.	I am paid allowances for overtime worked in my hospital					
36.	In my hospital I am allowed to give my opinion when decisions are made on job related issues					

37.	In my hospital the number of staff has increased					
38.	In my hospital there is adequate staff to attend to patients always					
39.	In this hospital, there are no critical skills shortage in any area of specialization					
40.	My talent is recognized in my hospital with a motivation					

41. In this hospital staffs are often promoted on attainment of additional qualifications?

Yes No

42. If no give reasons why

.....

.....

.....

43. Tick the most challenging issue faced in this hospital.

- (a) Poor working conditions
- (b) Lack of promotion
- (c) Poor communication
- (d) Poor remuneration
- (e) None of the above

44. Employees in my hospital are remunerated on individual effort, knowledge and job performance, in relation to services that they offer

Yes No

45. If no state reasons why

.....

.....

.....

.....

SECTION 4: INFRASTRUCTURE DEVELOPMENT:

1 = strongly disagree 2= Disagree 3= Neutral 4=Agree 5=strongly agree

		1	2	3	4	5
46.	The bed capacity of my hospital is adequate for all the inpatients always					
47.	Staff are adequately trained on how to operate the new equipment and tools to perform your duties					
48.	The work facilities in this hospital are modern and are available to me					
49.	My hospital is well equipped with surgical facilities /rooms/theatre					
50.	My hospital is well equipped with an intensive care unit (ICU)					
51.	There are cabinets for patients to store their belongings in my hospital					
52.	Toilet facilities within the wards are in poor conditions in my hospital					
53.	In my hospital the services are faster with modern laboratories					
54.	In my hospital communication technology is used to communicate to workers					

55. My hospital has modern equipment egg. for physiotherapy, chemotherapy and x-ray

Yes No

56. If no give reasons

.....

57. In my hospital staff are trained to operate the modern equipment eg. Physiotherapy, chemotherapy and x-ray to serve the patients effectively?

Yes No

If no explain

.....

58. The infrastructure in my hospital allows accessibility to all types of the hospital services i.e., including movement of people with disability

Yes No

59. If no explain

.....

60. The vital medical inputs such as drugs and laboratory reagents are always available in my hospital.

Yes No

61. If no explain

.....

SECTION 5: EMPLOYEE RECRUITMENT, SLECTION AND RETENTION

62. In my hospitals transfers of staff are very frequent

Yes No

If yes suggest why

.....

63. There is low recruitment carried out there is shortage of staff in my hospital

Yes No

If yes explain

.....

Tick appropriately the extent to which you agree with the following on employee recruitment

1 = strongly disagree 2= Disagree 3= Neutral 4=Agree 5=strongly agree

		1	2	3	4	5
64.	The deployment of staff has improved the quality of work in my hospital					
65.	The employees in my hospital are few I am always available when needed					
66.	I am happy working in this hospital, due changes made since devolution					
67.	The working area has improved since					

	decentralization of services was effected					
68.	The transfers in devolved system in my hospital caused a number of employees to resign					
69.	In my hospital there is always room for career development					
70.	The work in my hospital is challenging me due to delay in salaries					
71.	Given opportunity I can leave this hospital to move to urban areas					
72.	The salary offered in my hospital is attractive no employee would like to leave this hospital					
73.	There are many members of staff who left my hospital to work in other hospitals					

SECTION 6: EMPLOYEE SERVICE DELIVERY

Tick appropriately the extent to which you agree with the following on employee recruitment

74. The working in my hospital is demanding, I work for long hours

Yes No

75. If yes state the reason

.....

76. How do you rate the health workers in your hospital on the areas indicated below:

	1	2	3	4	5
Prompt					
Empathetic /understanding					
Quick to respond					
Politeness					
Responsible					

1 = strongly disagree 2= Disagree 3= Neutral 4=Agree 5=strongly agree

		1	2	3	4	5
77.	In my hospital service quality has improved since devolution					
78.	In my hospital there are frequent team building training by hospital management					
79.	There is prompt services in my hospital resulting to patients reduced waiting time					

80.	There are enough facilities to meet the patient requirements. For example, drugs, protective devices such gloves and so on					
81.	In my hospital there is enough facilitation for referral cases					
82.	In my hospital the geographic distribution of workforce is significant and has improved patient care effectively					
83.	The skill mix in this hospital facilitates flow of work					
84.	In my hospital there is no staff absenteeism creating teamwork					
85.	In this hospital periodic survey of the hospital by administrators has improved quality of service					
86.	Use of technology in my hospital has reduced waiting time for patients					

Appendix IV: Research Permit



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

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No

Date:

NACOSTI/P/16/83130/13795

24th October, 2016

Gladys Wanjiku Wachira
Moi University
P.O. Box 3900-30100
ELDORET.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Effects of Devolved Human Resource Management on service delivery, a survey of the health sector in Nyeri County Kenya,*" I am pleased to inform you that you have been authorized to undertake research in Nyeri County for the period ending **24th October, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Nyeri County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nyeri County.

The County Director of Education
Nyeri County.

**THIS IS TO CERTIFY THAT:
MS. GLADYS WANJIKU WACHIRA
of MOI UNIVERSITY, 0-10101
KARATINA, has been permitted to
conduct research in Nyeri County**

**on the topic: EFFECTS OF DEVOLVED
HUMAN RESOURCE MANAGEMENT ON
SERVICE DELIVERY SURVEY OF THE
HEALTH SECTOR IN NYERI COUNTY
KENYA**

**for the period ending:
24th October, 2017**

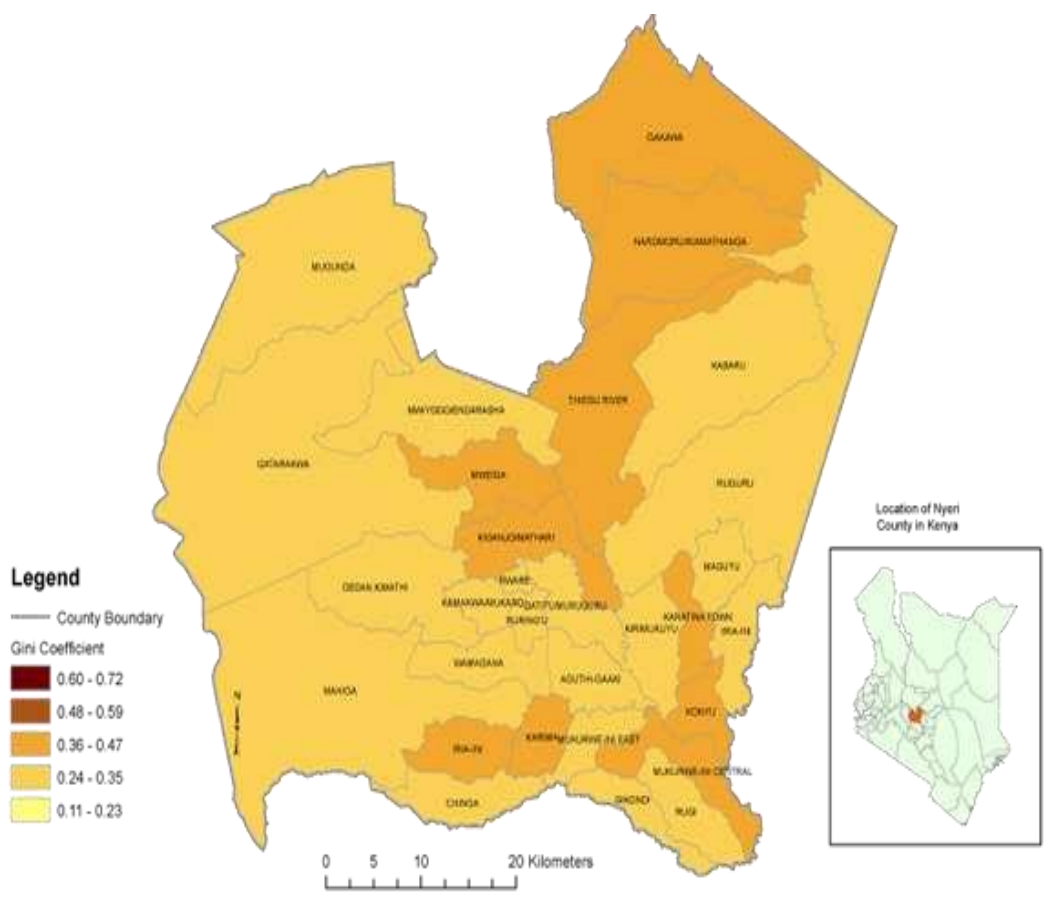
.....
**Applicant's
Signature**

**Permit No : NACOSTI/P/16/83130/13795
Date Of Issue : 24th October, 2016
Fee Recieved :Ksh 3000**



.....
**Director General
National Commission for Science,
Technology & Innovation**

Appendix V: Map of Nyeri County



Key County boundaries
 Source: www.Nyeri.go.ke