

**THE INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON
EMPLOYEE SATISFACTION IN PUBLIC HEALTH INSTITUTIONS: A CASE OF
NAIROBI COUNTY**

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**A THESIS SUBMITTED TO THE STRATHMORE UNIVERSITY BUSINESS SCHOOL IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER
OF COMMERCE AT STRATHMORE UNIVERSITY**

OCTOBER 2022

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 thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

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DEDICATION

This research is dedicated to my family who supported me throughout the process and gave me moral support

ACKNOWLEDGEMENT

I would like to express my appreciation to my supervisor Dr. Tabitha Waithaka who offered me great and continual guidance for this research. Special thanks to her for all the help and encouragement she gave me. I would also like to sincerely thank my family for their continuous support and encouragement.

Table of Contents

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
LIST OF FIGURES	viii
LIST OF TABLES	ix
LIST OF ABBREVIATIONS AND ACRONYMS	x
ABSTRACT	xi
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the study	1
1.1.1 Human Resource Management Practices	2
1.1.2 Employee satisfaction	4
1.1.3 Public health sector	6
1.2 Problem Statement	7
1.3 Research Objective	10
1.3.1 Main Research Objective	10
1.3.2 Specific Research Objectives	10
1.4 Research Questions	10
1.5 Scope of the study	11
1.6 Significance of the study	11
1.7 Chapter Summary	11
CHAPTER TWO	12
LITERATURE REVIEW	12
2.1 Introduction	12
2.2 Theoretical Foundation	12
2.2.1 Stacey Adam’s Equity Theory	12
2.2.2 Motivator-Hygiene Theory	13
2.3 Empirical Review	14
2.3.1 Training and Development and Employee Satisfaction	14
2.3.2 Compensation and Employee Satisfaction	16
2.3.3 Recruitment and Selection and Employee Satisfaction	18

2.4 Research gap	19
Table 2.1 Summary of Research Gaps	21
2.6 Conceptual framework	22
2.7 Operationalization of study variables	23
2.8 Chapter Summary	24
CHAPTER THREE.....	25
RESEARCH METHODOLOGY.....	25
3.1 Introduction	25
3.2 Research Philosophy	25
3.3 Research Design	25
3.4 Population of the Study	26
3.5 Sampling Design	26
3.6 Data Collection.....	26
3.7 Data Analysis	26
3.8 Quality of Research.....	27
3.9 Ethical Consideration	28
3.10 Chapter Summary	29
CHAPTER FOUR.....	30
DATA ANALYSIS, RESULTS, INTERPRETATION AND FINDINGS.....	30
4.1 Introduction	30
4.2 Response Rate	30
4.2.1 Age versus Gender	30
4.2.2 Cadre versus Experience.....	31
4.3.3 Type of Institution.....	32
4.4 Descriptive Statistics	32
4.4.1 Training and Development and the Satisfaction of Employees	32
4.4.2 Compensation and Satisfaction of Health Workers in Public Health Institutions	34
4.4.3 Recruitment and Selection	35
4.4.4 Employee Satisfaction in Public Health Institutions	36
4.5 Inferential Statistics	38
4.5.1 Correlation Analysis	38
4.5.2 Regression Analysis for Training and Development and Employee Satisfaction	39
4.5.3 Regression Analysis for Compensation and Employee Satisfaction	41

4.5.4 Regression Analysis for Recruitment and Selection and Employee Satisfaction	42
4.6 Chapter Summary	44
CHAPTER FIVE.....	45
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS	45
5.1 Introduction.....	45
5.2 Discussion of the Findings	45
5.2.1 Training and Development and Employee Satisfaction	45
5.2.2 Compensation and Employee Satisfaction.	46
5.2.3Recruitment and Selection and Employee Satisfaction.....	48
5.3Conclusion.....	49
5.4Recommendations.....	50
5.5 Study Limitations and Suggestions for Further Studies.....	51
5.6 Chapter Summary	51
References.....	52
APPENDIX ONE : RESEARCH QUESTIONNAIRE.....	62
APPENDIX TWO: ETHICAL APPROVAL LETTER.....	67
APPENDIX THREE: NACOSTI.....	68
APPENDIX FOUR: PLAGIARISM REPORT	69
APPENDIX FIVE: PUBLIC HEALTH INSTITUTIONS	71

LIST OF FIGURES

Figure 1 Conceptual Framework

22

LIST OF TABLES

Table 2.1: Summary of Research Gaps	21
Table 2.2: Operationalization of variables	23
Table 3.1: Reliability Test Results	27
Table 4.2: Gender versus Age	29
Table 4. 3: Cadre versus Years in the Institution	30
Table 4. 4: Type of Institution	31
Table 4. 5: Training and development Descriptive Statistics	32
Table 4. 6: Compensation Descriptive Statistics	33
Table 4. 7: Recruitment and Selection Descriptive Statistics	35
Table 4. 8: Employee Satisfaction Descriptive Statistics	36
Table 4. 9: Summary of mean scores	38
Table 4.10: Correlation Analysis Results	39
Table 4.11: Regression Analysis for Training & Development & Employee Satisfaction	40
Table 4.12: Regression Analysis for Compensation and Employee Satisfaction	41
Table 4.13: Regression Analysis for Recruitment & Selection & Employee Satisfaction	43
Table 4.14: Regression Analysis for HRM practices and employee satisfaction	44

LIST OF ABBREVIATIONS AND ACRONYMS

HRM – Human Resource Management

CBA – Collective Bargaining Agreement

HRH-Human Resource for Health

ABSTRACT

Human resources are the backbone for the provision of quality services in every organization. High level of satisfaction among employees brings about a higher level of work force retention and most importantly customer satisfaction. This applies to all sectors including the health sector. The health systems cannot function efficiently without enough skilled and satisfied health workers. There is a global crisis in the health workforce characterized by the rampant strikes pointing to employee dissatisfaction. In order to solve these problems, policies and actions need to address the dynamics of the health labor market and management of the health workforce to enhance employee satisfaction. The purpose of this study was to analyze the influence of human resource management (HRM) practices on employee satisfaction in public health institutions in Nairobi County. The objectives of the study were to find out the influence of training and development on employee satisfaction of public health workers in Nairobi County, to find out the influence of compensation practices on employee satisfaction in the public health sector in Nairobi County and to establish the influence of recruitment and selection on employee satisfaction of public health workers in Nairobi County. This study was anchored on two theories which are the Motivator-Hygiene theory and the Equity theory. The study adopted a cross-sectional descriptive research design and a total of 172 respondents were drawn from the health facilities in Nairobi. Data was collected by administering questionnaires to the respondents and the data collected was edited, cleaned, and coded and analyzed using descriptive analysis techniques such as mean, mode and standard deviation. The study then used a regression analysis model to express the relationship between the independent and dependent variables as well as to estimate the effect of the dependent variables on the independent variable. Results showed that recruitment and selection was the mostly adopted human resource management practice, followed by training and development then compensation as shown by their overall mean scores. On the influence of each (HRM) practice on employee satisfaction, the (HRM) practices: training and development, compensation and recruitment and selection were found to be significant to employee satisfaction in public health institutions in Nairobi County. The study however had limitations, in that it was only limited to three HRM practices and only looked at 3 cadres in the public health sector. The results therefore are not generalizable to all the other HRM practices and other cadres. Further research should therefore be done to find out what influence other HRM practices have on employee satisfaction in public health institutions and in other cadres.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The employment relationship is undergoing fundamental changes that have implications on the attraction, motivation, and retention of talented employees. The growing international competition due to globalization and deregulation of markets require organizations to become more flexible for them to increase their productivity(King, 2000). For any organization to function, it requires a reliable and consistent source of labor.

When it comes to universal health coverage, it is no different. An important part of universal health coverage is the human resources for health that deliver health care services, without whom its success cannot be guaranteed (Sousa et. al., 2013).Human resource for health(HRH) are the private and public sector doctors, nurses, midwives, pharmacists, technicians, and other paraprofessional personnel, as well as untrained and informal-sector health workers, such as practitioners of traditional medicine, community health workers, and volunteers(W.H.O, 2006). Human resources are an important component of the health sector especially when it comes to providing basic health services.

In Africa, the health sector and especially in the public sector, is seriously affected by the migration of health professionals, as most of the continent's population relies on its countries' public health systems(Dulo & Mwaniki, 2008). While it is true that people produce their own health, the effectiveness of health services depends upon satisfied health workers and support systems. It is impossible for the health systems to operate without the people who run them. This is because health systems are increasingly getting complex as they try to integrate factors such as provision of public and private health services, primary healthcare, chronic and aged care, among others. The health sector is rapidly evolving to adapt to the new epidemiological, societal, technological, and environmental realities.(Figuroa, Harrison, Chauhan, & Meyer, 2019).

The health achievements and success highly depend on the frontline health workers who connect people and communities to services and technologies. It may be obvious that sound human

resource management of healthcare workers is critical for the functioning of a healthcare system, but the importance of human resource management (HRM) seems to be overlooked (Kabene, Orchard, Howard, Soriano, & Leduc, 2006). The presence of high-quality and satisfied staff is not only a key aspect of health system performance but also one of the most difficult inputs to ensure. Job satisfaction of health workers is important for motivating employees and improving efficiency, as higher employee satisfaction is known to improve employee performance and patient satisfaction (Deriba, Sinke, Ereso, & Badacho, 2017)

Human resources management (HRM) is an important management task in the field of healthcare as well as other services sectors, where the customer facing challenges because of staff's performance who have the experience and the quality of performance (Howard et al., 2006). Also, the human resource management plays a vital role in the success of the reform of the health sector (Elarabi & Johari, 2014). The current study intended to find out whether a relationship between HRM practices and employee satisfaction holds within the Kenyan context and especially in the health sector.

1.1.1 Human Resource Management Practices

Human resource management (HRM) is one of the important success indicators of an institution. HRM practices refers to different policies and their implementation involved in carrying out the human resource aspects in an organization. These include compensation, recruitment and selection, performance appraisal, training and development, human resource planning and job analysis (Dessler, 2007). There are five major areas linked to successful HRM practices which are compensation and benefits, safety and health, staffing, employee labor relations and human resource development (Mondy and Noe 2005).

Researchers have recognized that one of the most important part of any organization is the human capital. This is because organizational goals can be achieved through them. Employees are also considered to be the main resource of organization to gain competitive advantage over market competitors. Organizations mostly rely on skilled employees to be creative, productive and innovative to deliver excellent customer service. According to Mensah (2004) organizations sustain and increase competitive advantage through strategic planning of human resources which

is entirely dependent on the efficiency of employees. Replacing workers is costly; training new employees is less secure and finding skilled employees can be difficult (Cascio 2005). Lochhead and Stephens also concedes that the expense incurred in recruiting, selecting and training new employees new employees is higher than the annual compensation of the position being filled, thus employee satisfaction is key in order to retain employees.

All the elements of HRM practices are important in ensuring that the HRH are managed and empowered well for them to provide quality services. In a study conducted by WHO in 2008, it was identified that some of the major challenges that affected the human resource for health included: inadequate payment, motivation, training, and supervision as well as the poor working environment(Augustine, Kiplagat, & Lake, 2012).In a world health report written in 2006, it launched the health workforce decade (2006-2015) with high priority given on three core objectives which were: slowing down the migration of health workers, improving recruitment and helping the existing workforce perform better. The report emphasized HRH management practices and planning as major strategic priorities to achieve the core objectives. This is because, several low and low-middle income countries are facing critical HRH management challenges such as limited education and training capacities, poor recruitment and retention strategies, poor working conditions, and remuneration(Chen, et al., 2004).

In Kenya, the health sector also recognizes that human resources are critical when it comes to the health outcomes, and this has led to concerted efforts to address the HRH management issues. The health policy 2011–2030 and strategic plan for human resources have addressed the challenges of human resources for health. When the health system was devolved, the establishment of human resource management at the county level is expected to address the challenges faced by HRH in each county(Kiambati, Kiiio, & Toweett, 2013).

Given the importance of the HRM practices in organizations, an organization must ensure that the HRM system is working effectively, and this can be achieved by making sure that the HRM practices are a good fit with its internal and external environment. Researchers have identified different types of HRM practices that are implemented in different sectors. Bernardin and Russel (1993) opined that over the years, training has become increasingly popular as an HR tool for improving employee and managerial performance in organization. Buck and Watson (2002)

indicated nine important HRM practices such as decentralization, compensation, participation, training and development, employment security, social interactions, management style, communications, and performance appraisal. Klaus, LeRouge & Blanton (2003) expressed that, through better job assignment or work design; employees may display greater commitment, leading to better job performance. The best human resource practices areas are recruitment and selection, socialization, job design, training, communication/participation, career development, performance management, employee reward and job security (Huselid 1995).

In a study conducted in India, Anand, (2016) explored five HRM practices i.e., recruitment and selection, training and development, salary allowances and other payments, working conditions and other facilities and performance appraisal and found that training and development was the highest predictor when it came to employee satisfaction. (Irimu, et al., 2018) also noted that one of the major issues with health workers, relates to the CBA agreement. This was an agreement between the Kenyan government and the health workers due to the strikes that were happening. The agreement is anchored on four pillars which are: training, employment, working environment and conditions and pay/compensation. From the various HRM practices that the different studies discussed, this study adopted training and development, compensation and recruitment and selection borrowed from (Irimu, et al., 2018) given that the four HRM practices are key in the CBA agreement which has a direct impact on the public health workers.

1.1.2 Employee satisfaction

The definition of employee satisfaction varies from person to person and even in the same person from time to time. Different scholars have different approaches towards employee satisfaction. Hoppock (1935) defined employee satisfaction as a combination of environmental, psychological, and physiological circumstances that lead to employees being satisfied with their jobs. According to Hoppock, although job satisfaction is influenced by other external factors, its basis is internal and has to do with how and the way an employee feels about a job. On the other hand, Vroom's (1964) definition focuses on the role the employee plays at the workplace. That, employee satisfaction is affective orientation on the individual's part towards work roles which they are presently occupying. Job satisfaction generally refers to an evaluation made by the employee of the job and its environment (Smith, Kendall, & Hulin, 1975).

The topic of employee satisfaction is particularly relevant to public health practitioners since they deliver services to the larger percentage of the citizens and the fact that organizational and employees' health and well-being rest a great deal on job satisfaction(Adams & Bond, 2000). When it comes to employee satisfaction among healthcare professionals, it is increasingly being recognized as a measure that should be included in quality improvement programs. Low satisfaction can result in increased staff turnover and absenteeism, which affects the efficiency of health services.(Chaulagain & Khadka, 2012).

Despite the important attention human resource issues have received in recent years, health workers in many low incomes and developing countries, report their superiors taking little interest in their job satisfaction and work environment. Smith and Cain (1974) noted that some of the ways in which employees' satisfaction was measured was by monitoring the changes in productivity, grievances, absences, and turnover rate. In a study to evaluate job satisfaction among employees, Mani (2017) noted that some of the ways that one can measure employee satisfaction was by looking at , responsiveness, and quality of work to gauge if the employees are satisfied and if so, to what extent. Lam, Zhang and Baum (2001) noted that it was important for organizations to measure job satisfaction on a continuous basis and some of the ways they could do that was by looking at job attributes, organizational commitment, and absenteeism

In a study to evaluate the satisfaction of teachers in Kenya, Ogonda, Orwa, Peter and Jedida (2015) measured employee satisfaction by looking at factors such as commitment punctuality, goal achievement, performance, company growth and development. The measure of employee satisfaction for this study was then borrowed from studies by both (Smith & Cain, 1974 ; Ogonda, Orwa, Peter, & Jedida, 2015) given that the two give a wholesome approach to satisfaction in that they cover the major aspects of satisfaction. Employee satisfaction was measured by looking at the retention rate, absenteeism rate and employee commitment.

One of the measures of employee satisfaction in the study was employee retention. Employee retention is the process where an employee is encouraged to stay in an organization for the maximum period or until the project is complete (Sandhya & Kumar, 2011). According to Osteraker (1999)retention is divided into three dimensions, i.e., physical, mental, and social factors. The mental aspect consists of work characteristics for example flexible work tasks which enables the employee to use their acquired skills and see the results of their efforts which in turn,

helps in retaining the valuable resources. The social aspect consists of the contacts that the employees have with other people, both internal and external. The physical aspect consists of work conditions and remuneration. Retention can also be viewed as an obligation to continue to do business or continue to give their services to a particular company on an ongoing basis (Zineldin, 2000).

The other measure of employee satisfaction in the study was employee commitment. Steers (1977) refers to employee commitment to the agreement between organizational goals and employee goals whereby the employee identifies with and extends effort on behalf of the general organizational goals. Employee commitment is better explained by the three-component model of commitment which consists of the affective, continuance and normative. The affective construct refers to employees' emotional attachment to, identification with, and involvement in, the organization. The continuance construct refers to commitment based on the costs that employees associate with leaving the organization. The normative construct refers to employees' feelings of obligation to remain with the organization (Allen & Meyer, 1990). Tziner (2006) found that the level of job satisfaction of an employee is often depicted by the level of commitment that the employee has to the organization.

The final measure of employee satisfaction was absenteeism rate. Absenteeism is a habit of absence from duties at the workplace. Traditionally, absenteeism was viewed as an indicator of poor employee performance. It was seen as a management problem and framed in economic terms. More recent scholars seek to understand absenteeism as an indicator of psychological, medical, or social adjustment to work (Thirulogasundaram & Sahu, 2014). According to Luthans (1995) various studies have generally shown a consistent inverse relationship between job satisfaction and employee absenteeism. Even though the inverse relationship has been found to be moderate, the underlying assumption is that absence is at least in part, the result of dissatisfaction on the job

1.1.3 Public health sector

Kenya's healthcare system is structured in a hierarchical manner that begins with primary healthcare, where the lowest unit being the community, and then graduates, with complicated cases being referred to higher levels of healthcare. Over the years, Kenya has strived to overcome development obstacles and improve the socioeconomic status of her citizens, including health. In

the Vision 2030, health is one of the components of delivering the Vision's Social Pillar, given the key role it plays in maintaining the healthy and skilled workforce necessary to drive the economy. To achieve this goal, one of the projects that the government plans on working on is the overall development of the human resource for health.

As per the 2010 Kenyan Constitution, the health sector was devolved to the county level. Each county is required to have a health department whose role is to coordinate and manage the delivery of healthcare mandates and services at county level (KPMG, 2013). The county health department sits in the county government management structure. The policy sets out the formation of county health management teams that will provide technical and professional management structures in the county that will coordinate the health service delivery through the health facilities present in each county.

However, the devolution of health services to county level has had a unique challenge to the health care systems. Counties have experienced massive misappropriation of funds and numerous strikes by health workers because of the low satisfaction levels among the employees. In the year 2016, the health sector suffered over 20 strikes from January to October 2016 and this was just the beginning. The strikes greatly affected the service delivery to Kenyan citizens and the efficiency of health services suffered a big blow especially in the public sector (Ongori, Oluoch, & Adoyo, 2019). These problems in the health sector have increased the attention being focused on human resources management (HRM). This is because the performance and the benefits the health system can deliver depends largely upon the knowledge, skills, and satisfaction of those individuals responsible for delivering health services.

Some of the issues of greatest relevance when it comes to satisfaction of the employees in the health sector are workforce training issues, migration of health workers, better workforce planning, attention to issues of pay and other rewards and improved overall management of the workforce. Given that there are other factors such as differences in economic growth and demographics within the different areas of study, the relationship between human resource management and health care employees is very complex, and it merits further examination and study.

1.2 Problem Statement

In recent years, the situation of human resources for health (HRH) in many sub-Saharan African countries has been commonly described as the crisis in human resources for health. One of the

major contributors to this crisis, is attrition of the health workforce which is mostly brought about by resignation of health workers. The health workers leave the public health sector for the private sector, for more attractive occupations in the home country, or to emigrate to work in health facilities in richer countries, in search of better pay and working conditions (Dolvo, 2005). In the literature of HRM practices interventions to improve health workers' satisfaction and motivation in low and middle-income countries, hardly any attention has been paid to the question how HRM practices might bring about outcomes and in which contexts. Such information is, however, critical to assess the transferability of results (Dieleman, Gerretsen, & Wilt, 2009)

In a study conducted to compare the level of job satisfaction and intention to leave among health workers in Tanzania, Malawi and South Africa, the study showed that there was a very high level of dissatisfaction in the employees working in public health institutions as compared to those in private and non-governmental institutions. One of the study's main observations was that the dissatisfaction was mostly among the young health professionals. The study noted that interventions to improve job satisfaction needed to include remuneration, selection, training, and deployment. However, the researchers also found that there are very few studies that have rigorously evaluated the impact of such interventions on the job satisfaction of health professionals and none from lower income countries (Blaauw, et al., 2013)

Roe, Zinovieva, Dienes and Horn (2001) conducted a study, on developing a tool to measure satisfaction among health professionals in Sub-Saharan Africa, the researchers came up with a model on job motivation and satisfaction. The study showed that the model cannot be implemented in all other countries and especially in developing countries. In wealthy and developed countries where the basic and security-related needs are met, individuals are more focused on needs related to self-esteem and personal accomplishment, in contrast to people in developing countries. In places such as Africa, some groups at the bottom of the social hierarchy give less importance to certain intrinsic work characteristics and pay more attention to extrinsic values because of the circumstances of the areas they live in.

Kenya, just like other developing countries discussed in the studies, is facing a human resource crisis in the public health sector. Many of its health professionals, such as doctors and nurses, are going on strikes or migrating to developed countries to seek better employment prospects. Within the country itself healthcare employees are migrating to work in urban areas for the same reason

(Dolvo, 1999).The public health sector in Kenya, has witnessed several strikes by health workers in different counties as well as resignation of some health workers, especially doctors and nurses. In a report by the public service commission, it was noted that medical specialists and nurses were the two out of three cadres that had the lowest retention rate due to low satisfaction level of the employees (Public Service Commission, 2017).

The human resource management practices play a big role in the satisfaction and retention rates of the health workers in Kenya. This is because the major issue relates to employee CBA terms with the government which was not honored by both the national and county governments as promised (Irimu, et al., 2018). The CBA is anchored on four pillars which are: training, employment, working environment and conditions and pay, which directly impact employee satisfaction of the health workers. Buchan (2004) wrote a research paper on how HRM has been defined and evaluated in other sectors. The author was comparing how HRM affects the health sector as compared to other sectors. The health sector has focused mostly on structural change, cost containment, the introduction of market mechanisms and consumer choice but with little direct attempt to address HRM aspects. This is mostly because, all the general research on effects HRM on employee performance and satisfaction, focuses on the private sector. This is because much of it relies on measures such as profits and return on sales and this cannot readily be applied to the health sector and especially public health because profit making is not the main objective of this organization.

In a study conducted in Bangladesh, Shaheed, Rahmanand & Uddin (2012) studied the role of HRM practices on job satisfaction in both the private and public banking sector in Bangladesh. The study adopted the exploratory research design where they used the survey method to collect the required data. The research found that HRM practices in the public sector are a bleak subject compared to the attention that the private sector devotes to making sure that they improve on the practices as regularly as possible.

Pandey (2020) conducted a study in the financial sector in Nepal, the researchers found that HRM practices such as selective recruitment, training and development and sharing of information do not have a major effect on employee satisfaction. This is because a practice like training and development has not been customized to influence employee satisfaction in their financial sector.

The study showed that there are some factors that need to be incorporated in the HRM policies which incorporate the different dynamics in their economy that seem to influence job satisfaction.

From the above studies, different studies brought about mixed findings on the relationship between HRM practices and employee satisfaction. Some studies showed that there was no relationship between HRM practices and employee satisfaction while other studies indicated a positive relationship. Additionally, the various HRM practices have been seen to have a different effect on different sectors of the economy as well as different countries due to the difference in the economic status. The study therefore focused on establishing the effect of HRM practices on employee satisfaction in the public health facilities in Nairobi County .

1.3 Research Objective

1.3.1 Main Research Objective

The main objective of the study was to establish the influence of human resource management (HRM) practices on employee satisfaction in the public health institutions in Nairobi County.

1.3.2 Specific Research Objectives

- i) To determine the extent to which training and development influence employee satisfaction of public health workers in Nairobi County
- ii) To determine the extent to which compensation practices influence employee satisfaction of public health workers in Nairobi County.
- iii) To establish the extent to which recruitment and selection influence employee satisfaction of public health workers in Nairobi County

1.4 Research Questions

- i) To what extent does training and development influence employee satisfaction of public health workers in Nairobi County?
- ii) To what extent does compensation practices influence employee satisfaction of public health workers in Nairobi County?
- iii) To what extent does recruitment and selection influence employee satisfaction of public health workers in Nairobi County?

1.5 Scope of the study

The study mainly focused on the public health facilities in Nairobi County. There are a total of 79 public health facilities which are made up of county hospitals, health centers, clinics, and dispensaries. The study mainly focused on medical nurses, clinical officers and medical specialists in the various public health facilities given that they are the ones who are highly affected by low satisfaction levels. The study focused on the three respondents from each institution which made up a total of 237 respondents across the 79 institutions. This study was carried out between the months of July and August 2021.

1.6 Significance of the study

The study will benefit the public health sector and the management at large, by helping them gain an understanding on the human resource management practices that affect the satisfaction level of their employees. This will inform their decisions when it comes to the practices, they will implement with an aim of increasing the level of employee satisfaction.

The study will also be of significance to the relevant policy makers which are both the county government and the Ministry of Health. The study will give guidance in the development and implementation of the various human resource practices when dealing with factors like budget allocations to make sure that the practices and their implementation are geared towards improving employee satisfaction in the health sector.

Lastly, this study will also add onto the body of literature on human resource management practices and employee satisfaction in both developing countries and other sectors as well. This will be important because there are different dynamics in HRM and employee satisfaction in the other various sectors in the economy as well as other developing countries.

1.7 Chapter Summary

This chapter focused on the variables clearly bringing out the different concepts around them. It has also discussed the objectives of the study, both general and specific. Further it has detailed on the problem statement, significance of the study and the industry in which the study was carried out.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter, relevant literature information that is related and consistent with the objectives of the study is reviewed. A review of various theories and empirical literature relevant to the influence of human resource management practices on employee satisfaction is done relevant to the conceptual framework. The specific areas covered include theoretical framework, empirical review, research gap, conceptual framework, and the operationalization of the variables.

2.2 Theoretical Foundation

This section looks at the various theories anchoring this study namely Equity theory and Motivator-Hygiene Theory.

2.2.1 Stacey Adam's Equity Theory

The equity theory was invented by John Stacey Adams in 1965. The theory suggests there should be equity between the employees' inputs and outputs (Rothmann & Cooper, 2015). The inputs can be viewed as the effort the employees put in their jobs while the outputs are the rewards the employees get. According to this theory, the employees compare the rewards they are getting, for example compensation or career progression, to the work they are putting in as well as what their colleagues in other organizations are getting (Gupta & Saxena, 2011)

One of the ways equity can exist is when the employees' input-output ratio is comparable to that of other employees in the same profession (Robbins, Decenzo, & Coulter, 2012). However, when the employees feel that the input-output ratio is not fair, it creates a state of disequilibrium in the workplace where the employees feel that their existing working environment is unfair. This in turn reduces the commitment and intention to stay in the organization. With respect to this theory, it is important that the maximum impact of different HRM practices is delivered in the organization so that the output that the employees expect are met. Given that the reward can either be intrinsic or extrinsic, organizations are keen on the fact that employees exhibit different behaviors and needs (Montana & Charnov, 2008).

The theory has been introduced in this study to help support the concept of fairness and equity, to ensure that employees rewards are consistent with their inputs. Employees perception of fairness in an organization affects employee satisfaction (Chukwuka & Nwakoby, 2018). This theory puts

forward that employees seek to maintain equity between the input they bring into a job such as education, time, experience, commitment, and effort while the outcome they receive from it such as promotion, recognition and increased pay against the inputs and outputs of other employees. This shows that human resource has different responsibilities for several output that employees receive as part of their exchange with their employers. Factors such as salaries, wages, training, promotions, and disciplinary actions are part of these outcomes that HRM administer (Folger & Cropanzano, 1994). Hence, it is imperative that the maximum impact of organizational functions of human resource practices is delivered at the public health institutions. HRM plays a major role in employees' perceived fairness of outcomes. Therefore, equity theory will be helpful to the relevant management in finding out what rewards/output the employees' desire.

2.2.2 Motivator-Hygiene Theory

This theory, which is also known as the two-factor theory, was credited with advancing research on job satisfaction by Fredrick Herzberg. He came up with this theory by finding out what exactly they want from their jobs. The employees were required to describe instances when they felt happy or sad when at their jobs. After the analysis it was noted that they are dissatisfied and satisfied at the work. The theory basically comes down to motivators and hygiene factors. (Thiagaraj & Thangaswamy, 2017).

Motivators were considered the satisfying events described in the interviews that were conducted. They included factors such as recognition at work, potential for growth, achievement, work itself, responsibility, and salary. When it came to when the employees felt unhappy, they often brought up factors such as supervision, work conditions, pay, personal life, job security and policy and administration. These were then classified as hygiene factors and it was noted that they were disruptions in the workplace, while the former was noted to deal with the mind-set of the employees (Smerek & Peterson, 2007). This theory was different from the understanding at the time it was invented. The duality of the theory contradicted the notion that one factor alone can affect the employees. For example, it was common for people to believe that one could only implement one factor like increasing salary or something like better supervision and that would certainly increase an employee towards greater job satisfaction.

Quah, Yusoff, Hadigunawan and Wahid (2021) argued that Herzberg in his theory raised self-psychological factors such as salaries, recognitions, and promotions, as well as motivational factors to be the backbone to job satisfaction. The two factors are not dependent on each other where the motivating factors such as personal progress and development, employment and performance, affect a person's work effectiveness, while the hygiene factors such as salary, working conditions, relationships with colleagues influence employee satisfaction. Zaid et al. (2020) argue that hygiene factors if met will give results to job satisfaction and can avoid dissatisfaction. While the motivating factor if met can be the driving force to the commitment of employees to give the best.

Hariri, Karwan and Haenilah, (2020) stated that administrations and leaders need to pay attention to these two factors in ensuring job satisfaction among teachers, where factors such as appropriate rewards are implemented so that teachers feel satisfied. This theory can be used as a basic guide to the relevant managers and administration in the public health institutions to ensure the health workers' satisfaction by identifying which motivators they can increase as well as which hygiene factors affect their employees a lot so that they can improve on them to enhance job satisfaction

2.3 Empirical Review

This section reviews studies relating HRM practices and employee satisfaction. The HRM practices the study focused on are training and development, compensation and recruitment and selection.

2.3.1 Training and Development and Employee Satisfaction

Training can be defined as the process of learning provided to new and existing employees that provides knowledge and technical skills as well as developing attitudes of behavior to be more effective in their jobs (Anna & Thanos, 2008). However, for this to happen, employees need to be involved in those programs as well as their planning and there must also be a relationship between employee and employer so that the best kind of training can be provided to the different types of employees in the organization (McConnell, 2004). Development is whereby the organization prepares their people for future tasks and any arising issues in the industry (Kadiresan, Selamat, Selladurai & Mohamed, 2015). Not all employees who join an organization are conversant with

the job when they join the organization. Training and development help to instill and improve skills of employees as well as enable the continuous process of learning as the dynamics in the field keep changing. (Ishwar, 1970)

Training and development can be used to induce skills and attitudes that will be transferred to the workplace by the employees. Several employees find that psychological values resulting from workplace learning are more satisfying than financial rewards that are offered (Rowden & Conine, 2005). In organizations where the management provides well designed training courses conducted by appropriate professionals, employees exhibit a higher level of satisfaction because they have a better understanding of their tasks (Choo & Bowley, 2007)

In the service industries, training and development increases employee satisfaction and their efficiency because employees understand their work leading to better services for the clients. In a study conducted among employees in four lodging companies in America, the findings of the study showed that employee satisfaction would be higher if employees could develop new skills through the training programs (Costen & Salazar, 2011). When it comes to the health sector the World Health Organization recommends that a continuous learning process should be developed from the very beginning of one's professional career and especially in health institutions for the patients to receive quality services. This is because continuous training gives employees a higher level of courage and satisfaction in what they do.

Further research shows that employees who go through training have increased level of satisfaction and love what they do because through these programs, training reduces the level of discrepancies and helps them perfect their craft as well as learn new skills (Joyce, 2015). Terera and Ngirande (2014) compared whether organizations should use training and development as an employee satisfaction tactic or for employee retention purposes. The results showed that there was a stronger relationship between training and satisfaction in comparison to the relationship with retention of the employees in the organization. Similarly, Anwar and Shukur (2015) conducted a study on training and development where the researcher set two separate research hypotheses, the first research hypothesis stated that the training would have positive impact on job satisfaction and the second research hypothesis which stated that the development will have positive impact on job

satisfaction. The results showed that although training and development were looked at separately, both had a strong positive impact on satisfaction independent of each other.

However, there are some studies that do not share the same school of thought. In a study conducted in Uganda, little to no relationship between training and development and employee satisfaction was found. Analysis of the collected data showed that employee training and development accounted for less than 11.8% of variation in job satisfaction (Picho, 2014). In a study on small companies Rowden (2002) found out that between workplace learning and training and development, the employees got more satisfaction from the former, as compared to undertaking training and development programs. These results showed that the employees were happier with availability of learning on the job as it made it more practical.

2.3.2 Compensation and Employee Satisfaction

Compensation can be defined as direct cash payments and indirect payments in form of benefits and incentives to motivate employees to strive for higher level of satisfaction and productivity (Cascio, 1995). Compensation is also seen as a reflection on employees' achievements and what they contribute to the organization (Ali, 2009). Compensation of employees can include both intrinsic rewards which are non-monetary rewards and extrinsic rewards which are monetary rewards. In the non-monetary system, organizations look at the psychological and physical well-being of the employees (Yaseen, 2013). Overall, compensation should be equitable, adequate, cost efficient balanced, secure, prompt and most importantly acceptable to the employees for them to be satisfied with what they get. (Nawab & Bhatti, 2011).

Compensation is considered a very crucial aspect especially to the employees. Good compensation practices influence employee satisfaction and organizational development by bringing out internal equity, competitiveness, and individual equity (Ali, 2009). Proper compensation enhances satisfaction among workers and creates fairness by rewarding people according to their contribution and competence. Dieleman, Toonen, Toure and Martineau (2006) stated that an organization's compensation practice is an important factor when it comes to attracting and satisfying talented employees. Equal compensation is highly effective when trying to satisfy employees and retain talent by ensuring that employees and colleagues making the same contributions in the organization, obtain the same compensation and no one is treated better than

the other. Individual equity allows employees to feel that their potential is fully rewarded making the employees feel satisfied and motivated with their jobs.

A report done by the World Health Organization, indicated that in most developing countries the health workers salaries are below the recommended minimum wage and that the compensation of those in public health institutions do not always match others in similar jobs (WHO, 2016). In most developing countries, the public health workers are paid less than their counterparts in other countries or in the private sector, the employees will look for means to supplement their low income therefore not being able to commit completely to their daily job which is already demanding in the first place (Wamunyu, 2016). In Nigeria, Chirdan, Akosu, Ejembi, Bassi and Zoakah (2009) conducted a study on health workers where the results showed that most workers were dissatisfied due to the salary they were paid and this lead to poor service delivery to the citizens. In a similar study conducted among anesthetists in Austria and Switzerland, the study found out that the health practitioners were dissatisfied in their job mainly due to the compensation practices in the respective countries (Kinzl, et al., 2005). A study in Uganda was conducted among the health workers in the country and the study found out that the health workers were dissatisfied especially with their compensation and working conditions. Among those sampled out, one in four would like to leave the country to improve their outlook. This mostly affected the physicians because more than half of them were ready to move to other countries mostly because of poor compensation(Hagopian, Zuyderduin, Kyobututungi, & Yumkella, 2009).

From the literature reviewed, compensation practices are crucial when it comes to employee satisfaction in general. However, there are some studies that brought out contradicting results. Yaseen (2013) conducted a study among Indian doctors where the results showed that work recognition, promotions, and tasks that employees found meaningful had direct effect on satisfaction of doctors especially. Compensation on the other hand, had a very low percentage in relation to its impact on satisfaction. The study concluded that in order to increase satisfaction of doctors, the government should focus on non-financial compensation. The effect of compensation on employee satisfaction can also vary due to the different circumstances in different countries.

In a study conducted in Europe, Diaz-Serrano and Vieira (2001) where they were looking at the variances in satisfaction between lowly paid employees and highly paid employees. They used

data covering the period 1994-2001 to test for the different levels of satisfaction. The results indicated that poorly paid employees showed a lower rate of satisfaction as compared to their well-paid colleagues in most countries. This however did not apply in the United Kingdom which was among the countries in the study. The study found out that the employees' low wages did not affect job satisfaction rather satisfaction was affected by other non-financial factors.

Some studies have also brought out that there is no universal strategy when it comes to compensation of health workers, and it all varies due to the different patterns and policies in each country. For example, in a study conducted in six African countries, there were health workers who were ready to go to work in developed countries. However, In Cameroon, a lack of promotion opportunities, poor living conditions, and a desire to gain experience ranked above poor wages as reasons why health-care professionals chose to migrate. However, in countries like Zimbabwe and Uganda wages were the most important factors.(Stilwell, et al., 2015)

2.3.3 Recruitment and Selection and Employee Satisfaction

Recruitment is the step taken when looking for suitable candidates and encouraging them to apply for the available vacancies (Nahid, 2017). Aswathappa (2010) describes recruitment as the process of searching for and obtaining applicants for jobs and from that, the appropriate people can be selected for the specific jobs. Hiring, satisfying, and retaining the effective employees is very important for any organization. To achieve a successful recruitment process, it is important for the organization to strengthen relationship with both the current employees and those they expect to join them. The goal here is to have a long-term relationship with people who the organization expects will be joining them (Shailashri & Shenoy, 2016)

In an industry like healthcare where the employees are what make up the industry, recruitment and selection is important. Since organizations employ people with different skills, they need to make sure that they harmonize their PO fit with the various categories of employees (Sekiguchi, 2007). A proper selection process has a positive impact on employee satisfaction, employee retention rate, and their productivity (Sutanto & Kurniawan, 2016). To achieve appropriate employee satisfaction, recruitment needs to be implemented so that employees can be aware of that which they are expected to do.

In developing countries like Ethiopia, there is little comprehensive research done that shows the influence of HRM practices on the satisfaction of employees towards a job Werku (2015) found that recruitment and selection was an important contributor to the employee satisfaction in the country's banking sector. Saleem, Majeed and Aziz (2013) concluded that among the factors that affect employee satisfaction, recruitment and selection was the practice that had a strong positive impact on employee satisfaction while the other factors such as organizational policy and strategy and nature of work showed a very weak correlation to employee satisfaction.

2.4 Research gap

Literature points to inconsistencies in the relationship between HRM practices and employee satisfaction. In some studies, such as (Shaheed, Rahman, Uddin, & 2012; Ali, 2009 ; Anand, 2016) among others, the studies show that there is a positive relationship between the different HRM studies in each study and employee satisfaction. However, it is also clear that not every researcher believes that the different HRM practices influence employee satisfaction or even if they do it is not always similar (Rowden, 2002; Green & Heywood, 2008).

Sarbapriya and Aditya (2011) conducted a study on the HRM practices and its effect on employee job satisfaction. The study was conducted in small and medium sized iron and steel manufacturing firms where they used questionnaires to collect the data required from 45 employees of the firms. The study found that factors like performance appraisal, participation in decision making, training and development, compensation had a significant association with job satisfaction. However, other practices such as recruitment and selection and job rotation had negligible impact on job satisfaction.

Abujudeh (2019) did a study on the role of Human Resource Management in employees' job satisfaction and organizational commitment. The researcher used secondary data that was collected from various research papers to develop the research hypotheses. The findings of the review showed a significant role of HRM practices for enhancing job satisfaction of the employees.

Faye, et al. (2013) found that the issue of what really motivates and brings about satisfaction among care providers in Africa has again become a core question for research on health system in sub-Saharan Africa. Research has focused mostly on how remuneration is the most important factor

for the health workers in developing countries. However, there is every reason to believe that, while money is necessary, the relationship between money and employee performance and satisfaction is not a positive linear relationship. This shows there is need for more research and a valid tool adapted to the sub-Saharan African context that would not only measure job satisfaction, but also identify its determinants and consequences.

Masood, Qurat-Ul-Ain, Aslam and Rizwan (2014) conducted a study on factors affecting employee satisfaction of the public and private sector organizations of Pakistan. The study was descriptive in nature and the researchers used questionnaires to collect data. The factors the study looked at were HRM practices in the organizations. The results of the study showed a significant relationship between the HRM factors and employee satisfaction and job performance. However, HRM policies such as pay and promotion had no significant relation with job satisfaction and performance.

Mishra, Aurolipy and Dash (2017) conducted a study on the impact of HRM practices on Job satisfaction and performance in the health sector in India. The study sampled 318 participants from the private hospitals and collected data by providing questionnaires. The study concluded that there was a positive relationship between HRM practices and employee satisfaction.

Tessema and Soeters (2006) conducted a study on the challenges and prospects of HRM in developing countries in the Eritrean civil service. The study showed that the Eritrean economic and political environment within which HR practices operate has not been conducive in maximizing the impact of HR practices. These findings highlight the situation of most developing countries.

In Argentina, Omar, Salessi and Urteaga (2017) conducted a study on impact of management practices on job satisfaction. The study was a quantitative and transversal study, framed within the guidelines of the associative-explanatory strategy. The HRM practices that the study looked at were oriented towards results, employees, rigid systems, permanent recruitment of new markets, and open systems on job satisfaction of employees. The study concluded that even these HRM practices have a positive impact on employee satisfaction.

From the above studies, the findings are that HRM practices either have a negative or positive impact on employee satisfaction or some of the practices have a more significant effect as opposed

to others. However, these studies were conducted in different institutions such as banks, private hospitals, manufacturing firms, among others. The inconsistencies in the studies have mostly been brought about by the studies being done in different geographical areas and thus different circumstances like the economy or the culture of the workers. This has brought out a gap of mixed findings where due to other factors, not all employees react the same way to the HRM practices. This creates a gap for future research whereby given the different factors in different countries, how would satisfaction of employees be affected by the HRM practices.

Table 2.1 Summary of Research Gaps

Study	Focus of Study	Findings	Research Gap	Focus of current study
Sarbapriya & Aditya, (2011)	HRM practices and its effect on employee job satisfaction in medium sized manufacturing firms	The HRM practices have a significant association with employee satisfaction except for recruitment and selection and job rotation	Focus of study was iron and steel firms and the negative relationship between satisfaction and recruitment and selection	Focus will be in public health sector facilities in Nairobi County
Abujudeh, (2019)	Role of Human Resource Management in employees' job satisfaction and organizational commitment	There is a significant role of HRM practices for enhancing job satisfaction of the employees.	Study used secondary data from other literature	Research will use primary data using questionnaires
Tessema and Soeters, (2006)	challenges and prospects of HRM in developing countries in the Eritrean civil service	The economic and political environment is not conducive to maximize impact of HR practices	Context of study is the political and economic factors in Eritrea	Context of study is the political and economic factors in Kenya
Mishra, Aurolipy and Dash, (2017)	impact of HRM practices on Job satisfaction and performance in the health sector in India	a positive relationship between HRM practices and employee satisfaction	Context of the study was conducted in the health sector in India	Context of study will be in health sector in Nairobi County

Masood, Qurat-Ul-Ain, Aslam and Rizwan, (2014)	factors affecting employee satisfaction of the public and private sector organizations	significant relationship between the HRM factors and employee satisfaction and job performance. Except for pay and promotion.	Focus of study was in both private and public sector in Pakistan	Study will focus on the public health sector in Kenya
Omar, Salessi and Urteaga, (2017)	impact of management practices on job satisfaction	HRM practices have a positive impact on employee satisfaction.	Study focused on rigid systems, permanent recruitment of new markets, and open systems as the HRM policies	Study will focus on compensation, training and development and recruitment and selection

Source: Researcher (2022)

2.6 Conceptual framework

This section depicts a relationship between the independent and dependent variable. It also looks at the independent variable and ways to measure them. They are: training and development, compensation practices, recruitment and selection. The dependent variable is employee satisfaction of the health workers which will be measured using the retention rate and absenteeism rate of the employees.

Figure 1: Conceptual Framework

Independent Variable

HRM Practices

- Training and Development
 - Training programs
- Compensation
 - Compensation package
 - Incentives
 - Prompt payment
- Recruitment and selection
 - Transparent process
 - Accurate information
 - Suitable methods

Dependent Variable

Employee Satisfaction

- Retention rate
- Absenteeism rate
- Employee commitment

Source: Researcher (2022)

2.7 Operationalization of study variables

This section explains how the study variables were operationalized.

Table 2.2: Operationalization of variables

Variable	Construct	Operation Definition	Measurement Indicator	Source
Independent variable	Training and development	The process of learning provided to new and existing employees that provides knowledge and technical skills as well as developing attitudes of behavior to be more effective in their jobs	Extent measured through a 5-point Likert scale	Anna and Thanos (2008)
	Compensation practices	Direct cash payments and indirect payments in form of benefits and incentives to motivate employees to strive for higher level of productivity	Extent measured through a 5-point Likert scale	Cascio (1995)
	Recruitment and selection	the process of searching for and obtaining applicants for jobs and from that, the appropriate people can be selected for the specific jobs	Extent measured through a 5-point Likert scale	Aswathappa(2010)
Dependent variable	Employee satisfaction	an assessment made by the employee of the working environment.		Mrinali (2009)
	Employee retention	An obligation to continue to do business or continue to give services to a particular company on an ongoing basis.	Extent measured through a 5-point Likert scale	Zineldin (2000).
	Employee commitment	The agreement between organizational goals and employee goals whereby the employee identifies with and extends effort on behalf of the general organizational goals	Extent measured through a 5-point Likert scale	Steers (1977)
	Absent seem rate	A habit of absence and absconding duties at the workplace.	Extent measured through a 5-point Likert scale	Thirulogasundaram & Sahu (2014)

Source: Researcher (2022)

2.8 Chapter Summary

This chapter discussed the theories on which the study was anchored as well as the empirical studies scholars have carried out on human resource practices and employee satisfaction. The research gaps arising from previous studies were summarized. The conceptual framework was derived showing the interrelationships between variables, and the operationalization table summarizes the description of variables and their measures.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section of the study discussed the nature of the research, the population, sample, data collection and analysis of the data.

3.2 Research Philosophy

Research philosophy refers to the very particular way of knowledge development that defines the philosophical paradigm. This level of understanding of knowledge is based on the various perspectives that different researchers have (Holden & Lynch, 2004). This philosophical paradigm is crucial because it is the basic belief system that guides any investigation (Guba & Lincoln, 1982). It also offers a road map on the way in which data, about a phenomenon should be gathered, analyzed, and used.

This study adopted the positivist approach, given that the study used existing theory to come up with hypotheses which led to gathering of facts that provided the basis of the hypothesis testing. By using this approach, the data that was collected was observable and measurable facts and meaningful data that helped the study look for causal relationship between the variables (Saunders, Lewis, & Thornhill, 2015)

3.3 Research Design

This research used a cross-sectional descriptive research design. Cross-sectional research is characterized by the collection of relevant data at a given point in time. Cross-sectional design gives estimates of prevalence in the entire population of the study whether the study is based on data on the entire population or on a representative sample (Nøhr & Liew, 2018). This research design is useful when the aim of the study is to describe and better understand relationships between variables (Bowden, 2011).

A descriptive research design describe various aspects of the phenomenon in question as well as describe the behavior of the sample population of the study (Dudovskiy, 2018).The research design also enabled the investigation of the effect of HRM practices on employee satisfaction through a process of data collection that enables study to describe the situation more completely than was possible without employing this method (Fox & Bayat, 2007)

3.4 Population of the Study

The population for this study was all the public health institutions in Nairobi County. There are 79 registered public health institutions in Nairobi County (Kenyapharmtech, 2021). These facilities are made up of hospitals, health centers, dispensaries, and clinics. The study used all these facilities as its population, given that they employ the three cadres in the health sector that the study wishes to focus on.

3.5 Sampling Design

Sampling is the process of selecting a representative part of a population for the purpose of determining characteristics of the whole population (Fridah, 2002). This research used the non-probability sampling specifically purposive sampling technique. This involves identification and selection of individuals or groups of individuals that are proficient and well-informed with a phenomenon of interest. This means that the respondents were only those that the study considered knowledgeable with the issues under investigation (Ilker, Abubakar, & Sunusi, 2015).

This study targeted the lead nurse, lead clinical officer, and medical specialist. This is because, these are the respondents who are most likely to have the information that is required given that they are the ones most affected by staff turnover. This accounted for 3 respondents per institution in all the 79 health institutions bringing the sample size to 237 respondents.

3.6 Data Collection

The type of data that was used in this study was primary data. The data was collected by administering questionnaires to the respondents. The questionnaire had three sections, section I, II and III. Section I contained the respondent's demographic profile, section II had information about the HRM practices focusing on training and development, compensation and recruitment and selection and section III contained information on employee satisfaction. A likert scale was used to establish the extent to which the respondents agree with the information in the questionnaires. The questionnaires were self-administered questionnaire where they were distributed and picked in person or through electronic mail where physical distribution was not possible.

3.7 Data Analysis

The focus of data analysis was to bring out tacit meanings that people attach to their actions and responses related to a phenomenon. Data analysis moves the researcher from describing the

phenomenon to conceptualization of themes without losing the voice of the participants which are represented by the findings (Ravindran, 2019). The data was analyzed using descriptive analysis techniques such as mean and standard deviation techniques.

The data was also analyzed using the correlation analysis. A Correlation analysis is used to understand the nature of relationships between two individual variables. In this case, it was used to study the strength between of each of the human resource practice and the dependent variable independently. The next step was to use a regression model analysis. This is the use of an equation to express the relationship between a variable of interest and a set of related predictor variables (Montgomery, Peck, & Vining, 2012). In this case, the model was used to determine how the three independent variables related to the dependent variable. The equation was:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Dependent variable (Y- employee satisfaction) will be tested as per the equation.

X_1 – Training and development

X_2 – Compensation

X_3 - Recruitment and selection

$\beta_1, \beta_2, \beta_3$ = coefficients for which we are to predict the value of Y

β_0 =Constant

ε – Error term

3.8 Quality of Research

Validity of a research refers to the appropriateness of the inferences or conclusions made about the results of an assessment. It shows the extent to which a concept is accurately measured in a study. There are two aspects to validity, which are internal and external validity. Internal validity refers to how accurately the measures obtained from the research was quantifying what it was designed to measure whereas external validity refers to how accurately the measures obtained from the study sample described the reference population from which the study sample was drawn (Wong, Ong, & Kuek, 2012). The study ensured validity by carrying out a pilot test. A sample questionnaire was given to the similar respondents who are in private health institutions which were not part of the final sample population. This helped in ascertaining whether the questionnaire is

comprehensible and appropriate, and that the questions are well defined, clearly understood and presented in a consistent manner.

Reliability refers to the degree to which the results obtained by a measurement and procedure can be replicated. The reliability of the results was measured using the reliability coefficient which is expressed as a number between 0 and 1. The larger the coefficient the higher the level of reliability of the results (U.S. Department of Labor, 1999). George and Mallery (2003) provided the interpretation of the Cronbach’s coefficient as: ≥ 0.9 -excellent, ≥ 0.8 -good, ≥ 0.7 -acceptable, ≥ 0.6 -questionable, ≥ 0.5 -poor and ≤ 0.5 – unacceptable. Howe, et al.(2015) recorded a Cronbach’s alpha value of 0.8 in the study. However, Griethuijsen, et al.(2014) stated that the acceptable threshold or cut-off for Cronbach’s alpha is 0.7 or 0.6. The study used a threshold of 0.7 to test the reliability and all variables were found to be reliable

Table 3.1 Reliability Test Results

Variable	Cronbach’s Alpha Coefficient	No. of Items	Interpretation for the study
Training and Development	0.732	5	Reliable
Compensation	0.713	6	Reliable
Recruitment and Selection	0.701	5	Reliable
Employee Satisfaction	0.737	6	Reliable

Source: Researcher (2022)

3.9 Ethical Consideration

Ethical principles were followed given that this study required the cooperation and coordination from the respondents, having ethical standards will promote values such as trust, accountability, and confidentiality. The researcher explained the nature and purpose of the study to establish trust with the respondents. The researcher provided the respondents with a formal letter from the school explaining the purposes of the study to gain their trust and confidence in completing the questionnaires. The letter was able to clarify that the information obtained is strictly for academic purposes. Additionally, the researcher obtained ethical approval letter from ethics committee from SU and a permit letter from NACOSTI.

Respondents were only participating in this research out of their own free will and the researcher did not cause any physical harm, discomfort, pain, or embarrassment to any respondent. The researcher ensured this by first calling the respondents to obtain consent as pertains to participation in the study. The respondent's rights such as the right to withdraw from the process without any consequences explained were adhered to during the study. Confidentiality was then maintained by making sure that the respondents give the information anonymously. This was achieved by making sure that there was no mention or specific reference of the respondent in the questionnaire.

3.10 Chapter Summary

This chapter covered research philosophy and design, population of the study, sampling design, data collection method and analysis. It has also included ethical consideration, validity and reliability test.

CHAPTER FOUR

DATA ANALYSIS, RESULTS, INTERPRETATION AND FINDINGS

4.1 Introduction

This chapter aims to present, interpret, and analyze the study's findings. The chapter presents the respondents' demographics and the findings on HRM practices as per each study objective.

4.2 Response Rate

The study targeted a sample size of 237 respondents which comprised of employees from 3 different cadres in each public health institution in Nairobi County. A total of 237 questionnaires were administered and 172 questionnaires were returned fully completed while 65 questionnaires were not returned. The response rate was 72.57% as shown in table 4.1 below. This response rate was considered sufficient according to (Mugenda & Mugenda, 2003) who explained that a response of 50% is sufficient for research purposes.

Table 4. 1: Response Rate

	Questionnaires Administered	Questionnaires Filled & Returned	Percentage
Respondents	237	172	72.57%

Source: Researcher (2022)

4.2.1 Age versus Gender

The study sought to find out the relationship between the age and gender of the respondents. The obtained results are indicated in table 4.2 below.

Table 4. 2: Gender versus Age

Gender * Age Cross tabulation

		Age				Total
		20yrs-30yrs	31yrs-40yrs	41yrs-50yrs	51yrs-60yrs	
Gender	Male	23	32	24	1	80
	Female	12	51	18	11	92
Total		35	83	42	12	172

Source: Researcher (2022)

From the findings in Table 4.2, majority of the respondents were between the ages 31-40 years who were comprised of 32 male and 51 female respondents. This showed that the staff are mature and have experience which helped the study because the experience gives them a better understanding of how the HRM practices affect their satisfaction at work. These were then followed by those between the ages 41-50 years who were comprised of 24 male and 18 female respondents, those in the ages between 20-30 were 23 male and 12 female respondents while the age group with the least respondents were from age group 51-60 with 1 male and 11 female respondents. In terms of gender, majority of the respondents were 92 ladies and males were 80 respondents. This difference indicates a likelihood of a small gender gap in the public health sector which showed that opinions of both genders are well represented in this study.

4.2.2 Cadre versus Experience

The researcher sought to find out the relationship between the practitioners' cadre and the years they had spent in the health institution.

Table 4. 3: Cadre versus Years in the Institution

		Number of years institution					Total
		<3yrs	3-5yrs	5-7yrs	7-9yrs	>9yrs	
Cadre	Medical Specialist	5	22	13	8	6	54
	Lead Nurse	6	28	17	1	8	60
	Lead Clinical Officer	23	25	8	1	1	58
Total		34	75	38	10	15	172

Source: Researcher (2022)

From the findings displayed in table 4.4 above, majority of the respondents, (60) were from the lead nurse cadre with 28 of them having stayed in their current institution for a period between 3-5 years, 17 had been in their institution for 5-7 years, 8 had stayed for a period of over 9 years, 6 were below 3 years and only 1 had stayed for a period between 7-9 years. These were then closely followed by the lead clinical officers who were 58 respondents where, 25 had stayed in their current institution for a period between 3-5 years, 23 had been there for less than 3 years, 8 had stayed for a period between 5-7 years, 1 respondent was each between 7-9 years and the other had stayed for over 9 years. The least number of respondents, 54 was drawn from the medical specialist cadre with 22 of them having worked in their current institution for a period between 3-5 years, 13 had been with their institution for 5-7 years, 8 had stayed for a period of 7-9 years, 6 were above 9

years and only 5 had stayed for less than 3 years. Majority of the respondents had been in the various institutions for a period of 3-5 years and this was helpful to the study because they had been in the institutions for a good period of time for them to experience the different HRM practices and how they are linked to their satisfaction

4.3.3 Type of Institution

The study inquired the kind of institution the respondents were drawn from. The results are displayed in table 4.5 below.

Table 4. 4: Type of Institution

	Frequency	Percent
Hospital	18	10.5%
Health center	114	66.3%
Valid Clinic	25	14.5%
Dispensary	15	8.7%
Total	172	100%

Source: Researcher (2022)

From Table 4.4 above, majority of the respondents, 114, were drawn from health centers. These were followed by 25 respondents that were drawn from clinics, and 18 respondents drawn from hospitals. Only 15 respondents were from dispensaries. The data above showed the different types of institutions and it is relevant to this study because the employees in the different institutions may be influenced by different HRM policies given the level they are in.

4.4 Descriptive Statistics

The researcher conducted descriptive statistic to determine how different factors and constructs scored as per the respondents' data. The study used a 5-point Likert scale to determine how the identified human resource management practices affected the satisfaction of employees in the public health institutions. The findings are indicated below.

4.4.1 Training and Development and the Satisfaction of Employees

The study sought to find out how training and development affected the employee satisfaction among the public health workers in Nairobi County. The obtained findings are indicated in Table 4.5 below.

Table 4. 5: Training and development Descriptive Statistics

	N	Mean	Std. Dev
Our organization ensures that the training and development programs satisfy the needs of the employees and the changing needs of the job	172	2.69	1.100
I am satisfied with the training programs that our institution offers in respect to my current job description and tasks	172	2.83	1.145
The training and development programs satisfy my professional growth needs in the institution	172	2.61	.970
The training and development programs are fully supported by the management and relevant authority	172	2.87	1.238
The management offers equal training for all employees, and this motivates more employees to remain in the institution	172	1.66	1.022
Overall		2.53	1.10

Source: Researcher (2022)

From the results portrayed in table 4.5 above, majority of the respondents disagreed on the statement “The training and development programs are fully supported by the management and relevant authority” with a mean value of 2.87 . The study further showed that employees were not satisfied with the training programs offered in respect to their current duties. Majority of the respondents disagreed with the statement, “I am satisfied with the training programs that our institution offers in respect to my current job description and tasks” with a mean value of 2.83. Similarly, the findings also showed that majority of the respondents disagreed with the statement “ Our organization ensures that the training and development programs satisfy the needs of the employees and the changing needs of the job”, with a mean value of 2.69. This could particularly be frustrating to the health workers, given that they are not able to keep up with the improvements in the health sector which greatly affects how efficient they are.

The findings also portrayed that majority of the respondents disagreed that the training and development programs satisfy their professional growth needs in the institution with a mean of 2.69. Similarly, majority of the respondents disagreed with the statement, “The management offers equal training for all employees, and this motivates more employees to remain in the institution” with the lowest mean value of 1.66. Based on the overall mean value of 2.53, it can be concluded

majority of the public health workers were not satisfied with the training and development programs and the institutions need to make great efforts to improve on the quality and frequency of the trainings offered.

4.4.2 Compensation and Satisfaction of Health Workers in Public Health Institutions

The study sought to find out how compensation affected the employee satisfaction among the public health workers in Nairobi County. The obtained findings are indicated in Table 4.6 below

Table 4. 6: Compensation Descriptive Statistics

	N	Mean	Std.Dev
The compensation package offered is fair for the work that I do and is enough to retain me in our organization	172	2.15	1.098
The compensation package is competitive and compares favorably with that in other institutions	172	2.00	.918
The institution offers incentives such as medical covers and retirement plans among other benefits which improve employee satisfaction	172	2.88	1.184
The institution makes all the payments due to the employees on time	172	2.35	1.207
The compensation packages motivate and satisfy me to work towards achieving our organization's goals	172	2.19	1.054
I am committed to my work in our institution because the more I work well, I count on a higher pay	172	1.76	1.184
Overall		2.22	1.11

Source: Researcher (2022)

From the findings outlined in table 4.6 above, majority of the respondents disagreed with the statements: “The compensation package offered is fair for the work that I do and is enough to retain me in our organization” with a mean value of 2.15. These findings indicate there could be a higher likelihood of employees leaving for a more competitive package. The study further showed that majority of the respondents, disagreed with the statement, “The compensation package is competitive and compares favorably with that in other institutions” with a mean value of 2.00.

Similarly, the findings also showed that majority of the respondents disagreed that their institution offers incentives such as medical covers and retirement plans among other benefits which improve employee satisfaction, with a mean of 2.88. The findings also portrayed that majority of the respondents disagreed with “The institution makes all the payments due to the employees on time” with a mean of 2.35. The findings also established that majority of the respondents disagreed that “The compensation packages motivate and satisfy me to work towards achieving our organization's goals” with a mean of 2.16. Lastly, the findings showed that majority of the respondents disagreed with the statement “I am committed to my work in our institution because the more I work well, I count on a higher pay”, with the lowest mean of 1.76

From the findings, the overall mean was 2.22 which shows that the respondents were generally not satisfied with the compensation practices in the institutions. The findings also show that compensation is key to employee satisfaction and there is need for improvement towards having better compensation packages for the employees.

4.4.3 Recruitment and Selection

The study sought to find out how recruitment and selection affected the employee satisfaction among the public health workers in Nairobi County. The obtained findings are indicated in Table 4.7 below.

Table 4. 7: Recruitment and Selection Descriptive Statistics

	N	Mean	Std. Dev
The recruitment and selection process in our organization is fair and transparent	172	2.87	1.307
The organization places the right person in the right job making the employees satisfied with their daily tasks	172	2.89	1.322
The institution provided true and accurate information about the institution and the job during the recruitment process	172	3.17	1.211
The recruitment and selection process in our institution meets the employee's expectation making employee retention easier	172	2.80	1.241
	172	3.12	1.031

The recruitment and selection methods used are suitable for our organization and they are always being improved over time			
Overall		2.97	1.22

Source: Researcher (2022)

From the findings outlined in Table 4.7 above, majority of the respondents agreed to the statements: “ Recruitment and selection process in their organizations are fair and transparent”, with a mean of 2.87. The findings further showed that most of the respondents agreed that the organization places the right person in the right job making the employees with a mean of 2.89 .This showed that the institutions were able to match the employees’ skills to the various tasks. Similarly, the findings also showed that the larger percentage of respondents agreed to the statement that the institution provided true and accurate information about the institution and the job during the recruitment process with a mean of 3.17.

It was further established that majority disagreed that the recruitment and selection process in their institution meets the employees’ expectation making employee retention easier with a mean of 2.80. Lastly, the findings showed that majority of the respondents agreed to the statement that the recruitment and selection methods used are suitable for the organization and they are always being improved over time with a mean of 3.12. From the findings, the overall mean was 2.97 which shows that the respondents were satisfied with the recruitment and selection practices in the institutions.

4.4.4 Employee Satisfaction in Public Health Institutions

The study sought to find out the employee satisfaction among the public health workers in Nairobi County. The obtained findings are indicated in Table 4.8 below.

Table 4. 8: Employee Satisfaction Descriptive Statistics

	N	Mean	Std. Dev
I am proud of being part of our institution	172	2.92	1.175
I am willing to recommend other employees to the institution for any position given the fairness in the recruitment selection and compensation	172	2.51	1.023

The compensation packages motivate me to continue working in our institution for a long period of time	172	2.10	1.009
I am willing to turn down another job offer because the training offered contributes to my professional growth	172	1.80	1.048
I am only absent from my workstation when necessary	172	3.85	1.354
The HRM policies in place provide a conducive and satisfactory working environment for me	172	2.41	1.014
Overall		2.60	1.10

Source: Researcher (2022)

From the findings outlined in table 4.8 above, majority of the respondents agreed that they were proud of being part of their institution with a mean value of 2.92. The findings further showed that majority of the respondents, disagreed that they were willing to recommend other employees to the institution for any position given the fairness in the recruitment selection and compensation with a mean value of 2.51. Similarly, the findings also showed that majority of the respondents disagreed that the compensation packages motivate them to continue working in the institutions for a long period of time with a mean value of 2.10. These findings show that the employees are ready to leave if they were to get a better compensation package elsewhere.

The results further established that most of the respondents disagreed that they were willing to turn down other job offers because the training offered contributes to their professional growth, with a mean of 1.80. With such a low mean, the findings indicate that the trainings offered are not aligned with their professional growth and there is need for improvement. The findings also showed that majority of the respondents agreed that they were only absent from their workstations, with a mean value of 3.85. Lastly, the findings showed that majority disagreed that the HRM policies in place provide a conducive and satisfactory working environment for them, with a mean of 2.41 which showed that the management needs to do more research and improvements on some of the policies especially those that had very low mean scores

From the above findings, it can be concluded that majority of the respondents were not satisfied at their jobs in respect to the selected HRM practices. This is because the extent to which these

practices were being implemented was low and in some cases like training and development it was not aligned with the needs of the employees.

Table 4. 9: Summary of mean scores

	Mean	Std. Deviation
Training and Development	2.53	1.10
Compensation	2.22	1.11
Recruitment and Selection	2.97	1.22
Employee Satisfaction	2.60	1.10

Source: Researcher (2022)

Table 4.9 above indicates a summary of the findings from descriptive analysis. The results show that recruitment and selection was the most used practice with a mean of 2.97. Training and development which had a mean of 2.53 was the second most used HRM practice. The least used human resource management practice was compensation with the lowest mean of 2.22. This showed that public health institutions need to greatly improve on their compensation practices given that all the employees in the different institutions showed that they were not satisfied with their compensation.

4.5 Inferential Statistics

The study sought to find out the extent to which the independent variables; training and development, compensation and recruitment and selection affected the satisfaction of the health workers in the public health institutions in Nairobi County. This was determined using correlation and regression analysis.

4.5.1 Correlation Analysis

Correlational analysis is essential in finding out the extent to which the study variables relate. It indicates if the relationship is negative or positive and how strong it is given a scale from -1 showing a strong negative correlation to +1 that shows a strong positive correlation. 0 indicates a lack of correlation between variables (Curtis et al., 2016). The results of the correlation analysis are displayed in table 4.9 below

Table 4. 10: Correlation Analysis Results

		Training and Development	Compensation	Recruitment and Selection	Employee Satisfaction
Training Development	Pearson Correlation	1			
	Sig. (2-tailed)				
Compensation	N	172			
	Pearson Correlation	.545	1		
Recruitment Selection	Sig. (2-tailed)	.000			
	N	172	172		
Employee Satisfaction	Pearson Correlation	.109**	.018	1	
	Sig. (2-tailed)	.000	.001		
Employee Satisfaction	N	172	172	172	
	Pearson Correlation	.367**	.465**	.162**	1
Employee Satisfaction	Sig. (2-tailed)	.000	.000	.001	
	N	172	172	172	172

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

Source: Researcher (2022)

From table 4.10 above, the results indicate a moderate positive relationship between training and development and employee satisfaction which was statistically significant ($r=0.367, p<0.05$). The relationship between compensation and employee satisfaction was also a moderate positive relationship which was statistically significant ($r=0.465, p<0.05$). Finally, recruitment and selection had a weak positive relationship which was statistically significant ($r= 0.162, p<0.05$). These results mean that employee satisfaction is determined to a great extent by compensation and training and development. On the other hand, recruitment and selection does not have much influence on employee satisfaction on its own

4.5.2 Regression Analysis for Training and Development and Employee Satisfaction

The study carried out a regression analysis to determine the extent to which training, and development could be used to predict the outcome in employee satisfaction among the health workers in the public health sector. The obtained results are displayed in Table 4.11 below.

Table 4. 11: Regression Analysis for Training and Development and Employee Satisfaction

Model Summary				
Model	R	R Square	Adjusted Square	Std. Error of the Estimate
1	.367 ^a	.135	.130	.49898

a. Predictors: (Constant), Training and Development						
ANOVA^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6.594	1	6.594	26.483	.000 ^b
	Residual	42.326	170	.249		
	Total	48.920	171			
a. Dependent Variable: Employee Satisfaction						
b. Predictors: (Constant), Training and Development						
Coefficients^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.950	.132		14.771	.000
	Training and Development	.257	.050	.367	5.146	.000
a. Dependent Variable: Employee Satisfaction						

Source: Researcher (2022)

The results from Table 4.11 above give a summary of the regression model showing the influence of training and development and employee satisfaction. The correlation coefficient was positive ($R=0.367$). The coefficient of determination R squared for this model was 0.135. This means that training and development explains 13.5% of employee satisfaction of the health workers in public health institutions, while 86.5% can be attributed to other factors.

The results from the ANOVA table displayed in the second output are used to test the significance of the model. From the results, $F = 26.483$ and $p = 0.000$ which is less than 0.05 shows that the model is statistically significant in predicting the effect of training and development on employee satisfaction. Looking at the coefficient results, the coefficient for training and development was 0.257 and $p < 0.000$. This indicates that the relationship was statistically significant at 5% level given that $p < 0.05$ and that if all factors are held constant, a unit increase in training and development leads to an increase of 25.7% in employee satisfaction of the health workers.

The regression model for this study could therefore be;

$$Y = 1.95 + 0.257 X_1 + e$$

Dependent variable (Y- employee satisfaction) will be tested as per the equation.

X_1 – Training and development

e – Error term

4.5.3 Regression Analysis for Compensation and Employee Satisfaction

The researcher carried out a regression analysis to determine the extent to which compensation could be used to predict the outcome in employee satisfaction among the health workers in the public health sector. The obtained results are displayed in table 4.12 below.

Table 4. 12: Regression Analysis for Compensation and Employee Satisfaction

Model Summary						
Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate	
1	.465 ^a	.216	.211		.47497	
a. Predictors: (Constant), Compensation						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.568	1	10.568	46.844	.000 ^b
	Residual	38.352	170	.226		
	Total	48.920	171			
a. Dependent Variable: Employee Satisfaction						
b. Predictors: (Constant), Compensation						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.680	.139		12.068	.000
	Compensation	.414	.061	.465	6.844	.000
a. Dependent Variable: Employee Satisfaction						

Source: Researcher (2022)

The results from table 4.12 above gives a summary of the regression model showing the influence of compensation on employee satisfaction. The correlation coefficient was positive ($R=0.465$). The coefficient of determination R squared for this model was 0.216. This means that compensation explains 21.6% of employee satisfaction of the health workers in public health institutions, while 78.4% can be attributed to other factors.

The results from the ANOVA table displayed in the second output are used to test the significance of the model. From the results, $F = 46.844$ and $p = 0.000$ which is less than 0.05 shows that the model is statistically significant in predicting the effect of compensation on employee satisfaction. Looking at the coefficient results, the coefficient for compensation was 0.414 and $p < 0.05$. This indicates that the relationship was statistically significant at 5% level given that $p < 0.05$ and that if all factors are held constant, a unit increase in compensation leads to an increase of 41.4% in employee satisfaction of the health workers.

The regression model for this study could therefore be;

$$Y = 1.68 + 0.414 X_2 + e$$

Dependent variable (Y- employee satisfaction) will be tested as per the equation.

X_2 – Compensation

e – Error term

4.5.4 Regression Analysis for Recruitment and Selection and Employee Satisfaction

The researcher carried out a regression analysis to determine the extent to which recruitment and selection could be used to predict the outcome in employee satisfaction among the health workers in the public health sector. The obtained results are displayed in table 4.13 below.

Table 4.13: Regression Analysis for Recruitment and Selection and Employee Satisfaction Model Summary

Model	R	R Square	Adjusted R Square	R	Std. Error of the Estimate	
1	.062 ^a	.004	.002		.53539	
a. Predictors: (Constant), Recruitment and Selection						
ANOVA^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.190	1	.190	.663	.417 ^b
	Residual	48.730	170	.287		
	Total	48.920	171			
a. Dependent Variable: Employee Satisfaction						
b. Predictors: (Constant), Recruitment and Selection						
Coefficients^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.777	.220		12.629	.000
	Recruitment and Selection	-.059	.073	-.062	-.814	.417
a. Dependent Variable: Employee Satisfaction						

Source: Researcher (2022)

The results from Table 4.13 above gives a summary of the regression model showing the influence of recruitment and selection on employee satisfaction. The correlation coefficient was positive (R=0.062). The coefficient of determination R squared for this model was 0.004. This means that recruitment and selection only explains 0.4% of employee satisfaction of the health workers in public health institutions, while 99.6% can be attributed to other factors. This shows that even though there is a positive correlation, recruitment and selection does not explain much in the variation of employee satisfaction.

The results from the ANOVA table displayed are used to test the significance of the model. The results, $F = 0.663$ and $p = 0.417$ which is greater than 0.05 showed that the model is not statistically significant in predicting the effect of recruitment and selection on employee satisfaction. Looking at the coefficient results, the coefficient for recruitment and selection was -0.059 and $p > 0.05$. This showed that the relationship was not statistically significant at 5% level and if all factors were to be held constant, a unit change in recruitment and selection can result in a decrease of -5.9% in employee satisfaction of the health workers in Nairobi County.

The regression model for this study could therefore be;

$$Y = 2.777 - 0.059 X_3 + e$$

Dependent variable (Y- employee satisfaction) will be tested as per the equation.

X_3 - Recruitment and selection

e – Error term

Table 4.14: Regression Analysis for HRM practices and employee satisfaction

Model Summary						
Model	R	R Square	Adjusted R Square	R	Std. Error of the Estimate	
1	.492 ^a	.242	.229		.46980	
a. Predictors: (Constant), Recruitment and Selection, Compensation, Training and Development						
ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	11.841	3	3.947	17.883	.000 ^b
	Residual	37.079	168	.221		
	Total	48.920	171			
a. Dependent Variable: Employee Satisfaction						
b. Predictors: (Constant), Recruitment and Selection, Compensation, Training and Development						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.805	.235		7.685	.000
	Training and Development	.122	.057	.174	2.160	.002
	Compensation	.331	.072	.371	4.628	.000
	Recruitment and Selection	.084	.064	.088	1.300	.001
a. Dependent Variable: Employee Satisfaction						

Source: Researcher (2022)

The results from Table 4.10 above show a direct relationship between the independent variables; Recruitment and Selection, Compensation, Training and Development and the dependent variable; employee satisfaction. The coefficient of determination R squared for this model was 0.242. This

means that recruitment and selection, compensation and training and development predict 24.2% of the health workers' satisfaction in public health institutions while 75.8% can be attributed to other factors.

The ANOVA table displayed is used to test the significance of the model. The results, $F = 17.883$ and $p = 0.000$ which is less than 0.05 showed that the model is statistically significant at a 95% confidence level in predicting the effect of training and development, compensation and recruitment and selection on employee satisfaction. Looking at the coefficient results, the three variables had a significant effect on the satisfaction of health workers. The coefficient for training and development was 0.122 and $p < 0.05$ and if all factors are held constant, a unit increase in training and development would lead to an increase of 12.2% in the satisfaction of the health workers. The coefficient for compensation was 0.331 and $p < 0.05$. This meant that a unit change can result in a change of 33.1% in health worker satisfaction. Recruitment and selection had a regression coefficient of 0.084 and $p < 0.05$. This meant that a positive unit change in recruitment and selection could result in an increase of health worker satisfaction by 8.4%. The regression model for this study could therefore be;

$$Y = 1.805 + 0.122 X_1 + 0.331 X_2 + 0.084 X_3$$

Dependent variable (Y- employee satisfaction) will be tested as per the equation.

X_1 – Training and development

X_2 – Compensation

X_3 - Recruitment and selection

4.6 Chapter Summary

The chapter presented results obtained from the data collected including descriptive statistics, regression analysis and correlation. The means and standard deviations results of every variable are also included. The chapter has explained the results and findings of the study which are displayed on tables with detailed explanation under each table.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a discussion of the major findings of the study as well as the conclusions drawn from these findings. Additionally, the chapter highlights the limitations of this study as well as the recommendations for further research.

5.2 Discussion of the Findings

This section of the study discusses of the findings based on the research specific objectives of the study.

5.2.1 Training and Development and Employee Satisfaction

The first objective sought to establish the effect of training and development on employee satisfaction in public health facilities in Nairobi County. The survey established that majority of the respondents were not satisfied with the training and development practices in their institutions and this in turn had a negative impact on their job satisfaction. These findings are consistent with Demiral(2017) where the study stated that training is one of the internal factors that affects job satisfaction. In a survey conducted by the Society of Human Resource Management in a cross-country context, including Turkey, general training programs or job specific programs are among the major factors making employees more satisfied with their jobs. However, the employees showed that the degree to which the employees were satisfied with the training programs was quite low. The findings implied that organizations are not paying enough attention to training programs or at least their employees are not satisfied with the training provided (SHRM, 2012)

The findings of the study were also consistent with Momanyi, Adoyo, Mwangi and Mokuu (2016) where training and development was a predictor of job satisfaction and organizational commitment of the health workers in Narok County. The study found that there was a positive relationship between the two variables and recommended strengthening of the current training programs and involving the health workers in discussing their career development prospects. Similarly, in a study conducted in Mysore on job satisfaction through training and development programs, found that

training had a significant effect on employee satisfaction and the proper training improved employee satisfaction (Nagaraju & Archana, 2015)

The findings of this study were supported by Sahinidis and Bouris (2008) who studied the relationship between employee training effectiveness and job satisfaction and commitment in five Greek companies, found that there was a significant correlation between the employee training effectiveness and their job satisfaction and commitment. Similarly, findings from research done in the United States indicated that employees who perceived that they had the opportunity to develop new skills through training and development programs, are more satisfied with their jobs, more committed and they are more likely to stay with the organization (Costen & Salazar, 2011). However, the findings of this study contradict with Yuliarini, Mat and Kumar (2012) where the findings of the study done in higher education systems, showed that training did not significantly influence employee satisfaction. This is mainly because some of the employees who are senior, already have the knowledge and therefore training was not a determining factor.

The findings of this study show that training and development is an important factor when it comes to predicting satisfaction of employees. The health institutions should put in more effort on improving on their training and development programs by including the health workers when deliberating on the type of training programs as well as offer training continuously to keep up with the ever-changing environment of medicine as well as for professional development of the health workers.

5.2.2 Compensation and Employee Satisfaction.

The second objective of the study sought to establish the effect of compensation on employee satisfaction in public health facilities in Nairobi County. The findings of this study showed that the public health workers were not satisfied with their compensation. These findings are consistent with findings of a study conducted in Pakistan where the researcher found that poor remuneration was one of the major reasons for a low level of overall satisfaction among public health workers (Kumar, Ahmed, Shaikh, Hafeez, & Hafeez, 2013). Similarly, in a study carried out in Tharaka-Nithi County, the researcher sought to find out the effect of financial and non-financial compensation on job satisfaction among secondary school teachers. The findings of the study

showed that basic pay and allowances affected the teachers' job satisfaction to a great extent. The secondary school teachers were highly dissatisfied with all the aspects of compensation that they receive (Murithi, Muguna, & Muguongo, 2015)

The findings of this study also indicate a positive correlation between compensation practices and employee satisfaction of the public health workers. Additionally, the regression analysis showed that compensation had a positive and significant influence on employee satisfaction. These findings are consistent with Ramli, (2018) where the study was researching on compensation, job satisfaction and performance of employees in the health system in Indonesia. The study found that compensation had a positive significant impact on compensation given that the level of satisfaction of employees increased when the hospitals increased their remuneration. (Supriyanto, 2018) also had similar findings, where air traffic control officers' compensation had a significantly positive effect on their job satisfaction.

(Mabaso & Dlamini, 2021) also found that compensation had a positive and significant effect on job satisfaction, therefore indicating that compensation influences job satisfaction among academic staff. The study showed that the human resources personnel at universities of technology needed to come up with appropriate remuneration packages to attract and retain the best employees and satisfy their employee's expectations such that they are fair and equitable. A remuneration package is one of the most important factors that influence people to take up employment and stay with organizations.

However, in a study conducted in Nigeria, Salisu, Chinyio and Suresh (2015) the findings contradicted those of this study. The findings showed that salaries and allowances had no significant impact on public sector construction workers in Nigeria. Instead, the compensation practices that significantly impacted the employees' satisfaction were pension and gratuity because the employees would receive money even after retirement and that gave them an advantage over their colleagues in the private sector given that they did not have those benefits. (Sageer, Rafat, & Agarwal, 2012) also had different findings from this study where the findings showed that satisfaction is not only affected by one factor, supporting the Herzberg duality concept and in this case, not solely linked to compensation. This is because, a salary raise or benefits will probably

improve employee contentment, at least temporarily, but other variables can also have a long-term impact on employee satisfaction.

The findings of this study show that compensation is an important factor when it comes to predicting satisfaction of employees. There is need for the health institutions to improve on their compensation packages, to ensure that they are competitive with the market as well as making sure that the employees are fairly compensated for the input they give in the institutions. This will play a big role in the employees being committed to the institutions and reduce the rate of turnover.

5.2.3 Recruitment and Selection and Employee Satisfaction.

The third objective of the study was to establish the effect of recruitment and selection on employee satisfaction of public health workers in public health workers. The findings of the study showed that the employees were satisfied with the recruitment and selection practices in their institutions. The findings are consistent with Bhoganadam and Rao (2014) whose findings showed that majority of the employees were satisfied with the recruitment and selection processes, but it was also noted that the processes needed to keep up with the changing working environment.

The findings of this study also indicate a positive correlation between recruitment and selection and employee satisfaction of the public health workers. Additionally, the regression analysis showed that recruitment and selection had a positive and significant influence on employee satisfaction. These findings were consistent with Al-Dubai (2019) where the study's findings showed a positive significant relationship between recruitment and selection and employee satisfaction of employees in the telecommunication industry in Yemen. Similarly, in a study conducted by Saleem, Majeed and Aziz, (2013) on determinants of job satisfaction among bank employees, the findings showed that recruitment and selection had a positive and significant impact on the satisfaction of the employees.

The findings of this study were supported by Werku (2015) where the study findings showed that recruitment and selection was positively correlated with job satisfaction. Similarly, Slavkovic, Pavlović and Bugarčić (2012) showed that employee recruitment had a statistically significant impact on employee satisfaction. The study showed that through properly directing the employee

recruitment process, important organizational outcomes were influenced, such as employee satisfaction. This increases the likelihood of attracting new talents to the organization and potentially solves the problem of the current deficit in talents and skills in the local market.

However, the findings of a study conducted in local governments in Malaysia contradict the findings of this study. Adnan and Mahazril (2011) found that majority of the respondents rated the recruitment process at the neutral level. They claimed that they were neither satisfied nor were dissatisfied with the current recruitment practices in their workplace. Thus, the local council needs to take serious measures to make sure the employees who were neutral could be change to the satisfied level.

5.3 Conclusion

The findings of the study showed that training and development, compensation and recruitment and selection have a positive significant influence on employee satisfaction of public health workers in Nairobi County. The findings showed that among the three HRM practices, compensation had the highest impact on employee satisfaction of the public health workers in Nairobi County. One of the major issues with compensation was that the respondents felt that their remuneration was not competitive with other players in the sector both locally and outside the country. The findings of this study were consistent with Gichuru (2014) who showed that employers should ensure that the remuneration is fair and can compete with that of other institutions.

The study further concluded that a considerable change in employee satisfaction was attributed to training and development. The findings further showed that the attribute of training and development that employees were least satisfied with was that the management does not offer equal training opportunities to their employees. These findings were consistent with Dieleman, Toonen, Toure and Martineau (2006) where it showed that actual access of training among health workers vary amongst each other. In Kenya, it was observed that health workers had limited access to training, and this hindered the workers from getting further qualifications and advancing in their field (Momanyi, Adoyo, Mwangi, & Mokuu, 2016). These findings are consistent with this study where 55.8% of the respondents felt that the training programs were not satisfying their career and professional development needs.

The findings also showed that recruitment and selection had a minimum effect on employee satisfaction. This showed that recruitment and selection was the only HRM practice in the study that the employees were satisfied with. Particularly, the ongoing improvement on the recruitment and selection processes in the institutions which meant that the employee will be properly matched to their role making them satisfied with their work, as opposed to being in positions where one's skill set does not match the job description and ends up being frustrating.

Conclusively, the findings of the study showed that the selected HRM practices: training and development, compensation and recruitment and selection had a positive and significant effect on the satisfaction of public health workers in Nairobi County. These results are consistent with Onyema (2014) where the study found a positive relationship between job satisfaction and employee satisfaction. The overall findings concluded that one of the factors that should be highly improved on is compensation of the health workers to increase the level of employee satisfaction. The study also showed that public health institutions should invest more in training and development programs so that the employees can grow professionally as well as have the relevant skill set for their jobs.

5.4 Recommendations

Based on the study's findings, the study recommends that the public health sector and the management at large, should look more into understanding the human resource management practices that affect the satisfaction level of their employees. This should inform their decisions when it comes to the HRM practices they will implement and how to implement them, with an aim of increasing the level of employee satisfaction.

The study also recommends that the relevant policy makers at the county government and the Ministry of Health level should take into consideration, the development and implementation of the various human resource practices when dealing with factors like budget allocations to make sure that the practices and their implementation, are geared towards improving on employee satisfaction in the health sector.

Lastly, the study also recommends that further studies should be conducted on human resource management practices and their effect on employee satisfaction in both developing countries and other sectors of the economy as well. This will be important because there are different dynamics in HRM and employee satisfaction in the other various sectors in the economy as well as other developing countries.

5.5 Study Limitations and Suggestions for Further Studies

The study points out a number of limitations, one being that the study focused on three HRM practices i.e. training and development, compensation practices and recruitment and selection. Future studies can focus on other HRM practices to see whether they influence employee satisfaction and if so, to what point.

Another limitation was the study was conducted in public health institutions only. Further research is recommended on the influence of human resource management practices on employees in private hospitals as well as other institutions given that the structure and type of organizations is different from public institutions.

The other limitation was that the study was carried out in Nairobi County. Future studies should focus on influence of HRM practices on health workers in other counties. This is because health services were devolved, and each county government has different policies and practices and how they implement them and the results of one county cannot be generalized in all other counties.

The other limitation was that the study only used three cadres in the health institutions i.e lead nurse, lead clinical officer and medical specialist. Future studies can sample different cadres in the health institutions to see whether HRM practices affect their satisfaction and if so, to what extent.

5.6 Chapter Summary

The chapter provides a summary of the key findings, discussion and conclusion drawn from the study findings. Further, the study presents recommendations on further studies on this topic to help fill in the gaps left out because of the scope limitations of this study.

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SECTION II: HRM PRACTICES

i) Training and development

Please indicate the extent to which you agree with the following statements regarding to training and development.

(1-strongly disagree, 2-disagree, 3- Neutral, 4-agree and 5-strongly agree)

Statement	1	2	3	4	5
Our organization ensures that the training and development programs satisfy the needs of the employees and the changing needs of the job					
I am satisfied with the training programs that our institution offers in respect to my current job description and tasks					
The training and development programs satisfy my professional growth needs in the institution.					
The training and development programs are fully supported by the management and relevant authority					
The management offers equal training for all employees, and this motivates more employees to remain in the institution.					

ii) Compensation

Please indicate the extent to which you agree with the following statements regarding to compensation.

(1-strongly disagree, 2-disagree, 3- Neutral, 4-agree and 5-strongly agree)

Statement	1	2	3	4	5
The compensation package offered is fair for the work that I do and is enough to retain me in our organization.					
The compensation package is competitive and compares favorably with that in other institutions					
The institution offers incentives such as medical covers and retirement plans among other benefits which improves employee satisfaction.					
The institution makes all the payments due to the employees on time					
The compensation packages motivate and satisfy me to work towards achieving our organization's goals.					
I am committed to my work in our institution because the more I work well, I can count on a higher pay.					

iii) Recruitment and selection-

Please indicate the extent to which you agree with the following statements regarding to recruitment and selection.

(1-strongly disagree, 2-disagree, 3- Neutral, 4-agree and 5-strongly agree)

Statement	1	2	3	4	5
The recruitment and selection process in our organization is fair and transparent					
The organization places the right person in the right job making the employees satisfied with their daily tasks.					
The institution provided true and accurate information about the institution and the job during the recruitment process					
The recruitment and selection process in our institution meets the employees' expectation making employee retention easier.					
The recruitment and selection methods used are suitable for our organization and they are always being improved over time.					

SECTION III: Employee satisfaction

Please indicate the extent to which you agree with the following statements regarding to employee satisfaction

(1-strongly disagree, 2-disagree, 3- Neutral, 4-agree and 5-strongly agree)

Statement	1	2	3	4	5
I am proud of being part of our institution					
I am willing to recommend other employees to the institution for any position given the fairness in the recruitment selection and compensation					
The compensation packages motivate me to continue working in our institution for a long period of time					
I am willing to turn down another job offer from because the training offered contributes to my professional growth.					
I am only absent from my workstation when necessary.					
The HRM policies in place provide a conducive and satisfactory working environment for me					

APPENDIX TWO: ETHICAL APPROVAL LETTER



15th October 2021

Ms Kariuki Rachael,
rachaelkariuki94@gmail.com

Dear Ms Kariuki,

RE: The Influence of Human Resource Management Practices on Employee Satisfaction in Public Health Institutions: A Case of Nairobi County

This is to inform you that SU-IERC has reviewed and approved your above SU- master's research proposal. Your application reference number is SU-IERC1162/21. The approval period is 15th October 2021 to 14th October 2022.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-IERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-IERC within 48 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-IERC within 48 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to SU-IERC.

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

Yours sincerely,

for: Prof Fred Were,
Chairperson; SU-IERC




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APPENDIX FOUR: PLAGIARISM REPORT



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APPENDIX FIVE: PUBLIC HEALTH INSTITUTIONS

- 1.Kenyatta National Hospital
- 2.Mbagathi District Hospital
- 3.Mama Lucy Kibaki Hospital
- 4.Pumwani Maternity Hospital
- 5.Mathari National & Teaching Hospital
- 6.National Spinal Injury Referral Hospital
- 7.Kenya Defense Forces Memorial Hospital
- 8.Eastleigh Health Centre
- 9.Biafra clinic
- 10.Shauri Moyo Clinic
- 11.Muthurwa Health Centre
- 12.Jerusalem Health Centre
- 13.Bahati Health centre
- 14.Ngaira Health Center
- 15.Rhodes Avenue Dispensary Chest & T B Clinic
- 16.Ngara Health Centre
- 17.Kariokor Clinic
- 18.Pangani Clinic
- 19.STC Casino Health Centre
- 20.Huruma Lions Health Centre
- 21.Lagos Rd. Disp.
- 22.Mathare Police Depot
- 23.Mathare North Health Centre
- 24.Kariobangi North Health Centre
- 25.Kasarani Health Centre
- 26.Kahawa West Health Centre
- 27.Babadogo Health Centre
- 28.NYS Health Centre
- 29.GSU H.Q Health Centre
- 30.Kamiti Prison Health Centre

31. Westlands Health Centre
32. Kangemi Health Centre
33. Lady Northey Health Center
34. State House. Clinic
35. Kabete Approved Sch. Health Centre
36. State Hse. Dispensary
37. Lower Kabete
38. Mjiwa Huruma Disp.
39. Riruta Health Centre
40. Ngong Rd Health Centre
41. Woodley Clinic
42. Dagoreti Approved Sch. Health Centre
43. Langata Health Centre
44. Jinnah Clinic
45. Karen Health Centre
46. Kibera DO Health Centre
47. Langata Women Prison Health Center
48. Nairobi West Prison Health Center
49. Uhuru camp Health Center
50. Kibera DO Health center
51. Kibera Amref Health centre
52. GSU Kibera Health Centre
53. Kayole I Health Centre
54. Kayole II Health Centre
55. Umoja Health Centre
56. Embakasi Health Centre
57. GSU Embakasi Health Centre
58. Dandora I Health Center
59. Njiru Health center
60. Kariobangi South Disp.
61. Makadara Health Centre

- 62.Mbotela
- 63.Jericho Health Centre
- 64.Hono Clinic
- 65.Ofafa 1 Clinic
- 66.Maringo Clinic
- 67.Loco Health Centre
- 68.MOW Dispensary
- 69.Kaloleni Dispensary
- 70.Railway training Institute (South B) Dispensary
- 71.South B Clinic
- 72.Police Band Dispensary
- 73.Lunga Lunga Health Centre
- 74.Nairobi remand Home Health Centre
- 75.mukuru–kwa –Njenga Health Center
- 76.CID Hq’s Dispensary

- 77.Karura Health Centre
78. KARI 9Muguga) Health Center
- 79.Waithaka Health Centre

Source: KENYAPHARMTECH 2021