



Influence of Employee Working Conditions on the Health Sector, Service Delivery in Nyeri County, Kenya

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Abstract

This research paper aims to bring out the influence of employee working conditions in health sector in context of devolved system in Kenya, focusing on Nyeri County. Service delivery in the health sector is core to the effective functioning of economic system. This study adopted convergent research design. Using mixed methods research, the choice of pragmatism as a paradigm point to an inquiry process built around combining both strength of qualitative and quantitative methods. The study target population was 916 employees with a sample of 266 respondents. The study used face-to-face interviews as method of qualitative data collection. The study applied stratified and simple random sampling. The qualitative data was analysed thematically. Qualitative results of the study showed that training opportunities were few and not affordable. Staff promotion carried out by the County Board, without consulting the hospitals, was rare and filled appraisal forms were just a formality. Quantitative data was analysed using both descriptive and inferential statistics and multiple regression model to test the hypothesis. SPSS version 21, was used to achieve data analysis. Findings showed that conditions of work had a significant and negative effect on service delivery. The study concluded that working conditions reduce service delivery in Nyeri County hospitals. Working conditions of service significantly better predicted the level of health care service delivery $t=5.268$, $p=0.01 < \alpha=0.05$. The study recommended that health sector should address employee conditions of work, shortage of staff and unreasonable hours of work.

Keyword: Health Sector, Service Delivery, Working Conditions, Work Environment

INTRODUCTION

Service provision is an immediate outcome that contribute to healthcare framework. The major factors affecting health sector workforce, include long hours of work, job pressure due to shortage of staff, low level of promotion, lack of training opportunities and significant low salary among others. The unsatisfactory work conditions, make the workforce leave their organization and reduces the quality of service delivery. Improved health services, is key strategy in attaining the objectives of devolution and developing goals to ensure healthy lives and wellbeing of citizens. Job satisfaction compose characteristics such as the nature of the job itself and factors that relate to the context in which it is performed, including management and organization guiding policies. Motivators identify work characteristics that provide the workforce with feelings of being contented and satisfied (Alfayad & Arif, 2017).

Working conditions is subject to the numbers of health workers available to offer required services. Statistics show that there is one (1) doctor for ten thousand and fifty (1050) persons. This situation compares with WHO (2006) recommendation of (1) doctor for one thousand (1000), person and one (1) nurse for 280 persons. Health sector faces acute

shortage of health workers even after devolution of health services (MOH 2015). Kenya has an approximate shortage of eighty three thousand (83,000) doctors. According to Kenya Health Labour Market, assessment report (2015), most gaps are for Clinical Officers, Public Health Officers, technicians, nurses, pharmaceutical technologists and patient attendants, among others. Human resource for health is important assets in health care service delivery, they make variable contribution hence the need to be treated with dignity they deserve. Motivated workers tend to remain within their organizations and are devoted to their service delivery (Yee et al., 2008; Jean & Choi, 2012). The aim of devolution of health sector was 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. In the devolved government, the Kenya health policy 2012-2030 provide guidance to the sector of health in terms of identifying and outlining the requisite activities that were necessary in achievement of government health goals.

Changes in work environment, directly or indirectly, influence workers' performance, certainly the adjustments in work conditions result in upsetting conditions to fit the change, leaving workforce in anxiety. Employee performance is a major building block that support the overall organizational productivity (Ashaur et al 2018) The rationale for devolving health sector was to allow the County governments to design innovative models and interventions that suited the unique health needs in their contexts, encourage effective citizen participation, eradicating the major health inequalities and bringing health services closer to people. Devolution presents unprecedented opportunities and challenges to the health sector that determine the effectiveness of overall service delivery.

This study was on the devolved health system in Kenya, with a focus of Nyeri County, in three sub-county hospitals and one referral level five hospital. Formally Nyeri County, was the headquarters of Central Province prior to devolution and Nyeri referral hospital, was the provincial general hospital. The fear of disruption of services largely linked with concern about Nyeri County's readiness to deliver health care services, ranked among the bottom third counties in preparedness for devolution. The study aimed at finding out the working conditions of human resource for health in Nyeri as a County. This study examined the human resource management practices including recruitment, selection, induction, remuneration and facilitation with working equipment and incentives to motivate them to create efficiency in health care service delivery. This research sought to contribute to the knowledge gap in this area.

County governments elect their own leaders, raise their own revenue and make their own investment decisions (Olatona and Olomola, 2015). A majority of Kenya's population live in the rural areas, receive healthcare services from the public sector. The range of services include preventive, curative and rehabilitative services include all treatment activities available at hospitals facilities. According to the (World Bank., 2012), the four-tiered organisations of health service delivery were community service, primary care service, county referral service, and national referral service (MoMS. & MoPHS, 2011). Over the last decade, Kenya's progress on improvement of the overall health status of its population has had challenges that resulted to poor working conditions that reduce health care service delivery.

Working conditions possible barriers in health sector, are such as unclear roles and guidelines, poor processes of work, inappropriate skills mix within the work setting. The health services delivery, system have a significant influence on availability of human resources, health facilities, functional medical equipment and supplies in health sector, that may subsequently influence the quality of service delivery. The health policy identified seven policy orientations, to enable the achievement of its objectives. These included

healthcare financing, health leadership, health products and technologies, health information, health workforce, service delivery systems and health infrastructure (Ministry of Health, 2014). Health sector employee specific skills require many years of intensive training, this create global scarcity of human resource for health. Working conditions in the health sector largely determine the effectiveness of service delivery and the character of the overall health 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).

This involved management and overall leadership style used by managers, their characteristics, ways of decision making and employee relations. Strategic HRM focused on several issues such as fit between HRM practices and organizational goals (Dessler, 2013). Following devolution of the health sector in Kenya, the workforce faces poor unsafe working conditions. The health sector has experienced delayed service delivery, frequent disputes between management and workers, resulting to delayed salaries. Non- functional equipment and poor working environment that formed part of work strikes disruptions and hence poor service delivery.

Low remuneration and reward, poor strategies not only reduced performance, but also constitute serious push factor for migration of health workers, in rural areas (Mathaeu 2011). The Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) also called for national-wide strikes over 2017-2021 CBA, which sought to improve medics work conditions. The country experienced several strikes by health workers, amidst shortage of health workers. The health occupation, workplace and organizational components pose danger on health workforce, their well-being and prosperity. This incorporates decreased employee commitment, loss of highly skilled professionals to developed countries including United States, Canada, France, the United Kingdom and the Gulf States (Gavaran & Heraty, 2016). Lack of job satisfaction, absenteeism, turnover, accidents, rising drug benefits costs and other related healthcare costs as well as errors and lost productivity.

Globally, the health systems have increased attention on human resource management practices in improving quality of health care. Shiraz et al., (2013), carried a study on the influence of devolution on the healthcare system in Pakistan, found that devolution had a positive impact on monitoring and supervision of healthcare service delivery. According to the WHO (2006), it is an essential right of every individual to enjoy the highest achievable health standards. Loi (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.

Like in the Philippines health sector service delivery in Kenya, as provided for in the Constitution 2010, faced many obstacles. The health sector has experienced poor working conditions, delayed service delivery, frequent disputes between management and workers that formed part of work strikes disruptions. Private health facilities did not face similar challenges, their operations were smooth with minimal disruptions. In health sector, quality of service delivery, basic requirement is to create fulfilment to patients. It is an essential right of every individual to enjoy the highest achievable health standards (WHO 2006). Broadly, SERVQUAL model used for measuring service quality (Lai et al., 2007). Parasuraman et al., (1988), suggested five determinants of service quality, "tangibles", "reliability", "responsiveness", "assurance" and "empathy". The HRH, are tasked with public health service delivery, in all 47 counties in Kenya.

THEORETICAL REVIEW

Human capital theory by Becker 1993, is a useful framework for understanding the link between human resource practices and health sector service delivery. Human Capital Theory proposes the level of education, areas of training, work experience, influence the growth and development, (Becker 1993). This theory is applicable to health workforce, following long period of time of training taken on specialized skills to enhance health care service delivery. Intellectual capital results from knowledge and skills that individuals possess, retain and use. Human resource for health skills is not possible to imitate full of wealth of wisdom and experience crucial factors of competitiveness advantage (Fitzsimons 2017). The work conditions in health sector contribute to the standards of quality of health service delivered. Human capital related to productivity, economic power and competitiveness in service delivery (Holden & Biddle, 2017). This study considers HCT, in relation to the skills, training knowledge and abilities workforce in health sector use in their work environment to deliver required health services. HCT has the capability of creating ideas just like other factors of production (Korpi & Clerk, 2017).

According Herzberg theory (1959;2002), motivation theory factors that make people dissatisfied at work are dissimilar from those motivating them in service delivery. Herzberg two factor theory, contribute to job satisfaction, how worker's environment contributes to satisfaction or dissatisfaction. The two-factor theory showing that some factors result in satisfaction while others prevent satisfaction, as proposed by (Frederick Herzberg 1987). Factors that contributed to job satisfaction identified as "hygiene factors" which are intrinsic in nature. These include environmental issues, they need constant attention, to prevent dissatisfaction. They include conditions of work, supervisory styles, job security, organization policies and administration and so forth. Intrinsic factor, contribute to satisfaction, individual achievement, recognition (nature of work) the work itself, autonomy, progression and advancement. The achievement of these factors contributes to job satisfaction that led to improved services. The non-task characteristics of working condition, create negative feelings. These tasks include supervision methods, salary levels, employee relations, personal life status and job security. Availability of motivating factors does not create job satisfaction; it simply reduces dissatisfaction. The research found that deployment of health workforce from one area to another due to shortage of staff was on going in Nyeri County. HRH need conducive work environment to facilitate workflow twenty-four hours a day, seven days a week. The work environment should be equipped with functional tools, which provide job satisfaction and fulfilment to the workforce.

Human resource managers must work hard to ensure that they maintain a conducive, family-oriented atmosphere in health sector. Security of working environment and good conditions of service motivate and enhances quality of service delivery. The absence of good working conditions lowers the level of job satisfaction. The unhealthy and dangerous work environment pose danger for wellbeing of the workers. Incentives such as good housing, security and hardship allowance is essential in retention of workers in hardship areas (Njuguna, et al., 2014). It incorporates decreased employee commitment and job satisfaction; turnover; accidents; absenteeism and loss of production.

Work conditions significantly affect job satisfaction. Staff reward was affected by abrupt change, perception of health workers, their remuneration levels, work environment, that was negatively affected by devolution of health sector. There is emphasize that health sector managers pay attend to issues such as working sessions, working conditions and career progress, that have a significant long-term effect on staff morale and service delivery. Solutions that can address these costs is the drivers that address these issues. This type of

deployment lacked the knowledge and skills to attend to patients with specified diagnosis. There is need for improvement in such aspects as preparedness, support and behavioral health (Rivers and Gordon (2017) health sector, human resource managers in must work hard, to ensure that they maintain a conducive family-oriented atmosphere at workplace.

Working conditions across the county governments, in particular have variations in living conditions across the country may lead to skewed distribution of human resources, and best medics choose to live in more urban developed areas. Human resource for health has experienced delayed salaries creating job insecurity. Devolution presents unprecedented opportunities and challenges to the health sector that determine the effectiveness of overall service delivery. Another challenge is lack of clarity for transfer of health care workers in between counties, promotion, devolving of HRH records and administration of pension among others (Transparency International, 2011). It is unlikely that unhappy and maladapted health care providers can deliver optimal medical care.

EMPIRICAL REVIEW

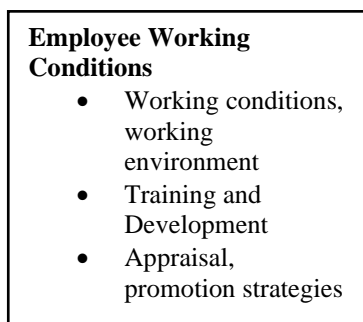
Working Conditions and Service Delivery

Working conditions include physical and psychological interaction of employees and their working climate. Shortage of human resource for health experience in health centres in Tanzania, like Kenya are deployed to perform duties in other areas, without adequate expertise that result to demotivation and poor service delivery (Halldorsdottir, et al., 2018).

Working environment and good working conditions is possible where resources are sufficient and available (Kasivi et al., 2016). A study conducted by the World Vision (2014) on assessment of the effect of conditions of work since devolution of health workers found the challenges un-harmonized salaries, allowances, delayed salaries, lack of additional training programs to enhance career development, lack of promotions and re-deployment, alongside staff shortages and poor financial support. Organizations today, need to embrace dynamic teams of enthusiastic motivated, creative people (Makhoka, et al., 2017). Health sector workforce require continuous training to facilitate them meet with the demand of new technology in the medical field. (Githu 2018) studied the influence of career development on employees' commitment in public universities in Kenya. 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. Career development opportunities through training creates employee job commitment. The study result, accentuated the importance of need workforce assessment, timeliness of salary payment and giving incentives to enhance productivity and improve service delivery. Hence the need that organizational development is summit in achieving the collection of practices, that could lead to human resource engagement (KurnatK-Thomas *et al.*, 2017). These conditions are effective for staff participation in key decisions that affect their performance and enhances health service delivery.

Traditionally, a record of best methods of management adopted habit that has lately been replaced by current strategies or structural approach resource to ensure that health service delivery objectives are met (Mwangi, 2017). 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 required different range of motivations needed to be put in place for example, pay, time off, recognition, hardship and risk allowance, promotion and bonuses. Following devolution of health, many health professionals including key cadre are leaving public health sector, (HR strategy, 2014-2018).

Independent variables



Dependent Variable

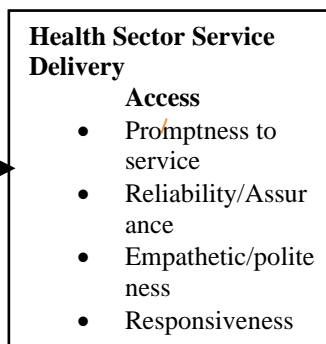


Figure 1: Conceptual Framework

Source: Author (2018)

METHODOLOGY

The study used a strand of mixed research design. This research was carried out in three sub-county hospitals and one referral hospital. The target population of 916 health workers and a sample size of 266 were used in the study. Census was used to select the public county level four (4) hospitals in Nyeri County because of their limited number. Purposive sampling was used in picking the one (1) referral county hospital for the study. The researcher purposive sampling and selected the top level management employees, because of the nature of their job responsibility being in charge of human resource policy implementation in Nyeri County.

The study used mixed method research, the choice of pragmatism as a paradigm point to an inquiry process build around combining both strength of qualitative and quantitative methods, convergent design a clear link between both methods to combine their strength. The study used face to face interviews as method of qualitative data collection. Structured interviews were conducted consisting of closed questions. Interviews also eliminated the common bias in other instruments. The interviews were conducted for senior management members of staff, in charge of hospitals in the County including hospital directors, superintendents, section heads to gather in-depth data. The qualitative data collected was analysed thematically.

Quantitative data was analysed descriptively (percentages, frequencies and means) and use of inferential statistics (regression). The results of both qualitative and quantitative methods were integrated by use of convergent design. Descriptive statistical procedures including cross tabulations and frequency distributions, means and standard deviation was used to provide comparison and contrasts between human resource practices and health sector service delivery. Inferential statistics analysis which involves multiple regression and correlation analyses were used. The collected data was analysed using multiple regression and correlation analysis, the significant of each independent variable was tested at 95% confidence level.

Descriptive Statistics of Study Variable 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. Table 1 depicts the summary of the findings factors in health sector working conditions.

Table 1: Summary Working Conditions

| S.N | ITEM | N | S.D Freq. % | D Freq.% | N Freq. % | A Freq.% | SA Freq.% | No Res. Freq.% | MN | SD |
|-----|--|-----|----------------|-------------|--------------|-------------|--------------|-------------------|------|-------|
| 1 | In this hospital I am provided with adequate house 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 |
| 2 | I am given insurance cover to protect me for accidents that may occur in services to patient | 183 | 92 50.3 | 33 18.0 | 19 10.4 | 22 12.0 | 14 7.7 | 3 1.6 | 2.07 | 1.346 |
| 3 | I am given short training to perform the additional tasks within my duty areas | 183 | 49 26.8 | 35 9.1 | 35 19.1 | 47 25.7 | 14 7.7 | 3 1.6 | 2.68 | 1.327 |
| 4 | My job allows me to give my opinion when necessary | 183 | 44 24.0 | 23 12.6 | 30 16.4 | 58 31.7 | 25 13.7 | 3 1.6 | 2.98 | 1.412 |
| 5 | HRIS is established with detailed data of records of staff who work in my hospital | 183 | 26 14.2 | 27 14.8 | 44 24.0 | 48 26.2 | 25 13.7 | 13 7.1 | 3.11 | 1.280 |
| 6 | In my hospital promotion is given after defined period of working e.g. 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 |
| 7 | In my hospital I am given professional paid study leave | 183 | 61 33.3 | 23 12.6 | 25 13.7 | 34 18.6 | 25 13.7 | 15 8.2 | 2.64 | 1.506 |
| 8 | The conditions of work in my hospital are fulfilling with all the needed 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 |
| 9 | 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 |
| 10 | In my hospital there is increased number of staff since devolution | 183 | 128 69.9 | 28 15.3 | 13 7.1 | 8 4.4 | 2 1.1 | 4 2.2 | 1.48 | .895 |
| 11 | The workload is manageable in my hospital needed facilities are available in good condition | 183 | 97 53.0 | 50 27.3 | 21 11.5 | 7 3.8 | 5 2.7 | 3 1.6 | 1.74 | .999 |
| 12 | In my hospital there are no skills shortage in my area of specialization | 183 | 78 42.6 | 40 21.9 | 31 16.9 | 20 10.9 | 7 3.8 | 7 3.8 | 2.08 | 1.197 |
| 13 | since devolution my work 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 | 1.81 | 1.011 |

Research, 2020

RESULTS

Descriptive Statistics and Factor Analysis

The study results on living conditions of health workforce showed that majority of respondents 97(53.0) % disagreed, that they were provided with adequate housing with a (mean= 1.88; SD=1.85). The study agreed that work environment should comprise of issues such as working hours, employment policy, workers' health and welfare, workplace design and the general conduct of workers as they perform their duties (Park, 2015). The majority of respondents 92 (50.3) % denied that they were insured against the risks that may occur as they performed their duties with (Mean= 2.07SD= 1.346). The majority 49 (26.8) % of respondents disagreed they were offered on job training, or scholarships with (Mean=2.07; SD=1.346). However, some respondents agreed that they were offered short training to enhance service delivery. (Mean=2, 68 SD=1.327) The results of this study agree with WHO, (2006) that inadequate knowledge, skills and inappropriate attitudes form obstacles to health care service delivery. In fact, WHO (2006) recommended a lifelong learning process must be developed at start of a professional career in the health sector. The study findings on promotion offered on acquired additional qualifications, the majority of respondents 49 (26.8) % disagreed with (Mean=2.68; SD=1.327). The results on whether the opinion of workforce was sought in decisions making, the majority respondents 44 (24,0) % further disagreed with (Mean= 2.66; SD=1.237). The results on use of human resource information system (HRIS) for records of health care employees and patients attended the majority of respondents 48(26.2) % disagreed with (Mean = 3.11; SD= 1.280). The results on staff promotion on attainment of additional skills, the majority of respondents 82(44.8) % disagreed with (Mean =2.64; SD=1.56). This could mean that promotion was not regulated on how often it is carried out leaving employees on one grade for a long period of time.

Sampling adequacy was tested using Kaiser-Meyer-Olkin (KMO measure) of sampling adequacy

Table 8: 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 if Sphericity | Df | 10 |
| | Sign. | .000 |

Source Field Research 2020

The sampling adequacy was tested by use of Kaiser-Meyer-Olkin (KMO measure) of sampling adequacy value was 0.738 as evidenced by Table 8. 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 were 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. Cronbach Alpha physical resource had a value of 0.705. Cronbach's Alpha of 0.7 and above was utilized to test the reliability of the questionnaire and estimating internal consistency reliability. Reliability of 0.6 to 0.7 and above, are considered acceptable by many researchers (Cooper & Schindler, 2006).

Qualitative Findings

Qualitative findings showed that there was lack of equal training opportunities and sometimes delayed communication on training opportunities in addition to physical barrier to access of training. A key interviewee in Othaya level four hospital said;

“The training opportunities were few and not affordable” (RSP 2)

One of the key interviewees in Nyeri referral hospital revealed that working conditions for healthcare employees is so demanding, 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 few houses are in dilapidated condition.” (RSP 7)

On promotions the view is in agreement with the key interviewee who commented that:

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

Ho1: There is no statistically significant relationship of working conditions on health sector service delivery.

Table 2: Conditions of Work

| R | R Squared | Adjusted R Squared | Std. Error of Estimate | Change Statistics | | | | |
|-------------------|-----------|--------------------|------------------------|-------------------|--------|-----------|-----|---------------|
| | | | | R Square Change | F | Changedf1 | df2 | Sig. F Change |
| .365 ^a | .133 | .128 | .17631 | .133 | 27.755 | 1 | 181 | .000 |

Predictors: (Constant), Working conditions

Dependent Variable: health sector service delivery

Source: Field Research 2020

The model summary Table 2 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<005) Therefore, conditions of work have no significant effect on health services delivery. Therefore, the study rejects the null hypothesis, concludes that there is significance relationship between working conditions and health sector service delivery. The working conditions in county hospitals reduces service delivery. This is contrary to Cooper-Thomas, Paterson, Stadler, and Saks (2014) establishing that high levels of expectations and frequent performance reviews can increase employee participation and cooperation.

This study concurs with finding 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 findings of Thorsen, V.C. et al (2011), that the overall lack of adequate staff and difficult conditions of work leave the health sector, workers at high risk of burn out.

The output Table 3 indicates that working conditions and health sector service delivery; is significantly better prediction of the level of health sector service delivery ($F_{(1,181)} = 27.755, p = 0.001 < \alpha = 0.05$).

Table 3: Model Work Conditions on Service Delivery

| | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|---------------------------------|-----------------------------|------------|---------------------------|-------|------|
| | B | Std. Error | Beta | | |
| (Constant) | .376 | .042 | | 8.994 | .000 |
| Terms and conditions of service | .479 | .091 | .365 | 5.268 | .000 |

a. Dependent Variable: Health sector service delivery

Source: field research 2020

Outcome Table 3 revealed work conditions significantly positively predicts the health sector service delivery ($t = 5.268, p = 0.000 < \alpha = 0.05$). Therefore, the study rejects the null hypothesis, concludes that work conditions service is key component in determining the level of employee service delivery as indicated in the predictor model in Equation.

$$\text{Health sector service delivery} = 0.376 + 0.365 * \text{Work conditions} \quad \text{Eq. 2.}$$

Therefore, every unit increase in work conditions was corresponding increase in employee service delivery.

$$\text{Health sector service delivery} = 0.290 + 0.563 * \text{working conditions of service} \quad \text{Eq. 3}$$

Table 4: Model Coefficients of Conditions of Service on Health Sector Service Delivery

| | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|-----------------------|-----------------------------|------------|---------------------------|-------|------|
| | B | Std. Error | Beta | | |
| (Constant) | .376 | .042 | | 8.994 | .000 |
| Conditions of service | .479 | .091 | .365 | 5.268 | .000 |

a. Dependent Variable: Health Sector service delivery

The outcome in Table 4.28 revealed that conditions of service significantly positively predicts the health sector service delivery ($t = 5.268, p = 0.001 < \alpha = 0.05$). The study therefore rejects the null hypothesis and concludes that working conditions of service is a key component in determining the level of employee service delivery as indicated in the predictor model in Equation

$$\text{Employee service delivery} = 0.376 + 0.365 * \dots \text{Working conditions of service}$$

Table 5: Work Conditions of Service

| R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | |
|-------------------|----------|-------------------|----------------------------|-------------------|----------|-----|-----|---------------|
| | | | | R Square Change | F Change | df1 | df2 | Sig. F Change |
| .365 ^a | .133 | .128 | .17631 | .133 | 27.755 | 1 | 181 | .000 |

Predictors: (Constant), conditions of service

Dependent Variable: Employee service delivery

Source: Field Research 2019

Table 4 revealed that conditions of service when existing as the only variable, explained 13.3% variation in employee service delivery ($R^2 = 0.133$). The study therefore rejects the null hypothesis and concludes that there is significance relationship between terms and conditions of service and health sector service delivery. (F (000), df 1= 1 and P<005) Therefore, terms and conditions of work has no significant effect on services delivery.

Service Delivery

The analysis of this section presents results on service delivery, based in terms of access; reliability; responsiveness; empathy and assurance as evidence in Table 6. The study examined availability of physical facilities, accessibility of services, promptness of service, ICT skills, and health workforce empathy. 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). The summarized descriptive statistics for the variable are presented in Table 6.

Table 6: Health Sector Service Delivery

| S. ITEM | No. | S.D | D | N | A | SA | No.R | M | SD |
|---|-----|---------------|---------------|---------------|---------------|---------------|--------------|------|-------|
| In my hospital physical facilities are available, with equipment to access 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 |
| 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 |
| There is prompt service in my hospital and patients reduced 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 |
| There are adequate facilities to serve patients e.g. drugs, personal protective device all the time | 183 | 41 (22.4%) | 46 (25.1%) | 35 (19.1%) | 41 (22.4%) | 9 (4.9%) | 11 (6.0%) | 2.60 | 1.231 |
| In this hospital there is adequate transport 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 |
| 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 |
| The employee advanced technology skills in this hospital, facilitates 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 |
| In this 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 |
| In this hospital periodic survey of the hospital 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 |
| Use of ICT by employees with patient records, has 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 qualitative phase of this variable in relation to respondents' view and experience, on health sector service delivery, the findings to compliment quantitative data results reveal that the accessibility, availability, promptness, reliability, empathy and assurance of quality services was lacking in the health sector in the hospitals understudy in Nyeri County.

To achieve quality of health service delivery, working conditions must be conducive and work environment must be facilitated with adequate workforce, functional equipment for effectiveness, efficiency and timeliness of sustainable services. Working conditions must be supported with built environment additional elements which facilitate access to quality health service delivery.

CONCLUSION

This study concluded that conditions of service lacked incentives that could motivate employees towards job commitment. Health sector employees outstanding performance was not recognized with reward due to lack of finances to support it. When conditions of work are conducive and supportive, they motivate employees to work towards improving health sector service delivery.

It was further concluded that, the 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. The study further concluded that healthy working conditions motivates employees towards quality of health care service delivery. Employee efforts need to be enhanced through recognition, promotion and reward. The employees take pride in what they do, promotion motivates them to work hard, reduces absenteeism and improves health sector service delivery.

RECOMMENDATION

The study recommends review of working conditions in the health sector, human resource management practices be adopted to ensure employees motivation. Moreover, the management need to create an environment which employees feel safe and secure in their jobs.

Conflict of Interest

The authors declare no conflict of interest.

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