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**INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON THE  
PERFORMANCE OF HEALTH WORKERS IN KIAMBU COUNTY, KENYA**

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## INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON THE PERFORMANCE OF HEALTH WORKERS IN KIAMBU COUNTY, KENYA

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### Abstract

**Purpose:** The general objective of the study was to establish the role of human resource management practices on the performance of health workers in Kiambu County, Kenya.

**Methodology:** The study adopted cross sectional research design, using both descriptive quantitative and qualitative techniques. The study targeted managers and workers of four hospitals which were purposefully chosen. The data was collected by administering questionnaires to the respondents and conducting KII to the managers. The data was analyzed using SPSS V27. The data was presented using tables and charts to summarize responses. For further analysis and comparison, the generated quantitative reports were subjected through tabulations, percentages, measure of central tendencies, correlation coefficient, chi square test, and inferential statistics.

**Findings:** The study reviewed that training opportunities and performance management practices improves staff motivation and performance (mean of 4.23, and 4.13). Planning (2.66) was biggest hindrances to utilizing training to improve performance. The managers were not well trained on using appraisals, ratings and feedback (2.06) for performance management. The institutions were not embracing performance culture (2.60), and using it for continuous improvement (1.82). Additionally, the study showed that hospitals did not carry out performance measurement regularly (2.81) and the systems for data collection were inadequate (2.43).

**Unique contribution to theory, practice and policy:** The study showed that human resource management practices improve health workers performance. Institutions should formulate and review policies to support human resource management practices that improve performance of the health workers.

**Keywords:** *human resource management practices, performance of health workers.*

## 1.0 INTRODUCTION

The delivery of health interventions in public hospitals requires skilled, motivated and adequately supported health workers. In order to address the various challenges facing the health systems, the World Health Organization (WHO) advocates for a systematic approach in strengthening the six health systems building blocks; (leadership/governance, health care financing, health workforce, service delivery, medical products and technologies, and health information systems). This study aimed at strengthening the health systems through the health workforce pillar. As per the WHO, Human Resource for Health (HRH) refers to all individuals who give care to patients, medical specialists, attendants, clinical officers, drug specialists, research facility professionals/technologists/researchers, administrative work force and other staff such as cleaners, medicinal records officers, health financial analysts who don't give any service to patients however are crucial in the functionality of any health framework (WHO, 2006).

Human resource management (HRM) a key component of any institutional system has been neglected in the health care systems until not long ago. This has led to increased attention towards improving HRM by the various stakeholders locally, nationally and globally. Improving health workers' performance is critical in achieving global, national and county health targets particularly the Millennium Social Development Goals (SDGs), Universal Health Coverage (UHC); translated as health equity and meeting the population health needs.

Globally, in the reviews on HRM activities to enhance health care workers execution of their responsibilities, little has been put to records on how HRM interactions may realize results and in which settings (Dieleman, Gerretsen, & van der Wilt, 2009). Despite the fact that huge volumes of research on connection between Human Resource Management and performance exist on other fields, the accurate nature of this relationship in the health sector is still not clear (Vermeeren, Steijn, Tummers, Lankhaar, Poerstamper, and Beek, 2014).

### 1.1 Background

HRM practices are crucial in the field of healthcare, where the patients are facing challenges in light of staffs' performance that have the experience and the nature of performance (Elarabi & Johari, 2014). Thus, the HRM practice plays a dynamic and essential part in the accomplishment of the reform of the health segment of the economy and enhancing performance of the health care staff. According to Jeerapaet, 2014, performance is a product of both organizational and human activities, and largely depends on how well the human resources are managed.

Therefore organization needs to adopt management practices which have proven to be effective rather than needlessly investing its limited and scarce resources in efforts for a better alternative (Madanchian, Hussein, Noordin, & Taherdoost, 2016). Lack of adoption of HRM interventions can lead to poor management practices, bureaucratic inefficiencies, and low productivity levels that are endemic in many of these organizations and thus the need to integrate them to adopt speedy, ready-to-implement strategies (Pauwe, Guest, & Wright, 2013, Dieleman et al., 2009).

Regionally, performance of health personnel and health is still facing major challenges which mainly include lack of advancement opportunities, few health workforce in certain departments, leadership misprioritization, and poor organization. To record the necessities of staff in HR administration functions, Management Sciences for Health (MSH) and the African Medical and Research Foundation (AMREF), with the support of the Office of HIV/AIDS of the US Agency for International Development (USAID), attempted an exploratory investigation of directors with huge obligation regarding HRM in health establishments in Ethiopia, Kenya, Tanzania, and Uganda. The review indicated that 70% indicated a requirement for extra ability identified with facility arrangements, including HR arranging, enrollment, enlisting, teaching, carrying out performance management activities, using HR data systems, human resource development strategy and additional training in general leadership and management (MSH & AMREF, 2009).

In Kenya the public health system the HRM functions are carried out by managers who are not trained in managing HR and still having other clinical responsibilities (MSH & AMREF, 2009). Due to this challenge HR administration strategies and practices are underdeveloped and when present, the strategies and activities fail to meet the universal standards of implementation, monitoring as well as evaluation (Musyoka, Adoyo, & Oluoch, 2015; Lutwama, Roos, & Dolamo, 2013).

*Significant challenges exist in priorities and leadership commitment to utilizing human resource management practices to improve performance of the health workers and the health system. Developing and using human resources practices can be a source of core competencies for addressing the various challenges facing the health systems. There exist numerous HRM practices but for purpose of the study the research evaluated only the influence of training and performance management on the productivity of the health workers.*

## **2.0 LITERATURE REVIEW**

### **2.1 Introduction**

This chapter presents the scholarly work /literature related to *human* resources management effects on HRH performance. It also provides a theoretical framework adopted by the study and the conceptual framework.

### **2.2 Theoretical Review**

#### **2.2.1 Resource Based View**

Resource based view (RBV) model recognizes human resource department as a key strategic player in developing sustainable competitive advantage and an organization's employees as key assets in developing and maintaining sustainable competitive advantage, this is in line with the knowledge gap the study targeted to bridge by including training and performance measurement practices as specific objectives in the study which have not been used in previous studies.

### **2.2.2 Human Capital Theory**

According to (Dae-Bong, 2009) in the organizational context, human capital is regarded as a subset of organizational intellectual capital. Organizations can improve performance from the human capital through their core competencies and capabilities. This is in line with the objective of training stated in the study.

### **2.3 Training**

Training is most effective in motivating and retaining high quality human resources within organization (Chuang, 2013). It has been noted that training is a key element of the bundles of practices arising from research on high performance work systems. During 2000s, Japanese management practices clearly revealed that business success based on high standards of performance was dependent on a highly trained and developed workforce (Chapagain, 2009).

Recent research also indicates a causal link between high commitment practices (including training) and improvements in an establishment's performance and competitive advantage (McClean& Collins, 2011, Kwon, Bae, & Lawler, 2010). (Burma, 2014) concluded that training is a factor that enhances employee commitment and maximizes employee potential. It has been confirmed that organizations with more progressive people-oriented policies have excelled, leaving the competition behind(Hutchings et al., 2009). This is mainly because when organizations invest in people, in their learning, what they get in return is higher skill and greater competence that helps improve morale and productivity(Chuang, 2013).

Training is important at all employee levels, because skills erode and become obsolete over a period of time and need to be replenished (McClean& Collins, 2011). Unlike other resources, human resources can be developed and increased to an unlimited extent. Training has a positive impact on preparing them to be more effective in their work, increasing their technical abilities, interpersonal abilities, teamwork, job confidence and work motivation (Hutchings et al., 2009).

Health systems commitment to training can be measured by evaluating existence of individual learning, organizational learning and learning culture strategies within the system.

### **2.4 Performance Management Practices**

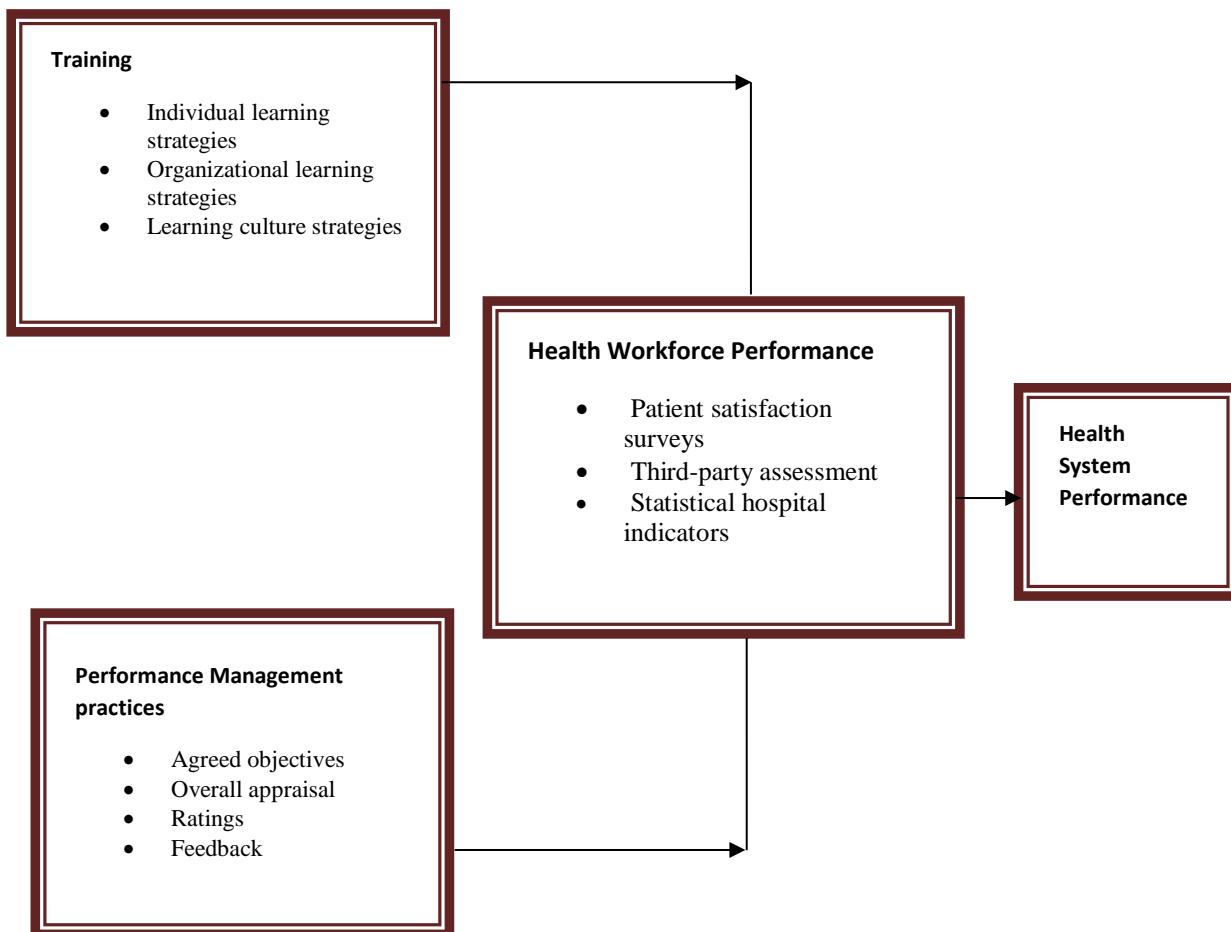
In line with various studies an effective performance management system, it should be supported by sound HR management practices such as well-designed jobs and written job descriptions, effective supervision, comprehensive employee orientation and training, positive and supportive work environment(HR Council Canada, 2016; Burma, 2014).

Leading healthcare organizations are discovering the power of a performance management approach to decision-making. Performance management supports better patient outcomes, and provides the knowledge to run more effective organizations (Machado &Davim, 2014); Madanchian et al., 2016). Further, the competitive advantage of an organization in a global economy depends primarily on how well its human resource performance is managed.

There is a growing trend towards managing performance improvement through focusing on the underlying drivers of performance. Performance management embraces a new way of thinking

and operating, but well suited to healthcare professionals and institutions. Healthcare managers can transition from decisions based on intuition and experience, to fact-based, analytic management. The health system should view performance management and consistent access to information as a valuable asset for improving performance. This is consistent with the model for efficient healthcare delivery. For health systems performance management is mainly measured through overall appraisal, ratings and feedback.

### 2.5 Conceptual Framework



### 3.0 METHOD

This study adopted cross sectional research design. Further the study adopted descriptive quantitative and qualitative techniques in the data collection process and analysis.

#### 3.1 Location of Study

This study was conducted within the Kiambu County, Kenya in four hospitals, during the working hours when the respondents could easily be found.

### 3.2 Target Population

A population can be defined as the entire group of individuals having a common characteristic (Mugenda & Mugenda, 2003). With over 300 health facilities, the county has a reliable health service network comprising County Referral Hospitals, Sub-County Hospitals, Faith-sponsored Community Hospitals, Dispensaries, Health Centres, Medical Clinics and Nursing Homes. The study targeted Healthcare workers from four public health facilities purposively sampled. These hospitals were chosen because they are the largest in county, having the largest populations of the health workers. Thus for convenience they would offer a good representation as they also serve a large population of the Kiambu County. The study target population was 856 healthcare workers as shown on table 1.

**Table 1 Health Care Workers Target Population**

Hospital	Target Population			
	Doctors	Clinical Officers	Nurses and other staff	Total
Kiambu Sub-County Hospital	10	20	212	242
Kijabe Hospital	20	15	226	261
Ruiru Sub-County Hospital	3	5	45	53
Thika County Referral Hospital	25	20	255	300
<b>Total Target Population</b>				<b>856</b>

### 3.3 Sampling Techniques

The four public hospitals were purposively selected. Simple random sampling technique was used to select respondents from the four hospitals. Snowballing sampling was used in selecting management staff for key informant interviews (KII).

### 3.4 Sample Size Determination

The target population was less than 10000; hence the sample was determined using Yamane Taro (1967) formula to give 122 respondents for the study.

#### 3.4.1 Pretesting

Pre-testing was done to ensure that the questions are relevant, clear and understandable. The pre-testing aimed at determining the reliability of the research tools including the wording, structure and sequence of the questions. Pre-testing involved a total of ten respondents and one health system manager. The respondents were conveniently selected since statistical conditions are not necessary in the pilot study.

### 3.4.2 Validity

Validity was measured by seeking the opinion of lecturers and other professionals on the adequacy of the research instruments in achieving the objectives of the study. With the advice received the questionnaire and the interview guide were revised to enhance their validity.

### 3.4.3 Reliability

The internal consistency reliability was conducted to test the reliability and consistency of the results. This study attained a reliability coefficient of 0.76; which was reliable as shown on table 2.

**Table 2: Reliability Statistics**

Cronbach's Alpha <sup>a</sup>	Cronbach's Alpha Based on Standardized Items <sup>a</sup>	N of Items
.760	.742	35

### 3.5 Data Collection Techniques

Primary data was collected using questionnaires which had both open and close-ended questions and interview guide for KII. The questionnaires were self-administered through drop and pick from the respondents. Before processing the responses, the completed questionnaires were edited for completeness and consistency. The data was then coded to enable the responses to be grouped into various categories. Data collected was mainly quantitative and it was analyzed by descriptive analysis. The Data analysis used SPSS version 23.

For qualitative method, the study population comprised of health system managers at four hospitals. The health service managers were purposively selected for inclusion and selected through snowballing. Data from the health service managers were collected using interview guide through face-to-face interviews. A total of 10 health service managers were interviewed. The data collected was transcribed verbatim, coded and analyzed manually. Analysis involved creating categories, refining them and grouping them into themes and sub-themes before presentation, interpretation and discussion.

### 3.6 Logistical and Ethical Considerations

Ethical considerations in research can be defined as ensuring that the researcher conforms to the standards of conduct of the authorities in the area of research. Examples of ethical issues that may arise are voluntary participation of respondents, deception to participants, anonymity and confidentiality of information given, analysis and reporting, harm or danger to participants and



any other professional code of ethics expected (Mugenda & Mugenda, 2003). To ensure that the research is done in an ethical manner per the expectations of all authorities, a letter from Kenya Methodist University Research Ethics Committee was obtained. The researcher pursued a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) and approval from County Health Management Committee and the four hospitals, permitting the research. Also, due to sensitivity of some information collected, the researcher holds a moral obligation to treat the information with utmost confidentiality.

## 4.0 RESULTS AND DISCUSSION

### 4.1 Introduction

This chapter presents statistical summary and results from empirical analysis and the interpretations of the statistical inferences derived from the compiled data as the researcher strives to accomplish the objectives of the study.

### 4.2 Response Rate

A sample size 122 of healthcare workers was adopted for this study, out of 122, 116 (95.8%) provided their responses. The researcher used drop and pick technique. According to Mugenda & Mugenda, (2003), a response rate of 50% is adequate for analysis and reporting, 60% is good and a response rate of 70% satisfactory.

#### 4.2.1 Socio Demographic Characteristics of the Respondents

The Table 3 presents the summary of the bio-data of the respondents.

**Table 3: Socio Demographic Characteristics**

Characteristic		Frequency (n=116)	Percent
<b>Gender</b>	Female	68	59
	Male	48	41
<b>Age Bracket</b>	20 - 30 years	44	38
	31 - 40 years	38	33
	41 – 50 years	25	21
	Over 51 years	9	8
<b>Marital status</b>	Single	35	30
	Married (with kids)	51	44
	Married (without kids)	30	26
<b>Highest level of education</b>	Certificate Level	21	18
	College Diploma	43	37
	Higher Diploma	30	26
	University Degree	14	12
	Postgraduate Degree	8	7
<b>Years worked in the current position</b>	Less than 1 year	21	18
	Between 1-5 years	31	27
	Between 6-10 years	39	34
	Over 10 years	25	21

The results indicates that, slightly more than half of the respondents 68 (58.6%) were female compared to 48(41.4%) were male. A third of the respondents were single 35 (30.2%) those married with children comprised 51 (44%) compared to those with no children 30 (25.9%).

Assessing their age bracket, most of the respondents were between 20-30 years 44 (37.9%), 38(32.8%) were between 31-40 years while those more than 40 years were 34(29.4%).

It was established that 14(12%) of the respondents had university degree compared to 8 (7.1%) with postgraduate degree while more than a quarter of the respondents had higher diploma 30 (25.9%), compared to those with college diplomas 43 (37%).

Further, the study assessed the period the respondents had worked in the same facility and a third 31 (26.7%) had worked for a period of between 1-5 years compared to 39 (33.6%) who worked for more than six years.

### 4.3 Training and Performance of the Health Workers.

**Table 4: Approach used to train employees**

	Frequency	Percent	T	Sig. (2-tailed)
<b>On the job training</b>	31	26.7		
<b>Coaching</b>	36	31.0		
<b>Supervisory assistance and mentoring</b>	34	29.3	3.486	.001
<b>Training courses and seminars</b>	15	12.9		
<b>Total</b>	116	100.0		

The Table 2.2 presents the approach used to train employees and it was established that 31(26.7%) indicated they used on the job training compared to 36(31%) who indicated coaching. A sizeable 34 (29.3%) indicated they used Supervisory assistance and mentoring. Carrying out t-test statistics, it was established that the results were significant as  $p < 0.05$  was obtained.

This study reviews that the institutions have training mechanisms for their employees, which is in-line with other studies that have shown deliberate arrangements of training interventions facilitate employees' planning of their long-range careers and enable the organization to manage its human resources—both, in turn, and foster sustainable performance of the organization (Stredwick, 2014, Hamid, 2011).

The following Table presents the level of agreement on various statements on the training and performance of health workers.

**Table 5: Training and Performance of Health Workers.**

	1		2		3		4		5		Mean	SD	T	Sig .
	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%				
The management provides opportunity for me to train and develop personally and professionally	15	12.9	28	24.1	61	52.6	12	10.3	15	12.9	3.11	.821	29.04	.000
My organization provides fair training opportunities (individual and organization)	15	12.9	28	24.1	35	30.2	54	46.6	27	23.3	3.03	.730	2.82	.006
In my opinion, training opportunities increases employee motivation and productivity	35	30.2	36	31.0	28	24.1	56	48.3	29	25.0	4.23	1.04	7.30	.000
Agree that training is well planned	19	16.4	31	26.7	36	31.0	30	25.9			2.66	1.03	9.05	.000
Agree that institution's individual and organizational training efforts are relevant and focused on improving performance	18	15.5	22	19.0	30	25.9	32	27.6	14	12.1	3.01	1.25	3.03	.003
Adequate resources are provided for training initiatives (finance, facilitates, consultation)	32	27.6	25	21.6	41	35.3	18	15.5			3.25	1.02	17.6	.000
The institution has a conducive environment for learning and innovation.	7	6.0	5	4.3	33	28.4	54	46.6	17	14.7	3.59	.995	3.88	.000
The institution supports a learning culture	31	26.7	36	31.0	29	25.0	15	12.9	5	4.3	2.37	1.13	3.88	.000

The following key was used. Key: 1 To No Extent, 2 To Less Extent, 3 To Moderate Extent, 4 To Great Extent, 5 To Very Great Extent.

The respondent agreed that training is not well planned (2.66, 1.03) and the institutions do not support a learning culture (2.37, 1.13). Training should be well planned and embedded in the organizations culture. Studies have shown that the combination of specific job training, employee development, and a more complete career learning plan requires a high level of strategic thinking and planning; from the organization and the employees(Sullivan, 2011, Chuang, 2013).

Further, the respondents agreed to great extent that training opportunities increases employee motivation and productivity (4.23, 1.04) organization provides fair training opportunities (individual and organization) (3.03, .730). All health systems managers agreed that training opportunities increase staff motivation and performance, and their institutions have conducive environment for learning and innovations. These results were adequate and reflected current situation in the hospitals concerned.

This study agrees with the findings by McClean& Collins, (2011, and Kwon, Bae, & Lawler, (2010) who noted that causal link between high commitment practices (including training) and improvements in an establishment's performance and competitive advantage as the use of on job training among healthcare facilities would spur the motivation and employee performance.

Overall, training has a positive impact on preparing staff to be more effective in their work, increasing their technical abilities, interpersonal abilities, teamwork, job confidence and work motivation (Hutchings, Zhu, Cooper, Zhang, & Shao, 2009); Aguinis&Kraiger, 2009; Vijeta& Raman, 2014).

All managers agreed that adequate resources to facilitate training are not available. When asked whether the hospital provide opportunities for the staff to train personally and professionally, and whether adequate resources were provided for training activities. *"The hospital management always tries it best to facilitate trainings for our staff.....to acquire new skills needed, bridge existing gaps and for specialization, which is crucial for service delivery.....but our biggest challenge is the very limited resources are availed to us by County and national government to achieve our training needs..."*. Manager 1, 2017.

For training needs to be achieved adequate resources must be provided. This finding is in-line with other studies that shown that significant level of investment on the part of the organization, understanding and supporting career development, impacts the organization's ability to attract and retain high performance employees, a combination that can lead to an organization-wide competitive advantage (McClean& Collins, 2011).

#### **4.4 Performance Management Practices and Productivity of the Health Workers.**

The second objective of the study was to evaluate the influence of performance management practices on the productivity of health workers in Kenya and the responses are presented in the Table 6

**Table 6: Performance Management Practices and productivity of Health Workers.**

	1		2		3		4		5		Mean	SD	T	Sig.
	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%				
Employees PM is well integrated in the organization	26	22.4	55	47.4	30	25.9	5	4.3	0	0	2.12	.803	16.05	.000
I believe PM aims to increase my productivity	24	20.5	56	48.3	29	25.0	6	5.2	1	.9	4.13	.811	28.33	.000
There are initiatives to align individual and organizational objectives, and improve performance	33	28.8	61	52.6	16	13.8	4	3.4	2	1.8	2.90	.757	6.10	.000
We perceive the managers at our organization managers as fair and supportive in their appraisals, ratings and feedback	22	19.8	52	44.8	34	29.3	7	6.0	1	.9	2.21	.832	4.67	.000
We are always out to accept positive feedback to achieve higher productivity	18	17.2	36	31.0	55	47.4	5	4.3	2	1.8	4.38	.821	29.2	.000
The managers are well trained on appraisals, rating and feedback for performance management	26	22.4	67	57.8	13	11.2	10	8.6	0	0	2.06	.826	5.16	.000
Employees believe that the organization embraces performance culture	14	12.9	28	24.1	61	52.6	12	10.3	1	.9	2.60	.843	30.1	.000
The institution uses PM for continuous improvement	34	34.5	61	52.6	10	8.6	5	4.3	7	6.0	1.82	.760	4.32	.000

Key: 1 strongly disagree, 2 Disagree, 3 Undecided, 4 Agree and 5 strongly agree

The respondents agreed that performance management (PM) aims to increase staff productivity (4.13, .811), and that they are always out to accept positive feedback to achieve higher productivity (4.38, .821). The managers agreed that performance management increase productivity of their staff and institutions as a whole. When asked how effective is the process of performance management and feedback on performance in the institution.

*“...I believe performance management will always improve performance of our staff and institutions.....we rarely have time to give feedback to our staff .....when we do we always try to be fair, positive and supportive...”*. Manager 2, 2017.

The respondents agreed that the various hospitals have initiatives to align individual and organizational objectives, and improve performance (2.90, .757). These findings agree with other studies that have shown leading healthcare organizations are discovering the power of a performance management approach to decision-making as performance management supports better patient outcomes, and provides the knowledge to run more effective organizations (HR Council Canada, 2016; Burma, 2014) . Developments in PM practices to promote work motivation particularly through performance management, work design, reward systems, and employee supervision, something which has enabled organizations to create conditions which foster, promote, support, and reinforce employee effectiveness (Lutwama, Roos, & Dolamo, 2013; Mercer, 2013).

Further, the respondent disagreed that the managers are well trained on appraisals, rating and feedback for performance management (2.06, .826). But the managers felt that they were fair and supportive in their appraisals, ratings, and when giving feedback. The managers also agreed that their staff do not always take performance feedback positively; it can be a source of conflict but they always try to align individual and organizational objectives, and improve performance.

When asked does feedback affect employees' performance?

*“Performance feedback is always intended to improve the performance of our staff ....however, in some cases the employees don't take feedback positively especially when they are not performing well.....so we try our level best to come up with activities that will lead improved performance..”* Manager 6, 2017.

This study agrees with other studies that have reviewed that most of the healthcare managers are not well trained in appraisals, feedback for performance management and are not fair and supportive in their appraisals, ratings and feedback (Lutwama, Roos, & Dolamo, 2013; Musyoka et al., 2015; Madanchian et al., 2016). In Kenya the public health system the HRM functions are carried out by managers who are not trained in managing HR and still having other clinical responsibilities (MSH & AMREF, 2009).

Further, they disagreed that their respective institution uses PM for continuous improvement (1.82, .76). Majority 8 (80%) of the managers agreed that PM is not well integrated in their institutions but they will use it for continuous improvement. Studies have also shown that the poor management practices, bureaucratic inefficiencies, and low productivity levels that are

endemic in many of these organizations, creating considerable pressure for managers to adopt speedy, ready-to-implement strategies(Chubb, Reilly, & Brown, 2011). On all the statements the t statistics to assess their significance and it was established there were significant at 95 CI and at 5% level of significance (p value <0.05).

#### 4.5 Performance Measurement for the Health Workers.

**Table 7: Performance Measurement for the Health Workers.**

	1		2		3		4		5		Mean	SD	T	Sig.
	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%				
The organization measures the set individual performance standards and targets	16	13.8	31	26.7	36	31.0	21	18.1	12	10.3	2.84	1.18	8.049	.000
Individual health care worker's performance is measured regularly	3	2.6	7	6.0	29	25.0	47	40.5	30	25.9	2.81	.977	20.3	.000
The County has definition of how to measure individual activity performance			1	.9	32	27.6	54	46.6	29	25.0	3.95	.750	28.6	.000
The performance objectives and standards expected from the staff are clear and understood by all	7	6.0	9	7.8	27	23.3	43	37.1	30	25.9	3.68	1.12	16.6	.000
The hospital has a system for collecting and tracking staff performance data	21	18.1	41	35.3	40	34.5	10	8.6	4	3.4	2.43	.998	5.17	.000
My performance is measured	4	3.4	1	.9	34	29.3	51	44.0	26	22.4	3.81	.912	21.8	.000

Key: 1 To No Extent, 2 To Less Extent, 3 To Moderate Extent, 4 To Great Extent, 5 To Very Great Extent

The respondents disagreed to the various statements; individual health care worker's performance is measured regularly at the various hospitals (2.81, .977) and the hospital has a system for collecting and tracking staff performance data (2.43, .998). Over 8 (80%) of the managers agreed that there were challenges in systems' for collecting and tracking staff performance data and the individual workers' performance was not measured regularly.

*"...collecting and tracking staff performance data is not always easy due to the volumes of records we accumulate.....also the measurements are not routine but mostly when requested by the Ministry or County Government."* Manager 10, 2017.

These findings agree with other studies that have shown performance management practices are underdeveloped and when present, these policies and practices are not universally implemented, regularly monitored, and evaluated (Musyoka et al., 2015); Lutwama, Roos, & Dolamo, 2013).

The respondents agreed that the County has definition of how to measure individual activity performance (3.95, .75). It was agreed that the performance objectives and standards expected from the staff are clear and understood by all (3.68, 1.12). All the managers agreed that their county has a clear definition on how to measure individual performance activities, and the objectives expected from the staff are clear and understood by all.

The study further carried out: t statistics and it was done at 5%, 95 CI and it was established that all the statements were significant ( $p$  value  $<0.05$ ) and thus positive inferences can be used to reflect the agreement on other health workers in the county and it agrees with Shaw (2003) that all hospitals should conduct their own local surveys each year for national performance monitoring and benchmarking (Shaw, 2003).

## 5.0 CONCLUSION & RECOMMENDATIONS

### Conclusion

The study has shown that relevant and focused training increases employees' motivation and performance. Planning and providing adequate resources remain the challenge to utilizing training for improved performance of the health workers and the health systems.

Performance management practices and positive feedback mechanism greatly improve performance of the health workers. Health institutions have not embraced performance culture and are not fully utilizing performance management for continuous improvement. Most of health system managers are not trained for performance management practices; appraisals, rating and feedback.



Performance in health institutions is measured but not regularly. There exist challenges in the system for collecting and tracking staff performance data in our health system. Training and performance management practice influence performance of the health workers significantly.

### **Recommendations**

Both the public and private hospitals should implement performance management systems to assess the healthcare workers as the PMS supports better patient outcomes, and provides the knowledge to run more effective organizations

All healthcare workers should be trained in a more efficient manner. The HMTs should implement training process which should include analyzing training needs of the organization. Healthcare workers should be trained to improve their skills in the health service delivery as it is important at all employee levels, because skills erode and become obsolete over a period and need to be replenished.

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