



**Strathmore**  
UNIVERSITY

Strathmore University  
**SU+ @ Strathmore**  
University Library

---

**Electronic Theses and Dissertations**

---

2018

# The influence of human resource practices on performance of faith based health facilities in Kajiado County

Maria C. Kiplangat  
*Strathmore Business School (SBS)*  
*Strathmore University*

Follow this and additional works at <https://su-plus.strathmore.edu/handle/11071/6024>

## Recommended Citation

Maria, C. K. (2018). *The influence of human resource practices on performance of faith based health facilities in Kajiado County* (Thesis). Strathmore University. Retrieved from <http://su-plus.strathmore.edu/handle/11071/6024>

This Thesis - Open Access is brought to you for free and open access by DSpace @Strathmore University. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of DSpace @Strathmore University. For more information, please contact [librarian@strathmore.edu](mailto:librarian@strathmore.edu)

**The Influence of Human Resource Practices on Performance of Faith Based Health  
Facilities in Kajiado County**

**MARIA CHEROTICH KIPLANGAT**

**MBA HCM/82995/14**

Submitted in partial fulfillment of the requirements for the masters of business  
administration in healthcare (MBA-HCM) degree



**MAY, 2018**

This dissertation is available for library use on the understanding that it is copyright material and that no quotation from the thesis may be published without acknowledgement

## DECLARATION

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other university. To the best of my knowledge and belief, the dissertation contains no material previously published or written by another person except where due reference is made in the thesis itself:

©No part of this these may be reported without the permission of the author and Strathmore university.

Maria Cherotich Kiplangat

May 2018

### Approval

The dissertation of Maria Cherotich was reviewed and approved by:

Dr. Hazel Gachunga (Supervisor)  
Strathmore University

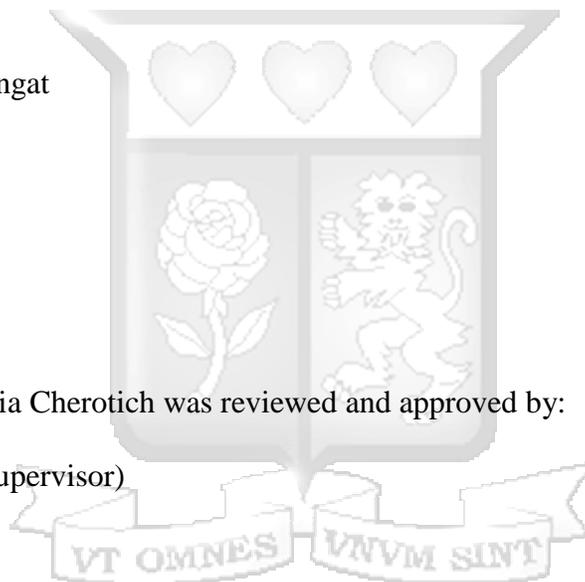
Dr. George Njenga

Dean, Strathmore Business School

Prof. Ruth Kiraka

Dean, School of Graduate Studies

Strathmore University



## ABSTRACT

The role of the Human Resource Management function in many health care facilities in Kenya is in disarray. The shortage of health workers reveals challenges with recruitment, training and workforce planning. Rural areas in Kenya are mainly occupied by people from low income backgrounds. It is challenging for such people to access mainstream healthcare facilities due to their low income. Some rural areas are very remote making it difficult for people within the areas to access healthcare facilities. In order to address the staffing gaps and ongoing workforce shortages in the health sector and faith based hospitals, there is need to deliberately focus on sound human resource practices as health workers are a key human resource required to save lives. Kajiado County has the highest number of faith based health facilities which are located in the remote areas of the County and mostly experience human resource challenges. This study sought to establish the influence of human resource practices on performance of faith based health facilities in Kajiado County. This research problem was studied through the use of a descriptive survey design. The target population of the study was 86 health workers in Five (5) Faith Based Health facilities in Kajiado County. Using Fischer formula, the study sampled 70 respondents who were used in the study. The questionnaire was selected instrument or tool for data collection for the study. The researcher used trained research assistants to administer the questionnaires to all the respondents of the study. Quantitative data collected was analysed by the use of descriptive statistics such as percentages, means, standard deviations and frequencies. Qualitative data or aspect of the data collected from the open-ended questions was analysed using SPSS while Regression analysis was used to determine the relationship between the study variable. The study established that recruitment and selection, staff training, staff reward management and career development positively influences the performance of faith based health facilities in Kajiado County. The study recommends the management of faith based health facilities should consider organizing for training and seminars for the employees as this will help to increase employee skills, loyalty and competence making them more willing to work harder for the success of the institution. The study also recommends that the management of faith based health facilities should consider instituting orientation programs during induction as this will help the new employees to learn on organizational policies, how the organization works thus speeding up the time it takes for them to become productive members of the organization. The study further recommends the faith based health facilities management to remain focused on developing the career path of its employees. This will boost the morale and ultimately the productivity of staff.

**Key Words;** Human resource practices, performance, faith based health facilities, Human resource management, productivity.

## TABLE OF CONTENTS

<b>DECLARATION.....</b>	<b>ii</b>
<b>ABSTRACT.....</b>	<b>ii</b>
<b>LIST OF TABLES.....</b>	<b>vi</b>
<b>LIST OF FIGURES.....</b>	<b>vii</b>
<b>LIST OF ABBREVIATIONS AND ACRONYMS.....</b>	<b>viii</b>
<b>ACKNOWLEDGEMENT.....</b>	<b>ix</b>
<b>DEDICATION.....</b>	<b>x</b>
<b>CHAPTER ONE.....</b>	<b>1</b>
<b>INTRODUCTION.....</b>	<b>1</b>
1.1 Background of the Study.....	1
1.2 Statement of The Problem.....	6
1.3 Objective Of The Study.....	7
1.4 Research Questions.....	8
1.5 Scope Of The Study.....	9
1.6 Significance of the study.....	9
<b>CHAPTER TWO.....</b>	<b>10</b>
<b>LITERATURE REVIEW.....</b>	<b>10</b>
2.1 Introduction.....	10
2.2 Theoretical Review.....	10
2.3 Empirical Review.....	15
2.4 Research Gap.....	27
2.5 Conceptual Framework.....	28
2.6 Chapter Summary.....	32
<b>CHAPTER THREE.....</b>	<b>33</b>
<b>RESEARCH METHODOLOGY.....</b>	<b>33</b>
3.1 Introduction.....	33
3.2 Research Design.....	33
3.3 Target Population.....	34
3.4 Sampling Design and Sampling Procedure.....	34
3.5 Data Collection Instruments.....	36

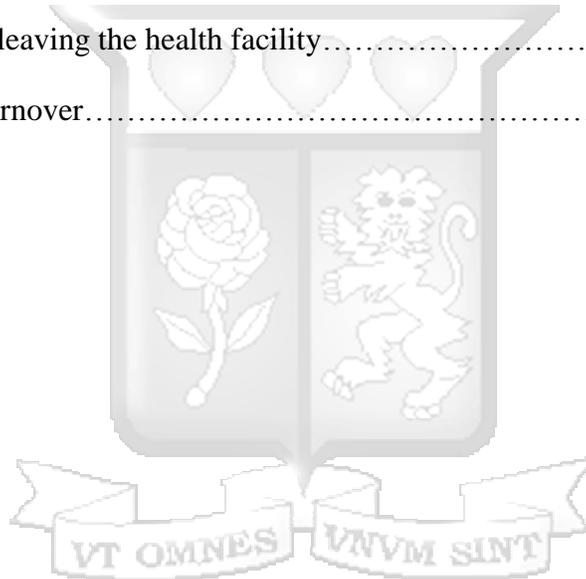
3.6 Pilot Study.....	36
3.7 Data Collection Procedure .....	38
3.8 Data Analysis and Presentation .....	38
3.9 Ethical Considerations .....	39
<b>CHAPTER FOUR.....</b>	<b>40</b>
<b>DATA ANALYSIS, RESULTS AND FINDINGS .....</b>	<b>40</b>
4.1 Introduction.....	40
4.2 Response Rate.....	40
4.3 General Information.....	41
4.3 Client information.....	43
4.4 Referring Patients to the Hospital.....	45
4.5 Staff Information.....	46
4.6 Health facility management.....	47
4.8 Reward Management .....	51
4.9 Staff Training.....	53
4.10 Career Development .....	54
4.11 Performance.....	56
4.12 Regression Analysis.....	57
<b>CHAPTER FIVE .....</b>	<b>59</b>
<b>DISCUSSION OF FINDINGS, CONCLUSION AND RECOMENDATIONS .....</b>	<b>59</b>
5.1 Recruitment and Selection.....	59
5.2 Reward Management .....	60
5.3 Staff Training.....	60
5.4 Career Development .....	61
5.2 Limitation of the Study .....	62
5.3 Recommendations.....	63
5.4 Area for Further Studies .....	63
<b>APPENDICES.....</b>	<b>70</b>
Appendix I : Letter of Introduction.....	70
Appendix II: Ethical Approval .....	71
Appendix III: Questionnaire .....	72

## LIST OF TABLES

Table 3.1: Target Population.....	34
Table 3.2: Sample Size.....	35
Table 4.1: Rating the services in the health facility .....	43
Table 4.2: Rating the performance of the staff in the health facility.....	44
Table 4.3 : Employee Turn over.....	46
Table 4.4 : Reasons for Employee Turnover.....	46
Table 4.5: Rate of employee turnover.....	47
Table 4.6: Period taken to replace staff.....	48
Table 4.7: Reasons for leaving Health Facilities.....	48
Table 4.8: Recruitment and selection on performance of faith based health facilities.....	49
Table 4.9 : Staff rewards management on performance of faith based health facilities.....	50
Table 4.10: Staff training on performance of faith based health facilities.....	51
Table 4.11: Career development on performance of faith based health facilities.....	52
Table 4.12: performance of faith based health facilities in kajiado county.....	53
Table 4.13: Coeficienncies.....	54

## LIST OF FIGURES

Figure 2.1: Conceptual Framework .....	29
Figure 4.2: response rate .....	41
Figure 4.3: Gender of the respondent.....	41
Figure 4.4 :Age of the respondent.....	42
Figure 4.5 :Level of Education.....	42
Figure 4.6: Department of employment.....	43
Figure 4.7 :Work experience.....	45
Figure 4.8:Thought of leaving the health facility.....	46
Figure 4.9:Employee turnover.....	47



## LIST OF ABBREVIATIONS AND ACRONYMS

<b>CIPD</b>	Chartered institute of personnel and development
<b>DVDs</b>	Digital Video Disk
<b>GOK</b>	Government of Kenya
<b>IRB</b>	Institutional Review Board
<b>NGO</b>	Non-Governmental Organizations
<b>OECD</b>	Organization for Economic Co-operation and Development
<b>SPSS</b>	Statistical Package for Social Science
<b>TAT</b>	Thematic Apperception Test
<b>USAID</b>	United States Agency for International Development



## ACKNOWLEDGEMENT

First and foremost, I want to thank God for granting me good health to complete the course at Strathmore University. Without his immense grace, blessings and gift of knowledge it would have been difficult for me to pursue this studies. Secondly my gratitude goes to Strathmore University for giving me the chance to pursue the course and for all their support and encouragement. Special gratitude goes to Professor Hazel Gachunga for her tireless support during my research, may God bless her abundantly.



## DEDICATION

I dedicate this Dissertation to my beloved parents Simon Chepkwony and Martina Chepkwony for the support they gave me in my education, their selfless love, care and very responsible parenthood.



# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Rural areas in Kenya are mainly occupied by people from low income backgrounds. It is challenging for such people to access mainstream healthcare facilities due to their low income (Dambisya & Kibwika, 2014). Some rural areas are very remote making it difficult for people within the areas to access healthcare facilities. It is for this reason that faith based organizations decided to provide healthcare facilities to the people. The wellbeing of people within the rural areas is highly dependent on the ability of the healthcare service providers to sustainably provide such services. The success of healthcare provision in rural faith based facilities basically relies on a well-established human resource. However, in most of these rural faith based health facilities there is high turnover of the staff though some faith based health facilities are able to sustain their staff for long. Therefore, it was important to identify and address any human resource practices that may affect the provision of healthcare services and performance by faith based organizations.

The existing health network in Kenya had over 5170 health facilities countrywide (Economic Survey, 2013). The health sector has public and private sub-sectors (Rakuom, 2010). The private sub –sector comprises of for-profit health care institutions and the not-profit health care institutions such as faith-based health institutions and non-governmental organizations (NGO). Health care governance at the national, provincial and district levels are under the central government, local government, and private owners (Rakuom, 2010). The national hospitals comprise of national referral centers for advanced health care. The county level

supervises sub county health services within the county and this includes sub-county hospitals, health centers, dispensaries, and community-based health care services. There is a county referral hospital in each county (Rakuom, 2010).

The Commission on Macroeconomics and Health requires a ratio of 70 to 95 health workers per 100,000 populations. Kenya like other countries within the Sub Sahara region falls below this range. The workforce density is currently 109 health workers per 100,000 people compared to the international standard of 235 health workers per 100,000 people (Kilonzo, 2014). Underserved regions such as Turkana, has 1 health worker per 8,000 people while Wajir has 1 health worker for every 5,500 people (Kilonzo, 2014).

The Government of Kenya initiated the Emergency Hire Program in 2005 in order to alleviate the health workers shortage in remote and underserved areas. They were hired on one-to-three-year contract (Vindigni *et al.*, 2014). Between 2009 and 2012, 10,000 health workers were hired through the Rapid Hiring Plan initiated by the Ministry of Health and Capacity Kenya (USAID/Capacity Kenya, 2013).

In 2009, there were 43, 970 nurses in Kenya's national registry, 75% of which were female nurses and 23% of which were male nurses (Kenya Health Workforce Project). As of 2010, there were 47,865 registered nurses working in private and public hospitals (GOK, 2010). The nursing distribution per facility type indicates that 71.6% of the nurses work in hospitals, 13.2% in health centers, while 15.2% work in dispensaries (Rakuom, 2010). The staffing needs are based on workload which is the volume of work involved in delivering health services within a year by a competent and motivated health worker (MoH Kenya, 2006).

Staffing in in-patient areas is based on available bed space at a ratio of one health worker to 6 in-patient beds per shift (Rakuom, 2010).

However, hospital wards in hospitals such as Kenyatta National Hospital are normally congested beyond the official bed capacity because of increase in population, increasing disease burden and low cost health financing opportunities. This has reduced nursing time per patient. Staffing norm for health centers has been 12 nurses and 1 clinical officer, in the sub-health centers it has been 8 nurses to one clinical officer and in the dispensaries it has been 2 nurses and one clinical officer (Rakuom, 2010). Staffing in district hospitals is constrained by the number of available nurses who can match the existing workload (Rakuom, 2010).

A study on retention of health workers in Kenya identified workplace climate among the nonfinancial factors affecting morale and motivation (Capacity Project, 2011). A Work Climate Improvement Initiative was implemented in ten rural facilities where facility based teams assessed their work climates and generated activity plans to test low-cost approaches for improvement (USAID/Capacity Kenya, 2013). A national health services census determined that absenteeism is rampant among health workers in Kenya. Nyeri County, Elgeyo Marakwet and Kericho County recorded the highest rate of absenteeism. In Mombasa County, 1253 health workers were absent during the survey period, while 600 workers in Kiambu County were absent from duty (Standard Media, 2014).

These statistics on absenteeism reveal that there is a lack of motivation of health workers and this contributes to shortages of health workers. The Kenya National Human Resources for Health Strategic Plan 2009 to 2012 identified five critical outcomes which aim at improving the retention of health workers at all levels (Ojaka, Olango & Jarvis, 2014). The initiatives include making health sector jobs more attractive, making remote areas more attractive to work in, improving compensation for health workers and reducing attrition (Ojaka *et al.*, 2014).

According to Clarke and Jennings (2008), faith based healthcare service provider's account for 30% to 70% of health care provision in the Sub-Saharan Africa. Kenya, as one of the countries in this region, benefits immensely from the healthcare services provided by faith based organizations. The ability of faith based organizations to effectively provide healthcare services to the communities in Kenya stems from the fact that such organizations have been in operation for pretty long period of time. This wealth of experience in providing health care services has enabled such organizations to serve people in a manner that is far much better than other profit-oriented organizations (Olivier & Wodon, 2012). The level of interaction between healthcare service providers and local community further promotes healthcare provision within the country. The fact that faith based healthcare providers have been in operation for a long time does not guarantee their sustainable operations.

According to Rowe, *et al.* (2011) motivation and job satisfaction such as salaries, prestige and work conditions have been considered a critical influence on organizational performance. Most of the faith based health facilities experience a lot of human resource challenges. In some there is high turnover and others have poor performance despite adequate staffing. This

study seeks to unveil the human resource practices which influences performance in faith based health facilities.

Nzuve and Mwarey (2013) in their study on Human resource planning in faith based hospitals in Kenya ascertained that in order to address the staffing gaps and ongoing workforce shortages in the health sector and faith based hospitals, there was need to deliberately focus on sound human resource practices as health workers are a key human resource required to save lives. It is against this background that the study seeks to establish the influence of human resource practices on performance of faith based health facilities in Kajiado County.

### **1.1.1 Faith Based Healthcare Facilities in Kenya**

Faith based facilities in Kenya are coordinated by three umbrella bodies; The Christian Health Association of Kenya (CHAK) coordinates most protestant affiliated hospitals , the Kenya Conference of catholic Bishops through the Catholic Secretariat (KEC), the national and coordinating arm that provides oversight, lobbying, advocacy and representation of the extensive catholic health facilities across Kenya, and the Supreme Council of Kenya Muslims (SUPKEM) which coordinates Islamic faith based health facilities. According to the Ministry of Medical services, (RoK, 2008) the faith based health services account for 30% of health care coverage in Kenya and it is estimated that this percentage is higher in the rural areas of Kenya. Faith based health facilities play a major role in service delivery throughout the region. These facilities provide 30 to 70 percent of all health care services (WHO, 2007) and more than one fifth of all HIV services (GHC, 2005). One of the pillars that these organizations need is human capital.

## 1.2 Statement of The Problem

The role of the Human Resource Management function in many health care facilities in Kenya is in disarray. The shortage of health workers reveals challenges with recruitment, training and workforce planning (Kilonzo, 2014). Workforce imbalances is attributed to lack of human resource planning, poor deployment practices, lack of human resource development strategy and attrition due to retirement, migration and turnover (Adano, 2012). Poor performance is a result of health staff not being sufficient in numbers, not providing care according to standards, not being responsive to the needs of the community and patients, absenteeism, motivation, job dissatisfaction, lack of professional development, poor attitudes, and working conditions. Health-system related factors such as human resources policy influence staff retention and mobility. Poor performance of health facilities leads to inaccessibility of care and contributes to reduced health outcomes as people are not using services or they are mistreated due to harmful practices.

According to Rakuom (2010) 62.8% of the health workers are public health workers. However, the public sector is still understaffed. Reports indicate that health facilities are understaffed and that over 500 dispensaries do not have health workers (Rakuom, 2010). Previous research reveals that between 2004 and 2005, provincial hospitals lost 4% of their health workers compared to 3% in district hospitals and 5% in health centers (Chankova, Muchiri & Kombe, 2011). The Human Resource for health crisis is attributed to attrition due to retirement, death, dismissal, resignation, or migration (Chankova *et al.*, 2011). Health workers are migrating because of opportunities to receive higher income and benefits, career development, more satisfying and attractive clinical work circumstances, or as a result of

medical recruitment drives by Organization for Economic Co-operation and Development (OECD) countries (World Bank, 2015).

Nzuve and Mwarey (2013) in their study on human resource planning in faith based hospitals in Kenya ascertained that in order to address the staffing gaps and ongoing workforce shortages in the health sector and faith based hospitals, there is need to deliberately focus on sound human resource practices as health workers are a key human resource required to save lives. Fort, Mwarey, Mbindyo and Yang (2015) states that most faith based health facilities suffer from a lack of effective human resource management policies and guidelines, and that this has resulted in informal, or even inappropriate human resource practices, often leading to lack of motivation, attrition, and litigation. Kajiado County has the highest number of faith based organizations which are located in the remote areas of the County and mostly experience human resource challenges. The study sought to establish the influence of human resource practices on performance of faith based health facilities in Kajiado County.

### **1.3 Objective Of The Study**

#### **1.3.1 General Objective**

The general objective of the study was to establish the influence of human resource practices on performance of faith based health facilities in Kajiado County.

### **1.3.2 Specific Objectives**

The study was guided by the following specific objective

- i. To establish the influence of recruitment and selection on performance of faith based health facilities in Kajiado County.
- ii. To determine the influence of staff training on performance of faith based health facilities in Kajiado County
- iii. To assess the influence of staff reward management on performance of faith based health facilities in Kajiado County
- iv. To determine the influence of career development on performance of faith based health facilities in Kajiado County.

### **1.4 Research Questions**

The study sought to answer the following research questions

- i. How do recruitment and selection influence performance of faith based health facilities in Kajiado County?
- ii. How does staff training influence the performance of faith based health facilities in Kajiado County?
- iii. How does staff rewards influence performance of faith base health facilities in Kajiado County?
- iv. How does career development influence performance of faith based health facilities in Kajiado County?

### **1.5 Scope Of The Study**

This study focused on selected rural faith based health facilities in Kajiado County. Data was collected through structured questionnaires. The respondents were limited to Health facility managers' and health facility staff. The target population of the study was the health worker in Five (5) Faith Based Health facilities in Kajiado County. This study involved the management staff, medical staff and support staff. There are 86 health worker in Faith based Health facilities in Kajiado County from where a sample size of 70 respondent were selected.

### **1.6 Significance of the study**

This study will be of benefit to the public through access to the best healthcare from the faith based health facilities. This is because by implementing good human resource practices the employees will be motivated to give good care to the public.

The faith based health facilities will benefit from this research because they will use the findings to assess their performance and be able to improve where they are not doing well.

These study findings will also help the county in improving the performance in the health facilities in the county. From the finding the managers and policy makers will be able to put more emphases on good human resource practices in all the health facilities with an aim of motivating the employees to provide good health care.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviewed the existing literature on the role of strategic human resource management practices on motivation of health care workers. The chapter specifically covers the theoretical literature review, empirical literature review, research gaps and the conceptual framework.

#### **2.2 Theoretical Review**

This study sought to establish the influence of human resource practices on performance of faith based health facilities in Kajiado County guided by theories.

##### **2.2.1 Human capital theory**

The theory Proposed by Schultz in 1961 and developed by Becker in 1994 suggests that HR practices can directly influence firm performance. It postulates that Workers have a set of skills developed by education and training that generates a stock of productive capital. Armstrong (2006) argues that people and their collective skills; abilities and experience, coupled with their ability to deploy these in the interest of employing organization are now recognized as making a significant contribution to the organizational success and also constitute a significant source of competitive advantage. The theory underlines that people possess innate abilities, behavior and personal energy and these elements make up the human capital they bring to their work .This is why the focus has to be on the means of attracting, retaining and developing the human capital. Armstrong (2009) explains that individuals generate, retain and use knowledge and skill (human capital) and create intellectual capital. Their knowledge is further enhanced by the interactions between them (social capital) and

generates the institutionalized knowledge which organizations possesses(organizational capital) work is a two –way exchange of value, not a one –way exploitation of an asset by its owner. It is indeed the knowledge, skills and abilities of individuals that create value, which is why the focus has to be on means of attracting, retaining, developing and maintaining the human capital they represent (Armstrong 2009).The human capital theory considers people as assets and stresses that the investment in people by the organizations will bring worthwhile returns.

The human elements of the organization are those that are capable of learning, changing, innovating and providing the creative thrust which if properly motivated can ensure the long-term survival of the organization. These can be regarded as the intangible resources associated with people which, together with tangible resources (money and physical assets), comprise the market or total value of a business. Bontis (1998) defines intangible resources as the factors other than financial and physical assets that contribute to the value-generating processes of a firm and are under its control.

The theory demonstrates that during recruiting and selection it is important for the managers to know the employees have a set of skills developed by education and training that generates a stock of productive capital. These skills need to be identified during the recruitment and selection. By doing so the right employees will be brought on board and the end result will be good performance

### **2.2.2 Herzberg's Two Factor Theory of Motivation**

Herzberg's two factor theory of motivation, on the other hand classified job factors into two; motivation factors and the hygiene or maintenance factors (Lawler & Suttle, 2012). Motivation factors relate directly to the job itself. They are concerned with the job content of the work people perform. Failure to provide sufficient quality will cause job dissatisfaction while sufficient supply will lead to job satisfaction and high performance. These factors include achievement, recognition, responsibility, advancement, growth opportunities and so forth. Hygiene or Maintenance factors help prevent loss of money, efficiency and demotivation. They are the primary cause of unhappiness at work. They are external and do not relate directly to the person's work. They constitute the persons work environment. They include salaries, job security, working conditions, status, company policies and quality of technical supervision among others.

According to Lawler and Suttle (2012), motivating factors act as a job satisfaction. Adequate provisions of such factors make people happy on their jobs, because they serve man's basic needs for psychological growth, and also motivate people on their work; such factors are called motivators by Herzberg. Michael (2014) refers to motivational factors based on the individual need for growth and advancement opportunities. Training and development can play a major role in attraction and retention of employees because if the employees can't move up they move out (Sayer, 2013). Herzberg further states that when these factors are out of line with employee's expectations, there is some difficulty, increased complaints and definitely this provides grounds for dissatisfaction.

This Herzberg's Two Factor Theory of Motivation suggests that managers can motivate employees by creating an environment which motivates the employees. Motivation factors directly relating to the job itself are needed example through, recognition, responsibility, advancement, growth opportunities. Training and development can play a major role in attraction and retention of employees. Motivated employees are always satisfied with their job and therefore have good performance. This theory supports this study because when the employees are motivated through trainings ,career development, rewards their commitment to work improves resulting in good performance

#### **2.2.4 Super's Theory of Career Development**

Super's (1990) theory of career development is a loosely unified set of theories dealing with specific aspects of career development, taken from developmental, differential, social, personality, and phenomenological psychology and held together by self-concept and learning theory.

Much of Super's thinking about how and why careers unfold as they do was derived from Buehler's (1933) longitudinal studies of work and related lives of men and women, and Davidson and Anderson's (1937) work on occupational histories of a representative sample of American men (Super, 1983). From Bordin's (1943) writings, super took the notion of self-concept which was described by Bordin as an individual's self-descriptive and self-evaluative thoughts revealed by behavior. Super (1963) said "an individual's self-concept is his concept of himself, not inferences made by outside others". Super noted that self-concept formation happens during several phases. The first phase of self-concept formation is exploration. Exploration necessary for self-concept development takes place throughout the

life span as individuals adapt to their ever changing environments (Super, 1990; Super, Savickas & Super, 1996). Super defined specific parts of the exploration process as differentiation, identification, role playing, and reality testing with each being an important part of exploration.

The second phase of self-concept formation is translation which can occur in three ways. First, adolescent identification with adults may lead to a desire to portray the occupational role filled by an adult, but role playing or reality testing may lead the adolescent to discard the role. Second, role playing or reality testing may allow adolescents to discover that their self-concept and role concept are congenial. Last, adolescents may discover self-attributes that are thought to be important in a certain field of work, therefore leading to conformation that the field of endeavor might be enjoyable and one in which an individual might do well. The third phase of self-concept development is implementation or actualizing. As one's education is completed, individuals move into their chosen profession for which education and training have been received. In the case of individuals who have failed to prepare for a career, a poor occupational self-concept will often be reinforced by low paying jobs or loss of jobs. Super's (1990) propositions are of particular importance in this study as an explanation of why and how adolescents use information about self as they cycle through the exploration life stage. Super pointed out those interests are learned and as such are manifestations of self-concept. Information about self is needed in the development of self-concept and it is important that this information be available to the student at the time and in the amount needed. Super pointed out that if a student or an adult has given little thought to occupational choice or to the unfolding of a career, he or she is not likely to be ready to use aptitude,

ability, interest, or value data in planning the next stage or steps in a career. Super prescribed a plan for career exploration, and it called for guiding the adolescents through the exploratory life stage by facilitating the maturing of abilities and interests, by aiding in reality testing, and in the development of self-concepts.

## **2.3 Empirical Review**

### **2.3.1 Recruitment and Selection**

Armstrong (2012) gives the overall aim of recruitment in healthcare as to obtain at minimum cost and quality of employees required to satisfy the human resource needs of the company and involves defining requirements (preparation of job description and specifications) and attracting candidates through reviewing and evaluating alternative sources of application inside and outside the company. Boxall (2010) gives a competency based approach to recruitment that where competencies for a role are delivered and are used as the framework for the selection process. He says that a competency approach to recruitment as person-based rather than job-based. Wright (2014) points out that recruitment and selection in healthcare are processes concerned with identifying, attracting and securing suitable people to meet and organizational human resource needs. Recruitment is concerned with identifying and attracting suitable candidates.

Porter (2012) says that recruitment and selection provides the conduit for staffing and resourcing the healthcare organizations. An increasingly competitive and globalized healthcare environment, coupled with need for quality and customer service has enhanced the importance of recruiting and selecting the right people. Boxall and Porcell (2010) highlights

that in comparison with the physical tangible assets, an organization have will to determine its competitive advantage. Sisson and Storey (2010) gives that recruitment and selection strategy should form part of a wider resourcing strategy linked to organizational goals. Scholes (2012) gives that recruitment and selection is a systematic process and that the psychometric approach to it is closely aligned with that or rational decision making where decision is made on the basis of some kind of assessment about the suitability of individuals who might fill a vacancy.

According to Porter (2012) recruitment and selection is a systematic process which involves the following steps: HR planning, job analysis, job description, application form, advertisement, short listing, selection and finally decision making and offers. Ahmad (2011) explains job analysis to include observation of the person doing the job, getting job holders to record their activities in work diaries, interviewing the job holders, questionnaires/checklists critical incidents and repertory grid techniques. CIPD (2016) notes that the most frequent response to employers to recruitment difficulties was recruiting people who have the potential to grow but don't currently has all that is required.

Taylor (2012) argues that an organization may be out to attract a large number of people or a small group of people from which to select from and thus the kind of advertisement will be different. Recruitment can either be internal (intranet, notice board, team meeting or staff meeting) or external (newspapers, recruitment agency, website, specialist journal, job center plus, word of mouth, employee referral scheme, college/university links, radio, TV advertisements) (Porter, 2012).

Armstrong (2012) defines e-recruitment or online recruitment as the use of web-based tools such as firms' public internet site or its own intranet to recruit staff and it consists of attracting, screening and tracking applicants, selecting and offering jobs or rejecting candidates. Wilkinson (2015) gives the advantages of e-recruitment as: - reduced costs, improved corporate image, reduced administration, wide pool of applicants shortened recruitment cycle and easier for applicants. He gives the disadvantages as shortage of applicants, expense, technical problems and too many unsuitable applications. Chan (2012) points out that the goals of recruiting should not be forgotten simply because of the use of technology and it is in the best interest of the organization to provide as much job description information as possible so that the unqualified do not apply.

Organizations which plan to do a lot of internet recruitment often develop dedicated sites specifically designed for recruitment and also give their values and organizational information. According to Armstrong (2012), the main types of online recruitment sites are:- job sites (which are operated by specialized firms and pay to have their jobs listed on these sites), agency sites (run by established recruitment agencies where candidates register online but may be expected to discuss their details in person before their details are forwarded to potential employers and media sites which contain a copy of an advertisement appearing in the press but may include an internal description of the vacancy and the company and provide a link to the company website).

Sunday, Olaniyi and Mary (2015) carried out a study on the influence of recruitment and selection on organizational performance. The purpose of this study was to assess the impact of recruitment and selection on organizational performance. It was to find out the recruitment

and selection policy or practice, the impact of recruitment and selection process, the challenges associated with the recruitment and selection practice and ways to help improve human resource planning and development. The results indicated that, advertising of job vacancies to general public, use of employment agent(s) and employee referrals are mostly the mode for recruiting potential employees, it was also realized that the method used in the recruiting and selection process was very effective and moreover helped improve employee performance, the study revealed that the selecting and recruitment process are also characterized with lots of challenges.

### **2.3.2 Staff Training**

Employee training and development implies the possibility to introduce employees to changes and involve them in the process of decision making. Training helps employees to learn specific knowledge or skills to improve performance in their current roles. Price and Reichert (2017) noted that graduates in health care enter the workforce anticipating a workplace that will support them in their endeavors to provide high-quality care congruent with the fundamental values of healthcare. Armstrong-Stassen *et al.* (2014) identified educational support as a highly important retention strategy for health workers nurses over age 50.

According to Armstrong (2012) healthcare organizations can apply different methods of training and development to any number of subjects to ensure the skills needed for various positions are instilled. Companies gear training and development programs towards both specific and general skills, including technical training, clerical training, computer training,

communications training, organizational development, career development, supervisory development, and management development. Rees (2016) describes training as a learning experience that improves job performance. This involves changing skills, knowledge, attitudes or behavior. Thus it is changing what employees know about how they work, or their attitudes towards their jobs, co-workers, managers and the organization. Training is more present day oriented and focuses on individuals' current jobs enhancing those specific skills and abilities needed to immediately perform their jobs.

Training needs need to be determined by checking what the goals of the organization are, what tasks must be completed to achieve its goals, what behaviors are necessary for each job incumbent to complete his or her arranged tasks and finally what deficiencies if any do incumbents have in the skills, knowledge, or abilities required to exhibit the necessary job behaviors. Various signals can warn a manager when training may be necessary like decline in job performance through production decrease, lower quality, more accidents and higher rejection rates. Porter (2012) highlights that training is learning directly towards job performance and can modify knowledge, skills and attitudes.

Training focuses upon implementation – doing things to the required standards, improvement - doing things to a new standard and innovation doing new things. To succeed, training must be the appropriate solution to the problem, have the support of the management and the individual, meet correctly identified needs and be carried out in an environment favorable to learning. Systematic approach to training involves; - examining or identifying the training needs at the organizational, team and individual /levels, planning the training to

meet the needs, implementing the training plan effectively and reviewing/assessing the results of the training.

According to Purcell (2013), there are other important functions of effective training than just conducting training sessions and these are mentoring which is helping to design and implement organizational change strategies through coaching in the workplace, leadership, managerial and administrative aspects of preparing the entire training programme. Tansley (2012) argues that a key role of the training function role is the support of knowledge management initiatives and social capital construction. The building of social capital, a widening client base and the support of knowledge management all imply a shift from the role of training providers to one of the learning facilitators.

Capelli (2011) gives that there are two types of training methods: on the job training and off the job training. On the job training methods include job rotation, apprenticeship (combining classroom instruction) and working alongside a seasoned veteran and internship (structured or unstructured). Off the job training methods include: - classroom lectures, multimedia learning for example, videos and DVDs, simulations (learning the job by actually performing the work) and vestibule training through use of same equipment that one actually will use on the job but in a simulated work environment. Armstrong (2012) gives the role of training as an endeavor to ensure trainees acquire new knowledge, or skills in various fields according to organizational needs. Managers and supervisors need to be trained on basic leadership skills in order to enable them to function effectively in their positions. The design of training programs covers the planning and creation of training and development programs through the

use of systematic models, methods and processes of instruction system design. According to Taylor (2012), training has a complementary role to play in accelerating learning and conditional training model has a tendency to emphasize subject specific knowledge, rather than trying to build core learning abilities.

Pollard (2011) defines e-learning as the delivery and administration of learning opportunities and support via computer, networked and web-based technology to help individual performance and development. It enhances learning by extending and supplementing face-to-face learning rather than replacing it. He gives the types of e-learning as: - self-paced e-learning where the learner is using technology but is not connected to instructors or other learners at the same time, live e-learning in which by use of technology the instructor and the learner are together at the same time but in different locations and collaborative e-learning which supports learning through the exchange and sharing of information and knowledge amongst learners by means of discussion forums and communities of practice. Hillage (2011) gives the objective of e-learning as to provide for learning that is just in time, just enough and just for you. It enables learning to take place when it is most needed and when it is most convenient.

According to Batt (2012), self-paced e-learning can be taken any time and is therefore a just-in-time approach. E-learning can take place at any place and this eliminates travel needs and costs. Skill acquisition and knowledge development will take place at any place and any path, as the learning experience is solely driven by the participant and therefore very personalized. Armstrong (2012) gives the steps in developing an e-learning processes as:- initial analysis of

the human resource development strategy, identification of the overall scope for developing e-learning system, development programmes (by developing and defining specification on learning need, how e-learning will meet the need, learning system to be used and how e-learning will blend with other forms of training), implementation of the e-learning and finally evaluation of the performance and the impact of e-learning.

In their study towards a results-oriented public service, Dimba and Rugimbana (2013) explored what may be referred to as „revolutionary changes“ aimed at changing the civil service towards delivering desired results over time. The study found that employee development can create efficient and effective service delivery. They established that management should focus on training and development and career advancement. In this regard, public sector should invest in training its staff at various levels on skills, values, culture change, vision and mission of their various sections.

Another study on factors affecting performance of hotels and restaurants in Kenya by Kemunto, Iravo, and Munene (2013) where a sample of five hotels with over twenty rooms and 100 workers using sample of over hundred respondents including managers, employees and customers. It was revealed that there were gaps as far as employee skills, knowledge and customer satisfaction levels are concerned. Strategic management of these organizations recommended training and development as an important HRMs skill that must be implemented for organizations to realize good performance since trained manpower is able to perform their tasks well.

### 2.3.3 Reward Management

Reward Management is concerned with the formulation and implementation of strategies and policies that aim to reward people fairly equitably and consistently in accordance with their value to the organization (Michael, 2014).

Working in the healthcare industry often ensures a labor intensive work. In order to treat everybody correctly everyone should be given the care they need and be treated on equal terms by having competent and hardworking health workers. The staff will perform well if they are rewarded for their work. Ahmed & Ali (2008), states that reward system expresses what the organization values and is prepared to pay for. It is governed by the need to reward the right things to get the right message across about what is important. It is a well-established principle that salary assessments should occur well after performance and reviews have been completed. Today, the lion's share of corporate value nearly three-quarters by some estimates comes from an organization's people and their ideas, innovation and performance.

Perrin (2013) competitive advantage is increasingly being achieved through investments in people and skills rather than expenditures on capital for physical assets. For an effective reward system one needs to connect with the business strategy to create a high-performing culture. An organization becomes what it rewards and too many companies fail to grasp the connection between poor performance and a misaligned reward strategy. In order to support the "employment brand," organizations need to design, implement and communicate rewards in a way that addresses employees' sense of fairness and their need to clearly understand "the

deal.” Organizations can’t afford to make investment decisions without a very clear understanding of the return they want on the investment (Armstrong, 2012).

Basic pay is determined mainly at the company and individual level; National agreements are seldom used by firms. Achievement of group objectives and individual performance are found to be the two most important dimensions in deciding salary levels for firms. Wolf (2011) states that traditional characteristics, such as employee training level and experience as well as seniority, are still considered more important in firms; their level of importance is clearly diminishing. On the other hand, collective agreements support seniority and this is in contrast to performance related compensation practice that many firms want to introduce. At the same time, seniority is also considered to be important in labor laws for deciding the level of certain employee benefits. Compensation should be legal and ethical, adequate, motivating, fair and equitable, cost-effective, and able to provide employment security. In the ideal situation, employees feel they are paid what they are worth, are rewarded with sufficient benefits, and receive some intrinsic satisfaction (good work environment, interesting work) Compensation programs must be internally equitable, externally equitable and be personally motivating to employee (Wolf, 2011).

### **2.3.4 Career Development**

Pareek and Rao (2012) concur and argue that career development of employees should be seen as an investment, not a cost; and that bad performance, ignorance and low commitment to duty are very costly barriers in an organization. It is pointed out that the key to high levels of performance lies in having employees who are willing to work, are well managed, well

led, well-motivated and are always re-skilling. Career development covers an employee's working life. It starts with, for example staff orientation, on-job training, experience, short courses, professional courses, post graduate degrees or diplomas. According to the National Strategy for the Development of the social service workforce in Scotland, employee development is the foundation on which the confidence and competence of individual staff is built, (Robbins, 2010).

In healthcare organizations professionals seek out positions that maximize the use of their professional knowledge, training and skills. Many health professionals place value on jobs with substantial advancements and professional development opportunities. Traditionally advancement opportunities for clinically or technically trained individuals are scarce in healthcare because the only avenue to advancement is often through promotion to supervisory or management responsibilities.

Obwaya (2013) noted that promotion, job mobility, redeployment and continuous learning affect the performance of employees to a great extent. Oduma and Were (2014) in his study on influence of career development on employee performance established that training, job orientation, career advancement, had a positive influence on employee performance in the public university in Kenya.

### **2.3.5 Performance Of Faith Based health facilities**

Providing quality service has significant impact on customer satisfaction customer retention and growth of organization (Wilkinson, 2015). The poor state of customer service in some public health facilities in Kenya has resulted in high turnover and weak morale among staff, making it difficult to guarantee 24-hour coverage resulting in, poor patient care and increased

cost of operations due to inefficiencies (Ufuoma, 2013). Taylor (2012) states that when patients are dissatisfied with the services they look for an alternative provider and spread negative word of mouth which affects potential clients hence growth of the hospital, In the healthcare sector the attention of health service providers is being drawn to the need to be cautious about how the customer patient is dealt with.

Every country needs a good health care system and it is important to recognize that a healthy population is better disposed to achieving the productivity that is needed so as to increase and sustain continued growth of the country's economy (Robbins, 2014). The situation of a health facility is worsened by the patients or customers perception of functional issues which they perceive and interact with during the course of seeking treatment such as physical facilities, internal process; interactions with doctors, nurses and other support staff as poor and unresponsive (Boshoff & Gray, 2014). In their studies, Fort, Mwarey, Mbindyo & Yang (2015) found a positive and significant relationship between customers' perception of service quality and their willingness to recommend the company.

Zaidi (2015) argues that religious and faith-based grassroots organizations are, the most prevalent, well connected, and efficient grassroots organizations in underserved areas, and they also have the infrastructure in place for the government to use for health care delivery and are excellent avenues, to advocate for certain preventative health measures.

Armstrong (2012) states that improving the productivity and performance of health workers to ensure that quality healthcare is efficiently delivered continues to be a major challenge for African countries. Human resources for health, consisting of clinical and non-clinical staff,

are the most important assets of health systems. The performance of a health organization depends on the knowledge, skills and motivation of individuals (Ahmad, 2012). It is therefore important for employers to provide suitable working conditions to ensure that the performances of employees meet the desired standards. African countries are trying to improve the functioning of health care delivery systems to ensure that the populations they serve receive timely quality care (Adano, 2012).

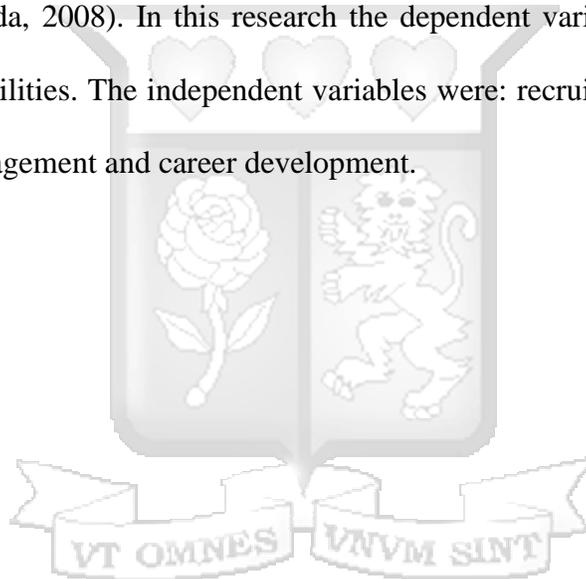
## **2.4 Research Gap**

Scholes (2012) gives that recruitment and selection is a systematic process and that the psychometric approach to it is closely aligned with that of rational decision making where decision is made on the basis of some kind of assessment about the suitability of individuals who might fill a vacancy. Rees (2016) describes training as a learning experience that improves job performance. This involves changing skills, knowledge, attitudes or behavior. Thus it is changing what employees know about how they work, or their attitudes towards their jobs, co-workers, managers and the organization. Training is more present day oriented and focuses on individuals' current jobs enhancing those specific skills and abilities needed to immediately perform their jobs. Perrin (2013) competitive advantage is increasingly being achieved through investments in people and skills rather than expenditures on capital for physical assets. For an effective reward system one needs to connect with the business strategy to create a high-performing culture. According to Armstrong (2012) career development is of great importance to both the individual employee and the organization. This is so because there is interaction between the organization for which he/she works and the development of the organization through the employee's career.

These studies have been carried out in other organizations and none has examined the influence of human resource practices on performance of faith based health facilities in Kajiado County. The study intends to fill the research gap by establishing the influence of human resource practices on performance of faith based health facilities in Kajiado County

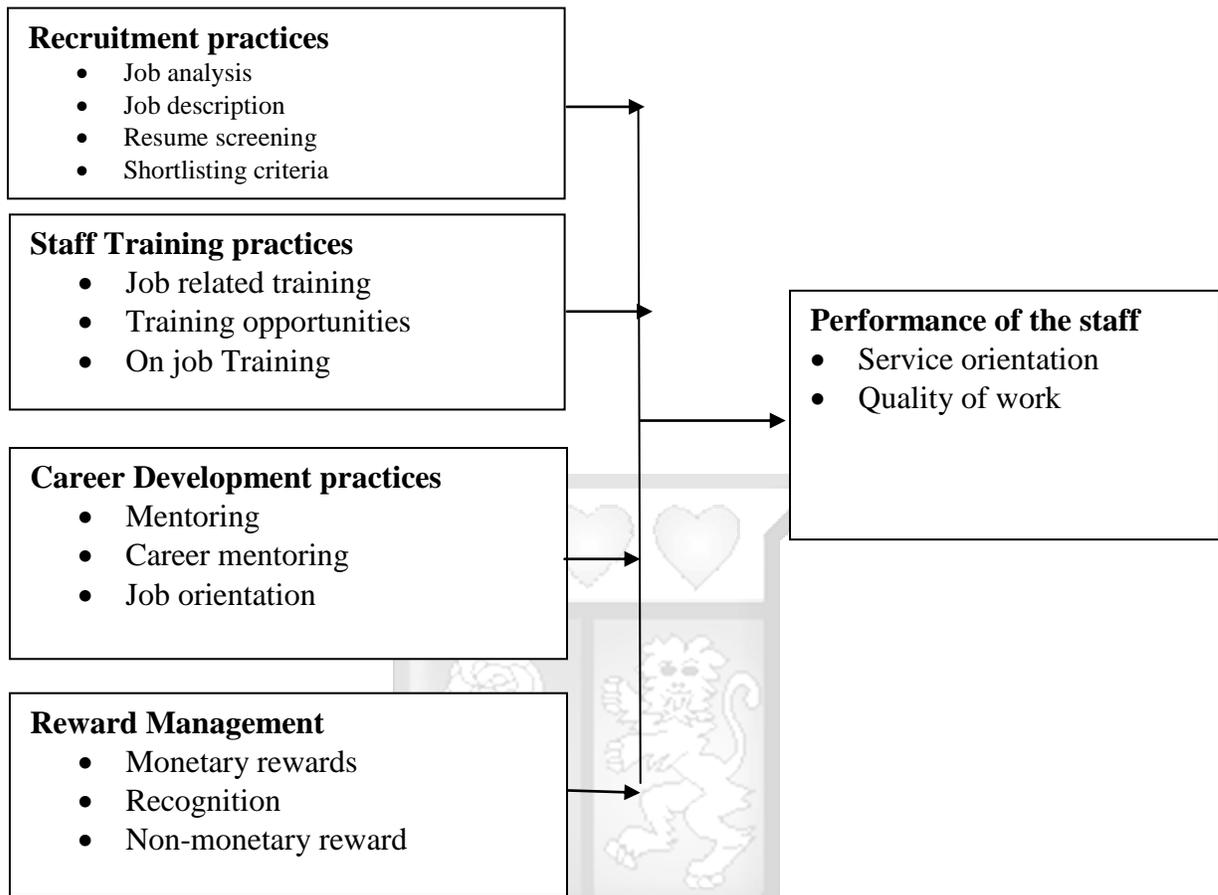
## **2.5 Conceptual Framework**

A conceptual framework describes the interconnections among variables and the elaboration of these variables addresses the issues of why or how we expect relationships to exist (Mugenda & Mugenda, 2008). In this research the dependent variable was performance of faith based health facilities. The independent variables were: recruitment and selection, staff training, reward management and career development.



## Independent Variable

## Dependent Variable



**Figure 2.1: Conceptual Framework**

This concept of performance is paramount to every institution. Good performance for any institutions relies mainly on the performance of the employees. Whenever the employees are performing well in their respective work the end result will be well performing institutions. In this study on human resource practices influencing performance in faith based health facilities, performance depends on four human resource practices. These are recruitment and selection, staff trainings, career development and reward management. In the event that these factors are not well addressed by the health facility the performance will be affected.

Successful employee hiring decisions are the foundation of any health facility. When the correct people are hired then they will be in a position to give the expected service. People who do not perform up to desired standard cause a drain on other staff resources, making that staff far less productive, costing real dollars. Training is important to the organization in the following ways; Training develops people, it improves performance, it raises morale, it increases people's health and effectiveness of the organization and, the productivity of the organization. Training also enables learning and personal development, it is essential for the organization as it ensures quality, customer satisfaction and finally, it improve productivity, moral, management succession, and good performance of the health facility.

Career development is a major tool for attracting, motivating and retaining good quality employees and also has great influence on health facility performance. Reward Management is concerned with the formulation and implementation of strategies and policies that aim to reward people fairly equitably and consistently in accordance with their value to the health facility .well designed reward systems results in good motivation of the staff. When the staffs are motivated they will be able to perform effectively.

The study examined three variables in each human resource practice which are achievable in the rural faith based health facilities.

## **2.6 Operation definition of variables**

### **Independent variables**

#### **Recruitment and selection practices**

In this study recruitment and selection is a human resource practice that acts as a gate way to employment. It was measured by the availability of the following practices, job analysis, job description, and resume screening and short listing criteria.

#### **Staff training practices**

In this study staff training is the possibility to introduce employees to changes by involving them in the process of decision making. It was measured by the availability of the following number of job related trainings, training opportunities and number of on job trainings.

#### **Career development practices**

In this study career development is the series of activities or the ongoing lifelong process of developing ones career. It was measured by the availability of mentoring and job orientation.

#### **Reward management**

It is concerned with the formulation and implementation of strategies and policies that aim to reward people fairly equitably and consistently in accordance with their value to the organization. This was measured by the availability of the following practices, monetary rewards, recognition and non monetary rewards.

### **Dependent variable**

#### **Performance of the staff**

These are job related activities expected of a worker and how well these activities are executed. It was measured by the service orientation and quality of work.

## 2.7 Chapter Summary

This chapter reviewed the existing literature on the influence of human resource practices on performance of faith based health facilities in Kajiado County; in specific it reviewed the theoretical review, empirical review and lastly the conceptual framework.



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter discussed the methodology approach for the study and highlights the research design, target population, sampling technique, data collection instruments and data analysis and presentation.

#### **3.2 Research Design**

According to Cooper and Schindler (2008) the research design refers to the overall strategy that a researcher chooses to integrate the different components of the study in a coherent and logical way, thereby, ensuring one will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data.

Descriptive cross-sectional research design was used in this study to demonstrate associations and relationships between the variables. The research problem was studied through the use of a descriptive cross-sectional survey design since the unit of analysis was perception of Health facility workers, managers and clients in faith based health facilities in Kajiado County. According to Cooper and Schindler (2008), a descriptive study is concerned with finding out the what, where and how of a phenomenon. This design involves describing the characteristic, attitudes, possible behaviours and values of a particular phenomenon and therefore the researcher considers it most appropriate in establishing the influence of human resource practices on performance of faith based health facilities in Kajiado County.

### 3.3 Target Population

Mugenda and Mugenda (2008) define the target population as a complete set of individuals, cases or objects with the same common observable characteristics. A research population is generally a large collection of individuals or objects that is the main focus of a scientific query. Creswell (2010) refer to the population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications. The target population of the study was the health worker in Five (5) Faith Based Health facilities in Kajiado County. The study focused on Kajiado County because it's a semiarid area of the country. Being a semi arid area many people find it difficult working in these areas. This research aimed to reach the management staff, medical staff and support staff and clients from the five selected faith based health facilities.

**Table 3.1: Target Population**

Category	Frequency	Percent
Management Staff	15	17.4
Medical Staff	30	34.9
Support staff	20	23.3
Clients	21	24.4
<b>Total</b>	<b>86</b>	<b>100</b>

### 3.4 Sampling Design and Sampling Procedure

Sampling is the process by which a relatively small number of individual, object or event is selected and analysed in order to find out something about the entire population from which it was selected. A sample is a small proportion of targeted population which is selected using some systematic format. Due to the nature of the study, the researcher used the Fisher, Laing

and Stoeckel (1983) formula to arrive at the sample size that was used in the study. The study selected a sample of 70 employees using Fisher, Laing and Stoeckel (1983) formula. Fisher, Laing and Stoeckel formula was used when the target population is large. The selection formula is as follows:

$$n = Z^2 p \cdot q \frac{N}{e^2(N-1) + Z^2 p \cdot q}$$

Therefore, the total number of respondents in this study was 70 respondents, who were involved in this study.

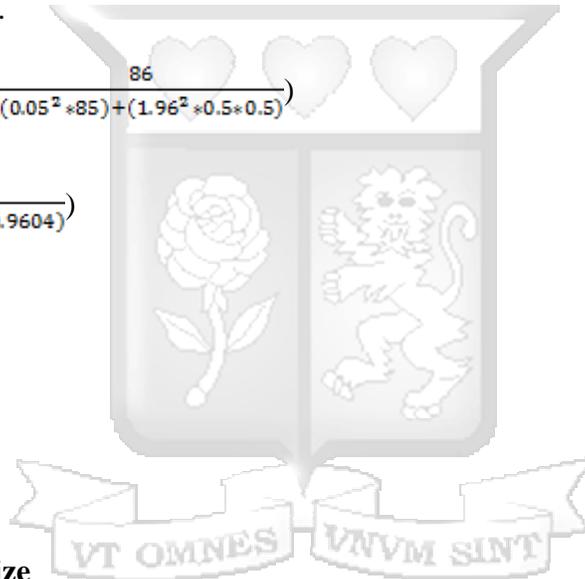
$$n = 1.96^2 * 0.5 * 0.5 \left( \frac{86}{(0.05^2 * 85) + (1.96^2 * 0.5 * 0.5)} \right)$$

$$n = 0.9604 \left( \frac{86}{(0.2125) + (0.9604)} \right)$$

$$n = \left( \frac{82.5944}{1.1729} \right)$$

$$n = 70.41$$

$$n = 70$$



**Table 3.2: Sample Size**

Cadre	Frequency	Sample Proportion	Sample Size
Management Staff	15	11.6%	10
Medical Staff	30	29,1%	25
Support staff	20	17.4%	15
Clients	21	23.2%	20
<b>Total</b>	86	81.3%	70

### **3.5 Data Collection Instruments**

The questionnaire was the selected instrument or tool for data collection for the study. According to Creswell (2011) a questionnaire is defined as a measuring tool whose main purpose is to communicate to the researcher what is required and to elicit desired response in terms of empirical data from respondents in order to achieve the desired objectives. According to Kombo and Tromp (2012) structured questionnaires are best suited for descriptive study as it is easily applied and requires less skill.

The questionnaire was developed with reference to the research objectives aimed at answering the research questions. The questionnaire had both open and close-ended questions. The closed ended questions contained a list of possible alternatives from which respondents were required to select the answer that best describes their situation. Semi-structured interview guide was employed to collect information from key informants. The close-ended questions provided more structured responses to facilitate tangible recommendations. The closed-ended questions were used to test the rating of various attributes and this helped in reducing the number of related responses in order to obtain more varied responses. The open-ended questions provided additional information that may not have been captured in the close-ended questions. This data was useful for generating additional information for the study from already documented data or available reports. This basically implies the incorporation of valuable statistical data in the study.

### **3.6 Pilot Study**

The study carried out a pilot study to pretest and validates the questionnaire. Cronbach's alpha methodology, which is based on internal consistency, was used. Cronbach's alpha

measures the average of measurable items and its correlation. This is in line with a qualitative research design methodology employed in this research project. The aim of the pilot study was to test the reliability of the questionnaires. The researcher selected a pilot group of 15 individuals from the target population to test the reliability of the research instrument, which represented 10% of the study population. The pilot study data was included in the actual study.

### **3.6.1 Reliability**

According to Mugenda and Mugenda (2008) reliability is a measure of the degree to which research instruments yields consistent results or data after repeated Trials. The reliability of the study tools was evaluated through Cronbach's Alpha which measures the internal consistency. Cronbach's alpha was calculated by application of SPSS for reliability analysis. A reliability co-efficiency of 0.7 was obtained which is acceptable in the study.

The pilot study allowed pre-testing of the research instruments for reliability by correcting any inconsistencies that arose from the instruments which ensured that they measured what was intended. Clarity of the instrument items to the respondents was necessary so as to enhance the instrument's reliability. Reliability was also increased by including many similar items on a measure, by testing a diverse sample of individuals and by using uniform testing procedures.

### **3.6.2 Validity Test**

Validity addresses the problem of whether a measuring tool, measures what it is supposed to measure (Zikmund, 2003). Peers review was used to enhance the face and content validity and suggestions made were used to improve the instruments. Content validity was mainly used to measure the questionnaires. This validated the content and ensured the research

instruments contained all question items. The instruments were administered to 15 individuals from the target population. This was to enable the researcher to assess the clarity of the instrument items and make amendments where necessary. Those that failed to measure the variables intended were discarded and new ones adopted. Ambiguous items also were eliminated to ensure validity.

### **3.7 Data Collection Procedure**

According to Kothari (2010) a questionnaire refers to the general term including all data collection techniques in which each person is asked to answer the same question in a predetermined order. It includes structured interviews and telephone questionnaires including those in which questions are answered in the absence of the interviewer. The researcher used trained research assistants to administer the questionnaires to all the respondents of the study. The researcher used an interview guide to administer to the two key informants. The researcher exercised care and control to ensure all questionnaires issued to the research assistants were received and to achieve this, the researcher had maintained a register of questionnaires, which are given out to each research assistant and which were returned.

### **3.8 Data Analysis and Presentation**

Quantitative data collected was analysed by the use of descriptive statistics such as percentages, means, standard deviations and frequencies. The information was displayed by use of bar charts, graphs and pie charts and in prose-form. This was done by tallying up responses, computing percentages of variations in responses as well as describing and interpreting the data in line with the study objectives and assumptions through use of SPSS (Vversion 21) to communicate research findings. Content analysis was used to test data that

was qualitative in nature or aspect of the data collected from the open-ended questions. Regression analysis was used to determine the relationship between the study variable. The multiple regression equation was

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \varepsilon$$

Whereby Y = Performance, X<sub>1</sub>= Recruitment and Selection, X<sub>2</sub>= Staff Training, X<sub>3</sub>= Reward management and X<sub>4</sub>= Career development, while  $\beta_1$ ,  $\beta_2$ ,  $\beta_3$ ,  $\beta_4$  and  $\beta_5$  are coefficients of determination and  $\varepsilon$  is the error term. This generated quantitative reports through measurers of central tendency, percentages and tabulations.

### **3.9 Ethical Considerations**

Honesty was the guiding value of the researcher and the team in the field and throughout the data collection process from the beginning to the end. The researcher exercised utmost caution while administering the data collection instruments to the respondents to ensure their rights and privacy were upheld. Prior to actual administration of the instruments, an introduction on the aim and the purpose of the study was made to the respondents in the language they best understood. The study sought the consent of the respondents before they are provided with all the requirements of the study. To ensure confidentiality, the respondents' names did not appear on the questionnaire. This research was reviewed and approved by Strathmore University institutional Review Board (IRB)

## CHAPTER FOUR

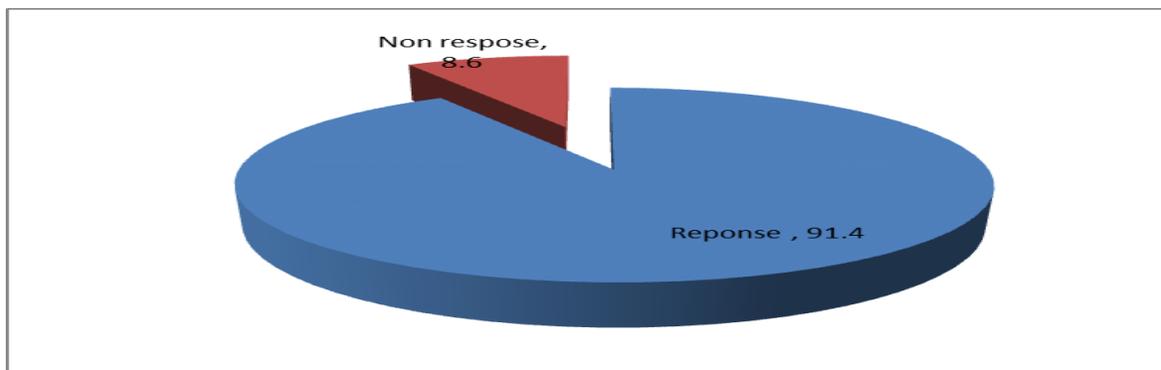
### DATA ANALYSIS, RESULTS AND FINDINGS

#### 4.1 Introduction

This chapter discusses the interpretation and presentation of the findings. It also presents analysis of the data to establish the perception on the influence of human resource practices on performance of faith based health facilities in Kajiado County. Both descriptive statistics and inferential statistics were used to analyze the data. In inferential statistics, multiple linear regressions were used. The chapter also provides the major findings and results of the study.

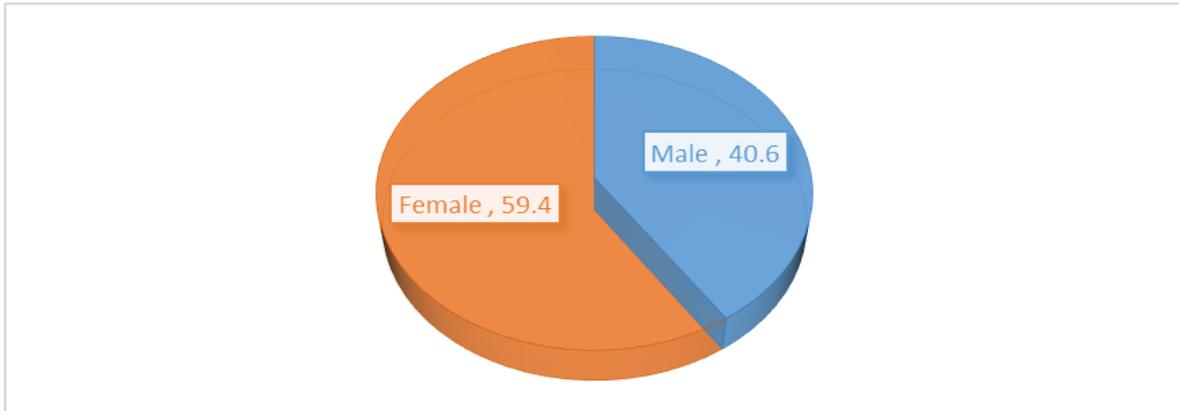
#### 4.2 Response Rate

The study targeted a sample size of 70 respondents from which 64 filled in and returned the questionnaires making a response rate of 91.4%. This response rate was satisfactory to make conclusions for the study. The response rate was representative. According to Mugenda and Mugenda (2008), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. Based on the assertion, the response rate was considered to excellent.



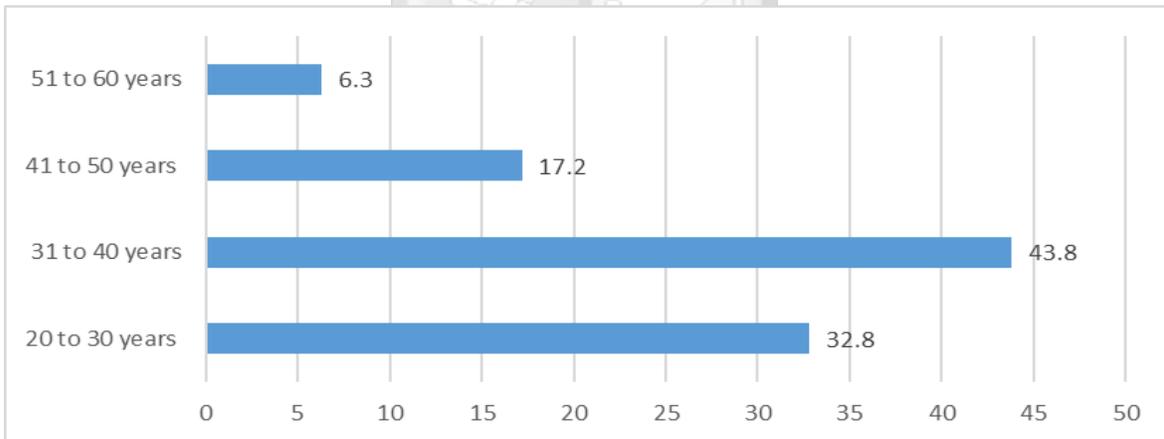
**Figure 4.1: Response rate**

### 4.3 General Information



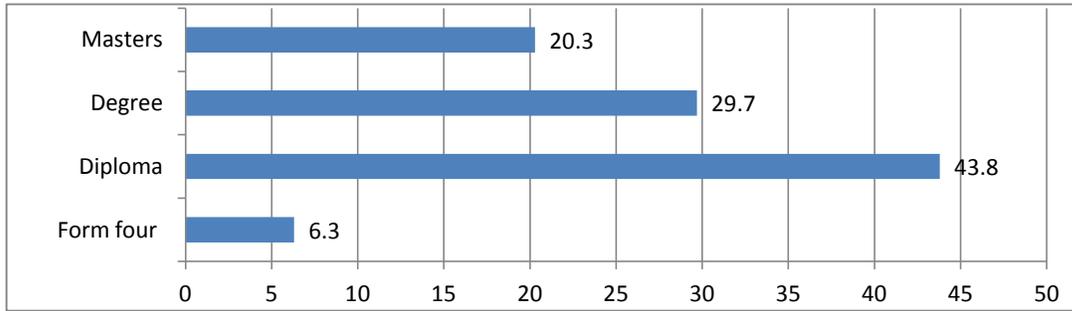
**Figure 4.2: Gender of the respondent**

The study requested the respondent to indicate their gender. From the findings the study established that majority of the respondents as shown by 59.4 percent were female while 40.6 percent were male. This is an indication that both genders were well represented.



**Figure 4.3: Age of the respondent**

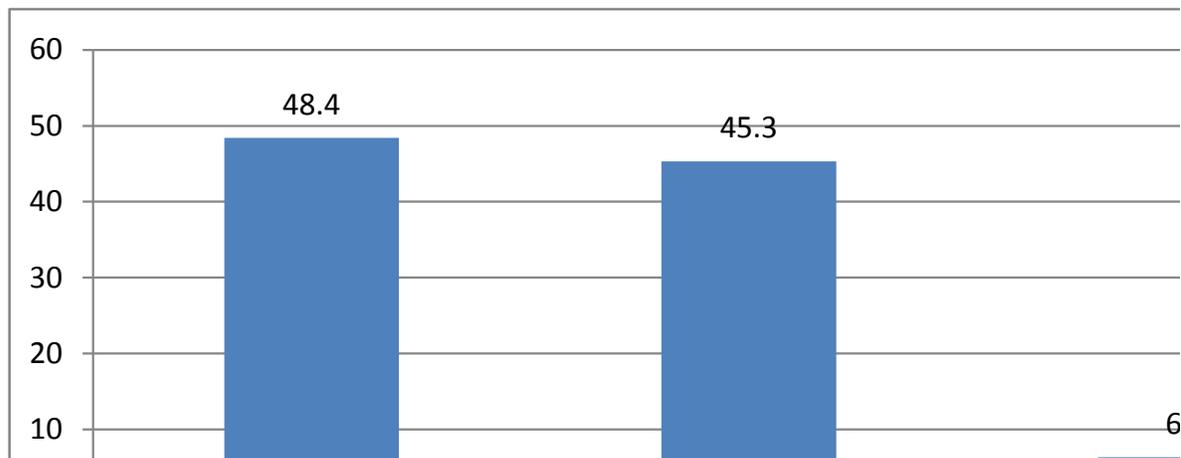
The study requested the respondent to indicate their age. From the findings the study established that majority of the respondents as shown by 43.8 percent indicated 31 to 40 years, 32.8 percent indicated 20 to 30 years, 17.2 percent indicated 41 to 50 years and 6.3 percent indicated 51 to 60 years. This is an indication that most of the respondent were in a position to give credible information relating to the study.



**Figure 4.4: Level of education**

The study requested the respondent to indicate their level of education. From the findings the study established that majority of the respondents as shown by 43.8 percent had diploma qualifications, 29.7 percent had degree qualifications, 20.3 percent had master’s qualifications, and 6.3 percent were form four leavers. The diversity in levels of education is very important for the performance of the health facility because of diverse knowledge. However the high numbers of the diploma employees poses risk of high turnover of staff in search of experience and further trainings and this can affect the performance. These levels of education will determine a lot on the best human resource practice to be implemented in order to retain the employees in the faith based health facilities.

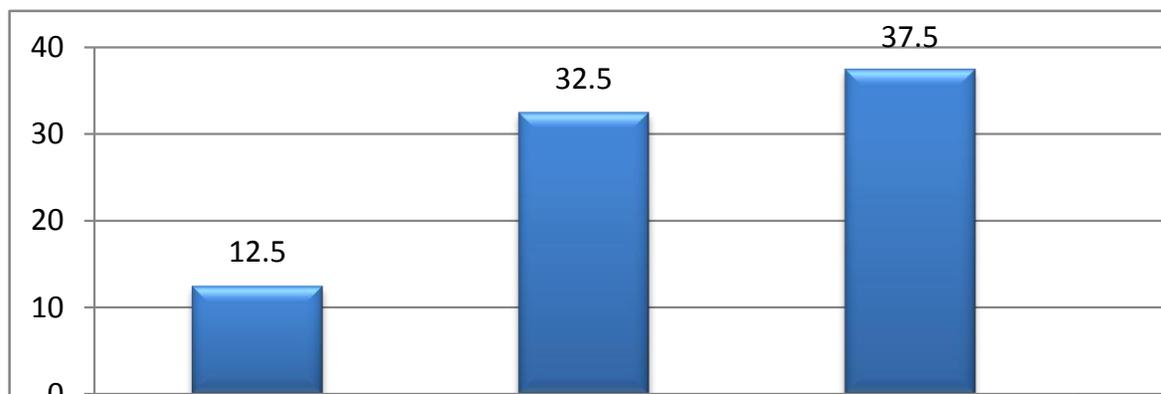
**Department of employment**



**Figure 4.5: Department of employment**

The study requested the respondent to indicate their department. From the findings the study established that majority of the respondents as shown by 48.4 percent were medical staff, 45.3percent were management staff and 6.3 percent were support staff. This is an indication that most of the respondent were in a position to give credible information relating to the study.

### **Work experience**



**Figure 4.6: Work experience**

The study sought to establish the length of time the respondents have worked in the organization. From the findings the study established that majority of the respondents as shown by 37.5 percent indicated 11-25 years, 32.8 percent indicated 6 to 10 years, 17.2 percent indicated 16 and above, 12.5 percent indicated 0 to 5 years. This is an indication that most of the respondent had worked for a long time and they were in a position to give credible information relating to the study.

### **4.3 Client information**

#### **Clients rating of the services in faith based health facilities**

The respondents were asked to rate the services in their respective health facilities. The results are as shown in table 4.1.

**Table 4.1: Rating the Services in the Health Facility**

Category	Frequency	Percentage
Poor	4	20
Good	5	25
Very good	8	40
Excellent	3	15
Total	20	100

From the findings 40% of the respondents indicated that the services in the health facility were very good, 25% indicated that the services were good, 20% indicated that the services were poor while 15 % indicated that the services were excellent. This shows that the services in the health facility are good.

**Clients rating of the staff performance in faith based health facilities**

**Table 4.2: Rating the Performance of the Staff in the Health Facility**

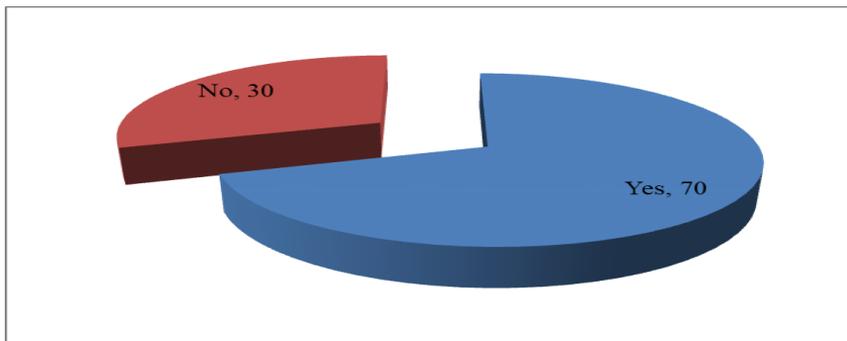
Category	Frequency	Percent
Very poor	2	10
Poor	3	15
Good	12	60
Excellent	3	15
<b>Total</b>	<b>20</b>	<b>100</b>

The respondents were asked to rate the performance of the staff in the health facility. The findings are presented in table 4.2. From the findings 60% of the respondents indicated that the performance of the staff in the health facility is good, 15% indicated that the performance of the staff in the health facility is poor, 15% indicated that the performance of the staff in the health facility is excellent while 10% indicated that the performance of the staff in the health

facility is very poor. Basing on the majority who rated the performance to be good and excellent this implies that the performance of the staff in the selected faith based health facilities is good.

#### 4.4 Referring Patients to the Hospital

The respondents were asked to indicate whether they would refer other patients to come to the hospital for treatment. The findings are as shown in figure 4.7

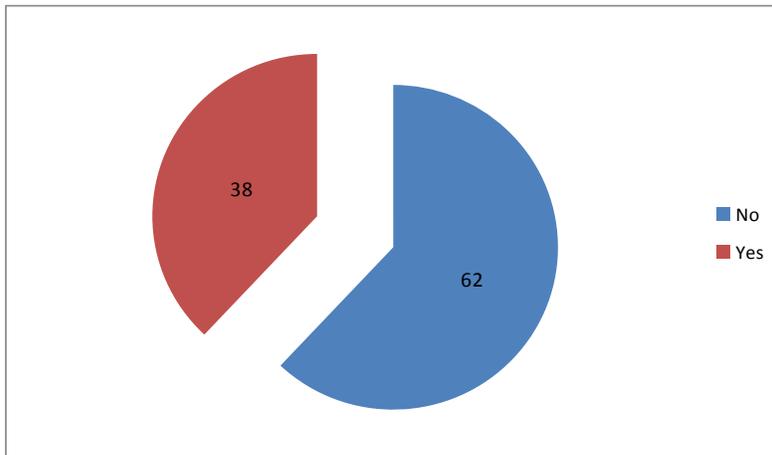


**Figure 4.7: Referring Patients to the Hospital**

From the findings 70% of the respondents indicated that they would refer other patients to go to the faith based health facilities for treatment while 30% indicated that they would not refer other patients to come to the faith based health facilities for treatment

#### 4.5 Staff Information

The respondents were asked to indicate whether they have ever thought of leaving the health facility for the time they have worked in the health facility.



**Figure 4.8: Thought of Leaving the Health Facility.**

From the findings 62% of the respondents indicated that for the time they have worked in the health facility they have never thought of leaving while 38% indicated that they have ever thought of leaving the health facility.

Respondents who indicated yes were required to give reasons. The findings are shown in table 4.3

**Table 4.3: Employee Turnover**

Category	Frequency	Percent
Low salary	7	29
In search of jobs in urban areas	8	33
For more experience elsewhere	9	38
<b>Total</b>	<b>24</b>	<b>100</b>

According to the findings 38% of the respondents indicated that they would leave the health facility in search of more experience elsewhere, 33% would leave the health facility in search of jobs in urban areas and 29% would leave the health facility because they are paid low salaries. Respondents who indicated no were required to give reasons. The findings are shown in table 4.4

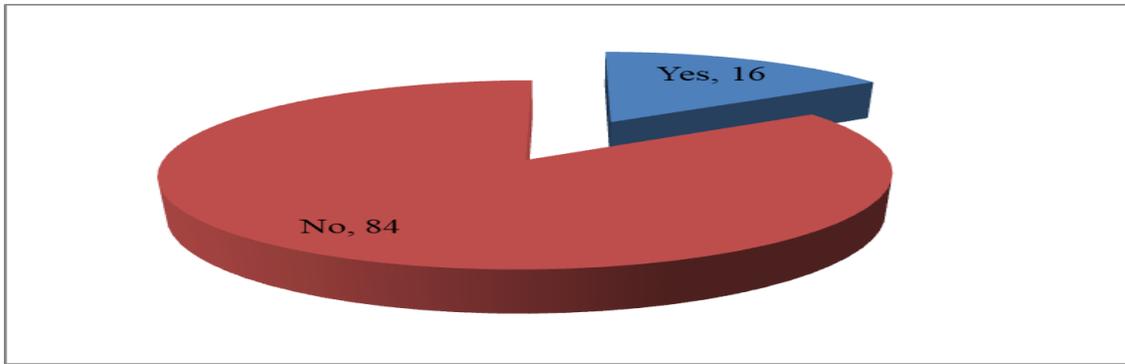
**Table 4.4: Reasons for Employee Turnover**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
Am comfortable	14	35
Am getting good experience	16	40
Salaries are adequate	10	25
<b>Total</b>	<b>40</b>	<b>100</b>

According to the findings 40% of the respondents indicated that they would not leave the health facility since they are getting good experience, 35% indicated that they would not leave the health facility since they are comfortable while 25% indicated that they would not leave the health facility since the salaries are adequate for them.

#### **4.6 Health facility management**

The respondents were asked to indicate whether they have any staff turnover in their respective health facilities. The results were as shown in figure 4.9



**Figure 4.9: Employee turnover**

From the findings 84% of the respondents indicated that they don't have any staff turnover while 16% indicated that they have had staff turnover in their health facilities. The respondents were asked to indicate the number of staff who leaves the health facility annually. Result are shown in table 4.5

**Table 4.5: Rate of employees Turnover**

Category	Frequency	Percent
Less than 3 employees	5	50
4 - 8 employees	3	30
9 - 10 employees	1	10
More than 10 employees	1	10
<b>Total</b>	<b>10</b>	<b>100</b>

According to the findings on table 4.5 50% of the respondent indicated that less than 3 employees leave the health facility annually, 30% indicated that 4 -8 employees leave the health facility annually, 10% indicated that 9 – 10 employees and also 10% indicated that more than 10 employees leave the health facility annually. The respondents were asked to indicate the period they take to replace staff. The findings are as shown in Table 4.6

**Table 4.6: Period Taken to Replace Staff**

Category	Frequency	Percent
Less than 3 months	4	40
4 - 8 months	3	30
9 - 12 months	2	20
More than 1 years	1	10
<b>Total</b>	<b>10</b>	<b>100</b>

From the findings 40% of the respondents indicated that they replace their staff within a period of less than 3 months, 30% indicated that they replace their staff within a period of between 4-8 months, 20% indicated that they replace their staff within a period of between 9-12 months and 10% indicated it takes them more than 1 years to replace their staff.

The respondents were asked to provide reasons as to why they leave the health facility. Results are as shown in table 4.7

**Table 4.7: Reasons for leaving Health Facilities**

Category	Frequency	Percent
Low salaries	10	25
Jobs in urban areas	12	30
For further trainings	18	45
<b>Total</b>	<b>40</b>	<b>100</b>

According to the findings 45% of the respondents indicated that they leave the health facility for further trainings, 30% leave the health facility to search for jobs in the urban area and 30% indicated that they leave the health facility because of low salaries.

#### 4.7 Recruitment and Selection

**Table 4.8: Recruitment and selection on performance of faith based health facilities**

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
	%	%	%	%	%		
vacancies are advertised before employment	0	0	6.2	53.2	40.6	4.34	1.11
interviews are done before recruitment	0	0	0	59.3	40.7	4.41	1.21
Only skilled workers are recruited	0	0	20.4	60.9	18.7	3.98	1.00
Employee sign contract agreements after recruitment	0	0	0	32.8	67.2	4.67	1.47
Experienced employees are selected	0	0	32.8	60.9	6.3	3.73	1.03
Resume screening & short listing method is used	0	0	25	56.3	18.7	3.94	0.92
The criteria for short listing used by the organization is satisfactory	0	0	17.2	50	32.8	4.16	0.94

From the results in table 4.8 the respondents in the five Faith based health facilities rated recruitment and selection by agreeing to statements related to the influence of recruitment and selection on performance. From the study findings 100% of the respondents agreed that employees sign contract agreements after recruitment as shown by a mean of 4.67 and interviews are done before recruitment as shown by a mean of 4.41, and vacancies are advertised before employment as shown by a mean of 4.34. The study further revealed that the criteria for short listing of candidates used by faith based health facilities was satisfactory as shown by a mean of 4.16, recruitment of skilled workers had a mean of 3.98, Resume screening and short listing candidates had a mean of 3.94, and selection of experienced employees 3.73. These findings indicate that signing of contract agreements after recruitment are very important factors that influence the staff performance in an institution. This

indicated that all faith based health facilities practice that as indicated by the strong response of the respondent.

According to the respondents, recruitment and selection process practiced in their health facilities played a significant role in influencing the performance of their respective faith based health facilities. 80% of the respondents were happy with the process of recruitment however 20% claimed that they were not satisfied with the way some inexperienced employees were being recruited to their respective health facilities and suggested that policies be put in place to ensure that all employees being recruited should have some minimum experience in their respective profession. This is mainly to minimize poor performance.

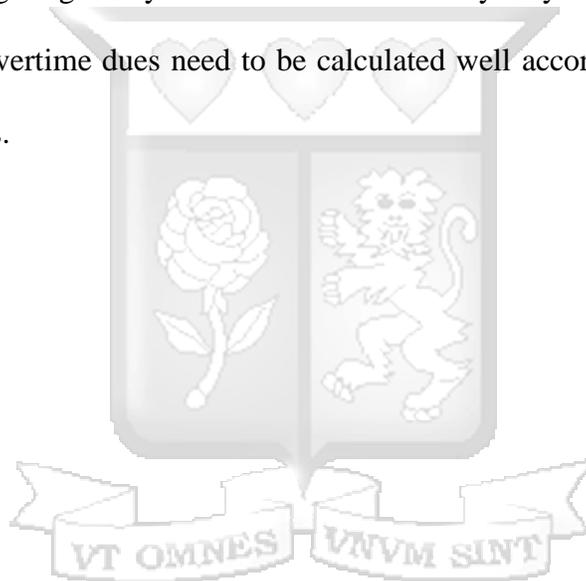
#### 4.8 Reward Management

**Table 4.9: Staff rewards management on performance of faith based health facilities**

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
	%	%	%	%	%		
Bonuses are given at the end of the year	0	29.6	43.7	18.7	7.8	3.05	0.48
Overtime dues are given by the organization	0	0	28.2	60.9	10.9	3.83	1.00
Leave allowance are provided by the organization	0	0	17.2	64	18.8	4.02	1.06
Staff salary increments are good	0	0	10.9	51.5	37.6	4.27	1.03
Performing staff are given certificates	0	0	25	57.8	17.2	3.92	0.95
Annually there is staff team building	0	0	17.2	53.1	29.7	4.13	0.95

Reward management contributes positively to performance of the health workers. The study revealed that the staff performance was strongly affected by the following factors, staff salary increment with a mean of 4.27, annual staff team building 4.13, leave allowance 4.02, overtime dues 3.83, and end year bonuses 3.05. The study finding as shown on respective mean results, indicate that health workers are more motivated by salary increment.

According to the view from the respondents staff rewards management contributed positively to their good performance. However they suggested that better and uniform approaches need to be adopted when giving end year bonuses so that everybody can feel appreciated. They also suggested that overtime dues need to be calculated well according to avoid overpaying or underpaying others.



## 4.9 Staff Training

**Table 4.10: Staff training on performance of faith based health facilities**

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
	%	%	%	%	%		
Training reduces dissatisfaction and employee turnover	0	0	6.3	71.8	21.9	4.16	1.23
Promotional training which gives priority to existing staff	0	0	10.9	59.4	29.7	4.19	1.05
Investment in training produces tangible results in the long run.	0	0	4.7	21.8	73.5	4.69	1.57
Training helps in improving of the way work is conducted	0	0	0	37.5	62.5	4.63	1.39
Training helps in decreasing physical work load	0	0	12.5	60.9	26.6	4.14	1.05
Training helps in coping with dangerous situations at work	0	0	17.1	48.5	34.4	4.17	0.93
Am satisfied with training opportunities for professional growth	0	0	25	51.5	23.5	3.98	0.87
My organization is dedicated to my professional training development	0	0	10.9	37.5	51.6	4.41	1.13
I am satisfied that I have the opportunities to apply my talents and expertise	0	0	0	54.7	45.7	4.45	1.22
I am satisfied with the investment my organization makes in training	0	0	20.3	51.6	28.1	4.08	0.91

Table 4.10 shows how staff training affects the health workers performance in faith based health facilities. The study findings demonstrated that most of the staff training practices contributed so much towards the health workers performance as shown by their respective high mean values. Investment in training especially management development had the highest mean value of 4.69 indicating that most of the faith based health facilities invested a lot in staff training. However the respondents had a low opinion on training opportunities for professional growth as indicated by a low mean value of 3.98. This indicates that trainings

which were done were not all for professional growth. The study also found that training can also provide employees with a feeling of empowerment.

The respondents valued the staff training as a motivator for their performance through acquiring new knowledge. They however suggested that employees to be allowed to suggest the type of training they wanted and be supported to go through. The respondents also suggested the need to create more opportunities for training so that there equal chance to attend the training.

#### 4.10 Career Development

**Table 4.11: Career development on performance of faith based health facilities**

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
	%	%	%	%	%		
orientation should not stop at the recruitment stage	0	0	20.3	64.1	15.6	3.95	1.05
When employees get to know that each other, it becomes easy for them to put in their best	0	0	0	17.2	82.8	4.83	1.80
The prospect of career advancement might in itself motivate employees.	0	0	0	20.3	79.7	4.80	1.73
employees aspire to progress steadily in the organizations	0	0	14.1	54.7	31.2	4.17	0.99
lack of advancement, damages a manager's chances of making it to the top	0	0	26.6	60.9	12.5	3.86	1.00
Mentoring offers a wide range of advantages.	0	0	9.4	59.4	31.2	4.22	1.07
A mentorship helps an employee feel less isolated.	0	0	12.5	48.4	39.1	4.27	1.01
Mentorship helps an employee with tips on career growth.	0	0	6.3	64.0	29.7	4.23	1.14

From the findings on career development the respondents expressed that they were motivated to perform well whenever they got to know that each one of them had an equal chance of making to the top as shown by the highest mean score of 4.83. The prospect of career advancement also was seen to be motivating health workers to work hard as shown by a mean of 4.80. The respondents further expressed that through mentorship an employee feel less isolated at work, and is encouraged to interact more with others as shown by a mean of 4.27. The study also showed that Mentorship help an employee with tips on career growth and introduce the employee to other professionals as shown by a mean of 4.23. The respondents further expressed that Mentoring offers a wide range of advantages for development of the responsibility and relationship building as shown by a mean of 4.22 .The study findings further revealed that employees aspire to progress steadily in organizations for which they work as shown by a mean of 4.17. The respondents also expressed that orientation should not stop at the recruitment stage of new employees but should be a continuous process as shown by a mean of 3.95. the study revealed that lack of advancement, for any reason, damages a manager's chances of making it to the top as shown by a mean of 3.86.

The respondents appreciated the chance and orientation on their career development and confirmed that it has a positive impact on their performance. They however suggested that their performance would improve better by having more mentors in the facility, allowing the employees to suggest where they need mentorship.

#### 4.11 Performance

**Table 4.12: Performance of faith based health facilities in Kajiado County**

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
	%	%	%	%	%		
Quality service is offered to all patients	0	0	0	68.8	31.2	4.31	1.25
Services to our customer are offered within the shortest time possible	0	0	20.3	60.9	18.8	3.98	1.00
Our customers are really satisfied with our service	0	0	17.2	53.1	29.7	4.13	0.95
Our staff productivity is high	0	0	7.8	45.3	46.9	4.39	1.12
We retain our staff through competitive human resource practices	0	0	14	68.8	17.2	4.03	1.14

Table 4.12 shows the performance of faith based health facilities. The study found that majority of the respondent agreed that the staff productivity is high as shown by a mean of 4.39, It indicated that they offer quality service to all patients as shown by a mean of 4.31, the customers are really satisfied with services offered as shown by a mean of 4.13, they retain staff through competitive human resource practices as shown by a mean of 4.03 and lastly they offer service to customers within the shortest time possible as shown by a mean of 3.98.

#### 4.12 Regression Analysis

**Table 4.13: Coefficients**

Model		Un standardized Coefficients		Standardized Coefficients Beta	T	Sig
		B	Std. Error			
1	(Constant)	.686	.207		3.314	.048
	Recruitment and selection	.371	.135	.312	2.748	.006
	Reward management	.486	.118	.480	4.118	.002
	Staff training	.229	.063	.178	3.635	.010
	Career development	.057	.013	.044	4.385	.030

The established regression equation was

$$Y = 0.686 + 0.371 X_1 + 0.486 X_2 + 0.229 X_3 + 0.057 X_4$$

From the above regression equation, it was revealed that holding recruitment and selection, reward management, staff training and career development, performance of faith based health facilities would stand at 0.68. The finding of the study on table above reveal that reward management had a significant coefficient (B= 0.486, p value=0.002). This implies that reward management had positive significant influence on performance of faith based health facilities. Recruitment and selection also had a significant coefficient (B= 0.371, p value=0.006). This implies that recruitment and selection had positive significant influence on performance of faith based health facilities. Staff training had a significant coefficient (B= 0.229 p value=0.010) and career development had a significant coefficient (B= 0.057, p value=0.030). This implies that staff training and career development were significant but were strong predictors of performance in faith based health facilities as compared to reward management, recruitment and selection.

These findings reveals that the human resource practices have a lot of impact on performance with the reward management having more impact because of its significant value of 0.002. study findings indicates that the selected faith based health facilities implements the mentioned human resource practices effectively and therefore have positive impact on performance in the selected faith based health facilities.



## CHAPTER FIVE

### DISCUSSION OF FINDINGS, CONCLUSION AND RECOMENDATIONS

#### 5.1 Recruitment and Selection

The first objective of the study was to establish the perception on the influence of recruitment and selection on performance of faith based health facilities in Kajiado County. The study also established that the selected faith based health facilities practiced satisfactory recruitment and selection practices. The employees signed contract agreements after recruitment, interviews were done before recruitment and vacancies are advertised before employment. The study also revealed that criteria for short listing of candidates were satisfactory and only skilled workers are recruited. The findings from this study revealed that recruitment positively influences performance of faith based health facilities .The study findings also showed that recruitment and selection practices significantly contributed to performance of faith based health facilities with P value of 0.006. It can therefore be concluded that there is evidence of a strong and positive correlation between recruitment and selection on performance of faith based health facilities. This practice is supported by different levels of education of the employees present in these facilities. The diversity in levels of education contributes positively in the performance through the sharing of knowledge. The study finding were in line with the findings Porter (2012), according to him recruitment and selection is a systematic process which involves the following steps HR planning, job analysis, job description, application form, advertisement, short listing, selection and finally decision making and offers.

## **5.2 Reward Management**

The second objective of the study was to establish the influence of staff reward management on performance of faith based health facilities in Kajiado County. The study revealed that the selected faith based health facilities implemented good reward management such as staff salary increments, annual staff team building performance, leave allowance, overtime dues and end year bonuses were given. The findings of the study indicated that reward management was positively and significantly correlated to performance of faith based health facilities. This was revealed in the study through the reward management practices such as Staff salary increments, annually staff team building and Leave allowance which scored highly in the study. The study further showed that Staff salary increments contributes more to the performance so any effect on this practice will affect the performance seriously. The study also showed that reward management contributed significantly in performance with a P value of 0.002. We can therefore conclude that sound reward management practices are critical for high performance of faith based health facilities. These findings were in line with the findings of Wolf (2011), who argues that compensation should be legal and ethical, adequate, motivating, fair and equitable, cost-effective, and able to provide employment security.

## **5.3 Staff Training**

The third objective of the study was to establish the influence of staff training on performance of faith based health facilities in Kajiado County. The study revealed that staff training affected performance. The findings indicate that staff training has a positive significant influence on performance of faith based health facilities.

The study found out that Investment in training especially management development produces tangible results in the long run which in turn improve the performance. Training also helps in improving the way work is conducted by the employees and reduces dissatisfaction, discontent, and absenteeism and employee turnover. It also showed that when the organization is dedicated to employees professional training development all these will be achieved. Regression analysis showed that staff training had P Value of -0.010 which made some contribution to performance compared to other variables. The study revealed the staff left the faith based health facilities mainly for further trainings. It can therefore be conclude that sound staff training management practices is critical for high performance of faith based health facilities however there is more to be addressed in staff training for it to be more effective.

These findings were in line with the findings of Purcell (2013) who stated that there are other important functions of effective training than just conducting training sessions and this is mentoring which is helping to design and implement organizational change strategies through coaching in the workplace, leadership, managerial and administrative aspects of preparing the entire training programme.

#### **5.4 Career Development**

The fourth objective of the study was to establish the influence to determine the influence of career development on performance of faith based health facilities in Kajiado County. The study finding indicates that career development has a positive significant influence on performance of faith based health facilities. The study revealed that when employees know that they have an equal chance of getting to the top they put in their best at work. The prospect of career advancement might itself motivate employees to work hard. A mentorship

help an employee feel less isolated at work, too, and encourage him to interact more with others. Mentorship help an employee with tips on career growth and introduce the employee to other professionals and this in turn has a positive effect on performance. Employees aspire to progress steadily in organizations for which they work, lack of advancement, for any reason, damages a manager's chances of making it to the top. Regression analysis showed that career development had P Value of -0.030 made little contribution to performance compared to other variables. From these findings we can therefore conclude that good career management practices are critical for high performance of faith based health facilities however there is need to put more emphasize on career development. These findings were in line with the findings of Armstrong (2011) who stated that, career development is of great importance to both the individual employee and the organization. Graham and Bennett (2015) agree with this and contend that career development involves higher status and responsibilities which can take place in one organization or through movement between organizations or a combination of both.

## **5.2 Limitation of the Study**

Some of the bottlenecks that were experienced included lack of cooperation from the respondents to fill the questionnaire correctly, as they overlooked the significance of the study. However, the researcher took time to meet all the respondents and explained the purpose of the research in detail and the significance to the organization and this enhanced their commitment to participate. The researcher experienced financial problems in terms of photocopying, secretarial services, transport costs; this was overcome by having a project financier.

### **5.3 Recommendations**

The following recommendations flow from the findings and conclusions of the study;

It is recommended that health facility managers to identify and maintain human resource practices that contribute most towards performance in order to improve the overall performance of faith based healthcare institutions. This recommendation is supported by the evidence of a strong and positive correlation between sound human resource practices and high performance outcomes of healthcare institutions.

The study recommends the management of faith based health facilities should consider expanding the services so as to create more experience for their respective staff and minimize staff turnover.

The study recommends the faith based health facilities management should remain focused on developing the career path of its employees; this will boost the morale and ultimately the productivity of staff. Initiating career development programs will enable a deeper focus on an employee's aims and aspirations from identification of the handicaps being faced by an employee in accomplishing his goals to the solutions in terms of re-skilling or reassignment

### **5.4 Area for Further Studies**

This study sought to establish the influence of human resource practices on performance of faith based health facilities in Kajiado County. An in-depth study should be done on the challenges facing implementation of career development programs in the faith based health facilities in Kenya.

## REFERENCE

- Adano, U. (2012). The health worker recruitment and deployment process in Kenya: an emergency hiring program. *Human Resources for Health*, 6(1), 19-2
- Ahmad, L.A, (2011). Type 2 diabetes prevention: A review. *Clinical Diabetes*. 28: 53-59.
- Ahmad, S. J. (2012). Integrating strategic management and human resources. *Strategic Human Resources Management in Health Services Organizations*, Chapter 1.
- Ahmed, M.S., & Ali, R. (2008).The Impact of Reward and Recognition Programs on Employee's Motivation and Satisfaction: An Empirical Study. *International Review of Business Research Papers*Vol. 5 (4), 270-279.
- Armstrong, H. (2006) 'Mapping precariousness in the Canadian health industry: privatization, ancillary work and women's health', in L.F. Vosko (ed.) *Precarious Employment: understanding labour market insecurity in Canada*, Montreal: McGill-Queens University Press.
- Armstrong, M. (2012). *Human Resource Management Practice: Handbook*, 8th Edition, Kegan Page Ltd., London.
- Armstrong, P. (2009) 'Public and private: implications for care work', *Sociological Review*, 53(2): 167-87.
- Armstrong-stassen, M.; Cameron, S.; Rajacich, D.; Freeman, M (2014).do nursing managers understand how to retain seasoned nurses? Perceptions of nurse managers and direct care nurses of valued human resource practices. *Nurse. Econ.*, 32, 211
- Batt, J. S. (2012). Management of change through force field analysis. *Journal of nursing management*, 11(4), 275-280.
- Bontis, N. (1998). Intellectual capital and business performance in the pharmaceutical sector of Jordan. *Journal of Management Decision* 48 (1).
- Boshoff, C. & Gray, B. (2004). The Relationship between Service Quality, Customer Satisfaction and Buying Intentions in the Private Hospital Industry". *South African, Journal of Business Management*, 35 (4), 27-37.
- Boxall, J. C. (2010). Decentralization of health systems in Ghana, Zambia, Uganda and the Philippines: a comparative analysis of decision space. *Health policy and planning*, 17(1), 14-31.
- Boxall, K & Porcell, K. (2010). Basing care reforms on evidence: the Kenya health sector costing model. *BMC health services research*, 11(1), 128-143.

- Capacity Project, (2011). Retention of Health Workers in Kenya. Retrieved from <https://www.intrahealth.org>
- Capelli, G. C. (2011). Theoretical perspectives for strategic human resource management. *Journal of management*, 18(2), 295-320.
- Chan, S. T. (2012). The influence of strategic HRM and sector on perceived performance in health services organizations. *The International Journal of Human Resource Management*, 19(10), 1825-1841.
- Chankova, J., Muchiri, K & Kombe, I. (2011). Managing two fits of strategic human resource management. *Academy of Management review*, 13(1), 116-128.
- CIPD (2016) Examining the human resource architecture: the relationships among human capital, employment, and human resource configurations. *Journal of Management*. 28, (4), 517-43.
- Clarke, N & Jennings, J. (2008). *Expansion of the private health sector in east and southern Africa*. EQUINET Discussion Paper 87. EQUINET: Harare.
- Cooper, D.R. & Schindler, P.S. (2008) *Business Research Methods* (10<sup>th</sup> edn). Boston, MA and Burr Ridge, IL: McGraw-Hill.
- Creswell, J. (2010). *Qualitative, Quantitative, and Mixed Methods Approaches* (2nd edn). Thousand Oaks, CA: Sage.
- Creswell, J. (2011). *Qualitative inquiry and Research Design: Choosing among Five Approaches* (2nd edn). Thousand Oaks, CA: Sage.
- Dambisya, M & Kibwika, M. T. (2014). Staffing remote rural areas in middle-and low-income countries: a literature review of attraction and retention. *BMC health services research*, 8(1), 19.
- Dimba, B.A & Rugimbana, R. (2013). An assessment of the moderating role of employees' cultural orientations amongst foreign manufacturing multinational companies in Kenya. *SA Journal of Human Resource Management*; 11, (1).
- Economic Survey (2013) Kenya National Bureau of Statistics. KNBS, Nairobi. Retrieved from <http://www.scirp.org>
- Fisher, A. A., Laing, J & Stoeckel, J (1983) "Guidelines for overcoming design problems in family planning operations research." *Studies in Family Planning* 16(2).
- Fort, K., Mwarey, H., Mbindyo, Y & Yang, P. (2015). Satisfaction, motivation, and intent to stay among Ugandan physicians: a survey from 18 national hospitals. *The International journal of health planning and management*, 26(1), 2-17.

- Global Health Council (2005). *Faith in Action: Examining the Role of Faith) Based Organizations in Addressing HIV/AIDS*. Washington, DC,.
- GOK (2010). Citizen's Engagement in Health Service Provision in Kenya. Retrieved from <http://unpan1.un.org>.
- Hillage, L (2011) Unethical behavior in the name of the company: the moderating effect of organizational identification and positive reciprocity beliefs on unethical pro-organizational behavior. *Journal of Applied Psychology*. 95, (4), 769–80.
- Ifinedo, M. (2011). Contextual influences on health worker motivation in district hospitals in Kenya. *Implementation Science*, 4(1), 43.
- Kemunto, J.O., Iravo, M., & Munene, C.E., (2013). Factors Affecting Performance of Hotels and Restaurants in Kenya: A Case of Kisii County. *Interdisciplinary Journal of Contemporary Research in Business*. 4, (12).
- Kilonzo, D. K. (2014). *Influence of extrinsic motivation on employee's performance in Moi Teaching and Referral hospital Eldoret, Kenya* (Doctoral dissertation, University of Nairobi).
- Knouse, S.B. (1989). The role of attribution theory in personnel employment selection; a review of recent literature. *Journal of general psychology*, 116(2), 183-196
- Kombo, D. K., & Tromp, D.L. (2012). *Proposal and thesis writing: An introduction*. Nairobi: Pauline's Publications Africa.
- Kothari , C.R. ( 2010). *Research methodology: methods & techniques*. New Delhi: New Age International (P) Ltd .
- Kothari, C. (2010). *Research Methodology: Methods & Techniques*, 2<sup>nd</sup> edition. New age International Publishers, New Delhi, India.
- Lawler, K & Suttle, G. (2012). A realist evaluation of the management of a well-performing regional hospital in Ghana. *BMC health services research*, 10(1), 24.
- Michael, A. B. (2014). *“Job Satisfaction and Promotion Expectation in the Uganda Civil Service”*: Makerere University.
- Michael, H (2014). Conceptualizing and measuring ethical work climate development and validation of the Ethical Climate Index. *Business & Society*. 49, (2),345–58.
- Mugenda, O.M., & Mugenda, A.G. (2008). *Research Methods: Quantitative and qualitative approaches*. Nairobi: Africa Centre for Technology Studies Press.

- Mullins. H. (2005). *Management and Organizational Behavior*. (7th Ed.). Financial Times, Prentice Hall, London
- Nzuve, J & Mwarey, Z. Z. (2013) Motivation levels among nurses working at Butare University Teaching Hospital, Rwanda. *Africa Journal of Nursing and Midwifery*, 13(2), 119-131.
- Nzuve, S. N. M. (2013). *Elements of Organizational Behavior*. University of Nairobi Press, Nairobi.
- Obwaya, F. (2013). *The effect of employee career development on performance of Public primary schools in Kenya: a case of Starehe District, Nairobi County*. Retrieved from <http://ir-library.ku.ac.ke>
- Oduma, C., & Were, S. (2014). Influence Of Career Development on Employee Performance in the Public University, A Case of Kenyatta University. *International Journal of Social Sciences Management and Entrepreneurship* 1(2), 1-16.
- Ojakaa, H., Olango. K & Jarvis, F. (2014). The Impact of Human Resources Management on Healthcare Quality. *Asian Journal of Management Sciences & Education*, 3(1), 13-22.
- Olivier, O & Wodon, C. A. (2012). Human resources for health policies: a critical component in health policies. *Human resources for health*, 1(1), 1.
- Pareek, K & Rao, T.V. (2012). *Designing and Managing Human Resource Systems*, Oxford & IBH Publishing Company, Delhi.
- Perrin, K.R (2013). *The relationship between training and organizational commitment: A study in the health care field*.
- Philips.J.J. (1996). The Search for Best Practices, Training and Development.50 (2).
- Pollard, S. A. (2011). Human resources and the resource based view of the firm. *Strategic human resource management: Theory and practice*, 17-39.
- Porter, M. (2012). The impact of hospital management reforms on absenteeism in Costa Rica. *Health Policy and planning*, 21(2), 91-100.
- Price S Reichert, C(2017) the importance of continuing professional development to career satisfaction and patient care, meeting the needs of novice to mid late career Nurses throughout their career span .
- Porter, V. (2012). Identification of Priority Research Questions Related to Health Financing. *Human Resources for Health, and the Role of the Non-State Sector in Low and*

*Middle Income Countries of the Middle East and North Africa Region. Research Report Submitted to Alliance for Health Policy and Systems Research.*

- Purcell, A. (2013). *The SAGE handbook of human resource management*. Los Angeles: SAGE.
- Rakuom, S. (2010). Human Resource and new approaches to public sector management: improving HRM capacity. In *Workshop on Global Health Workforce Strategy* (pp. 9-12).
- Rees, B. (2016). The Nigeria health sector and human resource challenges. *The Internet Journal of Health*, 8(1), 1.
- Republic of Kenya (2008). Ministry of Medical Services Strategic Plan, 2012, Ministry of Medical Services, Kenya.
- Robbins, A. (2014). Managing under pressure: HRM in hospitals. *Human Resource Management Journal*, 20(4), 332-338.
- Robbins, S. P. (2010). *Essentials of Organizational Behavior*. (10th Ed.). Pearson Education, Inc., publishing as Prentice Hall, Upper Saddle River, New Jersey, USA.
- Rowe, H., de Savigny, Y., Lanata, L & Victora, G. J. (2011). Human resource management interventions to improve health workers' performance in low and middle income countries: a realist review. *Health Res Policy System*, 7(7).
- Sayer, R. D. (2013). The value of human resource management for organizational performance. *Business horizons*, 50(6), 503-511
- Scholes, S. A. (2012). Strategic management of the health workforce in developing countries: what have we learned. *Human resources for health*, 5(1), 4.
- Sisson, W & Storey, M. D. (2010). Strategic human resources management. *Human Resources in health care: Managing for Success*, 1-24.
- Standard Media, (2014). Health workers absenteeism. Retrieved from <https://www.standardmedia.co.ke>
- Sunday, A.O., Olaniyi, D.E., & Mary, F.O (2015). The Influence of Recruitment and Selection on Organizational performance. *International Journal of Advanced Academic Research-Social sciences And Education*.
- Tansley, P. (2012). Motivation and retention of health workers in developing countries: a systematic review. *BMC Health Services Research*, 8(1), 247.

- Taylor, J (2012) Self-determination theory. In: BAUMEISTER, R. and VOHS, K. (eds) *Encyclopedia of Social Psychology*. London: Sage.
- Ufuoma, E (2013). Donor Support and the Impacts on Health System Strengthening in Sub-Saharan Africa: Assessing the Evidence through a Review of the Literature. *American Journal of Public Health Research*. 2013; 1(7):146-151.
- USAID/Capacity Kenya (2013). USAID Kenya - Capacity Kenya Project, Annual Progress Report (FY 2013 Progress Report)
- USAID/Capacity Kenya, (2013). End of Project Evaluation Final Report. Retrieved from <https://www.usaid.gov>.
- Vindigni, T., Rley, R., Kimani, J., Willy, W., Warutere, T., Sabatier, F., Kiriinya, H., Friedman, T., Osumba, S., Waudu, J., Rakuom, H & Rogers, D. H. (2014). Modes of theorizing in strategic human resource management: Tests of universalistic, contingency, and configurational performance predictions. *Academy of management Journal*, 39(4), 802-835
- Wilkinson, R. (2015). The Importance of Human Resources Management In Health Care: A Global Context. *Human Resources for Health*, 4(20), 1-17.
- Wolf, T. (2011). *Resource Management: A Contemporary Approach*. (4th Ed.). Prentice Hall, Essex.
- World Bank (2015). Global strategy for women's and children's health. New York: United Nations; 2015.
- World Health Organization (2007). Towards primary health care: Renewing Partnerships with Faith) Based Communities and Services. Report. Geneva.
- Wright V, (2014). The concept of a toolbox of outcome measures for children with cerebral palsy: why, what, and how to use? *Journal of Child Neurol*, 29: 1055–1065.
- Wright, J. (2014). What difference does (“good”) HRM Make? *Human Resources for Health*, 2(6), 1-7.
- Zaidi D (2015) the role of faith based organizing in healthcare, *European scientific journal vol 1 ISSN: 1857-7881*

## APPENDICES

### Appendix I : Letter of Introduction



Strathmore Business School

Wednesday 2<sup>nd</sup> November 2017

To whom it may concern

Dear Sir/Madam

**INTRODUCTION – Sr. MARIA CHEROTICH**

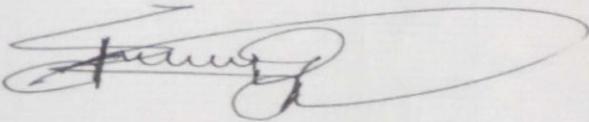
This is to introduce **Sr. Maria Cherotich**, admission number **MBA HCM/82995/14** who is an MBA HCM student at Strathmore Business School. As part of our SBS MBA HCM Master's Program, Maria is expected to do applied research and to undertake a project. This is in partial fulfilment of the requirements of the Master of Business Administration. She would like to request for appropriate data from your organization to help him finalize his research.

Maria is undertaking a research project on **'Influence of Human Resource Practices on Performance of Faith Based Health Facilities in Kajiado County.'** The information obtained from your organization shall be treated confidentially and shall be used for academic purposes only.

Our MBA seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct usefulness to industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest, if not of practical value to your organization.

We very much appreciate your support and we shall be willing to provide any further information if required.

Yours sincerely,



Prof. Gilbert Kokwaro

**Director, Institute of Healthcare Management and  
Academic Director, MBA in Healthcare Management**



**Strathmore**  
UNIVERSITY

Ole Sangale Road, Madaraka Estate  
P.O. Box 59857 00200 Nairobi, Kenya  
Cell: +254 703 034 414/6/7  
Email: info@sbs.ac.ke or visit www.sbs.strathmore.edu  
Twitter: @SBSKenya

Strathmore Business School is a proud member of:



AACSB  
INTERNATIONAL

## Appendix II: Ethical Approval



REF: SU-IRB 0071/16

22<sup>nd</sup> September 2016

**MARIA CHEROTICH KIPLANGAT**  
P.O BOX 2 00209  
LOITOKTOK

Email: [mariacheritich@yahoo.com](mailto:mariacheritich@yahoo.com)

Dear **Maria**,

**REF: SU-IRB 0071/16 PROPOSAL "INFLUENCE OF HUMAN RESOURCE PRACTICES ON PERFORMANCE OF FAITH BASED HEALTH FACILITIES IN KAJIADO COUNTY"**

I make reference to your email dated 21<sup>st</sup> September 2016, where you responded to concerns raised by the Strathmore University Institutional Review Board (SU-IRB).

The SU-IRB acknowledges receipt of the following resubmitted document:

- a) Revised Informed consent document

The committee has reviewed your application and concluded that the issues raised have been adequately addressed.

The study has been granted **Approval** for implementation effective on **22<sup>nd</sup> Day of September 2016**. Please note that authorization to conduct this study will automatically expire on **21<sup>st</sup> September 2017**.

If the study extends beyond the stated (one) year, you are required to seek an *Extension Approval* from the Ethics committee prior to its expiry. You are required to submit any proposed changes to this protocol to SU-IRB for review and approval prior to implementation of changes.

Thank you

Sincerely,



Amina Salim  
**Regulatory Affairs Fellow**



### Appendix III: Questionnaire

You are kindly requested to complete the attached questionnaire so as to enable me accomplish the study. Please, note that all the information given shall be purely used for academic purposes and shall be treated as confidential. Thank you for taking your time to complete the questionnaire and for your cooperation.

#### Section A: General Information

1. Gender of the respondent

Male

Female

2. Age of the respondent

20 to 30 years

31 to 40 years

41 to 50 years

51 to 60 years

Above 60 years

3. Level of education

College diploma

Degree

Masters

4. Cadre of employment

Medical Staff

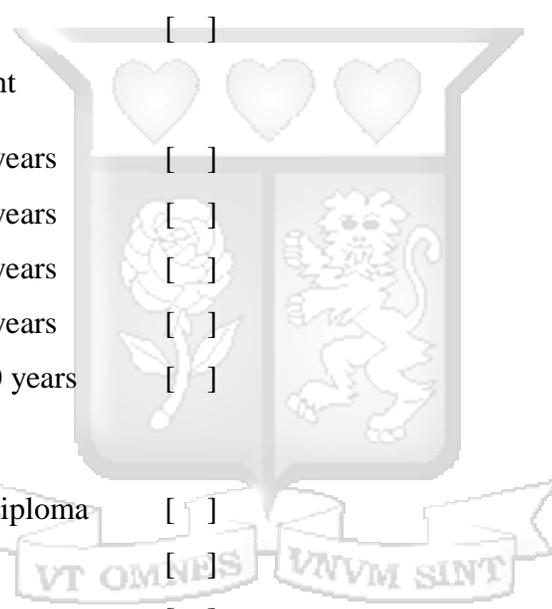
Management Staff

Support staff

5. Work experience

0-5years

6-10years

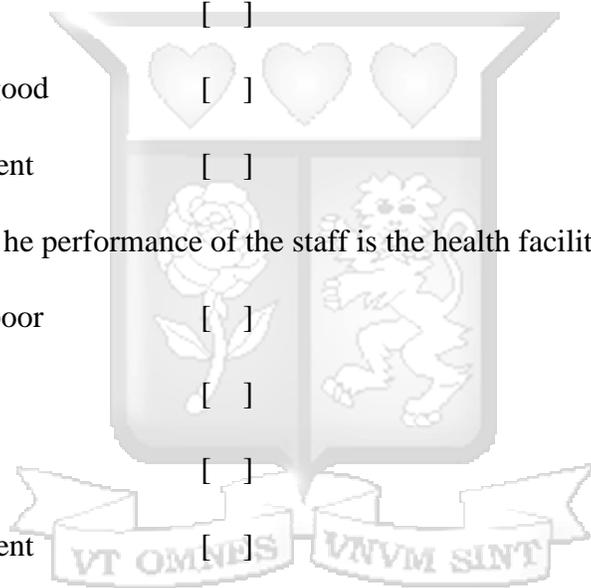


- 11-15years [ ]
- 16-20years [ ]
- 21-30years [ ]
- >31years [ ]

**Section B: Clients Information**

6. How can you rate the services in this health facility?

- Poor [ ]
- Good [ ]
- Very good [ ]
- Excellent [ ]



7. How can you rate the performance of the staff in the health facility?

- Very poor [ ]
- Poor [ ]
- Good [ ]
- Excellent [ ]

8. Would you refer other patients to come to this hospital for treatment?

- Yes [ ]
- No [ ]

**Staff Information**

9. For the time you have worked in this health facility have you ever thought of leaving the health facility?

- Yes [ ]
- No [ ]

If yes what are the **reason**

- Low salary [ ]

In search of jobs in urban areas [ ]

For more experience elsewhere [ ]

If no what are the reason

Am comfortable [ ]

Am getting good experience [ ]

Salaries are adequate [ ]

### Health facility management

10. In your health facility do you have any staff turnover?

Yes [ ]

No  [ ]

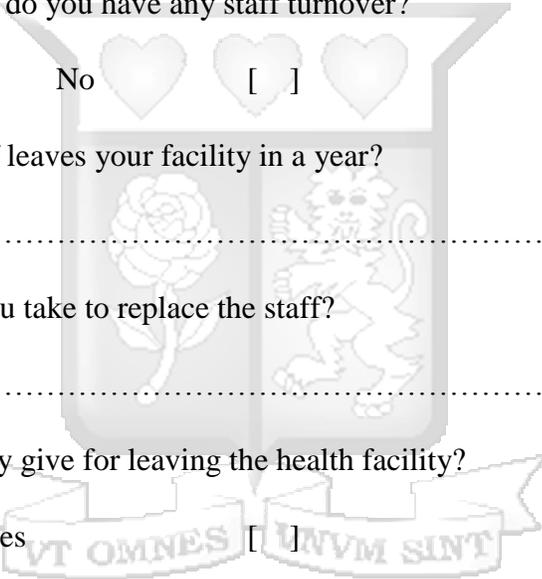
11. If yes how many staff leaves your facility in a year?

.....

12. If yes how long do you take to replace the staff?

.....

13. Which reasons do they give for leaving the health facility?

Low salaries  [ ]

Jobs in urban areas [ ]

For further trainings [ ]

### Section C: Human Resource Management Practices

#### Recruitment and Selection

14. To what extent do you agree with the following statement relating to the influence of recruitment and selection on performance of faith based health facilities in Kajiado County? 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree and 5 =Strongly agree.

Statement	1	2	3	4	5
In our organization vacancies advertised before employment					
In our organization interviews done before recruitment					
In our organization only skilled workers are recruited					
In our organization job description clear					
Employee sign contract agreements after recruitment					
Our organization looks for experienced employees in selection process					
Resume screening and short listing method used by the organization is satisfactory					
The criteria for short listing of candidates used by the organization is satisfactory					

15. How else does recruitment and selection influence performance of faith based health facilities in Kajiado County?

.....  
 .....

**Reward Management**

16. To what extent do you agree with the following statement relating to the influence of staff reward management on performance of faith based health facilities in Kajiado County? 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree and 5 =Strongly agree.

Statements	1	2	3	4	5
Bonuses are given at the end of the year and they improve my performance					
Overtime dues are given by the organization and they improve performance					
Leave allowance are provided by the organization and they improve my performance					
Staff salary increments are good and they enhance my performance					
Performing staff given certificates which enhances their performance					
Annually staff team building has an a positive impact on my performance					

17. How else does staff reward management influence performance of faith based health facilities in Kajiado County?

.....

**Staff Training**

18. To what extent do you agree with the following statement relating to the of staff training on performance of faith based health facilities in Kajiado County? 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree and 5 =strongly agree.

Statements	1	2	3	4	5
Training reduces dissatisfaction, discontent, absenteeism and employee turnover					
Promotional training which gives priority to existing staff is a great morale booster and leads to greater efficiency					
Investment in training especially management development produces tangible results in the long run.					
Training helps in improving of the way work is conducted					
Training helps in decreasing physical work load					
Training helps in coping with dangerous situations at work					
Am satisfied with training opportunities for professional growth					
My organization is dedicated to my professional training development					
I am satisfied that I have the opportunities to apply my talents and expertise					
I am satisfied with the investment my organization makes in training and education					

19. How else does staff training influence the performance of faith based health facilities in Kajiado County?

.....  
 .....

**Career development**

20. To what extent do you agree with the following statement relating to the the influence of career development on performance of faith based health facilities in Kajiado County? 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree and 5 =Strongly agree.

Statements	1	2	3	4	5
orientation should not stop at the recruitment stage of new employees but should be a continuous process					

When employees get to know that each one of them has an equal chance of making it to the top, it becomes easy for them to put in their best					
the prospect of career advancement might in itself motivate employees to work hard					
employees aspire to progress steadily in organizations for which they work					
lack of advancement, for any reason, damages a manager's chances of making it to the top					
Mentoring offers a wide range of advantages for development of the responsibility and relationship building					
A mentorship help an employee feel less isolated at work, too, and encourage him to interact more with others					
Mentorship help an employee with tips on career growth and introduce the employee to other professionals					

21. How else does career development influence performance of faith based health facilities in Kajiado County?

.....

.....

**Section D: Performance of Faith Based Health Facilities**

22. To what extent do you agree with the following statement relating to performance of faith based health facilities in Kajiado County? 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree and 5 = strongly agree.

Statements	1	2	3	4	5
We offer quality service to all patients					
We offer service to our customer within the shortest time possible					
Our customers are really satisfied with our service					
Our staff productivity is high					
We retain our staff through competitive human resource practices					

**Thank you**